



Background and Introduction to “Lets End It Now” – a resource to assist prison staff to stop sexual violence behind bars.

Sasha Gear,

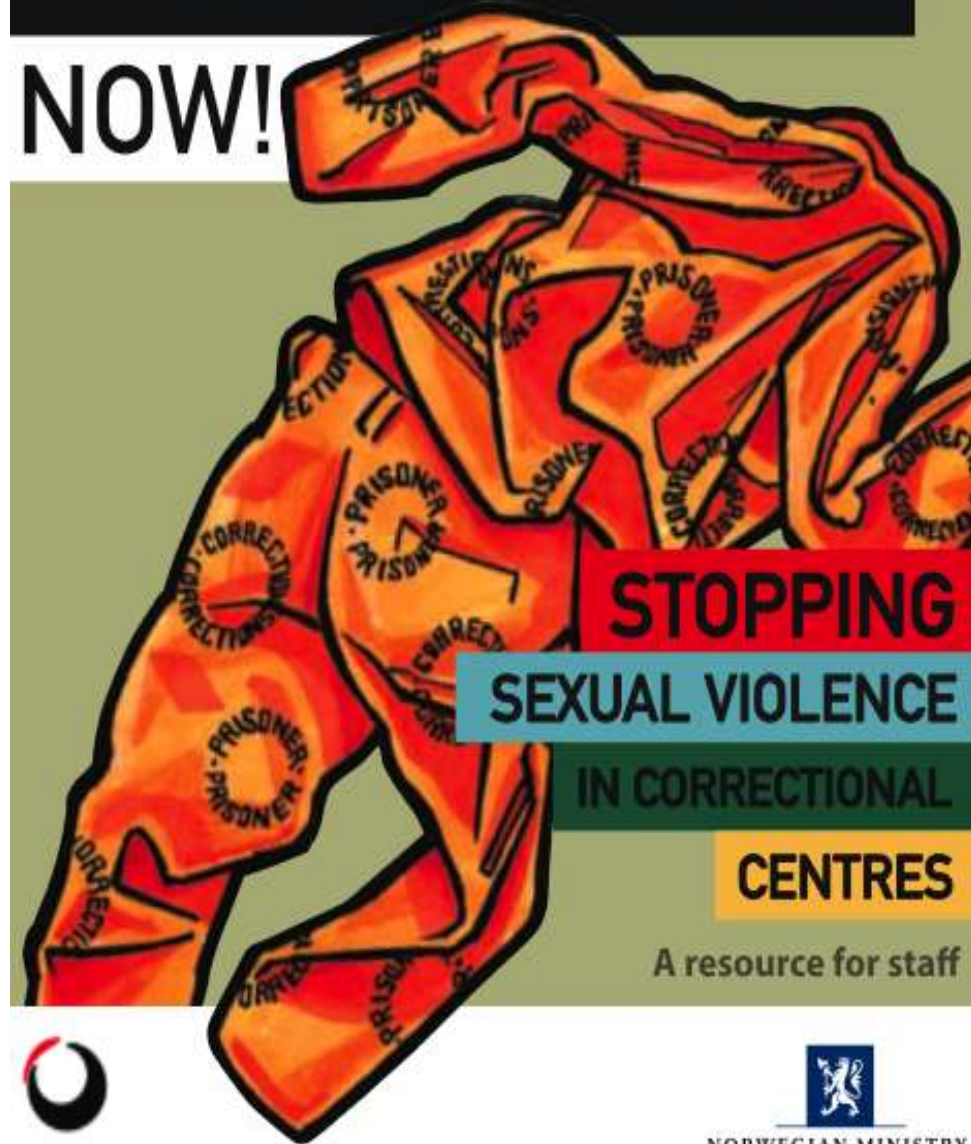
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Sonke Gender
Justice Network
HIV/AIDS, Gender Equality, Human Rights

LET'S END IT

NOW!



- CSVR publication
- Co-author **Heather Barclay**
- Funded by the Norwegian Embassy (2010)

JDI and **Sonke** taking forward.

Context *Lets End It Now* seeks to address

- Sexual violence in prison (SVIP) is intimately linked to sexual- & gender-based violence taking place between men and women, and men and men in society more generally.
- SVIP endorses the most destructive ideas of what it means to be “man” - endorses views that “women” are fundamentally inferior and slaves to the sexual (and other) desires of ‘men’.
- As such, contributes to further violence, both in prison and when prisoners return to society.
- Remains generally unaddressed – more regularly being a subject of resignation (“part of prison life”).
- No national policy addressing SVIP (currently waiting approval). Some individuals and centres have reportedly taken steps to deal with it on their own initiative but this is without support or a guiding framework.

(Context continued)

- Consensual sex is also taking place in prison, but lots of violence occurs in forced relationships which staff and inmates may see as 'consensual' but which are actually coercive – General lack of clarity about what's allowed, what's crime.
- Critical health issues are in urgent need of attention (misperceptions, condom access; access to health)
- Direct requests from staff who'd participated in trainings for resources.
- Our desire to engage with issues wholistically (violence, attitudes to sexuality, HIV, mental health.)
- Need to engage with sexual violence against men. (Deals with male and female victims but emphasis on men).

Locate in prison context & staff challenges:

Why this booklet

As correctional officers and support staff working in correctional centres, you have a very important job to do.

You are expected to keep inmates, correctional officials and the public safe. You must treat inmates well and also support them to get the skills, attitudes and knowledge they need to live a crime-free life after their release.

You have to do your job under difficult conditions:

- You have to manage a population of very different and often difficult individuals under abnormal circumstances.
- You have to deal with an economy based on contraband*, where sex is bought and sold, and where having access to resources like cigarettes and food makes some inmates (and officers) more powerful than others.
- You have to reduce the high levels of physical and sexual violence.
- You have to manage high rates of illness, HIV infection and help prevent the transmission of HIV.

Inmates are dependent on you

For thousands of men and women, the correctional centre is almost their entire life experience during the term of their sentence. These inmates are dependent on the correctional system, its officers and support staff, as well as on each other, for providing the necessities of life – food, bedding, healthcare, recreation, relationships and personal development.

To survive in the correctional centre, inmates need to build a new life for themselves. They need to get hold of daily necessities like food, soap and bedding. They often have to get these necessities through a system of bartering and exchange (even if this is not how things are supposed to work), or they may join or be forced to join gangs, make alliances and go into debt or get tricked into 'debts'. Intimidation* and violence become a part of daily life for many inmates.

As a result, in correctional centres there is a continuous threat to personal safety.

There is an ongoing threat to personal safety

There is the ongoing risk of being robbed and raped by another inmate or even by a correctional officer. Sexual assault and the threat of it are commonly used by some inmates to intimidate and control other inmates. Many sexual relationships are not willingly entered into, but are forced. Often sexual interactions involve the forced exchange of sex for goods or for protection.

These forms of sexual violence are hidden and often not acknowledged. Some people in the correctional system may even deny that they take place. Yet it is clear that sexual activity is taking place amongst inmates, and much of it is forced.

Because the reality of sexual violence is usually not spoken about, there is little guidance on how to prevent and manage it, how to deal with perpetrators and how to support victims/survivors.

And finally...

This booklet aims to provide some guidelines and support for correctional officers and support staff on how to prevent and respond to sexual violence in correctional centers.

Clarifying definitions of sexual violence

WHAT IS RAPE?

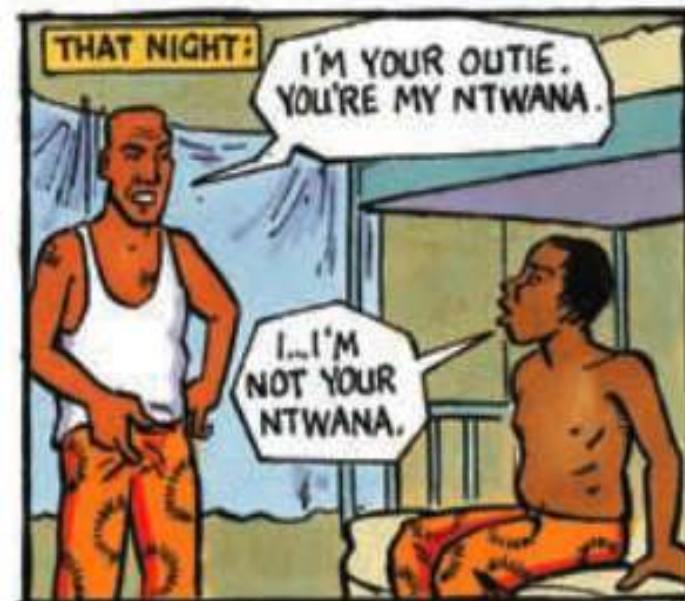
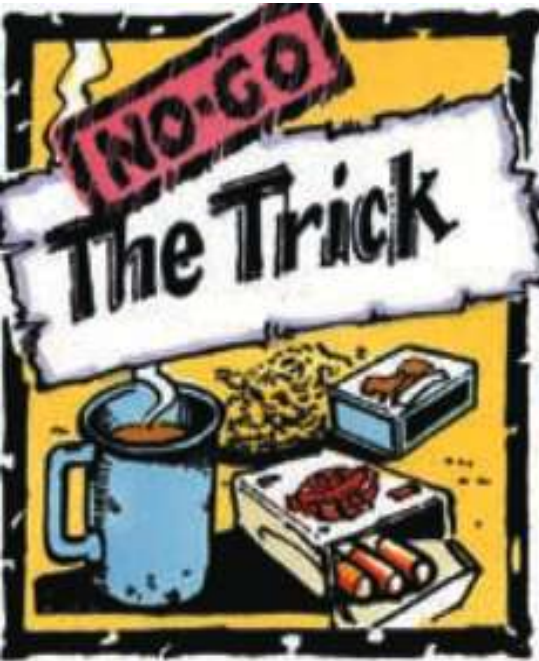
RAPE IS PENETRATION WITHOUT
CONSENT

MISTAKING RAPE FOR CONSENSUAL SEX

CONSENT HAS NOT BEEN FREELY
GIVEN IF...

- Lays out crimes established in Sexual Offences Act (2007).
(Incl. sexual assault, compelled rape etc.)
- Discusses shapes they may take in prison.
- Clearly defines & expands on 'consent'
 - for greater recognition of vulnerability to sexual violence amongst inmates
 - to clarify notions of 'consent'.

Consent has not been freely given if... a person is tricked or forced to do something against their will or lied to.



Clarifying sexual health issues

The danger of unprotected sex



GLOSSARY

* ARVs (antiretrovirals)
– are drugs used to treat HIV and AIDS. They are not a cure but stop or slow the HI-virus from reproducing. When taken as a treatment for AIDS they must be taken every day for the rest of a person's life.

- Risks of anal, vaginal, oral sex.
- Risks of anal rape.
- Need for water-based lubricants (Not Vaseline!).
- Health needs of people who've been raped.
- PEP, ARVs.

LET'S TALK ABOUT SEX

Your **physical sex** is determined at birth by your reproductive system, including your genitals and hormones (male or female) or 'what's in your pants'!

Intersex - Some people are born with full or partial genitals of both sexes, or with unusual hormone combinations. In the past, intersex people were given a sex at birth. However, lately, many intersex people choose later in life to identify with a specific sex.

Sexual orientation is whether you are attracted to members of the same or the opposite sex, or both, on various levels (eg. emotional, intellectual, physical, sexual).

LET'S TALK ABOUT GENDER

Gender identity refers to your sense of yourself as a man or a woman and how you behave and feel about being a man or a woman. This is regardless of your male or female sexual organs. A person's gender presentation could be masculine, or feminine.

Gender roles are what society tells us it means to be a man or a woman and how we should behave.

Transgender is a term for people who do not act according to the gender assumptions of their society. It includes people who are transsexuals and transvestites.

Transsexual is when the sex organs that a person is born with do not match that person's gender identity. So it can feel like being trapped in the wrong body.

Transvestites are men who like wearing woman's clothing and adopt feminine characteristics. Most transvestites are heterosexual.

Interacting with fears, taboos & intolerant-oppressive attitudes re sexuality, HIV, rape of men.

- Provides clear definitions.
- Discussion on tolerance & taboos - engaging with fear & discomfort.
- Implications of this for work of correctional staff.

(Interacting with fears, taboos & intolerant-oppressive attitudes re sexuality, HIV, rape of men. Contin)

MYTH	FACT
If we give inmates condoms, won't we be condoning sex?	Existing evidence tells us that making condoms available does not lead to an increase in sexual activity.
Giving out condoms will promote sex in prison.	It is rather true that information and conversations about difficult issues (like sex, HIV, and the importance of using condoms) help people to think about the issues and to make better decisions.
Masturbation is sinful and dangerous.	Masturbation is a natural thing that should not make you feel guilty. It will not make you blind, deaf or insane. It will not make hair grow on your hands, stop you from having babies in the future, or stop God from loving you.
Gay men commit rape (or are more likely to commit rape) against men.	Most men who rape other men consider themselves heterosexual and are involved in heterosexual relationships.

Common questions and misperceptions are dealt with in range of places & formats eg. in 'Myths-Facts'.

Egs of **destructive MYTHS:**

- Giving out condoms promotes sexual violence.
- Gay men are perpetrators of prison rape.
- Real men don't get raped.
- Masturbation is sinful & dangerous.

Build understanding of trauma, its manifestations, and soft skills

TRY TO IMAGINE THE FEELINGS OF AN INMATE WHO IS TRAUMATISED

HOW DOES IT FEEL FOR PEOPLE IN CORRECTIONAL CENTRES WHO HAVE BEEN A VICTIM OF SEXUAL VIOLENCE DURING THEIR INCARCERATION?

- Reactions to rape.
- Signs of trauma.
- How does it feel for an inmate? - specificities of prison context.
- Fears around reporting.
- Responding (eg. safe space, acknowledging)
- Do's & Don'ts of listening.

Provide clear steps for prevention & response

WHO IS VULNERABLE TO FORCED SEX?

WHAT IS YOUR RESPONSIBILITY AS CORRECTIONAL OFFICERS?

A CHECKLIST FOR RESPONDING

SOME SUGGESTIONS FOR CREATING A SAFE, SUPPORTIVE AND HEALTHY ENVIRONMENT

- Understand who is vulnerable & take steps to prevent violence.
- Steps for supporting, ensuring rights of victims-survivors
 - different forms of information they require (feelings, health, protection, justice).
- Ideas for building a safer environment.

In conclusion

Booklet as whole is our attempt to engage with sense of powerlessness felt by many staff regarding sexual violence & to counter 'normality' of violence.

Hopefully it also promotes sexual health & progressive understandings of sexuality & gender more generally.

