



SEXUAL VIOLENCE IN DETENTION



ICRC

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INTRODUCTION

The International Committee of the Red Cross (ICRC) has long been working to prevent and end the devastating phenomenon of sexual violence in armed conflicts and to ensure that the countless victims – men, women, boys and girls – receive the help they need.

In this document, we examine sexual violence specifically in relation to detention settings, where it is pervasive, but generally under-reported. Building on our significant presence in places of detention worldwide, we consider why individuals are at risk of sexual violence in detention, some of the forms it may take, places and moments of high risk, and risk groups and risk factors.

We hope to help reduce risk by improving the ability of those who visit, work and live in places of detention to understand, recognize and address the problem. Our main focus is on prevention and risk reduction, but we also set out some potential steps to take when sexual violence occurs.



UNDERSTANDING THE RISKS OF SEXUAL VIOLENCE

WHAT CONSTITUTES SEXUAL VIOLENCE IN DETENTION?

The term “sexual violence” is used to describe acts of a sexual nature committed by any person against another by coercion. Coercion can be caused by circumstances such as the fear of violence, duress, force, threat of force, psychological oppression or abuse of power. Sexual violence also comprises acts of a sexual nature committed by taking advantage of a coercive environment or a person’s incapacity to give genuine consent.

Sexuality is common to all life forms, and is present wherever human beings live and work in close proximity, including places of detention. Acts of a sexual nature take place in detention, even where this is against the law or local custom. To identify when they might constitute sexual violence, we need to explore the complex and challenging conditions detention creates.

Even the most seemingly humane place of detention is essentially coercive: one group of people is vested with the power to oversee and contain another set of individuals. The degree of autonomy which detainees possess is limited, and their degree of dependence, on staff and each other, is high. When individuals are deprived of their liberty, genuine consent in sexual matters therefore becomes almost impossible. It is reasonable to assume that many acts which are of a sexual nature could constitute sexual violence.

The likelihood of sexual violence is even greater when a broader pattern of negligence, lack of respect for human dignity and abuse is present, when authorities fail to provide a safe and decent detention environment or when they promote an approach to detainees which focuses on power and the use of force.



Acts of sexual violence in places of detention can vary widely in terms of severity. They can include rape, forced prostitution, sexual slavery, forced pregnancy and enforced sterilization but do not necessarily involve physical contact. For example, in addition to penetration with a sexual organ, another part of the body or an object, sexually violent acts may include voyeurism, exhibitionism, indecent or inappropriate communication, sexual exposure and humiliation, and touching. Sexual violence can be deliberately used to assert authority, to punish, to create fear, to humiliate, to discriminate and to obtain information. In some circumstances it can amount to torture.

When does sexual violence become torture?

Sexual violence involving the intentional infliction of severe pain or suffering, whether mental or physical, on an individual or third person, for example a relative, for such purposes as obtaining information or a confession, punishment, intimidation, coercion, or for any reason based on discrimination of any kind, falls within the definition of torture under international humanitarian law and international human rights law.

Without the purposive element, sexual violence may still be classified as cruel, inhuman or degrading treatment or punishment.

Practices that are part of the security routine may feel like sexual violence, even if they are performed without that intention. For example, observing detainees while they are removing clothing, washing or using the toilet; conducting body searches; asking detainees to adopt certain poses; inserting fingers or objects into the mouth or other bodily cavities; using visual observation and recording devices: all these are potentially abusive.

Actions that might seem innocuous can be experienced by detainees as sexually threatening, such as if a staff member stands near or behind, or is alone in a room with a detainee, the more so if they are of opposite sexes. This is especially the case at stages of detention when the detainee may feel particularly vulnerable, such as when they first arrive in a place of detention or are being interrogated. Any of these actions may also feel violent or abusive to individuals who have experienced sexual violence in the past, whether or not this was in the context of detention.

From a humanitarian point of view, whether or not an act is prohibited in domestic or international law should not take precedence over how the act is experienced by the victim and over meeting their most important needs, including the need to be and to feel safe.

WHAT ARE THE EFFECTS OF SEXUAL VIOLENCE AND WHAT HELP DO THE VICTIMS NEED?

Sexual violence can result in severe physical and psychological health issues. Victims are likely to suffer from trauma and stress-related disorders, anxiety and/or depression. If it happens during detention, which is generally traumatic enough in itself, sexual violence may compound feelings of despair, isolation, worthlessness and rejection, as can the fear of subsequent disclosure and retaliation. These in turn stop people from seeking redress, thereby aggravating or prolonging the effects.

The victims of sexual violence have many needs. Some forms of sexual violence constitute a medical emergency: it is crucial to give unimpeded access to quality and timely medical care. Ensuring the security of victims and preventing reprisals and further assaults are also of the utmost importance. Further needs can include a listening ear, reassurance, psychosocial support or specialist psychological care, and access to a record of their experience, a lawyer and a court to lodge a complaint and receive redress. All of this is challenging in a detention setting.





WHO COMMITS SEXUAL VIOLENCE IN DETENTION?

People of any age, sex or gender identity can commit sexual violence.

While men are believed to be the most common perpetrators of sexual violence against detainees, women, boys and girls can be responsible for similar acts, in a direct or assisting role.

Perpetrators can be officials or **anyone exercising power over detainees**. These may be individuals performing a variety of roles, including **arresting, searching and transferring**. For **investigators and interrogators**, sexual violence can be one tool among many to extract information or confessions.

Managers of places of detention and their staff, who daily interact with the detainees, are also potential perpetrators. Even in well-managed places of detention where staff and detainees have mutually respectful relations,

the relationship between a detainee and a member of staff remains potentially coercive on the part of the latter. Sexual relations between the two might therefore be considered abusive by definition.

Sexual violence is also committed by **detainees** against other detainees. In considering whether acts might be coercive, thought must be given to the vulnerability of specific detainees, the place they occupy within **informal detainee power hierarchies, detainees placed in positions of power by the authorities**, etc.



G. Binnet/CRC

WHO ARE THE VICTIMS OF SEXUAL VIOLENCE IN DETENTION?

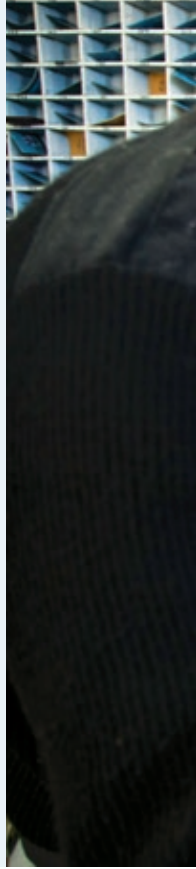
Anyone can be. **Men and boys** are victims of sexual violence in detention, mostly inflicted by other men. Boys and adult men of youthful appearance can be particularly vulnerable.

In some places, **female detainees** are not properly separated from male detainees and do not benefit from the effective supervision by female staff that is generally considered to provide some protection from sexual violence. Girls are highly vulnerable owing to a combination of their age, sex and the fact that there are fewer of them compared to adult women. The biological characteristics of women and girls increase their vulnerability to sexual violence and its consequences. In addition to unwanted pregnancy, they are particularly prone to contracting sexually transmitted diseases.

Many detained women are made yet more vulnerable because they have a history of sexual abuse prior to detention or have a lower

educational and social status than men. Their legal status may make it less likely that their complaints of sexual violence will be heard.

Detained **children** are vulnerable to sexual violence because, unless they are housed with family members, they are typically isolated from protective relationships and usually have relatively undeveloped coping mechanisms. Moreover, facilities and regimes rarely meet their physical, psychological or social needs. Even when held separately from adults, children remain at risk of sexual violence from staff or from other children, particularly where there is poor oversight, large numbers of them and a failure to separate different age, sex and risk groups. Where children have experienced different types of abuse prior to detention, they are additionally vulnerable, giving rise to specific needs that require attention. A child who has perpetrated an act of sexual violence can also be considered a victim with very specific needs.



Prejudice and other cultural attitudes mean the risk of sexual violence from staff and fellow detainees is particularly high for **lesbian, gay, bisexual, transgender and intergender** (LGBTI) detainees. Sexual violence is even perpetrated against them as a “correction” for behaviour and appearance that are seen as reprehensible in the detention setting or broader culture.

There is widespread evidence of extreme levels of sexual violence being inflicted on **migrants** in the hands of traffickers and unscrupulous or ill-equipped authorities. Abuses continue in detention when migrants are exposed to dire and

unsafe living conditions and forced to engage in sexual acts in the hope of being allowed to continue their journey or remain after release. This is especially true for detained women and unaccompanied and separated children. In addition to language barriers, migrants may be reluctant to report abuse by detaining authorities, fearing this will affect their applications to remain in the country. They may be in transit and unable to gain redress.

Race, ethnicity and gender often intersect in the area of sexual violence. Detained **ethnic minorities** may be greater targets for all forms of abuse, including sexual violence, from detainees



B. Heger/CRC

and detaining authorities. In addition, language barriers, lack of cultural understanding, and discrimination can prevent such detainees from lodging complaints and getting medical treatment.

Sex workers are at specific risk of sexual violence because of their perceived “availability”. They are at risk of being prostituted by other detainees or by members of the detaining authority.

Detainees with **mental and intellectual/learning disabilities** are vulnerable to sexual violence by other detainees and detaining staff and may be

unable to get help, as are detainees with certain **physical disabilities** (for example, disabilities relating to sight, hearing, speech and mobility).

Families of detainees are also vulnerable to sexual violence. They may be the targets of acts of a sexual nature when trying to find or visit a detained relative, or during a relative’s interrogation.



WHEN CAN IT HAPPEN?

Sexual violence can take place **at any point in the detention process**, from arrest to release, but certain stages and locations are riskier than others.

Detainees are at particular risk of ill-treatment, including sexual violence, during **arrest and the period immediately after arrest**, as they are in an unfamiliar environment where they have no control over what happens.

Police detention can be particularly risky as premises are designed for the short term and

police generally fail to provide privacy, separate vulnerable groups or even meet detainees' basic needs. It is usually impossible for vulnerable individuals to be separated from people who pose a risk of sexual violence. Female staff are often not available in adequate numbers to ensure same-sex supervision, searches, etc.

Risks of all sorts, including sexual violence, are also high in **unofficial types of detention** (for example, illegal, hidden or unacknowledged detention).

During **investigation and interrogation**, detainees are particularly at risk of ill-treatment, including sexual violence, used as a tool to weaken possible resistance, extract information and force confession. For example, forced nudity, verbal sexual threats and humiliation often accompany other forms of ill-treatment during questioning. Sometimes members of a detainee's family are sexually threatened or abused within a detainee's hearing or in the same building as part of the sexual violence inflicted on the detainee.

Transfer, especially when over long distances, is a time when there are usually few safeguards against abuse, with no or poor separation between transferred detainees and limited supervision and accountability of the accompanying staff. Basic goods and services may also be limited, forcing detainees to barter sex for food, water and other essentials.

Sexual violence is often experienced **upon arrival in places of detention**.

Searches are a feature of most types of detention and involve detainees, their possessions, accommodation and visitors. Searches are always intrusive, and when they are unnecessary or disproportionately frequent and not carried out with respect for the detainee's dignity, they can become humiliating and even traumatizing. The risk of sexual violence is particularly high during searches, whether upon arrival in detention or later, especially strip searches and body-cavity searches, even if they are carried out by a person of the same sex or by medical staff.

Privacy is often inadequate or non-existent in places of detention, and staff oversight in **sleeping areas, dressing/undressing areas, wash places and toilets** may be actively intrusive or woefully inadequate, both creating the risk of sexual violence and raising fears of it. Dormitories, showers and toilets can also put detainees at risk of violence from other detainees, particularly when men, women and children are not separated.

Risks are particularly high in **overcrowded facilities** and in all situations where detainees have to develop coping mechanisms to survive **scarcity**, which may force them to engage into transactional sex in exchange for protection, food, space, health care or other essential needs.

Riots and other emergencies which create disorder and confusion and reduce supervision also bring risks of sexual violence from detainees, staff or external forces intervening within the place of detention.

REDUCING THE RISK OF SEXUAL VIOLENCE

ACKNOWLEDGING THE LIKELIHOOD OF SEXUAL VIOLENCE IN DETENTION

Recognizing that sexual violence may exist in detention is a prerequisite for both preventing and addressing it.

All detaining authorities should assess the risk of sexual violence posed by their facilities and practice. All those who interact with detainees and their families must know how to prevent sexual violence in its various forms, be ready to identify it when it occurs, react accordingly and respond to victims with the care they need.

PREVENTING SEXUAL VIOLENCE IN DETENTION

Needs and risk assessment upon arrival, and follow-up action

- Detaining authorities who conduct a needs and risk assessment upon arrival can identify which detainees are at particular risk of sexual violence and those who present a risk of inflicting such violence. The assessment should influence what kind of support and supervision is needed to address specific vulnerabilities. Confidentiality should be carefully maintained so that protective measures do not create any new risks.
- Trained medical professionals should be used throughout detention, as it improves the likelihood of picking up on acts of sexual violence and its effects. This is not only a means of prevention but a route to individual care.

- Unless families are housed as a unit, men, women, boys and girls should be separated. (This still requires the detaining authority to exercise due diligence with regard to possible risks of sexual violence from family members and co-detainees).
- There should be options to keep vulnerable detainees safe other than isolation. Such options prevent separation from becoming of a nature, duration and degree that amount to solitary confinement and that could be experienced as punitive. Where it is necessary to separate a group of detainees from the rest of the prison population, the authorities must ensure that this is not stigmatizing, and does not cause deprivation of equal access to goods, activities and basic services, including medical care.
- LGBTI detainees should have the opportunity to express their views on the risks of sexual violence they face and on their needs. This is a route to offering the most protective environment for them.
- Invasive screening procedures should not occur – for example procedures which claim to identify a person's sexual orientation, whether someone is a child or whether women and girls are virgins.

Promoting respect and meeting the essential needs of detainees

- Detaining authorities who use information, education and training strategies that respect the rights of children and discourage misogynistic, homophobic, macho and other discriminatory or violent behaviour can prevent some sexual violence.





- Detention facilities that are well managed reduce the risk of sexual violence. This means promoting a culture of mutual respect and ensuring safe and decent conditions of detention that meet the physical and psychological needs of detainees. For example, detaining authorities who ensure access to food, water, space, medical care, family contact, information and legal advice, independent monitors, etc., can reduce the risk that detainees will be forced into transactional sex with staff or others.

Preventing sexual violence between detainees

- In addition to proper categorization and allocation, effective but non-intrusive supervision of detainees within all common areas, particularly sleeping places (all detainees need a separated sleeping space) is part of preventing sexual violence between detainees. The design of buildings and living space, staffing levels and patterns of supervision are all important; overcrowded living quarters and understaffing make effective supervision impossible. Authorities should carefully calculate the number of detainees of different categories who can safely be housed, given the staff available. This number should not be exceeded.
- Detaining authorities have a fine balance to strike between protecting detainees against sexual violence and respecting their need for emotional intimacy. If the usual response on discovering attachments between detainees is to separate or even to punish them, this is likely to discourage transparency. As a result, staff will not be able to offer support to those in abusive relationships or to identify other forms of sexual violence between detainees.
- Making information available about sex and relationships can help detainees protect themselves. For example, in order to prevent transmission of sexually transmitted infections some States make condoms and dental dams available to detainees, alongside advice on how to use them and how to report sexual violence confidentially.

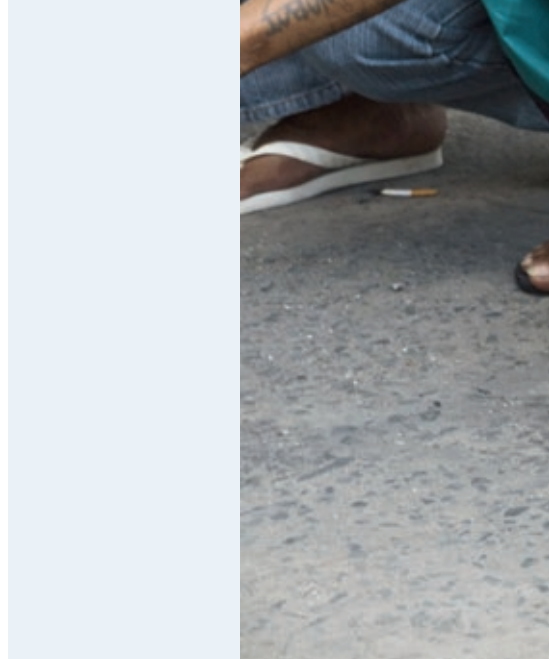


- It is not known whether providing detainees with the possibility of conjugal/partner relations reduces sexual violence in detention. However, assisting detainees in preserving physical and emotional aspects of their relationship with their partners who remain outside the place of detention (including those held in other places of detention) may help prevent some incidents of sexual violence and can help to increase or maintain resilience. If States do allow detainees to receive conjugal visits or visit their home, access should be permitted on a non-discriminatory basis. Obtaining the free and informed consent of the detainee (with due concern for the difficulty in detention of assessing “consent”) may help to ensure that conjugal/partner visits, mixed living arrangements and home leave do not facilitate sexual violence, such as forced prostitution by exposing a detainee to his or her former traffickers, pimps or previously abusive partners.

Preventing sexual violence by detention staff

- Careful selection, training and supervision are all necessary where individuals are in a position of power over others. (This of course includes when authorities give detainees power over other detainees.)
- Effective screening of detention staff at the point of recruitment is essential to ensure they have no history of committing sexual or other illicit violence, and that they are able and willing to deal sensitively with the risks and needs associated with detention. It is often common for individuals from the military and police (and in post-conflict situations former combatants) to work in detention. Detention staff should not be recruited and retained solely or primarily on the basis of their ability to control or exert power over detainees, but on their ability to meet the needs of vulnerable people in a situation fraught with risk.

- Adequate and ongoing training and support for staff are also essential in ensuring high ethical standards and professional communication skills, including those characterized as “dynamic security”, an approach which promotes appropriate relationships between staff and detainees.
- Some States have sought to reduce sexual violence by prohibiting all forms of sexual relations and sexual intercourse between detention staff and detainees.
- A diversified workforce may be better capable of understanding and accommodating the diverse needs of the detained population. Detention authorities should recruit a mixture of genders, and individuals from varied cultural, religious and linguistic backgrounds. This is especially important when those detained do not identify with the predominant nationality, culture or religion. Women need to be well represented and to occupy positions of power and influence in the detention-management hierarchy, particularly in facilities which hold women and girls.
- Only staff of the same sex should supervise dressing/undressing areas, wash places and toilets. Women and girls should be directly supervised only by female members of staff. Female detainees should whenever possible have the choice to be treated by female medical staff. If no female medical worker is available, the detainee should have the option of having a female member of staff, a fellow detainee or, where feasible, a friend or family member present during the consultation. Shackles and other restraints should never be used in gynaecological or obstetric examinations, and women and girls in labour should never be placed in mechanical restraints, even during transfer to and from hospital.



Preventing sexual violence during interrogation

- Safeguards against sexual violence during interrogation do not differ vastly from those against other forms of ill-treatment. These include clear procedures on how to conduct interviews, providing the detainee with information about their rights, recording (ideally video-recording) the interrogation, keeping written records with the names of everyone present, the presence of the detainee’s lawyer, respect of the right to remain silent, access to confidential interviews with independent trained medical personnel before and after questioning, prompt access to monitoring and complaint procedures, rejection by the courts of statements made as a result of torture or other forms of ill-treatment, protection of the rights of witnesses/family members, etc.
- Special training is required when investigating matters involving children, in particular with regard to their protection and interviews with them.



Preventing sexual violence during the transfer of detainees

- Measures to protect detainees from sexual violence in transit include the effective presence of properly trained staff of the most appropriate gender, adequate separation, keeping records of the identity, sex and number of escorts, reducing time in transit to the minimum, adequate provision for detainees' basic needs during transit, and timely access to monitoring and complaint mechanisms with respect to events that occur during the transfer.

Preventing sexual violence during searches

- A regulatory framework for all types of search of the different categories of detainees (and indeed of staff) should be in place and publicized, and should reflect knowledge of the risks and fears of sexual violence. It should detail how to conduct searches with minimum invasiveness and use of force. Records of searches should be kept by the detention

authority, in particular searches involving removal of clothing and body-cavity searches.

- Unclothed and body-cavity searches should not be routine. They should only be used when absolutely necessary and on the basis of individual risk assessments. Alternatives to body-cavity searches should be used (scanners, detector wands, information-gathering, observation rooms where time is allowed for an object to be expelled, etc.). Children should not be subjected to body-cavity searches.
- Two people of the same sex as the detainee (one to search and one to monitor) should normally be present during body searches and these should be conducted out of sight of anyone of the opposite sex. Special regard should be paid to any history of sexual violence to avoid making detainees relive traumatic experiences. There should also be specific guidelines for body searches of LGBTI individuals, and any other individuals who may be at greater risk of sexual violence.



- The detention doctors and medical personnel whose duty is to provide care to detainees should never be involved in body-cavity searches, as this would compromise medical personnel's professional ethical obligations and their relationship of trust with the detainee. If an intimate body search is unavoidable, it should be conducted by a member of staff of the same gender who has been medically trained for this procedure. This could be a physician who is not in a doctor/patient relationship with the detainee. In this case, the physician should explain to the detainee that in this instance he or she is not bound by confidentiality, that is, if he or she finds an illicit item, he will have to report it to the authorities. Detainees should be given information about the nature of any search, and the alternative options offered. If the detainee requests that the intimate search be conducted by a doctor, this request should be complied with.
- Regulations and policies concerning visitors awaiting entry to the place of detention must also be publicized and ensure that searches are proportionate, necessary and not conducted in a degrading manner. Visitors should have the option to decline searches at any point, and either to conduct their visit under circumstances which do not allow the possibility of physical contact with the detainee or to leave the place of detention. Body-cavity searches should be avoided for all visitors, and must not be used on child visitors.



ADDRESSING SEXUAL VIOLENCE IF IT OCCURS

Spotting the signs of sexual violence

- All those who interact with detainees should be alert to the physical and psychological signs and consequences of sexual violence. This includes all staff in daily contact with detainees as well as medical professionals, psychologists, social workers and inspectors or monitors.
- Awareness should also be raised, however, that absence of such signs is no proof that sexual violence has not taken place. The “sign” may be quite simply a change in behaviour. Staff need to be aware that enabling victims of sexual violence to communicate their experiences and needs requires skill, empathy and time.

The following could be indications of sexual violence:

- post-traumatic stress disorder and major depression, and symptoms including impaired concentration, low interest in activities, poor appetite, disturbed sleep, suicidal thoughts/suicide attempts, reported nightmares, shame, loss of self-esteem, self-hatred, anger, inability to focus on a daily routine, blame, helplessness and a permanent sense of vulnerability towards others;
- lesions on the genital organs, anus and/or mouth;
- bite marks, lesions on the body, bruising;
- chronic pain and genito-urinary symptom patterns, including vaginal bleeding and painful periods, anal bleeding, lower back pain, perianal pain, pain on passing urine, frequent headaches or migraines, difficulty in walking and sitting down;
- sexually transmitted infections, particularly in a child;
- pregnancy.

Encouraging disclosure and getting help

- Every detainee should have the opportunity, at all times, to make complaints about sexual violence. Bearing in mind the closed environment of detention, and that detainees may be dependent on those inflicting sexual violence (be they staff or fellow detainees), it is particularly important that detainees can make complaints directly and confidentially to higher authorities within the detention facility, to bodies that have a supervisory function over detention facilities, and be visited by external bodies independent of the place of detention (e.g. ombudsman offices, domestic or international monitors). Detainees should know and understand these mechanisms and be able to use them. The mechanisms should know how to respond and have effective means of response. Domestic laws which cast any victim of sexual violence as a criminal are an obstacle to disclosure and protective action.
- In case of abuse, both immediate and longer-term needs should be assessed and appropriate care provided. The care should be at least equivalent to that which the victim could receive in the public health system in the community. Victims should be able to access medical and mental health professionals, free of charge and obstruction, confidentially and in a manner which ensures respect for their safety. Medical staff must know how to react to signs or allegations of sexual violence and provide the necessary support and care. Where they have the detainee's informed consent, they should report the abuse to the competent authority.
- Detainees alleging sexual abuse should receive protection during any investigation and where necessary beyond. Protection should not involve isolation. It is harmful, compounds the original abuse and may be

viewed as punishing the victim. A safe alternative should be sought, if necessary outside the place of detention. In the case of an allegation against a member of staff, the staff member should be suspended from duty or assigned to another location where they do not pose a risk pending proceedings. In the case of an allegation against another detainee, the alleged victim must be protected from that detainee and any of his or her associates.

- For detainees who can only access appropriate and effective help after release, all relevant assistance (in lodging a complaint, receiving medical care, etc.) should be made available in the community.

Investigating incidents and ensuring effective remedies

- The detaining authorities have a responsibility to deal with complaints and reports seriously and without discrimination, including on grounds of gender, age and legal status, in a timely and appropriate manner. The procedures must allow victims to explain their violations in a non-threatening and supportive environment. Victims should be protected from re-traumatization by avoidance of invasive and unnecessary examinations and questioning. The procedures and follow-up require coordination of potential responses by security staff, forensic, medical and mental health practitioners, investigators and detention staff responsible for reallocation of accommodation.

GEORGIA DEPARTMENT OF CORRECTIONS
NOTICE TO OFFENDERS

Effective January 9, 2016, reporting that the inmate who may be sexually abused or harassed by another inmate shall be reported to the warden of the institution where the inmate is housed. This notice is being posted on all inmate housing units to advise inmates of this policy. The warden will investigate the report and take appropriate action.

NAME	DATE	LOCATION	REPORTED BY	REPORTED TO	DATE OF REPORT	DATE OF INVESTIGATION	DATE OF RESOLUTION	STATUS

FOR MORE INFORMATION, CONTACT THE WARDEN OF THE INSTITUTION WHERE YOU ARE HOUSED.

Reporte el
Asalto Sexual
Report Sexual
Abuse. Dial
PREA (7732)

GEORGIA DEPARTMENT OF CORRECTIONS
OFFICE OF THE WARDEN
1200 WEST WASHINGTON AVENUE
MARIETTA, GA 30067
(770) 429-6000

TO: Warden, Penitentiary
FROM: Wanda McLaughlin, Warden
DATE: December 20, 2015
SUBJECT: SEXUAL ABUSE INCIDENT

Effective January 9, 2016, the Reporting Procedure will change for the next reporting period. Please advise inmates of this change by January 9, 2016. Thank you.

Reporting: 8:00 a.m. - 5:00 p.m., four times beginning with 8:00 a.m. Monday, 8:00 a.m. - 5:00 p.m., four times beginning with 8:00 a.m. Tuesday, 8:00 a.m. - 5:00 p.m., four times beginning with 8:00 a.m. Wednesday. There is no reporting from 8:00 p.m. - 8:00 a.m.

If you are unable to make your report at your normal reporting time,

CONTACT:

Dr. Wanda McLaughlin
Warden
Penitentiary

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The cell telephone is for use by inmates only. It is not to be used for personal or business calls. The telephone is to be used for reporting sexual abuse or harassment. The telephone is to be used for reporting sexual abuse or harassment. The telephone is to be used for reporting sexual abuse or harassment. The telephone is to be used for reporting sexual abuse or harassment.

- Adequate response to sexual violence requires effective remedies. Whether an administrative sanction has been imposed and/or a criminal conviction has been imposed on the perpetrator, they should be proportionate to the seriousness of the offence. If the perpetrator is a member of staff they should be prevented from holding a similar position of authority. The remedies should also include rehabilitative procedures for the victims and compensation.
- In the case of female victims of sexual violence in detention who become pregnant as a result, appropriate medical counselling and treatment should be provided, in full confidentiality and in accordance with the woman's wishes, and at least equivalent to that available in the community. When victims have decided or have no other option but to continue with a pregnancy, appropriate care should be provided to both mother and child during pregnancy and after delivery. The child may require medical treatment if development was harmed by the violence their mother experienced. Care must also be taken by the detaining authority to ensure that these children are protected from abandonment and infanticide as well as from discrimination by staff and other detainees. They may also need very practical help relating to identity documentation, statelessness, inheritance and access to education.



J. Powell/ICRC

- In cases where children in detention have been victims of sexual violence, particular care should be taken to explain to them their options and the possible consequences, and to seek their own views on the action which corresponds to their best interests. Action should be adapted to their physical and psychological needs, and there should be procedures and documentation which can demonstrate that their best interests have been considered and responded to. Detention should be the last resort for any child, particularly for a child who has suffered sexual violence, so alternative forms of accommodation and care should be sought.



CONCLUSION

Sexual violence is a reality in detention for many men, women and children. It is not inevitable, however, and people who detain have both the responsibility and the opportunity to prevent sexual violence from occurring. Prevention is possible when priority is given to preserving and protecting the human dignity of those deprived of their liberty and when there is careful management and independent oversight from the moment of arrest or capture onwards.

When sexual violence does occur, there is again both a responsibility and an opportunity to act. Perpetrators must not be allowed to continue with impunity. Risk factors must be acknowledged and addressed. Above all, victims must have safe access to all the physical, psychological and legal support they need.

SELECTED INTERNATIONAL RULES AND STANDARDS THAT CONTRIBUTE TO PROTECTING PEOPLE FROM SEXUAL VIOLENCE IN DETENTION

International humanitarian law on international armed conflict:

Third Geneva Convention: Article 25(4), Article 29(2), Article 97(4), Article 108(2); Fourth Geneva Convention: Article 76(4), Article 82(2), Article 82(3), Article 85(4), Article 97(4), Article 124(3); Additional Protocol I: Article 75(5), Article 77(4)

International humanitarian law on non-international armed conflict:

Common Article 3, Additional Protocol II: Article 5(2)(a)

Customary international humanitarian law on international and non-international armed conflict:

Rule 119, Rule 120

For complete references on international humanitarian law, please see the ICRC's legal factsheet: Prevention and Criminal Repression of Rape and Other Forms of Sexual Violence during Armed Conflict: <https://www.icrc.org/en/document/prevention-and-criminal-repression-rape-and-other-forms-sexual-violence-during-armed>

Other:

Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment: Article 11

International Covenant on Civil and Political Rights: Articles 10, 17

Convention on the Rights of the Child: Article 37

Standard Minimum Rules for the Treatment of Prisoners (Nelson Mandela Rules): Rules 11, 29 (1)(b), 30, 40, 50, 51, 52, 54, 81

Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (Bangkok Rules): Rules 6a, 7, 8, 19, 20, 21

Istanbul Protocol: Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment: Chapter V.8

MISSION

The International Committee of the Red Cross (ICRC) is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of armed conflict and other situations of violence and to provide them with assistance. The ICRC also endeavours to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles. Established in 1863, the ICRC is at the origin of the Geneva Conventions and the International Red Cross and Red Crescent Movement. It directs and coordinates the international activities conducted by the Movement in armed conflicts and other situations of violence.



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