

**FACT SHEET**

FEBRUARY 2009



**G**ETTING RAPED destroys you from the inside out, and it takes a part of you and puts it where you can't reach it.

— Christopher,  
survivor of sexual  
violence in detention<sup>1</sup>

## Mental Health Consequences of Sexual Violence in Detention

**S**EXUAL VIOLENCE is devastating in any setting; survivors healing from such abuse in detention face extreme challenges. An urgent lack of confidential counseling, high rates of violence and infectious diseases in corrections facilities, and restrictions posed by incarceration cause many prisoner rape survivors to suffer in silence.

In the short term, survivors of sexual violence often experience guilt, shame, fear, anxiety, tension, an exaggerated startle response, depression, anger, impaired memory and concentration, and/or rapid mood swings.<sup>2</sup> For many survivors, sleeping and eating patterns are negatively affected, along with the ability to complete every-day tasks.

In the absence of adequate mental health counseling in the wake of a sexual assault, incarcerated survivors are at high risk for developing long-term psychological problems, such as post-traumatic stress disorder (PTSD), depression, addiction, and suicidal ideation.<sup>3</sup> Prisoners who suffer multiple assaults and/or are under the long-term control of a perpetrator or group of perpetrators may develop Complex PTSD – severe psychological harm stemming from prolonged, repeated trauma.<sup>4</sup>

The long-term impact of an assault is significantly affected by the extent to which an individual has support from loved ones or professionals, prior incidents of trauma, pre-assault coping mechanisms, and pre-existing mental illness. Inmates frequently lack a support system, have often experienced childhood sexual abuse,

and suffer mental illness at much higher rates than the general population,<sup>5</sup> making them especially vulnerable to serious post-rape trauma.

Many prisoners who report a sexual assault are subjected to insensitive questioning soon after the attack. Some corrections staff respond to requests for help with indifference and jokes. Such inappropriate reactions can cause inmates to suffer so-called “second rape,” with an emotional impact equal to that of the sexual assault.<sup>6</sup>

To make matters worse, survivors of sexual violence behind bars have access only to scant, if any, mental health counseling. Psychiatrist Terry Kupers, an expert on mental health behind bars, explains that, “[b]ecause PTSD is not on the correction department’s list of ‘major mental illnesses,’ ... it is often wrongly treated as undeserving of urgent attention.”<sup>7</sup>

To the extent that any post-trauma counseling is available, it is usually neither confidential nor safe. Counseling sessions often occur in view or earshot of corrections officials, who may have participated or acquiesced in the assault. Moreover, once an inmate shares information about being attacked, the counselor is obliged to report the abuse to prison administrators. As a result, a prisoner seeking mental health assistance becomes a “snitch,” risking serious retaliation from the perpetrator of the assault, and possibly others. Not surprisingly, experts nationwide agree that prisoner rape is one of the nation’s most seriously under-reported crimes.<sup>8</sup>

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The restrictions that form part of incarceration tend to make the stress of a sexual assault more acute. Incarcerated survivors are unable to move about freely, lack privacy, and may have to share living quarters with the perpetrator. They cannot control the aspects of their environment to which most survivors are sensitive, such as noise, light, and crowds. Communication with safe support systems — such as family on the outside — may be nonexistent or at the very least difficult.

Prisoner rape survivors are also at grave risk for contracting HIV and other sexually transmitted diseases.<sup>9</sup> In some states, HIV testing is only available if an inmate files a formal report detailing the abuse.

Whether in prison or in the community, sexual assault is a traumatizing event. However, corrections systems could respond better to sexual violence in their facilities by providing all inmates with access to confidential rape crisis counseling, comprehensive testing and treatment for sexually transmitted diseases, and housing options that protect survivors from perpetrators without limiting their access to programmatic and rehabilitative services.

In addition to offering much needed care in the aftermath of an assault, such mechanisms would encourage inmates to speak out about the abuses they experience, without fear of retaliation and further abuse.

## Endnotes

1 This survivor's first-hand account of his experience is posted on Just Detention International's website at [http://www.justdetention.org/en/survivortestimony/stories/christopher\\_tx.aspx](http://www.justdetention.org/en/survivortestimony/stories/christopher_tx.aspx).

2 JUDITH HERMAN, *TRAUMA AND RECOVERY: THE AFTERMATH OF VIOLENCE FROM DOMESTIC ABUSE TO POLITICAL TERROR* (1997); Jenny Petрак, *The Psychological Impact of Sexual Assault* in *THE TRAUMA OF SEXUAL ASSAULT: TREATMENT, PREVENTION AND PRACTICE* 19 (Jenny Petрак & Barbara Hedge, eds., 2002).

3 Jessica Hamblen, *What Is PTSD? A Handout From The National Center For PTSD*, available *on-line at* [http://www.ncptsd.va.gov/ncmain/ncdocs/handouts/handout\\_What%20is%20PTSD.pdf](http://www.ncptsd.va.gov/ncmain/ncdocs/handouts/handout_What%20is%20PTSD.pdf) (last visited February 5, 2009).

4 HERMAN, *supra* note 2.

5 Approximately 11 percent of the general population have the symptoms of a mental disorder, compared with 40 percent of jail inmates and 30 percent of prisoners. See DORIS J. JAMES & LAUREN E. GLAZE, BUREAU OF JUSTICE STATISTICS, *MENTAL HEALTH PROBLEMS OF PRISON AND JAIL INMATES* 3 (2006).

6 APHRODITE MATSAKIS, *I CAN'T GET OVER IT* 90-91 (1996).

7 Terry A. Kupers, *Mental Health in Men's Prisons*, in *PRISON MASCULINITIES* 194 (Don Sabo, Terry A. Kupers, & Willie London, eds., 2001).

8 Terry A. Kupers, *Rape and the Prison Code*, in *PRISON MASCULINITIES* 111-17 (Don Sabo, Terry A. Kupers, & Willie London, eds., 2001).

9 In 2004, HIV prevalence inside prisons was more than four times higher than in American society overall. See Susan Okie, *Sex, Drugs, Prisons and HIV*, 356 NEW ENG. J. MED. 105 (2007). For more information, see Just Detention International, Fact Sheet, Sexual Abuse in Detention is a Public Health Issue (2009).

## About Just Detention International (JDI)

Just Detention International (JDI) is a human rights organization that seeks to end sexual abuse in all forms of detention.

All of JDI's work takes place within the framework of international human rights laws and norms. The sexual assault of detainees, whether committed by corrections staff or by inmates, is a crime and is recognized internationally as a form of torture.

JDI has three core goals for its work: to ensure government accountability for prisoner rape; to transform ill-informed public attitudes about sexual violence in detention; and to promote access to resources for those who have survived this form of abuse.

JDI is concerned about the safety and well-being of all detainees, including those held in adult prisons and jails, juvenile facilities, immigration detention centers, and police lock-ups, whether run by government agencies or by private corporations on behalf of the government.

When the government takes away someone's freedom, it incurs a responsibility to protect that person's safety. All inmates have the right be treated with dignity. No matter what crime someone has committed, sexual violence must never be part of the penalty.

### JUST DETENTION INTERNATIONAL

**3325 Wilshire Blvd., Suite 340**

**Los Angeles, CA 90010**

**Tel: (213) 384-1400**

**Fax: (213) 384-1411**

**East Coast Office**

**1025 Vermont Ave., NW, Third Floor**

**Washington, DC 20005**

**Tel: (202) 580-6971**

**Fax: (202) 638-6056**

[info@justdetention.org](mailto:info@justdetention.org)

[www.justdetention.org](http://www.justdetention.org)