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Prison Rape and Psychological Sequelae: A Call for Research

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Abstract

Prison rape is a pervasive and serious problem affecting many male inmates in U.S. prisons. This paper reviews the literature on prison rape prevalence, victimization risk factors, and the psychological and non-psychological sequelae of prison rape. We address several areas of inquiry needed to guide research and facilitate solutions to the problem of prison rape, especially given the context and intent of the Prison Rape Elimination Act (PREA) passed in 2003 by the U.S. Congress. Mental health correlates remain to be studied; for example, the complex post-rape symptoms of prison rape survivors do not appear to be captured by current diagnostic nomenclature. To date, psychology has been largely silent on the issue of prison rape but may have much to offer in terms of describing and treating the psychological impact of victimization, documenting the personal and situational risk and protective factors associated with prison rape, and in designing programs and policy to reduce prison rape.

Keywords: prison rape, PTSD, PREA, sexual assault,
sexual trauma, sexual victimization, male rape

Prison Rape and Psychological Sequelae: A Call for Research

The existence of prison rape in male prisons in the U.S. is a serious problem with pervasive and devastating consequences (Dumond, 2000). The mental health correlates of sexual trauma are complex, and for many victims, the pattern of symptom development may not be fully encompassed by existing official diagnostic categories (Cockrum, 2009). Given the physical and psychological trauma that many victims experience, it is particularly important to sharply reduce sexual assault in prisons. Such assaults are not only criminal in nature, but also are crimes that take place in a facility created, funded, and operated by the state, which bears the responsibility of keeping its wards from predictable and preventable harm (Wolff, Shi, Blitz, & Siegel, 2007). The United States Supreme Court first recognized the problem of prison rape in *Farmer v. Brennan* (1994), unanimously holding that the Eighth Amendment's ban against cruel and unusual punishment would be violated if prison guards acted with "deliberate indifference" and "ignor[ed] a substantial risk of serious harm" to the inmate, noting that sexual abuse is "not part of the penalty that criminal offenders pay for their offenses against society." The problem became so prevalent and alarming that in 2003 the United States Congress passed the Prison Rape Elimination Act (PREA) to identify, prevent, prosecute, and respond to prison sexual violence in correctional facilities (Prison Rape Elimination Act, 2003).

Prevalence

Reliable estimates of the prevalence of prison rape are not easy to obtain. In both community settings and in prison, official under-reporting is often assumed, particularly as women in the community and men in prison may experience shame, guilt, and fear of social stigma and retaliation. Rape has been described as the most underreported of violent crimes (Rennison, 2001) and thus is a barrier to effective justice policy and reasonable victim restitution

(Beck & Harrison, 2007). Gathering reliable information about a topic as sensitive as having experienced sexual coercion in prison presents a special challenge to researchers (Jenness, Maxson, Sumner, & Matsuda 2010). Anonymous victimization surveys, typically considered the most trustworthy window into actual prevalence, may be subject to response inflation reflecting inmates who have experienced sexual assault disproportionately choosing to participate in the survey. Conversely, and more likely, using “official reports” or conducting face-to-face interviews with prisoners on such a sensitive topic will fail to identify many victims reluctant to disclose their experiences, thereby artificially deflating prevalence estimates. Further, the operational definition of “sexual coercion” influences the data obtained (Gaes & Goldberg, 2004). For example, some studies have included unwanted touching of genitals, buttocks, and breasts, an inclusion that increases the rates of reported victimization compared to studies that included only forced sex. Future research should use a standardized definition of prison rape, such as that put forth by PREA (2003) which defines rape as:

The carnal knowledge, oral sodomy, sexual assault with an object, or sexual fondling of a person, a) forcibly or against that person’s will; b) not forcibly or against the person’s will, where the victim is incapable of giving consent because of his or her youth or his or her temporary or permanent mental or physical incapacity; or c) achieved through the exploitation of the fear or threat of physical violence or bodily injury (PREA § 15609).

Overall, research has shown that a minority of inmates are targeted for sexual threats and assaults. Estimates range from less than one percent to twenty-one percent (Gaes & Goldberg, 2004; Hensley, Koscheski, & Tewksbury, 2005; Moster, & Jeglic, 2009; National Prison Rape Elimination Commission, 2009; Struckman-Johnson & Struckman-Johnson, 2000; Wolff & Shi, 2009). One of the earliest attempts to document prevalence using a fairly rigorous standard of

corroboration was Davis (1968), who reported a 5% victimization rate. Given the increased prison crowding and escalating tensions in the last four decades, the figure seems conservative for current times. One in ten is a more realistic figure based on the series reported by Struckman-Johnson and colleagues, and this figure may increase in settings with gang prevalence and racial tensions. Too, prevalence rates do not account for multiple victimizations, occurring in perhaps as many as two-thirds of rape victims (Struckman-Johnson, Struckman-Johnson, Rucker, Bumby, & Donaldson, 1996), which, as described later in this paper, make the problem and its negative impact far greater.

Factors associated with rape in male prisons, defined by the threats, violence, power and control issues, as well as racial tension found in facilities for men, may not extend to female facilities (O'Donnell, 2004). It appears that different issues contribute to sexual assaults in female and male facilities; because there are many more men than women in prison, and more written about rape in men's prisons, this article will focus primarily on the experience of incarcerated men.

Factors that Increase the Likelihood of Victimization

Several risk factors have been identified for increased likelihood of male sexual victimization while imprisoned in U.S facilities. Wolff et al. (2007) argue that risk factors for sexual victimization in prison can be treated as "markers" in the way that medical problems are conceptualized. Marking an individual as "above average" in their risk for a particular problem simply means that additional steps are necessary to manage their potential risks – to ignore these risks in the medical community would be negligent and would raise questions of medical malpractice. The prison system is not lacking evidence for these markers; however, there is currently no requirement to implement remedies to effectively manage such risks. The following

is a brief literature review outlining what is known about sexual victimization risk factors for males in prison.

An overarching risk factor is perceived vulnerability (Dumond, 2003). Characteristics that increase the probability of being victimized include young age (Chonco, 1989; Man & Cronan, 2001; Tewksbury, 1989; Wolff et al., 2007), small stature (Man & Cronan, 2001; Tewksbury, 1989), feminine characteristics (Chonco, 1989; Man & Cronan, 2001), belonging to the middle or upper class (Man & Cronan, 2001), having a homo- or bi-sexual orientation (Hensley et al., 2005; Hensley, Tewksbury, & Castle, 2003; Struckman-Johnson et al., 1996), higher level of education (Wolff et al., 2007), prior sexual victimization (Sparks, 1981; Wolff et al., 2007), being perceived as weak or fearful (Chonco, 1989), being an immigrant (National Prison Rape Elimination Commission, 2009), being in prison for the first time (Chonco, 1989; Man & Cronan, 2001), having committed a non-violent offense (Man & Cronan, 2001), and having committed a sexual offense (Man & Cronan, 2001; Struckman-Johnson et al., 1996). Having a mental illness has also been found to be an important predictor for future victimization, with increased risk for inmates with prior treatment for Depression, Anxiety, Post Traumatic Stress Disorder, Schizophrenia, and Bipolar Disorder (Wolff et al., 2007).

Race also appears to be a salient risk factor associated with prison sexual assault in the United States (Knowles, 1999; Struckman-Johnson & Struckman-Johnson, 2000). Specifically, white inmates are disproportionately more likely to be threatened with and to become victims of sexual assault than members of other races, and black inmates are disproportionately more likely to become the perpetrators of sexual assault than members of other races (Hensley et al., 2003; Knowles, 1999; Man & Cronan, 2001).

In addition to personal characteristics that raise the risk of individual victimization, institutional and social climate factors have been identified that increase assault likelihood. For example, sexual assaults are more frequent in facilities with greater opportunity; prisons with barracks housing, inadequate security, and overcrowding place inmates at increased risk (Struckman-Johnson & Struckman-Johnson, 2000). Overcrowding of prisons has indeed been an increasingly larger problem as the number of people sentenced and length of prison sentences have been increasing every single year since the 1980s (Human Rights Watch, 2006). Although it is likely that overcrowding has contributed to sexual assaults in prisons, it may not be causally linked. Overcrowding may contribute indirectly to sexual assaults by decreasing the level of supervision and security provided per inmate, having multiple people sharing cells, and increasing stress in the institution due to the overcrowding.

Classification schemes could well take risk factors for victimization into account for both cell-matching and cell blocking placements. As one obvious example, parity in cell matching could occur where those inmates likely of being victimized are not housed with an inmate likely of becoming a sexual aggressor (Man & Cronan, 2001). A survey asking inmates and prison staff to suggest ways to prevent assault found that the most frequently mentioned solution was to segregate the vulnerable inmates from sexual predators (Struckman-Johnson et al., 1996). Because risk of victimization is a continuous rather than categorical variable, a potential cost-effective strategy for placement and supervision would be to develop risk profiles that take into account an individual's conjoint multiple risk indicators and to project their relative likelihood of becoming victimized. Developing a nuanced risk profile system would be difficult to accomplish given the wide variation across facilities; however, finding a valid model remains an aspirational goal (Wolff et al., 2007).

Correctional staff may consider sexual coercion to be part of the prison culture, and guards who neglect or even facilitate inmate-on-inmate or staff-on-inmate assaults are rarely punished (Knowles, 1999; Man & Cronan, 2001; Young, 2007). Some prison staff may use the fear of sexual exploitation or may actually facilitate sexual exploitation as a method for controlling prisoners (DeBaux, 2006; O'Donnell, 2004). A series of cases suggest that some prison officials have condoned sexual assault. For instance, the Court of the 7th U.S. Circuit found that deliberate indifference could be inferred in two separate cases: from prison officials setting up inmates to be sexually attacked by other prisoners as a form of discipline (*McGill v. Duckworth*, 1991), and when prison officials rejected an inmate's plea for help and called him a "faggot" (*Anderson v. Romero*, 1995). Findings of deliberate indifference were also noted by the 9th Circuit in *Redman v. County of San Diego* (1991) based on prison guards' failure to intervene while watching a rape in progress. In *Trammell v. Davis* (2000), the same Court rejected senior prison officials' immunity claims when they failed to take action after hearing of improper sexual contact between guards and prisoners. In sum, an atmosphere of indifference has been held to exacerbate the likelihood of sexual assault.

Non-Psychological Sequelae of Prison Rape

More than half of all sexual assaults in prisons result in physical injury to the victim (National Prison Rape Elimination Commission, 2009; Wolff & Shi, 2009). Wolff and Shi (2009) found that prisoners who were assaulted by other prisoners were more likely than those assaulted by correctional staff to be physically injured (70% and 50%, respectively). Victims of sexual assaults by other prisoners were also more likely to be rendered unconscious or to sustain internal injuries than those assaulted by correctional staff. About 25% of serious injuries documented – generally injuries to the anus or throat – were caused by forced penetration. Many

of the other injuries were bruises, cuts, and scratches. Medical attention was required for about a third of the assault victims, and one-fifth of those requiring medical attention required hospitalization outside the prison (Wolff & Shi, 2009).

A second serious consequence of prison rape involves the risk of contracting a sexually transmitted infection. Imprisoned men are affected by higher rates of HIV infection than are men in the general U.S. population (DeBaux, 2006; Graham, Treadwell, & Braithwaite, 2008; Pinkerton, Galletly, & Seal, 2007). Other sexually transmitted infections are concentrated in prison facilities, and practices that increase the likelihood of infection raises the specter that people sentenced to serve time are also exposed to an increased risk of contracting infections and diseases—an unwelcome potentiality that is not part of one's sentence (O'Donnell, 2004). Ninety-five percent of the prison population is released from custody at some point, and prisoners who contract HIV/AIDS or other infections while incarcerated become a burden to society through medical costs and may represent a threat to the general welfare of society (Vetstein, 1997).

Sexual assaults in prisons are considered a contributing factor in increased institutional violence (Struckman-Johnson & Struckman-Johnson, 2000). Prison rape undermines the safety of the prison environment; some prisoners may manage the threat of rape by fighting or attacking other inmates and others may join gangs for protection, both of which increase the likelihood of violent confrontation (O'Donnell, 2004). There is ample evidence that some offender-victims ultimately become aggressors as a means of forestalling further attacks (Chonco, 1989) or to seek revenge (Cotton & Groth, 1982). Victims of prison rape, who may have been non-violent offenders when they were sentenced, might very well become angry and vengeful people capable of violence against the society which they hold responsible for their emasculation,

humiliation, and, in some cases, contraction of a sexually transmitted infection or other serious medical consequence (Human Rights Watch, 2006; Knowles, 1999; O'Donnell, 2004).

Psychological Sequelae of Prison Rape

Sexual victimization in prison may carry serious and long-lasting implications, with potentially devastating physiological, social, and psychological components (Lockwood, 1980). Many rapes are violent, bloody, and physically traumatic to victims (Human Rights Watch, 2006). Gang rapes are often characterized by extreme abuse and may be particularly traumatic (Human Rights Watch, 2006). In addition, the threat and reality of contracting HIV/AIDS has added a new dimension of physical and psychological terror for victims (Knowles, 1999). Loss of social status in the prison facility, labeling, stigmatization, and further victimization are other potential consequences for victims (Dumond, 2000).

Somatic problems, interrupted eating and sleeping patterns, minor mood swings, and fears specific to the circumstances of the assault are common reactions in male rape victims (Knowles, 1999; Wolff & Shi, 2009). Victims are also at increased risk for depression (Cooper & Berwick, 2001; Hochstetler, Murphy, & Simons, 2004; Wolff & Shi, 2009) and suicidality (Blaauw, 2005); those who face repeated victimization and develop learned patterns of helplessness and fear may see suicide as their only viable option (Dumond, 2000). Survivors of sexual assault in prison may also be more at risk for developing Post Traumatic Stress Disorder (Dumond, 2000).

Post Traumatic Stress Disorder (PTSD) is the primary trauma-related diagnosis included in the *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision (DSM-IV-TR; 2000)*. Diagnostic criteria for PTSD include having experienced, witnessed, or been confronted with an event or events that involved threatened or actual death or serious injury, or a

threat to the physical integrity to the self or others and a response involving intense fear, helpless, or horror, in addition to a re-experiencing of the traumatic event, avoidance of reminders of the trauma, and numbing of general responsiveness.

Post Traumatic Stress Disorder was originally conceptualized to address the psychological trauma of veterans returning from the Vietnam War, but has been recognized as having broad applications to various traumas (Boeschen, Sales, & Koss, 1998). There are actually now more rape survivors classified as meeting diagnostic criteria for PTSD than any other trauma group (Boeschen et al., 1998). It should be noted that multiple victimization is associated with increased risk for PTSD (Kilpatrick, 2007), which may be particularly relevant for victims of rape in prisons who are subjected to repeated sexual assaults.

The strongest predictors of PTSD symptoms in victims of sexual assault are negative social reactions and avoidance coping (Ullman, Townsend, Filipas, & Starzynski, 2007). The link between victim-self blame and PTSD symptoms may be partially due to the effect of negative social reactions from others (Ullman et al., 2007). There is a widespread belief in prisons that a ‘real man’ could not be forced into something so degrading against his will, and thus the victim must have wanted the assault (Young, 2007).

Society is essentially silent on the issue of male/male rape largely because sexual activity between two men is often interpreted to be indicative of homosexuality (Sivakumaran, 2005). The prevalence of homophobia may result in the victim of the rape being “tainted” by homosexuality, regardless of how coerced the victim may have been, which likely contributes to the stigma victims feel. In the prison setting, this cycle may be particularly true, where the male who has been raped is symbolically emasculated and is at risk for further victimization based on his perceived vulnerability. The victim likely receives negative social reaction from others, and

may in fact be perceived as homosexual. The perceived loss of one's masculinity and the accompanying humiliation may be psychologically destructive for many male victims.

The diagnosis of PTSD for rape survivors does not encompass all of the post-rape symptoms empirically identified for female victims, including the depression, anger, sexual dysfunction, guilt, humiliation, and disruption of the core belief systems about the self and others common to many victims (Atkeson, Calhoun, Resick, & Ellis, 1982; Boesch et al., 1998). This may be true for male victims of prison rape but empirical research identifying the post-rape symptoms of these victims is lacking. The post-rape symptoms of prison rape survivors may be even more complex and pervasive than those of other types of sexual assaults based on the fact that many victims are repeatedly assaulted, experience negative social reactions from the prison community, including many staff, and may be perceived as homosexual. The humiliation and perceived loss of one's masculinity, as well as the extensive victim-blaming found in prisons could perpetuate the negative psychological effects, possibly increasing the risk of developing PTSD.

Most of the research for the treatment of rape-related mental health trauma has been conducted with female victims of sexual assaults who are non-offenders and reside in the community. Results from this body of work may help inform treatments for prison rape survivors. Kilpatrick (2007) recommends that secondary prevention strategies (e.g., psychosocial and pharmacological treatments) should be implemented within short temporal proximity to the trauma (i.e., within four weeks) to mitigate the trajectory of trauma-related mental health difficulties for women who survive sexual assaults. He reported that for female non-offender victims of sexual assault or rape, brief cognitive and/or behavioral protocols have received empirical support and provide greater improvement in functioning and decreased levels

of depression, anxiety, substance abuse, and PTSD compared to supportive counseling. Specific treatments for PTSD for these victims that were included in his short review of the literature included exposure therapy, cognitive therapy, anxiety management training, and psychoeducation. He also briefly reviewed the literature on pharmacological interventions, concluding that although these interventions (i.e., Propranolol and SSRIs) have been shown to reduce symptoms, the reduction was less than was seen from the cognitive-behavioral intervention trials. Research is needed to identify whether these treatments are appropriate for male victims of prison rape.

As noted, the mental health correlates of being a victim of prison rape are not well understood and lack diagnostic specificity. Therefore, applying rape-trauma treatment developed for female victims who reside in the community to male prison rape victims without modification may be misguided. Therefore, much work remains to be done to identify treatments that are empirically supported for male survivors of prison rape. Dumond and Dumond (2007) argue that the provision of mental health and rape-crisis advocacy services has been recognized as essential for victims of sexual assault. They identify the promising examples of California's Stop Prisoner Rape and Pennsylvania's Coalition Against Rape manuals for treating victims of inmate sexual assault. They argue that the treatments should be trauma-informed, individually-tailored (e.g., understanding the specific experiences of the victim based on their gender and sexual orientation), culturally sensitive, of sufficient duration to adequately treat the victim, practice- and evidence-based, and holistic, with members of the health care team working together for the victim.

Prison Rape and Civil Litigation

The failure to deter rape or to respond affirmatively to a victim's physical and psychological trauma puts correctional systems at risk for legal damages. An inmate who is sexually assaulted or raped in prison, where the staff can be shown to have acted with "deliberate indifference," may well have grounds to file a civil claim. The standard set by the United States Supreme Court in prison rape litigation (*Farmer v. Brennan*, 1994) clearly opens this avenue of redress. Man and Cronan (2001) suggest litigation against prison officials who condone or fail to prevent sexual assault as a practical solution for survivors. In such an event, both the deliberate indifference and the psychological sequelae of having experienced the sexual assault in prison should be recognized. To inform the likely trajectory of prison rape litigation with attention to psychological sequelae, one may look to the history of rape litigation cases, in which most of the victims have been women. Historically, in criminal trials, the credibility and veracity of the victim's claims of sexual assault were subjected to as much scrutiny as the defendant's culpability (Boesch et al., 1998).

The victim-blaming prevalent in penal facilities (e.g., a 'real man' couldn't be forced into such a degrading situation) finds historical parallels in cases of women pursuing litigation. The stereotype that a chaste and 'good' woman would do anything to resist being raped (including die) and would immediately report the incident led to the myth that women victims likely behaved in ways to encourage the sexual attack (Boesch et al., 1998). This blame-attribution bias may be compounded by a general lack of empathy for victims who are also offenders. Our own research (Clements, Brannen, Kirkley, Gordon, & Church, 2006) suggests that while potential jurors may have appropriate levels of concern for victims of violence and rape, they have much lower regard for victims seen as blameworthy—a status that includes being

incarcerated. Public attitudes toward inmate victims of rape also are reflected in the social acceptability of prison rape humor; jokes are often heard on late-night television and comedy shows, sometimes in movies, and even on TV commercials (Young, 2007).

Common law historically required women who claimed to have been raped to provide independent corroborating evidence of her version of events as well as evidence that she had done everything in her power to resist the assault. Moreover, courts also allowed testimony about the victim's sexual history to be introduced (Boeschen et al., 1998). In the 1970s and 1980s, rape shield laws were passed to provide some level of protection to victims. These laws lowered or eliminated proof of resistance, redefined consent, redefined rape to make it gender neutral, focused on the perpetrator, and limited the cross-examination of the victims' sexual histories (Fisher, 1989). These rape shield laws are applicable to survivors of prison rape as well, particularly given that the definition of rape has been redefined in a gender-neutral way.

An additional effort to combat rape myths in rape allegation cases was to utilize expert testimony on the effects of rape on victims, including testimony about Rape Trauma Syndrome (RTS) and Post Traumatic Stress Disorder (PTSD). RTS was developed in the 1970s to describe the experience of rape survivors, but it is no longer considered scientifically legitimate or appropriate for use in forensic settings. RTS lacked empirical support and never achieved symptom reliability required for inclusion in the *DSM-IV-TR* (Boeschen et al., 1998). Even though RTS was not found to be a sufficiently valid construct, the introduction of RTS into the literature prompted researchers to examine reactions to sexual assault. Such studies confirmed a number of symptoms identified under the RTS umbrella, namely, higher rates of depression, anxiety, fear, and social and sexual problems (Boeschen et al., 1998).

Expert psychological testimony in prison rape cases may be offered within the boundaries of current knowledge of PTSD (Fed. R. Evid. 702-703). Given that PTSD remains the primary trauma-related diagnosis in the *DSM-IV-TR*, it may represent the best option for diagnosing the cluster of trauma-induced symptoms prison rape survivors manifest. However, because PTSD imperfectly captures the traumatic reaction many survivors experience, additional research is needed on the complexity of post-rape symptoms. In addition to clinical testimony, experts with knowledge of correctional systems could offer testimony as to the institutional context—both in terms of prevention and deterrence efforts (i.e., the deliberate indifference question) as well as the adequacy of the facility’s treatment response.

Prison Rape: A Socio-Cultural Formulation

Criminologists have proposed the existence of a prison rape subculture in the United States (Knowles, 1999; Man & Cronan, 2001; O’Donnell, 2004) and have further postulated a relation between the rape subculture and the nature and extent of the traumatic consequences of sexual victimization. The importance of power and control to one’s personal sense of masculinity has been theorized as the bedrock of sexual assaults in male prisons (Knowles, 1999; Man & Cronan, 2001). The culture within penal institutions is such that inmates are stripped of “normal” power and control; that is, they can no longer provide for a family or make choices consistent with their masculinity. In reaction to this stripping of one’s power, a prison subculture is hypothesized to exist in which hypermasculinity, aggressiveness, intimidation, and dominance are important (Knowles, 1999). Feminist theory argues that one’s sense of masculinity develops in relation to constructions of femininity, and that by distancing oneself from femininity and maintaining a hierarchy of power, men devalue femininity and assert their masculinity (Man & Cronan, 2001). Man and Cronan (2001) also claim that in this subculture, raping another man is

taken as evidence of hypermasculinity—defeating an opponent even more powerful than a woman as well as emasculating the victim and forcing him to take the role of a woman.

The theory holds that the primary goal of the aggressor is for conquest, dominance, and humiliation—to assert one’s masculinity rather than for sexual release (Knowles, 1999). As such, the aggressor typically does not consider himself to be homosexual nor does he believe the act to have homosexual implications. Rather, he achieves masculine status through display of physical strength and dominance (Knowles, 1999). Consistent with this view, researchers note that the language used in the U.S. to identify the roles of the victim (e.g., “punk,” “queen,” “kid,” “girls,” “fags,” “pansies,” “fairies”) and the aggressor (e.g., “top men,” “wolves,” “jockey,” “gorilla,” “booty bandit,” “player”) is non-sexual, indicating that domination and power rather than sex are the primary motives (O’Donnell, 2004). Even the rape itself is described as “turning [the victim] out” rather than “rape” (Knowles, 1999).

At the bottom of the social hierarchy in prisons are the “punks”—usually heterosexual males who submit to sexual acts, generally after initial resistance followed by escalation of force (Man & Cronan, 2001). These inmates are turned into “punks” after being victimized (often through gang rape) or other means including intimidation or threats. Once an inmate is raped, he becomes an immediate target for other potential aggressors because he is perceived as weak and vulnerable (Man & Cronan, 2001). Often, the victim may be required to provide for the perpetrator’s needs in return for some protection (e.g., to avoid being gang-raped; O’Donnell, 2004). “Punks” are the victims of the most violent sexual assaults in prisons, and are forced to perform emasculating tasks for their “owners,” including satisfying their “owner’s” sexual appetite, being forced to use a female name, and completing various chores for the aggressor.

The “owner” sometimes sells oral or anal sex from his “punk” to other inmates in exchange for money, cigarettes, or other perks (Human Rights Watch, 2006; Man & Cronan, 2001).

The hypothesized prison rape subculture is also consistent with so-called rape mythology, typically ascribed to men in their assessment of women victims. Rape "myths" are stereotyped, prejudicial, and inaccurate perceptions of sexual violence which lead to victim-blaming and other attitudes that hinder the detention and prosecution of sexual assault perpetrators (Ward, 1995). According to Blackburn, Mullings, and Marquart (2008), acceptance of rape myths decreases empathy for, and perhaps even initiates the attribution of responsibility to victims of sexual assault. Negative attitudes towards women (and presumably “weak” men) as well as rape myth acceptance leads to blaming victims and to more favorable perceptions of the rapist (Weidner and Griffitt, 1983).

Some support for an existing “subculture” of prison rape and adherence to rape-supportive beliefs has been documented. Fowler (2008) concluded that the “zero tolerance” policy announced in PREA (2003) posed a problem because of the inconsistencies in definitions of prison rape between those involved in the prison culture and citizens in the community. Based on her survey of inmates’ and correctional staff definitions of rape, she theorized that inmate adjustment to prison life is related to the way they interpret “rape.” Common rape-supportive beliefs led inmates to excuse perpetrators, blame victims, and prevent inmates from accepting the legal definition of sexual assault in such situations. Inmates’ definitions of sexual assault had a significant impact on the relation between rape-supportive beliefs and attitudes about post-assault medical treatment, sexually transmitted infection testing, disclosures to helping professionals, and official reporting of the assault. Inmates whose definitions of sexual assault were more consistent with community views rather than the prison subculture views were

more likely to indicate post-assault medical treatment, testing, and disclosure were appropriate methods of behaving after an assault.

Moster and Jeglic (2009) surveyed prison wardens and found some discrepancies in what they define as prison rape as well. The researchers included 10 vignettes of prison rape in their questionnaire, 6 of which clearly meet the definition of rape as put forth by PREA (2003). These 6 vignettes, which PREA requires by law should be treated with zero tolerance, were interpreted by a significant portion of wardens to be non-rape situations. For instance, only 66.7% of the wardens interpreted the vignette “An inmate is asked for sex by another inmate in exchange for protection” as prison rape or sexual assault. Without a common understanding of the definition of prison rape, the “zero tolerance” policy required by the law is unlikely to be enforced. The recent assertion by the National Prison Rape Elimination Commission (2009) that “...corrections administrators can create a culture within facilities that promotes safety instead of one that tolerates abuse,” reflects its finding of all-too-prevalent acceptance of rape as an inevitable part of the prison environment.

The Evolution of National Standards

As part of the Prison Rape Elimination Act of 2003, Congress established a National Prison Rape Elimination Commission to “study the causes and consequences of sexual abuse in confinement and to develop standards for correctional facilities nationwide” (National Prison Rape Elimination Commission, 2009). Although the Commission has addressed far-reaching policies beyond the scope of this paper, the goals of “preventing sexual abuse and also to better respond to victims and hold perpetrators accountable” mesh well with the clinical, community, and social policy aims and expertise of professional and scientific psychology.

Interestingly, the Commission finds widely divergent attention and success rates across and within state prison systems, asserting that, “Protection from sexual abuse should not depend on where someone is incarcerated or supervised; it should be the baseline everywhere.” The Commission also criticizes the lack of internal monitoring within correctional facilities of prevalence rates and of the myriad of factors that are hypothesized to promote or deter prison rape. Because such variation exists, it is feasible to study the differences across systems and facilities to determine risk profiles of institutions as well as the earlier-noted individual victimization factors that put inmates at risk. Not limiting the focus to individuals is consistent with the systems-level analysis called for by Clements, Althouse, Ax, Magaletta, Fagan, & Wormith (2007) in their review of policy and institutional factors that impede the mission of corrections and the work of correctional psychologists.

The National Prison Rape Elimination Commission (2009) has put forth nine principal findings and correlated recommendations some of which we reference below in our call for research. Of note, a major recommendation is for funding via the National Institute of Justice for research on sexual abuse in correctional facilities.

A Call for Research

Based on the literature reviewed in this paper, we believe the following are important areas for psychological research to address:

1. Risk assessment victimization protocols must be developed, researched, compared, and disseminated. Only a few correctional systems currently screen systematically for victimization potential (National Commission, 2009). The risk criteria noted in the literature provide a good starting point.

2. Consistent with the interactionist perspective on correctional research noted by Clements and McLearn (2003), locating person by environment combinations that reduce victimization is critical. Not all inmates identified as vulnerable require the same level of protection. Matching schemes provide an advance over all-or-none responses and will ultimately be more cost-effective. Classification and housing protocols can be devised to maximize safety without sacrificing access to rehabilitative and other constructive programs.
3. Definitional problems and measurement techniques should be addressed. A standardized definition of sexual assault would allow for results of separate studies to be compared with one another. We recommend the definition put forth by PREA (2003) be adopted by researchers. Attention should also be paid to methods for gathering data (e.g., How will questions about victimization be asked? Will anonymous self-reports be employed, or will face-to-face interviews be conducted? How might these methods affect results? How might third-party presence affect endorsement rates? What policies can be adopted that help ensure responsiveness to victims and protection from retaliation?). For a recent California investigation of inmate self-report data and interviewer effects, see Jenness, Maxson, Sumner, and Matsuda (2010).
4. The impact of prison rape on development of mental health problems remains to be adequately addressed. For example, the different types of victimization (e.g., repeated vs. single incidents, gang rape vs. individual rapes, threatened force vs. the use of actual force, being a “punk” who is “owned” vs. other victim typologies) need to be researched to identify mental health correlates for treatment. There is some

- suggestion that men who experience rape in prison may be at increased risk for suicide compared to other populations, possibly even those who have experienced rape in the community.
5. How does the post-rape symptom cluster present for most victims? Symptoms may be even more complex and pervasive than those of other types of sexual assaults. Research is critically needed to identify and describe these symptom patterns. Clinicians who treat prison rape victims should be systematically surveyed to accumulate prevalence and symptom severity data. Current diagnostic nomenclature may not capture the variability in symptoms displayed by these victims. Is PTSD an appropriate diagnosis for victims of this kind of trauma? If so, what are the rates of PTSD for these victims? If not, what is the symptom complex for this kind of trauma and how prevalent is the symptom cluster in these victims?
 6. The National Prison Rape Elimination Commission (2009) concluded that few victims receive the kind of treatment and support believed to minimize the trauma of abuse. Appropriate and effective treatments should be developed. In addition to emergent care for those who report or are identified by staff with obvious physical trauma, what provisions for follow-up and long-term treatment are needed? To this point, research for the treatment of rape-related mental health trauma has been conducted with female non-offender sexual assault victims who reside in the community (Foa, 2003; Koss, 1993). How will effective treatment for male victims of rape in prison differ? Empirical support must be garnered for proposed treatments. What kind of training is offered or should be offered to staff delivering such

- treatment? As yet, few guidelines or empirical demonstrations of the necessary treatment and traitor characteristics exist.
7. Courtroom dynamics in these atypical cases (e.g., when a male prison rape survivor is a plaintiff filing suit against prison officials) need to be examined. Public biases should be identified so that they can be countered with informative testimony to dispel them. Investigations using the diagnosis of PTSD in these circumstances should be initiated to learn more about how jurors respond to the traumatic aspects of prison rape victimization. As research uncovers more accurate descriptions of the psychological sequelae of such victimization, researchers should examine how jurors respond to these new descriptions in a courtroom setting.
 8. It appears that prison rape in the United States is a much more serious problem than it is in other countries. This fact calls for comparative analysis of systems to look for correlates of victimization rates. What is it about the U.S. prison system that exacerbates the problem of prison rape? Some would argue that inordinately high incarceration rates (Mauer, 1999), and policies that capture more persons with mental disorders (Abramsky & Ross, 2003; Kupers, 1999) is part of the systemic problem. Can these conditions be reversed?
 9. In the United States, how accurate is the description of the theorized prison rape subculture as put forth by criminologists? If the subculture exists as hypothesized, what elements are associated with the devastating psychological impact on victims? What might be done to change or eliminate such a subculture in our prisons? What is the evidence within institutions indicating adherence to the “zero tolerance” policy so strongly mandated by the PREA (2003)? What would surveys reveal about staff and

in mate perceptions of the “rape” culture or environment, perhaps at baseline and after systemic changes have been implemented?

10. All of these recommendations should be extended to juvenile facilities. As noted by the National Commission (2009) and confirmed in a recent Bureau of Justice Statistics report (Beck, Harrison, & Guerino, 2010), the proportion of sexual abuse of youth in juvenile facilities equals or exceeds that of adults. Similarly, rates of abuse ranged widely, with youth in some locations reporting rates of 30% within a 12-month period. This extensive report also contains helpful information on survey questions and sexual contact definitions. As with adult counterparts, issues of youth-at-risk, institutional culture and context factors, psychological symptom patterns of victims, and treatment effectiveness should be addressed.

Conclusions

The existence of prison rape in male prisons in the United States is a serious problem. Criminologists have attended to the problem of prison rape (as evidenced by the reference list for this paper); however, this review details a significant gap in psychological knowledge by highlighting how little attention psychology has paid to the issue. We have much to offer and should turn our attention toward researching prison rape and how it can be eliminated.

We believe prison rape may be a qualitatively different type of sexual assault than has been researched in the psychological literature to this point. Features of this phenomenon that set it apart from other sexual assaults include the gender of the victims, the social context within which it occurs, the motivation of the perpetrator, and the effects of victimization. Few empirical studies have been undertaken since the passing of PREA in 2003; however, the area is ripe for research. In addition to improving the knowledge base of prison rape victimization,

study of prison rape might add to our understanding of sexual assault in general.

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