

Access to Confidential Support Services for Sexual Assault Survivors Who Are Confined: National Focus Group Findings

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Introduction

Introduction

Sexual assault survivors who are incarcerated or detained need access to confidential victim services as much as other survivors. Victim service providers who work with survivors¹ in confinement, however, typically face significant challenges with providing confidential assistance. A lack of privacy can be exacerbated by survivors' isolation and highly controlled living situations; social norms and policies that assert people who are confined have no right to privacy; the tremendous need for community-based services for survivors, whether confidential or not; and facility² staff concerns that confidentiality threatens safety and order.

"We like to do good work. I like to do good work. Being someone who is from an underrepresented population, being a black woman, I know what it's like to feel invisible. I know what it's like to not be seen or heard. I go into these spaces thinking about that and say: 'How would I want to be treated? I cannot just demand other people treat me some way if I can't offer the same services.'"

—Focus Group Participant

"Crisis intervention is crisis intervention, regardless of who is calling."

—Focus Group Participant

The Prison Rape Elimination Act (PREA) National Standards require facilities to enable reasonable communication between survivors and victim advocacy or rape crisis organizations and immigrant service agencies in as confidential a manner as possible.³ The National PREA Resource Center awarded the Victim Rights Law Center,⁴ in collaboration with the Portland State University Regional Research Institute,⁵ and Professor Brenda V. Smith, Executive Director of the Project on Addressing Prison Rape,⁶ a mini-grant for the Confidential Community Services Access Project (the Project) to convene two national focus groups to examine how confidential services are being provided to sexual assault survivors who are confined. These focus group findings provide critical input from the field on challenges faced and successes achieved by community-based advocates providing, or attempting to provide, confidential support services to survivors of sexual assault who are confined.

1 The use of "survivors," throughout these findings will generally refer to survivors who are incarcerated or detained in prisons, jails, immigration-related facilities, juvenile facilities, and military brigis.

2 By "facility"/"facilities," we mean primarily jails and prisons. However, we expect that references to "facilities" throughout these findings will also apply to juvenile and immigration detention, etc.

3 28 CFR 115.53(a) [prisons and jails; and the U.S. Department of Defense accepted these PREA standards as written]; 28 CFR 115.253(a) [community confinement facilities]; 28 CFR 115.353(a) [juvenile facilities];

45 CFR 411.53(c) ["The care provider facility must enable reasonable communication between [unaccompanied children] and agencies in a confidential manner."]; and 6 CFR 115.53(c) [immigration detention facilities].

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Focus Group Recruitment and Methodology

We distributed a focus group recruitment flyer via domestic violence and sexual assault advocacy list-serves and the list of the End Violence Against Women International (EVAWI) 2018 conference registrants. Our target sample size was ten participants per focus group (20 total). In anticipation of a robust response, we implemented an application process in which advocates were invited to answer questions about themselves and their advocacy work and to share why they wanted to participate in the study. We looked for a range of experience among the advocates, encouraging applications from both advocates who have been successfully serving survivors who are confined and advocates who have not, but wanted to. Thirty sexual assault advocates applied. We invited 20 advocates from Delaware, Florida, Illinois, Louisiana, Mississippi, New Jersey, North Carolina, Ohio, Oregon, and Washington to participate. Of these 20 final invitees, 17 sexual assault advocates attended both the in-person training and the focus groups. For their participation, most participants were reimbursed for their travel, one night's accommodations, and meal and incidental expenses.

"Victim service providers bring an important element of humanity to the experience of people in custody as they see them for who they are, not what they did."

—Focus Group Trainer

Advocates expressed many reasons for wanting to attend the PREA training and focus group sessions. Many wanted to develop sexual assault programs that would provide equitable services to

individuals who are confined. Advocates acknowledged that these survivors are often targeted for—and have limited access to services following—a sexual assault. Improving PREA compliance, learning more about confidentiality, building the advocacy community, discussing ideas with peers, and informing other service providers in their states were also reasons for attending. A few participants mentioned their desire to be a part of an important research effort that would bring advocates together to brainstorm with like-minded individuals.

"Just because they're in prison, they're people too; they're inmates, they're human. Nobody deserves to go through that."

—Focus Group Participant

The Project team conducted two training and focus group sessions on April 2, 2018, the day before the convening of the End Violence Against Women International (EVAWI) conference in Chicago, April 3-5, 2018. During sessions, the team specifically focused on PREA Standard 115.53, with some discussion of issues related to Standard 115.21. Our goals were to: 1) Increase advocates' knowledge about the PREA Standard 115.53 and its confidentiality requirements; and 2) Improve incarcerated sexual assault survivors' access to confidential community-based services, including general support services (see PREA Standard 115.53) and support with forensic medical examinations (see PREA Standard 115.21) by learning about the successes and challenges advocates have experienced when providing such services to sexual assault survivors who are confined.

Providing Confidential Support Services: Challenges and Successes

Participants discussed challenges that they and their agencies have faced when trying to provide confidential support services to survivors of sexual assault who are confined. Those challenges, and related successes, follow this paragraph. Some successes without an articulated challenge are included at the end of the list.

Reporting/Mandatory Reporting Challenges

Although facility staff, medical and mental health practitioners, and contractors may be required to report sexual abuse or sexual harassment pursuant to 28 CFR 115.61, et al., community-based victim services providers do not have the same reporting obligations under the PREA Standards. Advocate-victim confidentiality and privilege may also preclude advocates from making disclosures about sexual assault. Furthermore, mandatory reporting obligations and ethical requirements related to reporting may differ between facility staff, contractors, medical and mental health providers, and community-based victim service providers. These different reporting requirements can confuse or mislead advocates, facility staff, and survivors in ways that impact access to confidential support services.

Successes

One of the ways that focus group participants navigate these reporting challenges is to assign staff and volunteers who are not mandatory reporters in their jurisdiction to work with survivors.

Participants also discussed the importance of training in general. (See below.)

Confidentiality Breaches

Challenges

The focus groups reported that keeping the work they are doing at a facility confidential from staff and other survivors at the facility is challenging. Participants mentioned occasions when facility staff pressured other staff into telling them the names of survivors.

“A lot of inmates I work with know others I work with; they’re bringing names. They are talking about each other.”

—Focus Group Participant

Successes

Participants talked about how they worked to protect survivors’ confidentiality when providing on-site advocacy. One participant does not disclose their agency’s name or their role as a sexual assault advocate unless asked. Printed materials shared with survivors are as inconspicuous as possible and do not include language that references sexual violence. Support groups cover general topics (life skills, art, job readiness) and are “not limited to sexual assault victims; we open groups up to everybody; that way a guard does not know whether or not a person is a victim.” During these support groups, advocates pass out agency brochures and resource information regardless of victim status so that survivors will have information about community-based sexual assault resources and agencies. Finally, working with facility counselors

to schedule individual and support group meetings with survivors and to reserve private rooms has been successful.

“So when I start working with someone my first statement to them is always, ‘I can’t confirm or deny anything about anyone I am working with. I would afford you the same respect. If you bring somebody up, I can’t share whether I know that person, or whether or not I’m familiar with that story.’”

—Focus Group Participant

Other agency-level successes with survivor confidentiality included providing on-going training to all agency staff about PREA and how to navigate work in facilities, participating in local PREA programs, and working with facility personnel to secure times to meet with survivors without staff monitoring the visits.

“Part of ensuring confidentiality is making sure that I’m coming in not creating small talk; I’m just coming in and just trying to slip under the radar. Another thing, maintaining a privacy statement with the folks I’m working with because they’re in corrections together and it’s the only women’s facility in our entire state.”

—Focus Group Participant

Participants identified the importance of routinely informing survivors they serve that they will not share information about them with other survivors.

Victim Service Providers and Facility Staff Working Relationships

Challenges

Participants discussed facility policies, practices, and attitudes that impeded their ability to support survivors’ confidentially. For example, COs can be dismissive of advocates’ work and can downplay the prevalence of sexual victimization within jails and prisons. One participant said that some COs think that the support offered by sexual assault advocates is not needed because other facility staff provide enough support.

“I heard focus group participants share concerns that the treatment that they would provide an incarcerated victim/survivor differs substantially from the treatment they receive from facility staff. Much of the focus of victim services is enhancing victims’ autonomy and control. By its very nature, correctional environments seek to diminish prisoners’ control.”

—Focus Group Trainer

Corrections officers (COs) may not be willing to partner with sexual assault agencies or advocates who support survivors. One advocate reported that COs were upset when the advocate made referrals and gave survivors information about rights and legal options.

“I feel like COs’ mindsets are a lot different than ours. I feel at times it’s an uphill battle because they don’t believe survivors.”

—Focus Group Participant

Advocates also identified such logistical challenges as facilities' hours of operation, frequent changes to survivors' schedules, and staff turnover – which disrupt relationships and institutional knowledge about confidentiality.

“Getting buy-in from the prisons can be challenging; they are not 100% on board with this agency using advocates to help incarcerated individuals. Due to Department of Corrections staff turnover and COs' resistance, referrals from COs have dramatically decreased. Sadly, we understand the need is still there for services but buy-in from the detention center is lacking.”

—Focus Group Participant

Participants also shared that advocates can differ with how willing or comfortable they are with serving survivors who are confined and working with facility staff.

“The facility is a Monday through Friday, . . . and you're supposed to make an appointment. Well, as a prisoner, it's almost impossible to make . . . and keep an appointment because . . . things are constantly changing. So I'll get a call, 'Hey, this prisoner's going to call you tomorrow at nine.' It almost never goes through because, again, prisoners' schedules are constantly changing.”

—Focus Group Participant

Successes

Repeatedly, participants mentioned how important it is for their agency to build solid, trusting relationships with facilities and staff at all levels. Being persistent and consistent when reaching out to facility personnel – sometimes over years – led to strong and long-lasting working relationships with facility staff. Building these relationships helped pave the way for advocates to work inside the facilities, have more direct contact with survivors, and be trusted by facility staff.

Our advocacy organization created a PREA advocacy and advisory board made up of corrections and advocates to figure out what our training should look like, figure out what our MOU [memorandum of understanding] would look like.”

—Focus Group Participant

Participants regularly visited prisons and jails across their states, and met with COs, wardens, and PREA coordinators to get to know them on a face-to-face basis.

“Every time we felt the conversation with COs was lagging we would say 'We haven't heard from you in a while, . . . can we get some time to chit-chat over coffee, over tea, can we come to you, we can totally make this easier for you.' We explained our role as an organization, what we do, what services we provide, and how our work is compliant under PREA.”

—Focus Group Participant

Eventually some COs took the initiative to call sexual assault agencies to request services for survivors. Another participant talked about getting buy-in from the warden about how big the problems are at a facility.

“Then the warden will shunt us off onto a deputy or someone else to make the things happen. When they don't happen, inevitably the warden starts to get copied on emails again. Getting the warden on board has actually been much more helpful to us in getting PREA going, and getting the buy-in, and forcing the people lower down the ladder to actually do the scheduling.”

—Focus Group Participant

Strong relationships also help grow and maintain confidential support services within facilities. Contacting COs by phone and email to set up meetings with survivors and secure meeting space were successful strategies. To get buy-in and support from COs, advocates might acknowledge the COs' role with security during their visits with survivors: “I'm not here to do your job, I get it, so . . . let's try to find a way to work together.” They do not need, however, to minimize their role and expertise with victim services.

Trusting relationships sometimes grew through collaborative groups. Participants noted that relationship-building success can vary depending on whether the partnerships are at the state or the local level.

Modes of Communication

Challenges

Victim advocates typically communicate with survivors who are confined by phone, through correspondence, or in person. Participants mentioned they doubt that they always receive a full account of survivors' experiences due to COs monitoring mail and/or telephone calls.

Sometimes facility policy requires survivors to use a public sign-up sheet to arrange for in-person time with an advocate. In addition, not all facilities provide an outgoing telephone line for survivors to use in a private and confidential area.

“One of the biggest challenges I have found would be finding ways for prisoners to have confidential conversations with advocates on the phone. When doing on-site visits, I don't see space for survivors to make confidential phone calls.”

—Focus Group Participant

Despite touring and visiting all the facilities in their state, ensuring posters and phone numbers were in place, and distributing materials to survivors, one participant wished advocates at their agency received more letters from these survivors. Though they do get some letters and have a chance to speak with survivors, they hoped that survivors did not see them as a part of the system and that they would trust them enough to call for support.

Successes

Agency policy and practice helped guide confidential advocacy in several ways. Advocates had guidelines for communication with survivors through postal mail, crisis lines, and support lines; worked directly with facility staff or state and regional confinement services coordinators to arrange times to talk with survivors on the phone; and were points of contact for survivors who needed additional community resources.

While most participants expressed comfort talking on the phone with survivors who are confined, one participant shared that sometimes their staff are uncomfortable using the phone to talk with these survivors since they don't know the level of risk a caller is facing. Most, though, felt fine about handling these crisis calls.

"We have been most effective at providing confidential services to incarcerated survivors through our PREA support line and written correspondence. Once I have spoken with a survivor who wishes to schedule a private phone call or professional visit with me, I am able to get a release of information form signed and returned via mail."

—Focus Group Participant

"The facilities post our hotline number and, in some facilities, incarcerated survivors can pick up the phone and dial "2" to be connected directly to our hotline for confidential support."

—Focus Group Participant

Sexual Assault Forensic Examinations

Challenges

Community-based advocates and facility staff can have different perspectives about the appropriate balance between private, trauma-informed exams for survivors and safety within the exam setting during a sexual assault forensic examination (SAFE).

"A corrections officer was in the room during a SAFE kit examination. . . . This did not give the survivor any privacy; it was especially traumatic for the survivor because the perpetrator was another corrections officer."

—Focus Group Participant

Despite practicing safe and confidential SAFEs with prison and hospital staff, breakdowns in agreed protocols and procedures that balance safety and privacy still occur. Participants also reported that sometimes COs or other facility staff who accompany survivors may not be interested in protecting privacy, being at the hospital, or accompanying a survivor to a SAFE. COs' own traumatic experiences and discomfort with hospitals and medical settings may also affect their interest in protecting survivors' privacy in this context.

“We worked really closely with the prison and with our hospital . . . it was like ‘this is going to run like clockwork’, and then every time I show up at the hospital, I walk up to two officers who . . . have no idea what they’re doing.”

—Focus Group Participant

Successes

Participants had many comments about working with COs during hospital-based SAFE by sexual assault nurse examiners (SANEs). While much of the SAFE-related focus group conversations stressed the difficulties of providing confidentiality during SAFEs, a few participants gave examples of approaches that helped increase SAFE privacy and confidentiality.

For example, a few participants’ agencies worked directly with their local hospitals to secure the use of private exam rooms. Some agencies have SANEs on staff who can examine survivors directly at the sexual assault organization while other agencies employ a SANE who can accompany the 24/7 crisis response team members to the hospital.

“We have a glass door system where we shut the glass door and open a curtain when we need audio confidentiality, and then when they’re doing the exam, they shut a curtain and open up the glass door so we can hear everything.”

—Focus Group Participant

Training

Challenges

Training is necessary to improve access to confidential support services. Training of facility staff and advocates, however, is not yet as strong as focus group participants thought it needed to be. One participant said sometimes breakdowns occur while training COs and sexual assault advocates and sometimes interventions have been implemented before proper training has taken place. For example, a participant mentioned that at one point all the sexual assault organizations in their state had access to a telephone hotline that would be accessible to survivors before advocates were specifically trained on PREA; that did not go well. Even when trainings are offered, COs and advocates may not be required to attend and, therefore, don’t.

Participants also talked about facility staff not being required to attend training mandated by PREA or on topics related to sexual assault or domestic violence. When COs do attend trainings, they may demonstrate a lack of empathy or willingness to understand the survivors’ perspectives and experiences. Sometimes advocates thought facilities agreed to have advocates conduct PREA and sexual assault trainings simply to stay compliant with the law and meet credentialing requirements rather than trying to improve awareness and provide meaningful support to survivors. And despite repeated trainings for the same facility, some advocates were still not receiving referral calls from survivors. Many facilities also have high rates of staff turnover, limiting the effectiveness of training as new COs are hired. If facilities do not make time or space for trainings or do not invite advocates to conduct trainings, COs won’t

have the information and skills they need to support community-based advocates when they provide confidential support to survivors.

“I still go every year; I go and do refresher courses with everybody in the federal facility. We hit barriers. They give me the run around about when I can come in and who I can talk to. But I'm still there, coming and saying, ‘We're five miles down the road from you; you need to give us a call’.”

—Focus Group Participant

Successes

A training strategy that seemed particularly successful was to have a “dual presenter model” with one advocate trainer and one facility staff trainer. This approach increases the likelihood that attendees will identify with at least one of the facilitators.

Participants mentioned that some facilities implemented policies and practices to improve support and increase confidentiality for survivors. Some COs told advocates that they were doing a better job implementing PREA because the facility required them to attend training facilitated by sexual assault advocates.

Limited Resources

Challenges

Agency-level access to and allocation of limited resources was identified as another challenge to providing confidential services. Many participants said that their agencies had limited resources, insufficient funding, and not enough staff to effectively provide services to survivors who are

confined; yet, advocates are expected to provide these services.

“We run one of the busiest rape care centers in the state and we have a large incarcerated population in our area We have a very difficult time maintaining services.”

—Focus Group Participant

“Due to limited funding and . . . staff capacity, we have not been able to provide on-site crisis or long-term counseling services to incarcerated sexual assault survivors.”

—Focus Group Participant

Successes

One participant mentioned the importance of being mindful about survivors in confinement when pursuing grant funding for sexual assault services.

“My supervisor is really committed to specifically writing in inmate and incarcerated women work in every grant.”

—Focus Group Participant

Community Collaboration

Successes

Support from other community members who work at a facility has helped build and maintain victim service providers’ working relationships with COs. One participant mentioned that their two main inside contacts are “the clergy . . . who have been awesome at paving the way for us, and . . . the social work department.” This advocate also mentioned that talking to their county

commissioners enhanced advocacy for survivors. Connecting with faith communities, not just clergy, who do prison advocacy work was another strategy mentioned for getting in the doors of a previously resistant facility.

Memoranda of Understanding

Successes

Many victim service agencies worked closely with confinement facilities to establish Memoranda of Understanding (MOUs). Best practice in creating MOUs was to use specific language to explain and direct the implementation of confidential policies and practices. If MOU language is clear and detailed, newly hired facility and community-based services staff will better understand and implement the MOU than if an MOU is written in general terms.

“Our MOU clearly states that correction facility staff need to provide a private room when inmates want to meet with advocates and that inmates be given privacy when making outside telephone calls.”

—Focus Group Participant

Litigation

Successes

Litigation, or some other remedies, may need to happen for facility leadership to implement policy and practice that uphold PREA. As noted by a participant: “Typically those PREA conversations get reintroduced when facilities get sued, or when there’s agency oversight, or when they have to go

and testify on their budget, or when the [facility management] hears of a complaint. We can talk about problems and strategies to work on, but there are ways to get their compliance.”

“After one of our clients got representation and sued the prison and won a sexual harassment case . . . [t]hen things started becoming more serious. . . . [W]hen I talk to staff now I’m just like, ‘Wow, the prison has come leaps and bounds.’ Especially more of the staff on top. . . . I’ve heard staff say things like, ‘No one deserves to be sexually assaulted,’ and it takes my breath away.”

—Focus Group Participant

Advocates' Motivation to Provide Confidential Services

Advocates' Motivation to Provide Confidential Services to Survivors Who Are Confined

Given the challenges advocates face with providing confidential support services to incarcerated survivors, what motivates them to do this work? Participants had various reasons for their commitment to confidential support services for survivors who are confined, and why they work with their sexual assault and domestic violence agencies to provide these services. These reasons include strong, personal commitments to ending violence, regardless of who the victim is; an interest in confinement-related advocacy; and a need to facilitate clear, accurate, and specific training on PREA to ensure that those who work with these survivors really understand it and its implications.

"It's personal. It's to help victims, to maybe end the cycle of abuse for them, to ensure their safety while they're in the facility, and then to let them know there is help on the outside for you to handle the trauma that may have happened to you as a child or in the prison."

—Focus Group Participant

"Prisoner advocacy is my passion. It's something that I've been doing pretty much my entire adult life. I feel that prisoners are community members who have been taken from us but that they are still there. These services are very important, and they literally cannot access services, so we have to bring these services to them. I'm a prisoner abolitionist at heart. PREA is something that is extremely important in this work. I'm really excited to be here. It's really neat to be in a room with everybody here. This kind of stuff just gets me going; I could talk about it for days."

—Focus Group Participant

Advocates' Plans for Future Advocacy

Advocates' Plans for Future Advocacy

Participants had many ideas for improving confidential support and advocacy for survivors who are confined. Repeatedly, participants said that advocates and COs needed up-to-date, adequate, and consistent training about PREA and how to implement confidential services in facilities. Devoting more staff time and agency resources within advocacy organizations and facilities would improve and maintain the implementation of PREA and access to confidential support services. Other ideas included better cooperation and collaboration between facility staff and advocates, developing strong working relationships with each other that would go beyond just the signing of an MOU to gaining a deeper understanding about what the facility is and is not doing to uphold PREA Standards.

"PREA is new and we really need to beef up training. Get out to your communities and talk to people as much as you can because it's so new."

—Focus Group Participant

Some sexual assault programs have Sexual Assault Response Teams (SARTs). One participant voiced frustration about not having a "system of checks and balances within PREA reporting if somebody wants to report." Their hope was to start a SART comprised of community advocates who could support every survivor. One participant hoped to have the same access to survivors who are confined as other professionals, such as social

workers, lawyers, and therapists. With greater access, they could have meetings with survivors in-person without giving their name to office specialists at the facility, and without having to be screened by COs upon arrival.

"We are really clear in the work that we do now; we don't let anybody get into prison that doesn't get it . . . because we don't want them to mess it up. We recognize how important it is to treat everyone like a human being."

—Focus Group Participant

Many participants spoke about their interest in making sure male survivors were also receiving confidential support services.

"My long-term goal would be to have someone, at least once a month, come into the men's facilities in a non-disclosed location, so people don't know, 'Oh, you're going to the sexual assault lady.' I would love to see that because I don't know of a support group that has worked. I would hate to reopen or open someone up for victimization if other inmates know that they're going to the sexual assault support group. It's not something that the men's facilities have been very receptive to."

—Focus Group Participant

Summary of Group Findings

Summary of Group Findings

The national advocates who came to Chicago for this Project’s training and focus groups discussed how they are providing confidential services to survivors of sexual assault who are confined, identifying both barriers and solutions for such services. Barriers include reporting obligations that are different from facility staff and contractors; different norms for services provided by facility staff and victim services providers; different priorities for sexual assault forensic exams; challenges faced with different modes of communication; needs for training, separately and together, with facility staff and service providers; high staff turnover; and insufficient resources to provide confidential services for all the survivors who need them. Solutions to the problems inherent to these barriers include clearly communicating about roles and expectations for confidential support services in confinement; building relationships between victim services providers and facility staff; establishing MOUs that spell out expectations for confidentiality; providing consistent, quality training; and establishing communication channels between survivors and victim services providers that are reliably confidential.

“We make it very clear that the COs are not the expert on sexual violence. We also had to learn [what] COs were talking about. . . . [W]e’re finding the COs that work in the facilities on the front line, regardless of whatever [Department of Public Safety and Corrections] say, at the state level, they really want us to come to the facility; they really want us do a good job; they really want to have those relationships.”

—Focus Group Participant

“Victim service providers are concerned about the continued victimization and vulnerability of people in custody but uncertain about their role in improving conditions that permit abuse to occur. They fear losing access and funding. At the same time, they are concerned that people they serve continue to be victimized.”

—Focus Group Trainer

Implications

Implications

Given the barriers and what is needed to overcome them, some implications for these findings emerge.

1. Victim services providers and facility staff need to be able to explain advocates' confidentiality requirements under state and federal law, e.g., the PREA Standards; state privilege and confidentiality law; VAWA confidentiality requirements; and mandatory reporting laws, including who is and is not responsible for reporting what in the context of sexual assault in confinement.
2. Because of the pronounced differences in the priorities and expertise of victim services providers and facility staff, along with the discretion facility staff have with the access they will afford survivors to confidential services, both need to establish trust and strong working relationships with each other and be able to memorialize (e.g., in policies and protocols) and hand off (e.g., by introducing and putting in a good word for each other) the strength of those relationships. Different priorities, approaches, vocabulary, and cultures need to be understood, while each other's expertise is respected. Leadership of both community-based advocacy organizations and confinement facilities will need to prioritize and facilitate these relationships.
3. Clear expectations for the confidentiality and continuity of support services require that

victim services providers and facility staff draft memoranda of understanding (MOUs) that address how confidential communication between community-based advocates and survivors will occur at facilities. These MOUs should include how phone, mail, and in-person communications will occur both at facilities and where sexual assault forensic exams take place if outside of facilities.

The focus group members valued having the opportunity to discuss their work providing confidential services for survivors who are confined and they craved a community of practice where they could have such conversations more frequently. These conversations would not only support victim service providers with their work but would continue to provide critical insights to the advocacy and confinement services fields about the success of and challenges with implementing the PREA standards for confidential services. The focus group conveners hope such conversations will happen more frequently. Conversations between advocates and facility staff would also help strengthen confidential services for survivors.

Next Steps

Next Steps

Given the findings from this Project and their implications, the following steps would help sexual assault survivors who are confined receive confidential support services comparable to what they would receive if they were not confined. All of these steps would require additional financial resources.

1. Community-based victim services are sufficiently staffed to provide services to any survivors who need them.
2. Confinement facilities are sufficiently staffed to support provision of confidential services by community-based victim services providers.
3. Training, listening sessions, and conversations focus on confidential community-based services for survivors who are confined.
 - a. Ongoing training for facility staff, community-based victim service providers, and co-training of staff and service providers, should include legal requirements and best or promising practices for confidentiality, privilege, PREA reporting, and other mandatory reporting when community-based advocates are providing support services, including support for sexual assault forensic exams (SAFEs). Survivors would also benefit from training on these requirements and practices. Training would be facilitated by teams of respected experts in community-based advocacy, confinement, and SAFEs. These trainings might be incorporated into trainings that already occur, e.g., PREA-mandated training and training provided by the National PREA Resource Center. Ideally, these trainings would be offered to advocates and facility staff who work in the same state, tribe/village, territory, or DC to build relationships and a common understanding of the practice in a specific location.
 - b. Listening sessions would allow for facility staff, victim service providers, and survivors to be heard about successes and challenges, frustrations, encouragement, and whatever else comes into play when providing confidential community-based support services to these survivors. Listening sessions can be incorporated into trainings along the lines of the training and focus group structure that was used to collect qualitative data for this Project.
 - c. Conversations that are just for facility staff, just for victim service providers, or just for survivors would allow for candid discussions about how confidentiality works in their purview. Safe and facilitated conversations that include facility

staff, victim service providers, and survivors, in any configuration, would also be useful.

4. Trusted and reliable technical assistance continues to be offered to victim service providers and facility staff.

a. In addition to the National PREA Resource Center, various technical assistance providers support facility staff, et al., and victim service providers with issues related to confidential community-based support for survivors who are confined. These TA providers need to continue to inform or remind victim service providers and facility staff, et al., that they are available to support them with providing confidential services to survivors who are confined.

b. The national TA providers who offer guidance on confidentiality in confinement need to talk with each other regularly to support their work and ensure they give consistent advice. Regularly scheduled conversations among TA providers will help them support each other and provide a coordinated response, thereby strengthening their practice and impact.

5. Additional resources for facility staff and victim service providers are available.

a. Facility staff and victim service providers would be supported with their work to provide confidential support and SAFEs to survivors by having access to model language for MOUs that addresses options for confidential support services.

b. Model policy language regarding confidentiality would also help facility staff and victim service providers offer survivors access to confidential services.

c. Tip sheets or similar practice guides would be useful tools for protecting survivors' privacy.

6. Pilot projects are launched to test the effectiveness of different approaches to providing confidential services to survivors who are confined.

a. Pilot projects could test how effectively and safely confidential services may be provided through mail, phone, the internet, and in person.

b. Pilot projects could test the effectiveness of co-located or coordinated community services, like family justice center programs, for survivors who are confined.

Conclusion

Conclusion

The sexual assault services providers who convened for the training and focus group gave concrete, real-world perspectives on the struggles they have faced and successes they have achieved with providing confidential support services to sexual assault survivors who are confined. The focus group members highlighted the importance of training, resources, and continued conversations and experiments with providing confidential community-based services. The focus groups demonstrated that the phrase “as confidential a manner as possible” is expansive, and bars need not be barriers to confidential victim services for sexual assault survivors who are confined.

