

2010

*Survivors Behind Bars:*  
Supporting Survivors of  
Prison Rape and Sexual  
Assault

*A new chapter to the “Support for  
Survivors” Training Manual*



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## **Preface**

This publication is a recent chapter update to the Support for Survivors Training Manual, which was first published in 2001 by the California Coalition Against Sexual Assault (CALCASA). The Support for Survivors manual was developed as a comprehensive training tool for staff and volunteers working with sexual assault and/or rape survivors. The training manual contains several chapters written by numerous experts from the sexual and gender violence fields. Collectively, these experts generously imparted their wisdom, knowledge and experience by writing specific chapters in the training manual. As a result, hundreds of staff and volunteers at local rape crisis centers have benefited from the manual's information and have positively changed the life of a sexual assault and/or rape survivor.

But as Marybeth Carter, CALCASA's Executive Director in 2001, noted in the manual's introduction, it is CALCASA's goal to ensure the Support for Survivors Training Manual remains "a fluid, living document that continues to evolve." As the 10<sup>th</sup> anniversary of the manual's original publication approaches, CALCASA has begun updating various chapters of the manual to acknowledge the many changes that have occurred in the field and in our society since 2001. Updating these chapters will also ensure crisis counselors and advocates receive the most current and accurate information. CALCASA will make these new chapter updates available online through its website at [www.calcasa.org](http://www.calcasa.org).

CALCASA is deeply grateful to the many people who contributed to the original Support for Survivors Training Manual and championed its creation, as well as to those who are now contributing their time, knowledge and expertise to update the manual's various chapters. CALCASA also wishes to thank the California Emergency Management Agency (Cal EMA) for their leadership, guidance and financial support for this chapter revision process and for their continued support of California rape crisis centers to provide critical services to sexual assault and rape survivors.

With gratitude,

Sandra Henriquez  
Executive Director  
CALCASA

## **Acknowledgments**

This project was supported by Grant No. 2009-EF-S6-0046 awarded by the Office on Violence Against Women, U.S. Department of Justice, and through Grant Award Number TR09011578 from the California Emergency Management Agency (Cal EMA). Points of view, opinions, findings and conclusions in this publication are those of the author(s) and do not necessarily represent the official position or policies of the U.S. Department of Justice or of Cal EMA. Cal EMA reserves a royal-free, nonexclusive, and irrevocable license to reproduce, publish, and use these materials and to authorize others to do so.

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*“They put me in a large cell with a bunch of guys...two men started demanding cigarettes from me, which I didn’t have...they started slapping me around...a guard walked by the cell and told them to quiet down. I might have been able to defend myself against one...the bigger guy told me that if I sucked his dick he would leave me alone...I decided that it would be better to do that than to be beaten by these guys more...I was scared as hell and didn’t know what else to do. It got more and more brutal and humiliating. I was forced to perform oral sex on the other one while the big one sat on me. He lifted my legs and I was penetrated anally...more than once, and I can never be sure, but I believe there was a third man...my eyes and lips were swollen...I was bleeding...they finally stopped when I vomited after one of them men ejaculated and urinated in my mouth.*

*The next day I was supposed to see the judge. For some reason I was still afraid to call my parents. A corrections officer, who I’m sure knew I was raped, helped me clean up. At the courthouse I spoke with my court appointed lawyer and told him the story—but he didn’t seem to care. When I got into the courtroom my lawyer asked for bail. It was set at \$500 and my friend bailed me out...the judge gave me 2 years probation and ordered me to a rehab. A month later I tried to kill myself and was confined to a psychiatric hospital. I joined AA and got on with my life.*

*I denied the incident for more than 11 years, until something my girlfriend told me triggered everything. For the past two years I have been in therapy (I have been hospitalized 3 times). I found a very compassionate psychiatrist who has extensive dealings with prisoner rape, as well as a psychologist who wrote a book on Traumatic Stress Disorder. In my recovery I have decided that I will lend whatever help I can to other male rape survivors.*

*My name is Bill. I am a rape survivor.”*

- Survivor letter received at Just Detention International

## **Dynamics of Prisoner Rape**

Sexual abuse behind bars is one of the most widespread and neglected human rights crises in the U.S. today. According to the best available research, 20 percent of inmates in men's institutions are sexually abused at some point during their incarceration.<sup>1</sup> The rate for women's institutions varies, with one in four inmates being victimized at the worst facilities.<sup>2</sup> In 2007, the Bureau of Justice Statistics (BJS) estimated that 60,500 federal and state prisoners had been sexually abused at their current facility in the past year alone,<sup>3</sup> and that 25,000 county jail inmates had been sexually abused at their current jail in the past six months.<sup>4</sup> Youth are at even higher risk; in 2010, BJS reported that nearly one in eight youth confined to a juvenile detention facility were victimized at that facility in the preceding year – 80 percent of them by staff.<sup>5</sup> Nationally, the estimates of actual sexual assaults in detention facilities are some fifteen times higher than the number of official reports filed for the same time period.<sup>6</sup>

With few resources and little or no institutional protection, survivors endure physical injuries, become pregnant, contract HIV and other sexually transmitted diseases, and suffer severe psychological harm.<sup>7</sup> The long-term emotional impact of sexual abuse in detention often includes Post-Traumatic Stress Disorder and Rape Trauma Syndrome,<sup>8</sup> unresolved anger, drug addiction, other self-defeating behaviors, and the effects of long periods in isolation.<sup>9</sup> At least 95 percent of inmates are ultimately released from prison,<sup>10</sup> and they bring their medical and emotional issues home with them.

Just as in the community, rape in detention – whether perpetrated by staff or by other inmates – is a means to achieve power and control. Prisoner rape survivors come from all demographic groups and walks of life. However, members of marginalized groups, such as people who identify as lesbian, gay, bisexual or transgender (LGBT)<sup>11</sup> and people with mental illness, are disproportionately targeted. Youth are also at heightened risk, particularly when housed with adults.<sup>12</sup> Likewise, inmates who are non-violent, inexperienced in the ways of prison life, gender non-conforming, and small in stature are vulnerable to sexual abuse.

Prisoner rape occurs most frequently when no one is around to see or hear it, particularly at night and in areas that are difficult to monitor. Upon arrival at a

***In many instances, perpetrators use coercion, grooming, entrapment into debt, and opportunity as means of accomplishing sexual abuse.***

detention facility, prisoners are sized up for vulnerabilities by other detainees and by predatory staff. Very often, a violent sexual assault occurs during the first hours, days or weeks of imprisonment; the prelude to a long battle for safety. Male inmates who are assaulted in this manner are considered “turned out,” perceived to have been turned into a victim, a woman, or to have been “made gay.” Inmates who have been victimized once are likely to be sexually assaulted multiple times during the course of

their incarceration. Sometimes, survivors are marked as property by gang members or serve as likely targets for future attacks. Many survivors are forced into servitude, including prostitution arrangements with other prisoners or staff.<sup>13</sup>

The phenomenon of “protective pairing” (also called “hooking-up”) mimics the dynamics of domestic violence, both in the behavior of the perpetrator and the impact on the survivor. In protective pairings, a more powerful prisoner offers protection to a less powerful prisoner in exchange for sex. These relationships are often overtly abusive or violent, but still may seem like the safest option for an inmate attempting to avoid more violent assaults or gang rapes. One survivor in a protective pairing relationship described his situation in the following manner:

*“If you gotta have a man, you should pick carefully. Pick one that don’t rent you out, or at least keeps your ass for himself, and one that lets you say you won’t do certain stuff. I have a decent one right now. It’s not all bad and he’s enough of a shot-caller that all I have to say if anyone else starts hassling me is, “got a problem? Talk to my husband.””*

- Survivor in a men’s institution, told to Just Detention International staff

In women’s prisons, a significant danger stems from the unchecked power of corrections staff. Male officials are often allowed to watch female inmates when they dress, shower, and use the toilet. Some staff members routinely engage in verbal degradation of prisoners under their supervision, while others abuse their authority by offering privileges for sexual favors, coercing vulnerable inmates, or raping prisoners whose safety they are supposed to protect.<sup>14</sup> Staff members may use visits with children, the need for hygiene products or food, access to schooling or employment, and threats about release dates to coerce women inmates into unwanted sexual contact. These encounters are often cast as consensual relationships, or worse, considered to be the result of inmates manipulating staff into sexual activity.

Inmate on inmate sexual abuse in women’s prisons is also common, albeit largely invisible. Similar to domestic violence in lesbian relationships, such assaults are often minimized or eroticized by staff. Perpetrators hide behind the perception that women in prison simply form their own family structures, without regard to the abusive nature of many such relationships.<sup>15</sup>

**Seeking assistance and reporting sexual abuse in detention are associated with significant safety considerations.**

Procedures for reporting sexual abuse in detention are often ineffectual and complicated. Complaints by prisoners are routinely ignored by corrections staff and government authorities,<sup>16</sup> or worse, are met with hostile, misogynistic, or homophobic attitudes, implying that the survivor somehow deserved the abuse, or secretly enjoyed it.

To be labeled a “snitch” in prison is dangerous, and survivors who file formal complaints often face intense retaliation from perpetrators and their associates. Such dangers are especially troubling as survivors only are given access to follow-up services – such as crisis counseling, medical care, timely testing and treatment for sexually transmitted infections and pregnancy – if they are willing to file a sexual abuse complaint. For the most part, medical and mental health staff members are not permitted to maintain confidentiality regarding sexual assaults, increasing the likelihood that a survivor will be too scared to seek help. Likewise,

inmate communication with outside agencies tends to be monitored, sometimes by the very staff that perpetrated the abuse.

### **Barriers to Healing**

*“My name is R.G. Every night I lie awake and listen to my friend being raped by his cellie. His cell is right on top of mine, so I can hear every detail. I can’t do anything to help him. That drives me crazy. The other thing driving me crazy is the memories. I was raped in the reception center and every time I hear my friend getting it, I go into these memories of what happened to me. It’s like it’s happening all over again. I feel like I’m going over some edge.*

*I told the people here that I got raped before, I didn’t tell them it was at their reception center, and that I knew that meant I would be raped again. They didn’t do anything different and I’m in general population. One of the big people in here approached me last week. I know what’s coming, so I slit my wrists to get out of here. Some people will say that I did it to get attention. That’s not true. I did it because I know what’s coming. Today I got placed in a cell with one of the biggest drug dealers and gang leaders up in here. He told me he paid for me already and I’m his slave. I tried to kill myself again, unfortunately I didn’t succeed. I don’t know what else to do.”*

- Survivor letter received at Just Detention International

Survivors of sexual assault in detention experience the symptoms and reactions of Rape Trauma Syndrome in much the same way as survivors in the community. However, the violent and dehumanizing environment in which they live poses additional challenges.

***The daily trauma of being behind bars exacerbates the stress of the aftermath of rape. An incarcerated survivor is unable to move about freely, has little to no privacy, and may have to live with the perpetrator.***

Inmates typically shower, dress, and use the toilet in front of other inmates and staff and are subject to pat and strip searches on a regular basis. They also have very little control over things to which most sexual abuse survivors are sensitive, such as noise, light, and the level of crowding or isolation.

To make matters worse, survivors who report abuse are often placed in isolation immediately after an assault, ostensibly for their own protection. This protective custody is generally no different from punitive segregation, with little or no access to programs and services.

Many prisoner rape survivors are not only dealing with the recent trauma of their sexual assault, but with a pre-existing mental illness, alcohol or drug addiction, and/or prior trauma as well. A 2006 study reported that people with mental illnesses make up a majority of the U.S. prison population, and few of these individuals have received treatment since admission. Moreover, nearly three-quarters of state prisoners with a mental health problem (and 56 percent of those without) have a drug or alcohol dependency or addiction. Estimates of sexual

assault or domestic violence among women inmates prior to their incarceration range from 44 percent to 80 percent.<sup>19</sup>

Some survivors respond to crisis in ways that may create disciplinary problems. For example, while prisoners are expected to appear calm and follow directions without question, a survivor in crisis may feel disoriented, irritable or anxious. In addition, survivors sometimes feel so desperate and out of control that they behave in provocative or dangerous ways, such as making suicidal gestures, picking a fight with a powerful prisoner or disregarding a staff direction, in order to break the tension.

Dangerous myths – including that prisoners who are raped must have deserved it, that only child molesters are sexually assaulted in prison, that a gay man cannot really be raped, that transgender women and feminine men like the attention, that women do not sexually assault other women – contribute to self-blame among survivors of sexual abuse in detention and effectively halt the healing process.

Despite these barriers, many prisoner rape survivors do reach out for help. Like all survivors, most need to hear that the abuse was not their fault, that they can heal, and that someone believes them. A simple response from a trained rape crisis advocate, whether during a SART accompaniment, via written correspondence or through a call to a crisis line, may be the only supportive feedback a survivor receives. As such, it can provide the spark of hope needed to believe that healing is possible.

### **Considerations for Counselors**

*“It was the anger. It’s so important to be able to vent without being penalized for the way you feel, let go of baggage, learning to get rid of this shit, decrease anxiety and paranoia, because, you know, I got really paranoid at times. It was really chaotic up there [points to her head]; there was no room for anything else, no room for anything positive.*

*When I first started coming, I was so angry and I didn’t know I could feel different. But now I’m learning to forgive myself. I started noticing that I was feeling something I had never felt before and that was peace. The voices went away. I could lie back on my bunk and think about what happened, how I dealt, and how I feel now, and it’s really different.*

*This is my second time in and it’s so much better because this time I got to work on me. I got to find my boundaries, learn about trust, and now I can step out of myself. The most important part about this program is that the prison can’t use it against us.”*

- Interview with participant in a Just Detention International/Riverside Area Rape Crisis Center pilot counseling program at a woman’s prison

The rape crisis counseling model of survivor-centered empowerment and crisis intervention techniques is as effective with survivors of sexual violence behind bars as it is with any other survivor. With a few minor alterations, the skills that community rape crisis counselors already use will serve them well with this population. Consider the following nuances when working with survivors of prisoner rape:

- A survivor needs to regain a sense of control to begin healing, but incarcerated survivors have no control over even the most mundane aspects of their lives. Encourage survivors in detention to decide for themselves whether or not to report the assault, to reach out for help, support other survivors, plan for their future, reinvest in school or work, write to loved ones, and become activists.
- Survivors in detention live in an environment where aspects of the trauma are triggered every day. In the aftermath of sexual abuse or of a reactivation of crisis, a person's usual ways of coping tend to be overwhelmed. However, anyone who has spent any length of time in prison has developed significant coping skills, and crisis intervention counseling should include: exploring how the survivor has handled her or his time in prison; reminding her or him of the coping and survival skills she or he possesses; and helping to draw on or modify those skills.
- When brainstorming coping skills for issues such as panic attacks, nightmares, flashbacks or generalized fear, remember that an incarcerated survivor cannot call a hotline, go for a walk or ask a loved one to stay with him or her. Focus on available coping tools, such as journaling, guided imagery, and breathing techniques.<sup>20</sup>
- Rape crisis center policies around reporting suicidal or homicidal ideations should still be observed. However, be aware of the fact that the institutional response to a survivor may be extremely punitive. Informed consent can be a life or death matter, and survivor decisions about disclosure should always be respected.
- As a counselor, cultivate a relationship with someone at the institution, perhaps an investigator or mental health staff, with whom you can talk about delicate situations. Learn the language and rules of the institution. For example, it is generally considered disrespectful to call officers "guards." Instead, pay attention to how they introduce themselves and refer to them accordingly.
- Providing support to incarcerated survivors requires working with staff members in charge of custody. These officials are primarily concerned about the safety and security of the institution and may have different perceptions about confidentiality, privacy, and access to resources.
- Be creative and flexible about providing follow-up care. If the survivor is in a state prison, much of the follow-up will have to be done by mail. Make certain to

ask the survivor how best to provide him or her with additional information, support or referrals. Also check that the survivor believes it is safe for him or her to receive information or follow-up. Any mail sent in and out of a prison or jail is screened and often read; the exception to this is legal mail. Many survivors have very realistic fears about retaliation and should be given the opportunity to decide what feels safest for them.

- Any continuity you can provide – such as referrals to community resources or tips for how to transition new coping skills to the community context – may help a survivor succeed upon release.
- Self-care and vigilance about compassion fatigue is crucial when working with survivors of sexual abuse in detention. The experiences of prisoner rape survivors are often horrifying, and the ability to provide support and crisis intervention may be limited to letters or a single telephone or face-to-face encounter. However, the simplicity of the rape crisis counseling model does make a significant difference. Do not underestimate the power of being the one person from whom a survivor hears: It was not your fault; I believe you; healing is possible.

## **GLOSSARY**

**Administrative Segregation:** A high security, isolative environment where inmates who are removed from the general population are temporarily placed. It is used for inmates who have committed crimes within the institution, and is also often used to isolate rape survivors and sometimes transgender inmates from potential perpetrators.

**Corrections Officers:** Staff members in any type of detention facility who are responsible for the custody of inmates. In California, staff members at the state prisons are peace officers, meaning they have the same status and responsibilities as community law enforcement officials.

**Inmate:** Any person who is under the custody and control of a law enforcement or corrections agency, this can include: federal or state prisons; county or city jails; immigration detention facilities; juvenile institutions; and police lock-ups. In this chapter, the term “inmate” is used interchangeably with the term “prisoner.”

**Jail:** A detention facility run by a city or county to hold people who are awaiting trial, awaiting sentencing, and sentenced prisoners serving short sentences (usually a year or less).

**Prison:** Detention facilities run by the federal or state government to incarcerate people convicted of felonies and generally serving sentences of more than one year.

**Prisoner Rape:** Sexual violence perpetrated against an inmate. This term is more expansive than the traditional definitions of prisoner or rape.

**Protective Custody:** Housing within a detention facility that is designed for inmates with specific safety concerns. Protective custody can range from a permanent placement in administrative segregation to living in a discrete unit designed for people who are considered to be vulnerable to sexual abuse.

**Protective Pairing:** An arrangement in which a more powerful prisoner exchanges protection for sex and other services with a less powerful prisoner, sometimes including forced prostitution. Protective pairing is not a consensual arrangement. The perpetrator is in charge, sets the terms of the relationship, and can change the terms at any time.

**Turned Out:** The process by which an inmate is marked as a victim of sexual assault. It usually begins with rape and may constitute the beginning of a protective pairing arrangement or being owned by a gang. Sometimes male inmates who have been “turned out” are forced to adopt feminine clothing and stereotypically feminine behaviors. Some of the terms used to describe an inmate who have been “turned out” are: punk, bitch, kid, fag, wife, girl, or boy.

## **NOTES**

- <sup>1</sup> Struckman-Johnson, Cindy, et al. "Sexual Coercion Reported by Men and Women in Prison." *Journal of Sexual Research*, 33 (1996): 67
- <sup>2</sup> Struckman-Johnson, Cindy & Struckman-Johnson, David. "Sexual Coercion Reported by Women in Three Midwestern Prison," *Journal of Sexual Research*, 30 (2002): 217.
- <sup>3</sup> Beck, Allen J. & Harrison, Paige M., Bureau of Justice Statistics. *Sexual Victimization in State and Federal Prisons Reported by Inmates, 2007* (2007).
- <sup>4</sup> Beck, Allen J. & Harrison, Paige M., Bureau of Justice Statistics. *Sexual Victimization in Local Jails Reported by Inmates, 2007* (2008).
- <sup>5</sup> Beck, Allen J. & Harrison, Paige M., Bureau of Justice Statistics. *Sexual Victimization in Juvenile Facilities Reported by Youth, 2008-09* (2009).
- <sup>6</sup> Beck, Allen J. & Harrison, Paige M., Bureau of Justice Statistics. *Sexual Violence Reported by Correctional Authorities, 2006* (2007).
- <sup>7</sup> The HIV prevalence inside U.S. prisons is more than three times higher than in American society overall. See Human Rights Watch, *Ensure Access to Condoms in US Prisons and Jails* (2007); Laura M. Mar-Uschak, U.S. Dept. of Justice, *HIV in Prisons, 2003* (2005). For more information, see *Stop Prisoner Rape, Fact Sheet, Prisoner Rape Spreads Disease* (2007).
- <sup>8</sup> Dumond, Robert W. & Dumond, Doris A. "The Treatment of Sexual Assault Victims." *Prison Sex Policy and Practice* (Christopher Hensley ed., 2002): 67. Kupers, Terry A. "Mental Health in Men's Prisons." *Prison Masculinities* (Don Sabo, Terry A. Kupers & Willie London eds., 2001): 192.
- <sup>9</sup> Dumond, Robert W. & Dumond, Doris A. "The Treatment of Sexual Assault Victims." *Prison Sex: Practice & Policy* (Christopher Hensley ed., 2002): 82.
- <sup>10</sup> Kupers, Terry A. "Rape and the Prison Code." *Prison Masculinities* (Don Sabo, Terry A. Kupers & Willie London eds., 2001): 113.
- <sup>11</sup> Hughes, Timothy & Wilson Doris J., Bureau of Justice Statistics. *Reentry Trends in the United States* (revised 2003).
- <sup>12</sup> In a recent study funded by the California Department of Corrections and Rehabilitation and conducted at six men's prisons, 65 percent of gay and transgender inmates reported having been sexually assaulted by another inmate

during their incarceration. Jenness, Valerie, et al., *Violence in California Correctional Facilities: An Empirical Examination of Sexual Assault* (2007). For more information, see Stop Prisoner Rape, Fact Sheet, Sexual Violence Against LGBTQ Detainees (May 2007).

<sup>13</sup> In a 2004 study of official complaints about sexual assault, the Bureau of Justice Statistics (BJS) found that the rate of reported sexual violence was nearly ten times higher in juvenile facilities than in adult prisons. Beck, Allen J. & Hughes, Timothy A., Bureau of Justice Statistics. *Sexual Violence Reported by Correctional Authorities, 2004* (2005). In a 2005 survey focused solely on reports of sexual abuse filed in adult prisons and jails, BJS found that young inmates were at heightened risk for abuse in such facilities as well. Beck, Allen J. & Harrison, Paige M., Bureau of Justice Statistics. *Sexual Violence Reported by Correctional Authorities, 2005* (2006).

<sup>14</sup> Struckman-Johnson, Cindy & Struckman-Johnson, David. A Comparison of Sexual Coercion Experiences Reported by Men and Women in Prison. *Journal Of Interpersonal Violence* 21 (2006): 1531. Man, Christopher D. & Cronan, John P. "Forecasting Sexual Abuse in Prisons: The Prison Subculture of Masculinity as a Backdrop for 'Deliberate Indifference.'" *Journal of Crime & Criminology* (2001):127, 153-54.

<sup>15</sup> Human Rights Watch. *All Too Familiar: Sexual Abuse of Women in U.S. State Prisons* (1996).

<sup>16</sup> Greer, Kimberly R. "The Changing Nature of Women's Relationships in a Women's Prison." *The Prison Journal* 80, No. 4, (2000): 442-468.

<sup>17</sup> Human Rights Watch, *No Escape Male Rape in U.S. Prisons* (2001): 151.

<sup>18</sup> According to the study, 73 percent of female state prisons and 55 percent of male state prisoners were diagnosed with or treated for a mental illness in a twelve-month period and only one-third of them received mental health treatment while at the facility. James, Doris J. & Glaze, Lauren E., Bureau of Justice Statistics. *Mental Health Problems of Prison and Jail Inmates* (2006). The study found similar statistics for people detained in federal prisons and county jails.

<sup>19</sup> *Ibid.*

<sup>20</sup> Greenfield, Lawrence A., & Snell, Tracy L., Bureau of Justice Statistics. *Women Offenders* (1999): 7-8, Tables 17-18. Browne, A, Miller, B., & Maguin, E. "Prevalence and Severity of Lifetime Physical and Sexual victimization Among Incarcerated Women." *International Journal of Law and Psychiatry* 22 (1999): 3-4.

<sup>21</sup> Some suggestions for the use of such techniques are listed in SPR's Publication *Hope for Healing*, available on-line at [www.spr.org/pdf/HopeforHealingweb.pdf](http://www.spr.org/pdf/HopeforHealingweb.pdf).