

Addressing HIV and Sexual Violence in Department of Correctional Services Facilities

**A guide for working with
members of the Department
of Correctional Services**



**Sonke Gender
Justice Network**

HIV/AIDS, Gender Equality, Human Rights

JUST DETENTION 
INTERNATIONAL

RAPE IS NOT PART OF THE PENALTY



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- Centre for the Study of Violence and Reconciliation, *Let's End It Now: Stopping Sexual Violence in Correctional Centres, a resource for staff*. By Sasha Gear and Heather Barclay (2010).
- John Hopkins Health and Education for South Africa & Sonke Gender Justice Network, *Brothers For Life Facilitators Guide* (2010).
- Sonke Gender Justice Network, *One Man Can: Working with Men and Boys to Reduce the Spread and Impact of HIV and AIDS* (2006).

Overview

This guide was primarily developed to build the capacity of DCS members to address inmate vulnerabilities to HIV and sexual abuse in South Africa's prisons. It is intended to be used in workshop settings as a resource and facilitation guide for those working on issues of gender, HIV, sexual violence, and prisons. The guide aims to foster positive action and change and empower participants to become change agents in their own lives and in the correctional centres in which they work.

While we have arranged this guide to cover a two-day period, we encourage you to take as long as necessary to cover all of the topics. It can be fruitful to delve more thoroughly into each topic, easily allowing for these materials to be covered over three or four days. We have indicated core activities to undertake each date, with the rest to be undertaken depending on time availability or as follow-up.

Accompanying power point slides

Some of the topics have accompanying PowerPoint slides to help guide discussions. There are two sets of slides: one for the first topic of gender and HIV, and one for the second topic on sexual abuse in DCS facilities. They are available online at the links below.

Gender and HIV: http://www.genderjustice.org.za/resources/doc_download/101138-prisons-curriculum-slides-1-of-2

Sexual Abuse in DCS Facilities: http://www.genderjustice.org.za/resources/doc_download/101139-prisons-curriculum-slides-2-of-2

Background Information

¹ Jewkes R, et al, "Understanding Men's Health & Use of Violence: Interface of Rape & HIV in South Africa," South African Medical Research Council, Gender and Health Research Unit (2009).

² This is evidenced in the International Men and Gender Equality Survey (IMAGES) conducted in 2009-10 by the International Centre for Research on Women and Instituto Promundo. IMAGES found that in South Africa, 68 per cent of surveyed men with significantly gender inequitable attitudes had committed rape during their lifetimes. The men who had committed rape were more prone to other forms of violence, such as fighting with knives, illegal gun possession, and gang membership. See Barker G, et al, "Evolving Men: Initial results from the International Men and Gender Equality Survey (IMAGES)," International Centre for Research on Women and Instituto Promundo (2011), available at <http://www.icrw.org/publications/evolving-men>.

³ In October 2006, the Jali Commission of Inquiry released a report on its 3-year inquiry into alleged incidents of corruption, maladministration, violence and intimidation in the Department of Correctional Services in South Africa. Judicial Commission of Inquiry Into Alleged Incidents of Corruption, Maladministration, Violence or Intimidation in the Department of Correctional Services, Final Report (hereinafter Jali Commission) (2006).

⁴ ISS Study (2003)

⁵ Gear, S., Isserow, M. and Nevill, C. 2006. Situational Analysis of Boksburg Prison: Sexual Violence in Prison Pilot Project. Centre for the Study of Violence and Reconciliation.

⁶ Sasha Gear and Kindiza Ngubeni. 2002. Daai Ding: sex, sexual violence, and coercion in South African Men's Prisons. CSVR.

⁷ Lukas Muntingh and Chris Tapscott, "HIV/AIDS in the Prison System," HIV/AIDS in South Africa 25 Years On, Chapter 20, 305, (2009) available at <http://www.springerlink.com/content/k51k84186h400375/fulltext.pdf>.

Sexual abuse plagues detention facilities around the world. South African prisons are no exception. However, people in prison are already being punished by having their freedom taken away from them and have fundamental rights to be treated justly and fairly during their imprisonment. Rape is not part of the punishment. Sexual violence and HIV are inherently linked. In South African prisons HIV estimates reach 40 per cent, well above the national average.

Gender-based violence and the HIV pandemic in South Africa are both driven by pervasive gender inequality. A 2009 study by the South African Medical Research Council and the University of Kwa-Zulu Natal found that one in four South African men acknowledged having raped a woman and nearly 50 per cent reported having committed an act of domestic violence during their lifetime.¹ Alarming, this study found that men who are physically violent toward women were twice as likely to be HIV-positive and less likely to use condoms. Attitudes supporting gender inequality, combined with high-risk behaviour among men often associated with traditional gender roles, increase men's likelihood of using interpersonal violence.²

In 2006, a key area reported on by the former President Mbeki-appointed Jali Commission was sexual violence in prisons and the spread of HIV. In its report, the Commission noted that if the Department of Correctional Services (DCS) ignores the rampant abuse in prisons and its link to the spread of HIV, then it is effectively imposing a death sentence on vulnerable prisoners.³ Up to 95 per cent of deaths in South Africa's prisons are AIDS-related.⁴ Research shows that a high proportion of inmates are HIV-positive and the detention environment is highly conducive to HIV transmission, the rapid development of AIDS, and contraction of related illnesses.

Inmates experience high levels of physical, psychological, and sexual abuse in detention. Research on sex and sexual violence in detention (at Boksburg Youth Centre) indicates that inmates' understanding of sex, sexuality, and masculinity is drawn largely from their prison experience.⁵ Thus, many inmates adopt a range of negative attitudes and behaviours in the incarceration context, which they bring back to the partners, families, and communities to which they return. Violence in prison fuels future violence, both inside and beyond prison walls.

Sexual violence in South African prisons is linked to gang violence and its power structures. Evidence suggests that prisoner rape fuels a cycle of victimisation: once an inmate has been sexually assaulted, that inmate becomes a target for repeated abuse.⁶ Even inmates who are not raped are forced to adapt to an environment in which anyone not seen as hyper-masculine and dominant is at risk for sexual

abuse. Each year, 360,000 people circulate through the country’s prisons.⁷ The sexual violence and rigid gender roles inside prison contribute to the rape of women, men, and children and to the spread of HIV outside prison, when inmates are released.

The DCS lacks critical data about HIV prevalence in prisons. A 2007 study on HIV prevalence conducted by Lim’uvune Consulting, and commissioned by the DCS, reached over 10,000 prisoners nationwide and found an HIV prevalence of 19.8 per cent (the national average is 16.3 per cent). Ninety-four per cent of these infections were among male inmates, who make up 95 per cent of all incarcerated persons. Due to limitations in the study (including a low participation rate among inmates and the exclusion of un-sentenced prisoners), the results are believed to be markedly lower than actual prevalence. External estimates from the Institute for Security Studies and the Inspecting Judge of Correctional Services range between 40 and 60 per cent.⁸ Although HIV positive inmates are found at most if not all correctional centres, only 16 of 258 prisons are accredited to provide anti-retroviral drugs.⁹ With so few accredited centres, it is reasonable to conclude that many inmates who are HIV positive do not have access to ARVs.

In 2011 there were 162,162 men and women in prison and an overcrowding rate of 137per cent.¹⁰ This is particularly worrisome when viewed in relation to the HIV pandemic. HIV transmission and vulnerability are exacerbated by overcrowding, inadequate condom provision and the lack of access to condom lubrication, unsanitary conditions, no distribution of bleach or clean needles (for clean injection or tattooing), and high levels of sexual assault.¹¹

Improper classification of inmates often results in the most vulnerable inmates being housed with predatory gang members in communal cells.¹² Furthermore, as the Jali Commission noted, and many others remarked upon, the DCS utilises an early “lock-up” policy that confines inmates to their cells from after lunch until the next morning, with a minimal number of guards to monitor them.¹³ Under such conditions, more vulnerable inmates are placed at the mercy of the gangs and are at extremely high risk for sexual abuse and other violence, with little ability to receive help from guards until the cells are unlocked in the morning.¹⁴

Recent positive developments in the effort to end sexual violence in detention may begin to address the gaps in policy. There is a Draft Policy to Address Sexual Abuse of Inmates in DCS Facilities, which is awaiting finalisation and adoption by the DCS National Commissioner. The Correctional Matters Amendment Act was passed in May 2011, which mandates the screening of new inmates for vulnerability to sexual violence. The Criminal Law (Sexual Offences and Related Matters) Amendment Act of 2007 (SOA) is a comprehensive piece of legislation that provides a new gender-neutral definition of rape, offering much-needed redress to male survivors. The most recent National Strategic Plan on HIV, STIs and TB: 2012-2016 (NSP) provides the framework for the South African government’s response to preventing and treating HIV & AIDS, TB and STIs. The NSP specifically identifies inmates as a particularly vulnerable population to HIV that must, therefore, be a focus of efforts to stem the HIV pandemic. Specifically, the NSP calls on DCS to ensure the provision of appropriate prevention and treatment services, and to enforce laws and policies to prevent sexual violence in prison settings. All of these vital reforms must be implemented in South African correctional centres.

⁸ Andrew Schalkwyk, “Killer corrections: AIDS in South African Prisons,” Harvard International Review, Spring 2005, available at <http://www.allbusiness.com/public-administration/national-security-international/391756-1.html>

⁹ South African Government Information, Correctional Services, at <http://www.info.gov.za/aboutgovt/justice/corrections.htm>.

¹⁰ South African Department of Correctional Services, “Statistical Information”, accessed March 2012, at <http://www.dcs.gov.za/AboutUs/StatisticalInformation.aspx>.

¹¹ Goyer et al supra note 3.

¹² Id.

¹³ Jali Commission supra note 1 at 179.

¹⁴<http://www.pmg.org.za/report/20100414-feedback-department-matters-related-their-accountability-management-n>

Acronyms & Glossary

Acronyms

- AIDS** – Acquired Immune Deficiency Syndrome
- ART** – Antiretroviral therapy or antiretroviral treatment
- CAT** – United Nations Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
- DCS** – Department of Correctional Services
- DOH** – Department of Health
- GBV** - Gender-based Violence
- HIV** – Human Immune Deficiency Virus
- LGBTI** - Lesbian, Gay, Bisexual, Transgender and Intersex
- MSM** – Men who have sex with Men
- PEP** – Post-exposure prophylaxis
- SOA** – Sexual Offences Act
- STIs** – Criminal Law (Sexual Offences and Related Matters) Amendment Act, 2007: the statute that updated the criminal law concerning sexual offences.
- TB** – Tuberculosis: a highly infectious respiratory disease that is more easily and commonly contracted by people who have AIDS.
- VCT** – Voluntary cCounselling and Testing

Glossary of Terms

This manual includes words and terms that you may not use often. It is important to know what these words and terms mean when you are facilitating. Here is a list of such words/terms and their definitions:

- Abuse** – improper, harmful or unlawful use of something or treatment of someone.
- Anal sex** – the sex act where a penis or another object is inserted into the anus of a sexual partner.
- Anal rape** – this is non-consensual penetration of the anus. Gender neutral – both males and females can be anally raped.
- Attitudes** – our views, opinions, and feelings about something.
- Beliefs** – firm opinions normally based on religious and cultural principles.
- Bisexual** – emotionally, physically and sexually attracted to both men and women.
- Breadwinner** – the person who is responsible for earning money to support the family.
- CD4** – a type of T cell that protects against infections and manages the immune system. HIV attacks the CD4 cells directly, compromising the immune system.
- Change Agent** – an event, organisation, material or, more usually, a person that acts as a catalyst for change.
- Class** – a set of people grouped together by their level of wealth and/or the jobs they do in the economy.
- Compelled Rape** – When one person makes another commit an act of sexual penetration on a third person without consent. This can include forced oral, vaginal or anal penetration.

Compelled Sexual Assault& Compelled Self-Sexual Assault

– Forcing another person to engage in masturbation, to arouse or stimulate the female breasts, or engage in acts that are vulgar and/or cause sexual degradation. This includes compelling any unwanted sexual act that falls short of rape, such as groping someone in a sexual manner.

Confidentiality – An agreement or representation that specified information will not be shared. Being able to speak confidentially is important to most survivors of sexual abuse, and confidentiality is often not available to incarcerated survivors.

Consent – Voluntary and uncoerced agreement. There is no consent where the perpetrator abuses a position of power to get a victim to “agree” to a sexual act. Consent has not been freely given if manipulation, trickery or deceit is involved.

Culture – the beliefs, customs and practices of society or group within society (such as, youth culture) and the learned behaviour of a society.

Dry sex – sex where the vagina is made dry by herbs and other substances, which absorb the natural sexual fluids produced by the vagina. This makes sex more painful for the woman and increases likelihood of creating cuts and lacerations in the vaginal wall, increasing the likelihood of contracting HIV or STIs.

Gender – the socially defined differences between women and men (society’s idea of what it means to be a man or woman). These definitions change over

time and from society to society.

Gender-based violence – gender-based violence results in physical, sexual and psychological harm to both men and women and includes any form of violence or abuse that targets a person on the basis of their gender. Unequal power relations between men and women significantly contribute to gender violence. Gender-based violence is intended to maintain gender inequalities and/or reinforce traditional gender roles for both men and women.

Gender identity – one’s personal conception of oneself as male or female.

Heterosexual – emotionally, physically and sexually attracted to people of the opposite sex.

Homosexual – emotionally, physically and sexually attracted to people of the same sex.

Human Rights – the basic rights and freedoms to which all people are entitled. Some examples include the right to bodily integrity and to freedom from sexual abuse and exploitation. Several basic human rights are inalienable – they cannot be taken away by a government under any circumstances. The right to be free from torture is inalienable.

Intersex – person who at birth is born with ambiguous genitalia or has sex organs that are not clearly male or female.

Men who have sex with Men – Males who engage in sexual activity with other men, regardless of how they define their sexual orientation. Many

men who have sex with other men do not consider themselves to be homosexual or bisexual, while others do.

Norms – accepted forms and patterns of behaviour that are seen as ‘normal’ in a society or in a group within society.

Patriarchy – a social system in which men are seen as being superior to women and in which men have more social, economic and political power than women.

Power – the ability to do something as well as control and influence other people and their actions. Power can be used in both positive and negative ways.

Post-Exposure Prophylaxis – treatment started immediately after exposure to a pathogen, like HIV, in order to prevent infection and development of the disease. With HIV, post-exposure prophylaxis is a course of antiretroviral drugs that reduces the risk of seroconversion after exposure to HIV. It is most effective within hours of exposure to HIV, and is no longer effective 72 hours after exposure.

Prejudice – involves forming a fixed, often negative opinion about something or someone (or a category or grouping of people) without adequate knowledge or examination of the facts.

Prevalence – usually given as a percentage, i.e., HIV prevalence is the proportion of individuals in a population who have HIV at a specific point in time.

Protective Pairing – an arrangement whereby a prisoner exchanges sexual favours for physical protection from other

inmates. One prisoner wields the power over the other inmate who is expected to give sex in return for protection. In men’s prisons, the inmate demanding sex for protecting the other inmate is usually seen as a ‘man’ while the other is viewed as a ‘woman’ by other inmates (even though he is a man as well).

Rape – any form of non-consensual penetration of the vagina, anus, or mouth. Gender neutral – both males and females can be raped.

Rape Kit – following a sexual assault, survivors have the option to undergo a forensic examination by a trained medical practitioner, in which a sexual assault evidence collection kit may be used. This “rape kit” helps to collect any DNA that may have been left by the suspect. The kit might include blood collection devices, documentation forms, swabs, a comb, and bags for evidence collection. The medical practitioner will also conduct a thorough physical exam, including an examination of the genital area, and may collect blood, urine, hair and other samples, take photo documentation, collect the survivor’s clothing (especially undergarments), and collect any other possible physical evidence that may have transferred to the survivor from the scene of the sexual assault. The kit is turned over to law enforcement and sent to a lab for processing.

Remand detainee – an unsentenced detainee, that is, one who has yet to face trial, or is awaiting finalisation of the trial process, whether by acquittal (being found not

guilty) or sentence (being found guilty). Unless already serving a previously imposed sentence, these detainees are required to be housed separately from sentenced inmates.

Resources – a supply of something (for example, abilities, money, time, people) that can be used for support or help.

Safer sex – also known as ‘protected sex’, safer sex involves reducing risk of infections or pregnancy, often by having sex using either a male or female condom or by exploring alternatives to penetrative intercourse.

Sentenced detainee – an inmate who has gone through the adjudication process, and has been found guilty. These convicted inmates have a sentence imposed upon them that they are serving in a correctional facility. Due to a change in the Correctional Services Act, these inmates will have to be screened for vulnerability to sexual violence and exploitation as soon as possible upon admission to a correctional centre.

Seroconversion – the development of specific antibodies to microorganisms in the blood as a result of infection or immunization. With HIV, seroconversion means acquiring HIV. Some HIV tests look for antibodies fighting HIV to determine if one has acquired the virus.

Sex – a) any mutual genital stimulation, or oral stimulation, often, but not always, including sexual penetration, or b) the biological differences between

the male and the female.

Sexual Abuse – Any form of unwanted sexual contact. Forced kissing, forced sodomy, prostitution, or abusive searches. Sexual abuse is driven by a desire for force, control and domination – not sex or lust. Perpetrators may use coercion or threats.

Sexual Assault – Unwanted sexual contact without penetration. A person who unlawfully and intentionally sexually violates another person, without that person’s consent, is guilty of sexual assault. It is also sexual assault when a person unlawfully and intentionally inspires the belief in another person that they will be sexually violated.

Sexuality – refers to all aspects of people’s sexual lives, including thoughts and feelings, desire, behaviour and identity.

Sexual health – a state of physical, emotional, mental and social well-being in relation to one’s sexuality.

Sexual Offences Act – the short title used for the Criminal Law (Sexual Offences and Related Matters) Amendment Act of 2007, relating to sexual offences.

Sexual responsibilities – being accountable to someone or something for promoting and protecting sexual rights. This can include responsibility we have to ourselves and others to get tested regularly, use protection, inform our partners of our STI status, and not to engage in sexual conduct with someone without their consent or with someone who is unable to give meaningful consent.

Sexual rights – the rights to “Equal relations between men and women in matters of sexual relationships and reproduction, including full respect for the integrity of the person, require mutual respect, consent and shared responsibility for sexual behaviour and its consequences” (Fourth World Conference on Women, Beijing, 1995).

Sodomy – Anal sex, regardless of the gender of the participants. This term is often incorrectly used interchangeably with rape, which fails to distinguish forced from consensual sex. Sodomy is only a crime when it is forced.

Survivor – Someone who has experienced sexual violence. An alternative term to use instead of “victim” that recognises the courage it takes to heal after an assault.

Status – the position or standing of a person in a society or group in relation to others (for example the social and economic status of women in most societies is regarded as lower than that of men).

Torture – Torture is the infliction of severe physical and/or mental suffering committed under the authority of law. It does not include pain or suffering arising only from, inherent in, or incidental to lawful sanctions. Prisoner rape has been

recognised as a form of torture by the United Nations Special Rapporteur on Torture. This is the case whether it is committed by inmates or staff. Lesser acts of sexual abuse can constitute cruel, inhuman, or degrading treatment. The UN Committee Against Torture has also consistently expressed serious concern regarding sexual violence against detainees and called upon governments (including South Africa) to take concrete steps to address it.

Transactional sex – the exchange of sex for material gain, for example money, food, shelter or transportation.

Uchincha ipondo – This term refers to a form of sexual interaction happening in men’s prisons. It is characterised as an equal sexual exchange. Literally meaning “to change or exchange a pound”, it is consensual, and neither partner is considered superior or inferior. This type of sexual relationship features the exchange of sex for sex rather than for material goods or protection.

United Nations Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (Torture Convention) – an international treaty that South Africa has signed and agreed to. It requires the government

to take effective measures to prevent torture within its borders and criminalise all acts of torture. For instance, it requires governments to regularly review detention practices with an eye toward preventing torture, including rape in detention settings.

Values – accepted principles and standards of an individual or group.

Violence – the use of force or power to harm and/or control someone.

Wyfie – an inmate who has been forced or coerced into providing sex to one or more other inmates – often in exchange for protection, food or other necessities. A ‘wyfie’ is one type of partner in relationships known as “protective pairings” or “prison marriages”. These inmates are also sometimes referred to as a “small boy”, “young man”, “madam”, “girlfriend” or “concubine”. They are controlled by other men who are considered superior and who control the material resources and goods in the relationship, and make demands on their wyfies. Wyfies are also often forbidden from engaging in activities that are associated with ‘manliness’; instead, they must be subservient to the more powerful partner and service him sexually.

Being a Facilitator

The main purpose of this guide is to build skills and capacity of trainees who will be responsible for facilitating skills development to others and developing programmes that will contribute to change in South Africa’s correctional centres. This section highlights some of the issues that can help improve your skills including facilitation, advocacy, communication, and as change agents.

Yourself as a facilitator

As a facilitator, you can help enhance the effectiveness of your group by following some guidelines.

- Create an emotionally safe setting
- Bring a positive attitude
- Encourage group members to share their ideas and feelings
- Build on group members’ knowledge and experience
- Avoid lecturing or giving “sermons”
- Focus on the objectives
- Vary the methodologies to keep it interesting

A major part of your job is to introduce the activities and guide the discussions. At appropriate times, you will summarise or encourage group members to summarise what is going on in the group.

Activities in this guide are very sensitive and will challenge your own views and stereotypes. This programme prepares you to be a change agent. Before changing others, you need to be aware of the change you need to make within yourself and go through the process of change, i.e., you have to be the change you want to see in others.

Please note that as you facilitate these sessions, your own issues may arise, which will need to be processed outside the workshop.

This training is going to be a journey of self-discovery and personal growth, and it is important to keep note of areas where you need to grow as a person, and develop action plans for your own personal growth. You’re also encouraged to keep a personal journal, so as to keep track of your growth process and regularly reflect on it.

Planning a training workshop

The following tips will help you to organise workshops:

Know your training space

It is a good idea to look at where you will be conducting the training a few days before the workshop, so that you can create the most positive environment for the training. You may need to move chairs and tables or improve the lighting. If the venue is totally unsuitable, you will have time to find an alternative.

Know your audience

If you find out who is participating in the workshop, you will get a sense of how open they are likely to be to the ideas you present. Are participants coming voluntarily or are they being sent to the training? It is also helpful to find out if they have any other training in HIV, human rights or related issues, so that you know at what level to pitch the activities.

Know your co-facilitator

If you are running the workshop with another facilitator, meet before the workshop to plan how you will work together. You may divide up the activities between you, and agree on how to support each other during the workshop. For example, you may agree that when one person is facilitating the activity, the other helps by writing up what the group is discussing.

Prepare materials

The description of each activity includes a list of the materials you will need. Make sure you have everything you need, such as enough copies of handouts for all the participants. Write out any information you may need for the activity on sheets of newsprint. It would be useful to have a flip chart in order to write out difficult or unfamiliar terms, and to keep track of participants' ideas and suggestions.

Make sure that participants know the date, time and place of the workshop

Even if you are not responsible for calling participants to the workshop, checking that information on the workshop date, time and place has gone out to all participants in time is a good idea.

Find out about support

Participating in a workshop or event may bring back painful memories of harmful past experiences, like abuse. Some participants may face an increased risk of violence as a result of taking part in the workshop. Identify available support services and be able to refer participants to them if they need help.

Help participants relax

In your workshops you will deal with some very serious issues, and you need to try to create a relaxed atmosphere right from the beginning. For example, you could take out the tables in the room and arrange the chairs in a circle, put posters on the walls and provide snacks during the breaks.

Prepare for evaluation

Evaluation of the workshop and its impact on the participants is very important. A sample evaluation form is included in the Reference section. The workshop evaluation will help you with the following:

- Know how to improve future workshops
- Build your confidence by highlighting what went well
- Document the programme for future fund-raising and advocacy.

Becoming a Better Facilitator

You don't have to be an expert to create a good learning environment. Listening and questioning are the basis of good facilitation.

You are being asked not only to help groups discuss issues of gender, violence and sexual health, but also to model the attitudes and behaviours that people need to protect their own and others' health, safety and well being. By talking to others going through the same training, you will become more aware of how your attitudes affect your work and your ability to model new ways of behaving.

Facilitators also need to develop skills in active listening, effective questioning and facilitating group discussions. The following information and exercises can be used to improve facilitation skills:

Active listening

Active listening means helping people feel that they are being understood, as well as being heard. This is a vital skill for facilitating group discussions; it helps people to feel that their ideas are valuable. Active listening also helps people to share their experiences, thoughts and feelings more openly.

Active listening involves:

- Showing interest and understanding through your body language, for example by nodding your head and turning your body to face the person who is speaking;
- Using your facial expressions to show interest and understanding and reflect what is being said. While usually looking directly at the person who is speaking is often a good way to show interest, in some communities, direct eye contact may not be appropriate until the people speaking and listening trust each other;
- Acknowledging to the group that as a facilitator, you have to use eye contact, but you do not mean any disrespect. Sometimes, facilitators will break cultural norms around age and gender because of the nature of the work.
- Paying attention to the speaker's 'body language', so that you are not only listening to what is said but also to how it is said;
- Asking the person who is speaking questions, to show that you want to understand;
- Waiting for participants to complete what they want to say before asking for clarification or responding. Avoid using the word "you" and try to use "I" when reflecting back or seeking clarification.
- Summarising the discussions to check you understand what has been said fully, and asking for feedback.

Effective questioning

Asking effective questions helps a facilitator to identify issues, get facts clear, and ask for differing views on an issue. Skills in effective questioning are also useful for challenging assumptions, showing that you are really listening, and demonstrating that the opinions and knowledge of the group are valuable. Effective questioning also increases people's participation in group discussions and encourages their problem solving in relation to difficult issues.

Effective questioning involves:

- Using the six key questions -Why? What? When? Where? Who? How? - to ask open-ended questions;
- Following people's answers with more questions that look deeper into the issue or problem;
- Re-wording a previous question to make sure you are clear about the answers;
- Asking how people feel and not just about what they know, to find out their personal points of view.

Facilitating group discussions**Facilitating group discussions involves:**

- Creating “ground rules” with the group, which the group agrees to use;
- Helping the group to stay focused on the issues being discussed;
- Helping all group members to take part in the discussion by paying attention to who is dominating discussions and who is not contributing (remember that people have different reasons for being quiet – they may be thinking deeply);
- Summing up the main points of the discussion and any action points that have been agreed;
- Thanking the group for contributing to the workshop.

Managing conflict

Activities in this guide look at sensitive issues and difficult problems. Because people have strong views on gender and sexuality, there may well be disagreement between you and a participant or between participants themselves. These disagreements can easily turn into conflict. Disagreement is healthy - it is often through disagreement with others that we come to better understand our own thoughts and feelings. But conflict is unhealthy, and can lead to participants putting their energy into defending fixed positions instead of exploring new issues. As a facilitator, you need to manage conflict. If a participant challenges you, bouncing the challenge back to the whole group or to the participant himself as a question is a good way to deal with the challenge.

Dealing with difficult people

Some of the roles that people take on when they are in groups can interfere with the learning of the workshop. When you facilitate a group discussion, you may have to deal with negative or disruptive people. You can deal with difficult people by reminding the group of the ground rules and asking them to be responsible for sticking to them.

If there is a participant who is always complaining, you can ask for details of what is bothering them, so you can help them by addressing those issues. You can also ask the group to discuss the issue. You can involve the group in asking a disruptive person to help rather than hinder the group (e.g. by asking the person to be a time keeper, note taker, or summariser), or deal with him separately.

Achieving agreement

While the group will not always achieve agreement, as facilitator you need to highlight areas of agreement, as well as points of disagreement that need further discussion. You should also sum up the main points of the discussion and any action points that have been agreed, as well as thank the group for what they have contributed to the workshop.

Dealing with difficult situations

Although the activities in this manual make it possible for difficult and sensitive topics to be discussed openly in a group setting, as a facilitator you will probably have to deal with participants who make statements that oppose the views and values of the programme. These could include sexist, homophobic or racist remarks or opinions. Although we all have a right to our opinions, none of us have the right to oppress others with the views we express.

For example, a participant might say: “If a woman gets raped, it is because she asked for it. The man who raped her is not to blame.” As facilitator, you need to challenge such opinions and offer a viewpoint that reflects the philosophy of the programme. While this can be hard, it is a vital part of helping participants work toward positive change.

One way you could deal with such a situation is by following the steps below.

Step 1: Ask for clarification.

“Thank you for sharing your opinion with us. Can you tell us why you feel that way?”

Step 2: Seek an alternative opinion.

“Thank you. So at least one person feels that way, but others do not. What do the rest of you think?”

Step 3: If nobody offers an alternative opinion, provide one.

“I know that a lot of people would never agree with that statement. Most of the men and women I know feel that the rapist is the only person to blame for a rape. We are all responsible for respecting other people's right to say ‘no.’”

Step 4: Offer facts that support a different point of view.

“The law says that every person has a right to say ‘no’ to sexual activity, and the rapist is the only person to be blamed. It doesn't matter what a woman wears or does, she has the right not to be raped.”

Please note that it is very unlikely that the participant will openly change his or her opinion even after you use these four steps to address the difficult statement. But by challenging the statement, you have provided an alternative point of view that the participant will be more likely to consider and hopefully adopt later.

Making good presentations

As a facilitator, you will need to make presentations on a range of topics and issues. Here are some general tips on presenting to groups:

- Practice before you make your presentation
- Move out into the audience from behind the podium or table
- Look at and listen to anyone who asks a question
- Be aware of the sensitivities of your audience
- Use humour, but do not wait for laughs
- There are many different ways to cover the same material. Try to customise your presentation to suit the group.

SAMPLE AGENDA – DAY 1
GENDER & HIV BASICS

Time	Theme	Objective	Activity
08:00- 08:15am	Getting to know each other		Arrival and registration
08:15-08:30am	Setting the Ground Rules	Establish workshop environment	Group norms/ contract
08:30-08:45am	Establishing Expectations and learning environment	Know the participants and different skills	Pre-test
08:45-09:00am	Getting to know the program	Provide information about the program	Programme overview
TEA BREAK			
09:15-10:45am	Gender socialization	Highlight societal norms and expectations	Gender values clarification Act like a man/ woman
10:45-11:30am	Understanding HIV	Establish a relationship between migration, gender and HIV	Levels of HIV Risk
LUNCH BREAK			
12:30-13:15pm	Understanding HIV	Basic knowledge on HIV, the virus, contraction, prevention, and treatment	HIV Basics
13:15-14:30pm	Understanding gender and HIV	Understand the differences between women and men in HIV risks they take and face.	Taking risks, facing risks: HIV and Gender
14:30-15:00pm	Summarising Challenge participants to think of one action they will take to address HIV and sexual abuse in their correctional centre	Encouraging participants to be change agents to address sexual abuse and HIV.	Ask each participant to share an action they will take.
END OF DAY PLUS/DELTA			

Day 1 Objective

To provide participants with basic knowledge about HIV, and the gendered nature of the epidemic, both in and out of prisons.

ACTIVITY 1.
Gender Values Clarification¹⁵

Core Activity

If you have limited time to facilitate this workshop, we suggest this as a core activity for you to complete.

Objectives

- To explore values and attitudes about gender and sexuality.
- To get everyone to talk about their understanding of gender and sexuality.
- To get people to confront their prejudices and to realise that stereotypes can be damaging.

Time

45 minutes

Materials

- Four signs (“Strongly Agree”, “Strongly Disagree”, “Agree,” and Disagree”)
- Kokis
- Tape

Steps

1. Put up the four signs around the room before the activity begins. Leave space between them, so that a group of participants can stand near each one. Now choose five or six statements from the facilitator’s notes section that you think will lead to the most discussion.
2. Explain that this activity will give participants a general understanding of their own and each other’s values and attitudes about gender. Remind the participants that we all have a right to our own opinions, and no response is right or wrong.
3. Explain the words ‘values’ and ‘gender’ (see Glossary of terms).
4. Read the first statement aloud. Ask participants to stand near the sign that says what they think about the statement. After they do this, ask one or two people beside each sign to explain why they are standing there, and why they feel this way about the statement.
5. After a few participants have talked about their attitudes toward the statement, ask if anyone wants to change their mind and move to another sign. Then bring everyone back together. Read the next statement and repeat steps 3 and 4.

Continue for each of the statements that you chose.

6. After you have discussed all the statements, ask these questions about values and attitudes:
 - Which statements did you have strong opinions about? Which statements did you not have very strong opinions about? Why do you think this is so?
 - If you had a different opinion to the other participants, how did it feel to talk about it?
 - How do you think people’s attitudes to the statements might affect the way that they deal with their male and female colleagues?

¹⁵ Adapted from Masibamisane SANDF HIV/AIDS and Gender Equity Training Project: a training manual for peer educators in the South African National Defence Force, EngenderHealth, PPASA and Women’s Health Project: 2003.

- How do you think people’s attitudes to these statements help or do not help to improve gender equality, reduce violence against women or reduce the spread of HIV and AIDS?

7. Ask participants how this exercise has changed the way they will behave in future.

Facilitator’s notes

Choose the statements from the following list that are most likely to get participants talking. The statements marked with stars have been good for starting discussion in the past:

- Men having sex with men are gay*
- A man that is not violent should be labelled as a wyfie*
- *It takes courage to report sexual abuse*
- Men must frequently have sex*
- Homosexuality is not African*
- *Even when a man is sexually aroused, he can control his sexual urges*
- *Men cannot be victims of sexual abuse*
- It is easier to be a man than a woman.*
- Sex is more important to men than to women.*
- Men are naturally more violent than women.*
- If women really didn’t like the violence, they would leave an abusive relationship.*
- *Men should be breadwinners*

If all the participants agree about any of the statements, express an opinion that is different from theirs to get the discussion going.

If some participants don’t know whether they agree or disagree and don’t want to stand beside any of the four signs, ask them to say more about their reactions to the statement. Then encourage them to choose a sign to stand next to. If they still don’t want to, let these participants stand in the middle of the room as a “don’t know” group.

Depending on time and group of participants, you can use only “Agree or Disagree”

Key points

People may be unaware of their values around gender, but their unconscious values will always influence the way they act in certain situations.

Exploring our attitudes towards gender and sexuality may help us make different choices about our behaviour towards women and men, towards our sexual partners, whether they are men or women, in our relationships with women and men in general and may help us take steps towards gender equality.

ACTIVITY 2.
Act Like a Man, Act Like a Woman¹⁶

Objectives

To recognise that it can be difficult for both men and women to fulfil the gender roles that are present in society.

To examine how messages about gender can affect human behaviour, including health-seeking and sexual risk-taking behaviour, and how messages about gender can influence relationships between men and women.

Time

45 minutes

Materials

- Flip chart paper
- Kokis
- Tape

Steps

1. Ask the participants if they have ever been told to “act like a man” or “act like a woman” based on their gender. Ask them to share some experiences in which someone has said this or something similar to them. Why did the individual say this? How did it make the participant feel?
2. Tell the participants that we are going to look more closely at these two phrases. By looking at them, we can begin to see how society can make it very difficult to be either male or female.
3. In large letters, print on a piece of flip chart paper the phrase “Act Like a Man.”
4. Ask the participants to share their ideas about what this means. These are society’s expectations of who men should be, how men should act, and what men should feel and say. Draw a box on the paper, and write the meanings of “act like a man” inside this box. Some responses might include the following:
 - Be tough
 - Do not cry
 - Show no emotions
 - Take care of other people
 - Do not back down
 - Be the boss
 - Earn money
 - Men don’t go to health clinics

5. Once you have brainstormed your list, initiate a discussion by asking the following questions:

¹⁶ Adapted from Creighton A & Kivel P (1992) Helping Teens Stop Violence: A Practical Guide for Counselors, Educators, and Parents, Hunter House.

How does it make the participants feel to look at this list of social expectations?

Can it be limiting for a man to be expected to behave in this manner? Why?

Which emotions are men not allowed to express?

How can “acting like a man” affect a man’s relationship with his partner and children?

How can social norms and expectations to “act like a man” have a negative impact on a man’s sexual and reproductive health?

Can men actually live outside the box?

Is it possible for men to challenge and change existing gender roles?

6. Now in large letters, print on a piece of flip chart paper the phrase “Act Like a Woman.” Ask the participants to share their ideas about what this means. These are society’s expectations of who women should be, how women should act, and what women should feel and say. Draw a box on the piece of paper, and write the meanings of “act like a woman” inside this box. Some responses may include the following:

- Be passive
- Be the caretaker
- Act sexy, but not too sexy
- Be smart, but not too smart
- Be quiet
- Listen to others
- Be the homemaker
- Be faithful
- Be submissive

Once you have brainstormed your list, initiate a discussion by asking the following questions:

- Can it be limiting for a woman to be expected to behave in this manner? Why? What emotions are women not allowed to express?
 - How can social norms and expectations to “act like a woman” have a negative impact on a woman’s sexual and reproductive health?
 - How can social norms and expectations to “act like woman” have a negative impact on a woman’s economic independence? (given that it is not expected of a woman to leave home and seek employment or other economic opportunities)
 - Can women actually live outside the box?
7. Ask if any of the participants would like to share a story of a time they defied social pressure and rigid stereotypes and acted outside of the “box”. What allowed them to do this? How do they feel about it?

8. Close the activity by summarising some of the discussion and sharing any final thoughts, touching on the issue of “acting outside of the box”.

There can be serious consequences for both women and men if they try to act outside of their box. Ridicule, threats and violence are used to keep women and men in their boxes.

Facilitator’s notes

This activity is a good way to understand the idea of gender norms. But remember that these gender norms may also be affected by class, culture, ethnic and other differences.

Key points

The tables below explain some of the messages we get about “acting like a man” or “acting like a woman” and their effect on our lives.

Messages about “acting like a man”	Effects of these messages in men’s lives
<ul style="list-style-type: none">Be tough and do not cryBe the breadwinnerStay in control and do not back downHave sex when you want it	<ul style="list-style-type: none">Men are valued more than women.Men are valued more than women.Men are valued more than women.Men need constant proof that they are real men.Men use sex to prove that they are real men.Men use violence to prove that they are real men.

Messages about “acting like a woman”	Effects of these messages in women’s lives
<ul style="list-style-type: none">Be passive and quietBe the caretaker and homemakerAct sexy, but not too sexyBe smart, but not too smartFollow men’s leadKeep your man – provide him with sexual pleasure whenever he wants itDon’t complain	<ul style="list-style-type: none">Women often lack self-confidence.Women are valued first as mothers and not as people.Women depend on their partners.Women have less control than men over their sexual lives.Women are highly vulnerable to HIV and AIDS and to violence.

¹⁶ Adapted from Creighton A & Kivel P (1992) Helping Teens Stop Violence: A Practical Guide for Counselors, Educators, and Parents, Hunter House.

ACTIVITY 3.
Levels of Risk

Objectives

To identify the level of HIV risk that various behaviours carry with them.

To identify sexually pleasurable behaviours that are classified as lower risk or no risk for HIV infection.

Time

45 minutes

Materials

Four signs (“Higher Risk,” “Medium Risk,” “Lower Risk,” and “No Risk”)

Flip chart paper, kokis and tape OR prestik

- In large letters, print each of the following titles on paper, on title per card: “Higher Risk,” “Medium Risk,” “Lower Risk,” and “No Risk”.
- In large letters, print each of the following sexual behaviours on cards or paper, one behaviour per paper:
 - Abstinence
 - Masturbation
 - Vaginal sex – no condom
 - Hugging a person who has AIDS
 - Fantatising
 - Kissing
 - Dry sex – no condom
 - Thigh sex or ukusoma
 - Massage
 - Having sex with a woman if you are circumcised
 - Performing oral sex on a man with a condom
 - Performing oral sex on a woman
 - Infant breastfeeding from an HIV-infected mother
 - Anal sex – no condom
 - Anal sex with a condom and lubricant

Steps

- Put up the four ‘Risk’ signs high on the walls around the room before the activity begins.
- Inform the participants that they are going to complete an activity that looks at the behaviours that carry a risk for contracting HIV.
- Place the sexual behaviour cards facedown in a stack. Ask the participants to pick a card and place it on the wall under the appropriate category “High Risk,” “Low Risk,” etc. with respect to HIV transmission.

4. Once all of the cards are on the wall, ask the participants to review where the cards have been placed. Then ask for volunteers to state whether they:
- Disagree with the placement of any of the cards

■ Do not understand the placement of any of the cards

■ Had difficulty placing any of the cards
5. Discuss the placement of select cards, particularly those that are not clear-cut in terms of risk: or cards that are clearly misplaced. Begin by asking the participants why they think the card was placed in a certain category. Consult the categories below if you are unsure about where a certain behaviour belongs.
6. Ask the participants to look at the behaviours in the “Lower Risk” and “No Risk” categories. Emphasise the idea that some pleasurable sexual behaviours involve low or no risk.
7. Conclude by emphasising that risk depends on the context of the behaviour or other factors. These include gender, whether or no the partner is infected, whether or not the person is the “giver” or “receiver” of the sexual behaviour, and the difficulty of knowing whether or not one’s partner is infected.

Facilitator’s notes

The level of risk for many of these behaviours will vary based on a range of factors. These include gender, whether or not the partner is infected, whether or not the person is the “giver” or “receiver” of the sexual behaviour, the sexual history and HIV status of each partner, and the proper use of condoms. For oral sex, the presence of sores or bloody gums could increase the risk of HIV infection.

CATEGORIES OF BEHAVIOURS

No Risk	Lower Risk	Medium Risk	Higher Risk
<div>■ Abstinence</div> <div>■ Masturbation</div> <div>■ Hugging a person who has HIV or AIDS</div> <div>■ Kissing</div> <div>■ Fantasising</div> <div>■ Massage</div> <div>■ Ukusoma</div>	<div>■ Vaginal sex with a condom</div> <div>■ Performing oral sex on a man with a condom</div> <div>■ Women performing oral sex on each other</div> <div>■ Using fingers/hands/objects which are cleaned before being shared</div>	<div>■ Infant breastfeeding from an HIV-infected mother</div> <div>■ Anal sex with a condom and lubricant</div>	<div>■ Vaginal sex – no condom</div> <div>■ Anal sex – no condom</div> <div>■ Dry sex – no condom</div>

ACTIVITY 4.
HIV Basics

Core Activity

If you have limited time to facilitate this workshop, we suggest this as a core activity for you to complete.

Objectives

To provide basic information regarding HIV transmission, how the disease progresses, and how to prevent and treat HIV.

Time

45 minutes

Materials

PowerPoint Presentation, which contains the same information as the notes in this section. Available for download at the following link:
http://www.genderjustice.org.za/resources/doc_download/101138-prisons-curriculum-slides-1-of-2

Steps

1. Review the notes in this section with the participants.
2. Once you have reviewed the notes, initiate a discussion by asking the following questions:

■ At what CD4 count must an HIV positive person start ARVs?

■ Is there a cure for HIV?

■ What is PEP and what does it do?

■ What is safe to use with condoms – oil or water-based lubricants?
3. Close the activity by summarising some of the discussion and sharing any final thoughts, asking participants to share the type of HIV education and services that are provided in their facility.

Facilitator’s notes

This activity is not an in-depth exercise, but is meant to ensure that participants are familiar with all the HIV basics. Thus, you should refer interested participants to resources containing more nuanced information.

HIV BASICS: PRESENTATION NOTES

What is HIV?

HIV is a virus that weakens our immune system. If our immune system is weakened it means that all sorts of infections and diseases can attack our body because there is no defence against them. Once infected, HIV multiplies in our body and our immune system gets weaker and weaker over time until we develop AIDS (Acquired Immunodeficiency Syndrome).

- Acquired means it is something we can get, or be infected with.
- Immunodeficiency means that the immune system is without its normal strength.

- A syndrome occurs when a person is infected with many different illnesses at the same time.

HIV can only survive inside a human body because it needs human cells to reproduce or multiply.

Transmission

You can get HIV through:

- Vaginal or anal sex without a condom or if the condom breaks or slips off
- Mother-to-child transmission when the baby is being born or when it is in the womb
- Mother-to-child transmission through breast milk if you are mixed feeding
- Sharing syringe needles for drugs

You cannot get HIV through:

- Kissing someone who is HIV positive
- Touching someone who is HIV positive
- Sharing cups, plates, spoons and other things you eat with
- Being bitten by mosquitoes
- Coughing or sneezing

Treatment

There is no cure for HIV but it is manageable through ART (anti retroviral treatment). This medication is called ARVs (anti retroviral). ARVs help an HIV positive person's immune system to get stronger so it can fight off other sicknesses. When the immune system gets stronger the virus gets weaker. ARVs work best before your CD4 count has dropped too low. You must start ARVs if your CD4 count is 350 or below. ARVs stop HIV from killing CD4 cells and slow down the reproduction of the virus in our bodies. This means that we can live with HIV for many years and remain fit and healthy. When taking the treatment for the first time you might feel side effects, which will be different from person to person. It is good to continue with the treatment but if you experience side effects you must consult your doctor.

Prevention

Condoms

If you are sexually active, correct and consistent use of male condoms and female condoms is the single most effective way you can take control and protect yourself from HIV. The male condom is the most common way that we choose to protect ourselves from HIV and STIs and to prevent unwanted pregnancies. Using condoms correctly and all the time puts a barrier between you and HIV, so that the HIV and cannot spread further. Condoms are more likely to tear during anal sex, so water-based lubricants should be used along with the condom.

Oil-based lubricants cause the condom to erode, and result in unsafe sex.

MMC (Medical Male Circumcision)

Because HIV finds it much easier to enter men's bodies through the foreskin, fully removing the foreskin surgically reduces men's HIV risk by 60%. A circumcised penis is less likely to bruise or tear during sex, and it is more hygienic so it reduces STIs and penile cancer amongst men, and cervical cancer in women. MMC does not prevent pregnancy. It is crucial to understand that circumcision does not fully protect a man from HIV but it REDUCES his HIV risk. There's still a risk of getting HIV and this is why condoms still need to be used correctly and consistently. Circumcision does not reduce HIV transmission during anal sex. Research has proven that circumcision does not affect sexual sensitivity.¹⁷

Serial Monogamy

Serial monogamy is where you have one partner at a time and are faithful to that partner, but once the relationship ends time may pass before you have another partner – one monogamous relationship after another. You are still at risk if you have sex without a condom with your partner. If one of you is HIV positive you will only infect the other person. Serial monogamy is less risky than having multiple concurrent partners (when you have overlapping sexual relationships) because HIV cannot spread as quickly between different people.

PEP (Post-Exposure Prophylaxis)

PEP is treatment started immediately after exposure to HIV in order to prevent infection and development of the virus. Post-exposure prophylaxis for HIV is a course of antiretroviral treatment that reduces the risk of seroconversion after exposure to HIV. It is most effective within hours of exposure to HIV, and is no longer effective 72 hours after exposure. People who have been raped or sexually assaulted are entitled to access free PEP at designated public health facilities under the SOA. The law entitles people who have been sexually assaulted or raped to free PEP whether or not they have laid a charge against the alleged offender.

PMTCT (Prevention of Mother to Child Transmission)

If you and your partner are planning on having a child, it is very important that you both are tested for HIV. If you and partner have an unplanned pregnancy it is very important that you both are tested for HIV. Knowing your HIV status helps protect your unborn child. You and your partner can make an informed decision to make sure your child remains HIV negative. It is important for you and your partner to visit an antenatal clinic as soon as you think she is pregnant. HIV can also be transmitted to the baby during pregnancy, during birth, and through mixed feeding. Mixed feeding is when a mother living with HIV feeds her baby breast milk and other food/liquids/formula milk. If you are HIV positive it is important to choose between ONLY breastfeeding or ONLY formula feeding.

What if I tested HIV positive?

If you test HIV positive one of the first things the clinic will do for you is do a CD4 count test.¹⁸ The health care worker will take some blood from you and this will be sent to a laboratory to measure how many CD4 cells there are in a single millilitre of blood. This will help you to know how healthy your immune system is. In a healthy HIV negative person, the CD4 count is between 800 and 1200.

¹⁷ Sonke Gender Justice Network Medical Male Circumcision Brochure, 2011.

¹⁸ This section taken from the Brothers for Life Toolkit

Taking care after testing positive

It is recommended that HIV positive people check their CD4 count every six months. It is important to know your CD4 count so that you can know when to start treatment. In South Africa, if you are sick (have TB), or if your CD4 count drops to 350 or below, you should start taking ARVs. Apart from the CD4 count test, there is another useful test called a viral load test.

A viral load test works out how much HIV is in your body. If you are HIV positive, you will need to get both a CD4 count test and a viral load test. Once you start ARVs, your CD4 count should go up and your viral load should go down. Without treatment, your viral load will increase and your CD4 count will drop. Without treatment a person who becomes infected with HIV will get weaker as their immune system fails to protect their body from infections. They will get many infections such as TB, pneumonia, thrush, shingles, diarrhoea, bronchitis, cancer and so on. In a person living with HIV, these infections are called Opportunistic Infections, because they take the opportunity or chance to infect the body because the immune system is weak. These illnesses also affect HIV negative people. The difference is that when these infections infect someone who is living with HIV, they get more seriously ill and it is more difficult for them to get better.

HIV counselling and testing

HIV counseling and testing should be voluntary and confidential. Harsh sexual misconduct policies may stop an inmate from requesting a test. Remember that testing can be very difficult and scary for a person who has just been assaulted. Because it is optional and not mandatory for the survivor of sexual assault, the survivor is free to choose whether to have it now or later.

ACTIVITY 5. Taking Risks, Facing Risks: HIV and Gender

Objectives

To understand the differences between women and men in the HIV risks they take and the HIV risks they face.

To be able to identify the main reasons why there are these differences in risk.

Time

75 minutes

Materials

Handout – Questions on taking risks

Handout – Questions on facing risks

Steps

1. Ask the group to give some examples of situations in which people take a risk with HIV. Then ask the group to give some examples of situations in which people face a risk of HIV. Talk about the difference between taking a risk and facing a risk – see the key points for more on this.
2. Divide the participants into two groups. Ask the first group to discuss “Taking Risks”. Give them the handout on taking risks and ask them to discuss the questions and be prepared to report back on their answers to the large group. Ask the second group to discuss “Facing Risks”. Give them the handout on facing risks and ask them to discuss the questions and be prepared to report back on their answers to the large group.
3. After about 20 minutes bring the groups back together and ask them to present their discussions to each other. Then lead a discussion using the following questions:
 - What is the difference between taking risks and facing risks?
 - Why do men take more risks with HIV than women?
 - Why do women face more risks of HIV than men?
 - What other factors affect the risks of HIV that people take and that people face?
 - How can these risks be reduced?

Summarise the discussion, making sure that the key points, found below, are covered.

Facilitator's notes

Gender norms and roles, and inequalities in power, have a huge impact on the different HIV risks that women and men face and take. But remember that other factors are important too – age, wealth/poverty and location (village/town) can have a big influence on the risks of HIV that people take and face.

Key points

Women face more risks of HIV than men because of their bodies. Women are more likely than men to get HIV from any single act of sex because semen remains in the vagina for a long time after sex, thus increasing the chance of infection. There is also a higher concentration of the virus in semen than in vaginal fluid. The inside of the vagina is also thin and is more vulnerable than the penis to cuts or tears that can easily transmit HIV and other STIs. Forced sex also increases the chances that the vagina will tear or cut. As with STIs, women are at least four times more vulnerable to infection. Women often do not know they have STIs as they may show no signs of disease. The presence of untreated STIs increases women's risk factor for HIV.

Women face more risks of HIV than men because they lack power and control in their sexual lives. In many cases, women are not expected to discuss or make decisions about sexuality; this is perceived as being a man's job. The widespread imbalance of power between men and women often means that women cannot ask for, let alone insist on using a condom or any form of protection. Poor women may rely on a male partner financially and therefore, may also be unable to ask their partners or husbands to use condoms or refuse sex even when they know they risk becoming infected with an STI or HIV.

Many women have to exchange sex for material favours. This could be as blatant as sex workers, but it also includes women and girls who exchange sexual favours for payment of school fees, food, rent, or other forms of status and protection. This is sometimes called transactional sex.

The many forms of violence against women (as a result of unequal power relations) mean that sex is often forced. Forced sex increases the risk for HIV infection. Women who must tell their partners about STIs/HIV may experience physical, mental, or emotional abuse. Women may give in to their partner's wishes to avoid being yelled at, beaten, killed, or divorced.

Men take more risks with HIV because of the way they have been raised to think of themselves as men. Men are encouraged to begin having sex as early as possible, without being taught about caring for themselves, thereby increasing the possible time for them to be infected. Prominent ideas in our society about what it means to be a man include that a sign of manhood and success is to have as many female partners as possible. For married and unmarried men, multiple partners are culturally accepted. Men can be ridiculed and teased if they do not show that they will take advantage of all and any sexual opportunities.

Competition is another feature of living as a man, including in the area of sexuality – competing with other men to demonstrate who will be seen to be the bigger and better man. Another sign of manhood is to be sexually daring, which means you do not protect yourself with a condom, as this would be a sign of vulnerability and weakness. Many men believe condoms lead to a lack of pleasure or are a sign of infidelity and promiscuity.

Men are seeking younger partners in order to avoid infection and in the belief that sex with a virgin cures AIDS and other diseases. On the other hand, women are expected to have sexual relations with or marry older men, who are more likely to be infected.

Close of Day Review/Recap: Plus-Delta-Action

Objectives

To review the day and to give participants an opportunity to reflect on what they learned over the course of the day and to inform the facilitators about what they found useful and what they would do differently.

Time

15 minutes

Materials

Flip chart

Koki

Steps

1. Draw two lines down the middle of the flip chart and create three equal sized vertical columns. At the top of the first draw a + sign, on the next draw a delta sign (Δ -the Greek sign for change) and on the third column write "ACTION".
2. Ask participants to identify what they liked, what they would change and what action they plan on taking as a result of the day's activities. Write their comments down in the appropriate column.
3. Draw the discussion to a close by offering a brief summary of the key points mentioned as well as any other points you feel are important but weren't mentioned.
4. Remind the participants to reflect on the day over the course of the evening and be ready to discuss any insights the next morning.

Facilitator's notes

This is a quick but important activity that offers workshop participants an opportunity to reflect on what they've learned during the day. In doing a close of the day review/recap of this nature, you are also encouraging workshop participants to sift through their memories of the day and select and reinforce key lessons learned. Doing this thus increases the likelihood of knowledge and values retention.

SAMPLE AGENDA – DAY 2

ADDRESSING SEXUAL ABUSE IN DCS FACILITIES

Time	Theme	Objective	Activity
08:00-08:30am	Overview	Revise the previous day's work Reflect on previous any questions and issues from the previous day that need to be clarified or discussed. Explain the objective for day 2	Gender values clarification Act like a man, act like a woman Levels of HIV risk HIV Basics
08:30-10:30am	Sensitising participants to sexual abuse in prison and understanding the legal context	To understand the legal context and key terms pertinent to sexual abuse and HIV in prisons, and to increase empathy for inmates' experiences of abuse.	Useful terminology, relevant laws and policies Why should we care about sexual abuse of inmates?
TEA BREAK			
11:00am-12:30pm	Understanding the signs of abuse, and inmate experiences of sexual abuse in prison.	To understand the hallmarks of sexual abuse, what makes inmates vulnerable to abuse, and to familiarise participants with the potential trauma and reactions that survivors may experience.	Hallmarks of abuse, vulnerable inmates Trauma & reporting
LUNCH BREAK			
13:30-14:30pm	Responding to sexual abuse of inmates	To practice putting together concrete plans to respond to incidents of sexual abuse.	Case study – Responding to sexual abuse
14:30-15:00pm	Challenge participants to think of one action they will take to address HIV and sexual abuse in their correctional centre Testing knowledge and attitudes, evaluating the workshop	Encourage participants to be change agents to address sexual abuse and HIV. To understand participants' change in knowledge and attitude, and to assess the workshop and its facilitators.	1. Ask each participant to share one action they will take 2. Post-test 3. Workshop evaluation
END OF DAY PLUS/DELTA			

Day 2 Objective

To sensitise participants to the issue of sexual abuse of inmates in DCS facilities, and to familiarise participants with the means to prevent, detect and respond to inmate sexual abuse. Day two of this training will review useful terminology, provisions of relevant laws and policies addressing sexual abuse of inmates, and will equip participants with basic tools to identify and respond to instances of sexual abuse in DCS facilities.

ACTIVITY 1: Useful terminology, RELEVANT laws and policies

Core Activity

If you have limited time to facilitate this workshop, we suggest this as a core activity for you to complete.

Objectives

To familiarise participants with useful terminology regarding sexual abuse of inmates and constitutional and legal provisions relevant to this issue.

Time

45 minutes

Materials

PowerPoint Presentation, which contains the same information as the notes contained in this section. Available for download at the following link: http://www.genderjustice.org.za/resources/doc_download/101139-prisons-curriculum-slides-2-of-2

Steps

1. Get participants to brainstorm terminology and legal provisions they want clarified
2. Review the useful terminology and legal provisions listed below that is also in the included PowerPoint presentation.
3. Once you have reviewed the terms and provisions, initiate a discussion by asking the following questions:
 - *How is rape defined in the Sexual Offences Act (Criminal (Sexual Offences and Related Matters) Amendment Act, 2007)?*
 - *Why is sex that occurs in a protective pairing non-consensual?*
 - *What is the difference between sodomy and anal rape?*
 - *Do you see any connections between harmful gender stereotypes that dictate how men and women behave and sexual relationships in prison?*
4. Touch on the idea that in many communities in South Africa, women are seen as less important than men, are not respected by men, and are expected to be passive and obedient to men. Therefore, to be labelled a “woman” in a male correctional centre is considered a shameful position by inmates. Men who have been raped or coerced are called “women” by other inmates and sometimes by correctional officers. This label reflects the unjust way women are viewed in society and is very humiliating to the person being labelled.
5. Close the activity by summarising some of the discussion and sharing any final thoughts, touching on the issue that the legal framework is in progress.

For example, the Correctional Matters Amendment Act was passed in May 2011 and will require all new inmates to be screened for vulnerability to sexual abuse. New regulations to facilitate this process are forthcoming.

Facilitator’s notes¹⁹

In discussing some of the terminology such as marriages, wyfies, protective pairing and uchincha ipondo, participants might be confused how someone who is heterosexual in the community, can practice same-sex sexual behaviours while in a correctional centre. Clarify this issue by reviewing the following ideas: physical sex, gender identity, sexual identity, and sexual practice.

- Your **physical sex** is your reproductive and hormonal system – usually male or female – or simply put – “what’s in your pants”.
- Your **gender identity** is your sense of yourself as a man or woman.
- Your **sexual identity** expresses who you are attracted to on more than one level, i.e. emotionally, intellectually, physically and sexually.
- Your **sexual practice** is how you have sex with another person (or yourself) in various contexts, or your sexual behavior.

The above concepts are often confused with one another or misunderstood for having all the same meaning. In correctional centres, people may have sex with other inmates of the same sex because there are only people of the same sex in a prison. But they may also do it for different and various reasons. It may be because they choose to have sex with people of the same sex, or have always been sexually attracted to people of the same sex. These individuals may identify as homosexual, bisexual or heterosexual and may or may not feel love (as one of many possible feelings) for their sexual partners.

The point is, some people may regularly have sex with others of the same sex without seeing themselves as lesbian or gay or bisexual This could be for cultural, religious, or personal reasons, or being in a specific situation, like prison.

USEFUL TERMINOLOGY, RELEVANT LAWS AND POLICIES: PRESENTATION NOTES

Key Terminology²⁰

Survivor

Someone who has been sexually assaulted. A term to use instead of “victim” that recognises the courage it takes to heal after being assaulted.

Sexual Abuse

Any form of unwanted sexual contact. In the prisons context, it includes contact such as forced kissing, forced anal sex or prostitution, and abusive searches. Sexual abuse is driven by a desire for force, control and domination – not just sex or lust. Perpetrators may use threats and/or coercion in obtaining the sexual contact.

Consent

Consent is voluntary or un-coerced agreement. There is no consent where the perpetrator abuses a position of power. For consent to exist, there must be an absence of manipulation, trickery or deceit. It is important to remember that even though the focus of this training is on non-consensual sex, consensual sex also happens behind bars.

¹⁹ This discussion is taken from *Lets End it Now*, OUT LGBT Wellbeing assisted in the shaping of this section

²⁰ These terms are taken from the resource book, *Let’s End It Now!*, created by CSV. And a presentation created by Cynthia Totten, Senior Program Director at Just Detention International, “Addressing Sexual Violence in DCS Facilities: Workshop for Heads of Centre” Western Cape, October 2011.

“Marriage”

In men’s correctional centres, the most common form of sexual partnerships is known as “marriages” which are usually forced. Within these forced “marriages” one partner has power over the other one. In “marriages,” the one with the power is identified as a “husband” / “man” / “boss”, and the one he forces is often referred to as a “wife” or “wyfie” / “girlfriend” / “small boy” / “ntwana” and is seen as a woman.

Wyfie

See “marriages”

Small Boy

See “marriages”

Uchincha Ipondo

This is one example of consensual sex that takes place in correctional centres for men. This is a sexual interaction that is by agreement. Sex is exchanged for sex rather than for goods or protection. The inmates doing this kind of sexual activity may also be friends with each other. In this case, consent has been given freely and willingly.

Protective Pairing

This is an arrangement where a prisoner exchanges protection for sexual and other favours. One prisoner wields the power, while the other party has only limited or no choice in the matter. The inmate wielding the power tends to be viewed as a “man” in inmate culture, while the other is seen as feminised. Prison “marriages” are often a form of protective pairing.

LGBTI

The acronym for, and is used to refer to people who are lesbian, gay, bisexual, transgendered or intersex. Transgendered means anyone who does not act according to the gender assumptions of their society. Intersex means any person whose sexual or reproductive anatomy does not correspond with the typical biology of a man or woman. This could result in the genitals being indeterminable, for the person to have both genitals, or to have unusually sized genitals. Intersex means a person who at birth is born with ambiguous genitalia or has sex organs that are not clearly male or female.

Problematic Terminology

Male Rape

The term male rape is problematic because by adding the adjective “male” in front, it contrasts with rape of a female victim. It treats rape of a male victim as different from broader definitions of rape usually associated with women. It is also unclear whether the perpetrator is a male or the assaulted is male. Rape is rape, and it is an equally serious crime whether the victim is male or female.

Homosexual Rape

The term homosexual rape is problematic because it feeds the erroneous belief that all homosexual men are sexual predators, or that only gay men rape other men. The majority of men who rape other men identify themselves as heterosexual.²¹ This term, like “male rape”, qualifies the rape that happens to males in an unnecessary, inaccurate and harmful way. All rape is rape.

²¹ Michael Scarce, “Same-sex rape of male college students,” *Journal of American College Health*, January 1997, Volume 45 Issue 4, 171.

Sodomy

Sodomy refers to anal sex, but is often incorrectly used to refer to anal rape. This term is problematic to use when referring to sexual abuse in correctional centres because it does not distinguish forced from consensual sex. Sodomy is only a crime when it is forced, then it becomes rape. When this term is used in the same way as rape, it contributes to homophobia, risky sex practices, and invisibility of sexual violence against men.

Relevant Constitutional and Legal Provisions

Constitutional Provisions

The South African Constitution has served as a model for other countries and is revered as one of the most progressive in the world. It was born from South Africa’s struggle to end apartheid and usher in a non-discriminatory, democratic form of governance. The Constitution is the supreme law in South Africa. It takes precedence over any other laws in the country. It gives all people in South Africa basic human rights that must be respected, protected, promoted, and fulfilled.

Under South African law, prisoners lose their liberty but retain nearly all other rights (excepting those necessarily limited by the imposed sentence, and with a remand (unsentenced) detainee it is the curtailment of rights necessary until the adjudication of the person’s guilt or innocence).²²The state thus has a duty to care for prisoners in a manner that does not violate their rights, and must protect their safety. Being raped in prison (or threatened with rape) fundamentally impinges on these rights.

Specifically, the Bill of Rights, which can be thought of as a human rights tool, provides that: ‘Everyone who is detained, including every sentenced prisoner, has the right to conditions of detention that are consistent with human dignity, including at least exercise and the provision, at state expense, of adequate accommodation, nutrition, reading material and medical treatment.’ Relevant provisions of the Bill of Rights are explained below.

Section 9 - Equality

This provision states that everyone is equal before the law and has the right to equal protection and benefit of the law. The prohibits unfair discrimination, direct or indirect, against anyone because of their race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth.

This right means that everyone has the right to be treated equally, and inmates and correctional officials who are LGBTI, of different ethnic of social origin, culture, age, or gender, cannot be discriminated against by correctional officials or by other inmates. This right also means that inmates have the right to seek legal redress for violations of their rights.

Section 10 – Human dignity

This provision states that everyone has inherent dignity and the right to have their dignity respected and protected. This includes the right to be free from cruel,

²² Berg, A.V.D. and CSPRI, Summary and comment on the Final Report of the Judicial Commission of Inquiry into Allegations of Corruption, Maladministration and Violence in the Department of Correctional Services - “the Jali Commission”. 2007.

inhuman and degrading treatment or punishment while in prison, and is linked to Section 12 of the Bill of Rights.

The right to human dignity also translates into a right not to be forced to experience to any form of sexual abuse, no matter what crime the person may have committed. Prison rape and the threat of prison rape, rob a person of his or her dignity. DCS officials are tasked with protecting these rights, and must take the steps necessary to protect inmates from such violations of their rights.

Section 12 – Freedom and security of the person

This provision states that everyone has the right to freedom and security of the person, which includes the right to be free from all forms of violence from either public or private sources, the right not to be tortured in any way, and the right not to be treated or punished in a cruel, inhuman or degrading way.

This right means that everyone has a right to protection by the government against violence or bodily harm, whether it is inflicted by government officials or by any other individual, group or institution. This right also includes the right to bodily and psychological integrity. When a person is subjected to sexual abuse in detention, their bodies are violated and they are psychologically harmed and traumatised. It is the duty of DCS officials to never inflict abuse and violence against inmates, and it is also their duty to protect those in their custody from violence that occurs just between inmates.

Section 27 – Healthcare

This provision states that everyone has the right to access health care services, and that the state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of those rights.

This provision means that inmates must be able to access HIV prevention and treatment services while incarcerated. It also includes the right of inmates to access post-exposure prophylaxis after being raped or exposed to HIV in other ways, as this protects them from contracting HIV.

International Human Rights

Human rights are those rights we all have because we are human – they are not earned. Human rights are contained in international agreements that each state can sign and commit to. Several basic human rights are inalienable, meaning that they cannot be taken away by a government under any circumstance. The right to be free from torture is one such right.

Torture²³

International agreements serve as an important reference point for measuring the state of South Africa’s correctional centres. Section 39 of the Constitution also states that South Africa’s courts and other legal bodies must consider international law when interpreting the Bill of Rights. Section 231 of the Constitution states that an international treaty binds South Africa after it has been approved by Parliament.

It is important to note that prisoner rape has been recognised as a form of torture by the United Nations Special Rapporteur on Torture - whether it is committed by inmates or correctional staff (DCS officials, volunteers, medical practitioners, etc.). Lesser acts of sexual abuse may constitute cruel, inhuman or degrading

²³ Just Detention International, “Fact Sheet: Prisoner Rape is Torture”

treatment. The UN Committee Against Torture has also consistently expressed serious concern regarding sexual violence against detainees and called upon governments (including South Africa) to take concrete steps to address it. Along with countries around the world, South Africa has signed and Parliament has approved the United Nations Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT) and the International Covenant on Civil and Political Rights (ICCPR). These are international human rights treaties that prohibit torture, and are binding in South Africa. The ICCPR states that prisoners shall not be subjected to torture or to cruel, inhuman or degrading treatment or punishment. The CAT requires states to take action to prevent acts of torture within their jurisdictions. There are also regional human rights instruments that are applicable, such as the Robben Island Guidelines and the African Charter on Human and Peoples’ Rights, which prohibit torture.

The Sexual Offences Act (SOA)

The Criminal Law (Sexual Offences and Related Matters) Amendment Act of 2007 (‘Sexual Offences Act’) updated several legal definitions covering rape and sexual assault.

Rape

Any form of non-consensual penetration of the vagina, anus or mouth. This new legal definition recognises the rape of a male by another male, a female by another female, a male by a female, and a female by another female. Previously, the crime of rape required the penetration of a vagina by a penis. It is also important to remember that marital rape is a crime – regardless of gender. Penetration does not have to be with a penis, it can be with a finger, object, or anything that can be used to penetrate.

Sexual Assault

Unwanted sexual contact without penetration.

Compelled Rape

When one person makes another person commit an act of sexual penetration on a third person without consent.

Compelled Sexual Assault and Compelled Self-Sexual Assault

Forcing another person to engage in masturbation, to arouse or stimulate the female breasts, or engage in acts that are vulgar and or cause sexual degradation. This includes compelling any unwanted sexual act that falls short of rape, such as groping someone in a sexual manner.

National Strategic Plan on HIV, STIs and TB 2012-2016

The National Strategic Plan on HIV, STIs and TB (NSP) provides the framework for the South African government’s response to preventing and treating HIV & AIDS, TB and STIs. The current Plan specifically identifies inmates as a population that is particularly vulnerable to HIV, and that it must, therefore, be a focus of efforts to stem the HIV pandemic. Sexual violence and HIV are inherently linked, especially in South Africa’s prisons, where estimates of HIV prevalence exceed 40 per cent. Thus, the NSP calls on the DCS to ensure the provision of appropriate prevention and treatment services, and to enforce laws and policies to prevent sexual violence and the spread of HIV in prison settings.

ACTIVITY 2:

Why should we care about sexual abuse of inmates?

Core Activity

If you have limited time to facilitate this workshop, we suggest this as a core activity for you to complete.

Objectives

To help participants see the linkages between inmate and community health and well-being and to sensitise participants to the experiences of sexual abuse survivors in correctional centres.

Time

30 minutes

Materials

Paper

Pens

Print and cut the cards contained in Annex D: Yarn Exercise of this training guide.

Steps

1. To help participants see the linkage between inmate health and well-being and community health and well-being, present the following information to the participants and ask them to share any thoughts that they may have:
 - *At any one time there are 160,000 inmates in DCS facilities*
 - *The HIV rate is estimated to be over 40 percent*
 - *Each year 360,000 inmates are released*
2. Explain that it is not just the spread of HIV that is a concern, but emotional and psychological trauma that inmates regularly experience as a result of sexual abuse. This also impacts inmates’ relationships and families upon their return to their homes. Prison rape fuels a cycle of violence that impacts the community.
3. Now, inform the participants that they are going to do a role-playing game that will shed light on what survivors’ experiences may be like when they try to seek help after being sexually abused in a correctional centre.
4. Hand out a character card from the Yarn Exercise cut-outs in Annex D to each volunteer. Ask them not to share what their character says with others until they are called upon. Each character is a person that a survivor could potentially reach out to after an assault. Assign one of the DCS members the character card for the survivor. As it is highly stigmatised, you or one of your co-facilitators should take the role of the rapist. Assigning one of the participants the role of the rapist might make him or her uncomfortable.
5. Ask the participants to stand in a row. Then ask the person assigned to be the survivor to approach each participant one by one, and ask the question written on the survivor’s character card:

“My cell boss raped me last night. Will you please help me?”

6. In turn, each participant will respond to the survivor’s question by reading the line printed on their character card. After each response, the participant will ask the next person in line.
7. After the survivor has spoken to all of the participants assigned characters, the rapist character will read the line from their character card:

“See, I told you no one would listen. Now you’re mine.”

8. Now ask everyone to take their seats. Ask the person who portrayed the survivor how they felt after being turned away by each person approached for help. Ask the rest of the participants how they felt turning the survivor away.
9. Close the activity by summarising participants’ thoughts, and try to touch on the following issues:
 - It is very difficult for survivors to reach out for help, and many people often turn away survivors or are unable to help them properly. Some people are not properly trained to provide help, have overburdened workloads, or do not view it as a priority for other reasons.
 - Very often survivors face grave risks of further victimisation if they report.
 - Inmates who are survivors are entitled to assistance the same as survivors in the community. Sexual abuse of inmates is a serious crime. It not only violates the rights of survivors but jeopardises the safety of staff and the orderly running of Centres. Survivors should be treated with sensitivity, understanding, and their complaints should be taken seriously.
 - Prison rape is NOT inevitable; it can be prevented. It is a matter of awareness and education, sound practices and working with the many outside service providers and advocates interested in tackling this issue. If everyone treats it as a serious crime, it can be prevented, detected, monitored on an ongoing basis and responded to properly.

Facilitator’s notes

The group role-playing game might make some participants uncomfortable. It is important that you do not assign or try to persuade someone into the role of the rapist. It is advisable that the facilitator take the role of the rapist and allow participants to volunteer for the role of survivor.

ACTIVITY 3: Hallmarks of Abuse and Vulnerable Inmates

Core Activity

If you have limited time to facilitate this workshop, we suggest this as a core activity for you to complete.

Objectives

To familiarise participants with common prison rape scenarios and signs of sexual abuse.

To familiarise participants with the types of inmates who may be more vulnerable to sexual abuse.

To expose participants to the trauma survivors may experience and the difficulty they experience reporting sexual abuse.

Time

30 minutes

Materials

PowerPoint Presentation, which contains the same information as the notes contained in this section.

Steps

1. With the group, review the notes contained in this section, but stop before the section called “Red Flags”.
2. Once you have reviewed the notes, initiate a discussion by asking the following questions:
 - Do you recognise the “common scenario”? Have you encountered this in your work in the past?
 - Are there other common scenarios you have encountered in your job?
 - In your experience, what other characteristics might make an inmate more vulnerable to sexual abuse?
3. Often, participants will discuss the depression and suicidal tendencies that survivors of sexual abuse show after being attacked.
4. Now review the “Red Flags” section. Once you have reviewed the notes, discuss the following with the participants:
 - In your experience, what have been some signs that sexual abuse has occurred?
 - Are there telltale signs in the environment that you can recognise?
 - Are there signs in the way inmates might be behaving that might indicate that sexual abuse is going to occur?
 - If you believe abuse is going to occur, are there any steps you can take to try to prevent it from happening?

5. Close the activity by summarising participants’ thoughts, and try to touch on the following issues:
 - Being familiar with the characteristics that can make an inmate more vulnerable to sexual abuse is a critical part of your job as DCS officials because it informs how you will ensure the safety of the inmates under your care.
 - If you know what increases an inmate’s vulnerability, you can make provisions for this by ensuring they are housed in a cell with inmates who are less likely to sexually exploit them. You will also be able to keep a closer watch on the more vulnerable inmates, and build relationships of trust with them so that you can monitor the situation and be a safe person for them to approach with any concerns or reports.

Facilitator’s notes

Participants will likely already know what might make an inmate more vulnerable, but have not had the space to discuss it openly. As a facilitator, it will be helpful to recognise this existing knowledge and try to draw the information out of them to have a rich discussion with a lot of participation.

It may still be useful to have an experienced DCS official with you when going over this activity. A more experienced and knowledgeable official will be familiar with the cues in the environment and in inmate behaviour that indicate whether sexual abuse is going to happen or has already occurred.

NOTES ON HALLMARKS OF ABUSE AND VULNERABLE INMATES

A common scenario²⁴

Prison rape frequently occurs when a newly-arrived inmate accepts food, drugs or protection from another prisoner who pretends to be concerned for the usually-terrified and overwhelmed newcomer. The newly-arrived inmate will most often assume that this is simply a gesture of support.

However, the inmate power structures (the dominant inmate culture), often dictate that by eating the food, or smoking the cigarette, a debt has now been created. The new naïve offender will only later learn that he is expected to pay back this debt with sex. And when he tries to refuse, he will learn that he has no choice in the matter.

- The scenario illustrates the vulnerability of the new first-time offender who is oblivious of unwritten ‘rules’ of inmate culture.
- He has no idea of the supposed “debt” he’s been tricked into by accepting food, cigarettes, etc.
- Members should orient new inmates to possible safety issues to help prevent this type of situation from occurring.

²⁴ Developed by Centre for Study of Violence and Reconciliation (CSV).

In correctional centres most sex is forced sex²⁵

Between inmates

Some sex in correctional centres is between consenting adults, but many inmates involved in sexual activities have not consented to have sex freely and willingly. Anecdotal evidence suggests that most sexual activity in correctional centres is coerced and therefore it is sexual violence. Remember that consensual sex is between two consenting adults where consent has been given freely (without intimidation or coercion) no matter their biological sex or gender presentation.

Between staff and inmates

Sexual contact between a staff member (or volunteer, contractor, doctor, or anyone who is not also a detainee) cannot be consensual because of the unequal power. This is true regardless of gender – sex between a female warder and a male inmate cannot be consensual for the same reasons. The warder holds the keys literally, and there are many instances where staff coerce inmates into sexual conduct in exchange for anything from gum and candy to seeing their children on visits. Sometimes threats of being held longer may be used to coerce an inmate into sex. Retaliation is common when inmates report these types of abusive situations.

Note that sexual penetration between a child and an adult is an offence even if the child consents. The SOA states that if the child is younger than 12 years, then it is rape because they cannot give legal consent. If they are aged 12-16 years and consented to the act, it is statutory rape. This is a particular concern where youth are held with adults or are exposed to adult inmates for periods of time (such as may happen during certain programmes). It is also a concern when children are housed together. For example, those who are the younger in the group may be vulnerable to abuse by the older, more powerful or more experienced inmates.

Vulnerable inmates²⁶

This section reviews some characteristics that make an inmate more vulnerable to sexual abuse in correctional centres.

- Young
- Small in stature or physically weak

“The smaller people get forced. You get big tough people trying to force them.”²⁷
- First time offenders, inexperienced

“On the first night you are fresh meat and somebody is going to get you.”²⁸
- Offenders convicted of non-violent crimes are perceived to be less manly and therefore more vulnerable.
- Offenders who are convicted for sexual offences, especially those who have committed crimes against children, are vulnerable.

“Those boys in correctional centres for theft and rape are taken as women.”²⁹
- Non-gang affiliated inmates may be targeted, but many members of gangs are also abused in the gangs.
- Offenders with disabilities, mental illness, or don’t speak the predominant language

²⁵ Let’s End it Now!

²⁶ Let’s End it Now!

²⁷ Id.

²⁸ Id.

²⁹ Id.

- Offenders with a previous history of trauma/sexual assault
- Offenders who are perceived to be “pretty”, “good looking”, or have feminine features
- Offenders who lack material goods and do not receive visits from friends with food, money, cigarettes and toiletries are often exploited and may barter sex for goods and protection.
- Female offenders who will not fight are more vulnerable
- LGBTI (lesbian, gay, bisexual or transgender) offenders and those perceived to be.

It is important to remember that anyone may be raped in prison. It is not necessary to have all or any of these characteristics to be raped, but those who do are at increased risk, and the likelihood is greater that they will be the target of sexual abuse.

Greater vulnerability of LGBTI Inmates

LGBTI (Lesbian, Gay, Bisexual, or Transgender) inmates have a greater vulnerability to sexual abuse for several reasons.

- There is institutional apathy and homophobia.
- There is confusion that a person’s homosexuality or transgender status means they consented to rape.
- LGBTI inmates frequently describe officials ignoring or even laughing at their reports of abuse.
- LGBTI inmates who report sexual abuse are often subjected to further attacks, humiliating strip searches, and punitive segregation.

LGBTI inmates who report abuse should not be automatically segregated because it can be highly punitive against the person to do so. This is because it can separate the survivor from their daily routine, work or programmes, and any support mechanisms they may have had. DCS officials should consider the possibility of segregating the perpetrator. This would also help ensure that others will not be harmed.

Red flags!³⁰

There are warnings signs that correctional officers can look for to identify potential incidents of sexual assault, sexual abuse, and sexual harassment in detention. A full list of these is contained in Annex B. This includes a list of red flags for inmate against inmate abuse, and another list for staff member against inmate abuse.

³⁰ These red flag lists were created by staff members of the Oregon Department of Corrections at training sessions facilitated by Kimberly Hendricks, OR Department of Corrections; Robert Dumond, Massachusetts Department of Corrections; Peter Herring, Maine Department of Corrections; Linda McFarlane, Stop Prisoner Rape (now Just Detention International); Marcia Morgan, Gary Dennis, and Anadora Moss, The Moss Group. The Moss Group 2006.

ACTIVITY 4: Trauma & Reporting³¹

Core Activity

If you have limited time to facilitate this workshop, we suggest this as a core activity for you to complete.

Objectives

To review some useful tips on how to respond to incidents of sexual abuse in correctional centres.

Time

30 minutes

Materials

PowerPoint Presentation, which contains the same information as the notes contained in this section.

Paper

Pens

Steps

1. Inform the participants that you will now conduct an activity that looks at the issues of trauma and reporting. Explain that Inmates who are survivors may respond in many different ways. There is not one way that a survivor will respond to sexual abuse.
2. As the yarn exercise illustrated, an inmate probably won’t have a trustworthy person to turn to and get support from. They may not trust that they will be given access to emotional, medical and legal support. They may fear further victimisation if they report the incident.
3. Explain that survivors will have physical, emotional and behavioural reactions to the sexual abuse. There is no one way that everyone responds, so be prepared to accept however people behave and help them to cope. Possible responses include:
4. Immediately after the rape, men and women are likely to feel diminished awareness (being “out of it”), emotional numbness, confusion, an obsession with washing, and may be extra sensitive to the reactions of others. They may not want to be near people (or may fear being alone), find it hard to focus, gain or lose their appetite. Not all survivors show their feelings outwardly. Some may appear unaffected by the assault and seem calm, or they may become difficult and “act out”.
5. Talk to your participants about how sexual abuse of males is a highly taboo subject. Yet men in correctional centres who have been sexually assaulted or raped may experience many of the same feelings that female survivors of sexual violence do, as well as feelings and concerns that arise more specifically for men.
6. To help sensitise the participants to the experiences of male survivors, ask the group to consider the following ideas:
 - Because of society’s belief that men should be able to protect themselves, a man may feel that it is somehow his fault that he was raped.

³¹ Adapted from Let’s End It Now!

- Many men are raised to always be in control of everything, including emotions. The assault may cause him to feel completely out of control and many men do not know how to handle this.
 - Men may fear talking about the assault to other men, fearing that they will be laughed at or be labeled as “sissy” or a “woman”.
 - In our male dominated culture, men find it very hard to accept that they can be victims because messages from society tell them that only women and children can be victims. Thus male survivors may fear ridicule – being made fun of and humiliated.
 - A man may feel that he has lost his manhood.
 - Men often begin to question their sexual identity as a result of rape.
 - Gay men may think that the assault occurred because they are gay. Rape can be a form of victimising homosexuals, but gay people have the same right to be free of sexual violence like everyone else.
7. At the moment, men and women in correctional centres are reluctant to report rape because they do not believe it will make a difference. Rape is often taken for granted and accepted as an inevitable part of the way things are done. Rape is never part of the punishment, however, so it is important that officials pay attention to complaints.
8. Inmates say that more often than not, sexual abuse goes unreported in prisons. Consider what the following inmate had to say and ask the participants to share their reactions. Does what these inmates describe sound familiar? Is it an accurate depiction of the participants’ experiences?

“If you go and complain it will fall on deaf ears.”

“When the warder comes he won’t want to know. You will be the guilty one.”

“You get threatened with, ‘you tell someone, we gonna kill you’”.

9. Sometimes, what correctional officials say can make it hard to report rape. Consider what the following officials had to say and ask the participants to share their reactions.

“You’re a criminal. If you were a person you would not be here, so we are not going to take your complaint.”

“You are living together. Sort out your own problems.”

“What can I do?”

10. If an inmate turns to a correctional officer for help and support, the official has a legal duty to respond and ensure that the inmate receives assistance. Correctional officers need to know what to do to offer the survivor support and help.

Facilitator’s notes

It is important to recognise the courage it takes for an inmate to report the case. Intimidation and threats of violence from the suspected perpetrator also make it incredibly difficult for survivors to come forward.

We also want to build a culture where it is easier for survivors to come forward. You as correctional officers have a crucial role to play on this, as the inmates rely on you to ensure that they are safe and that they receive the support they require.

ACTIVITY 5: A Case Study - Responding to Sexual Abuse

Objectives

To review some useful tips on how to respond to incidents of sexual abuse in correctional centres.

Time

30 minutes

Materials

PowerPoint Presentation with the slide containing the case study, “Mr. X and inmate Sam”.

Paper

Pens

Steps

1. Inform the participants that you will now work as a group to think of steps to respond to incidents of prison rape by examining a common prison rape scenario. The goal is to understand what inmates experience in their efforts to report sexual abuse, and to work as a group to think of steps to respond to incidents of prison rape.
2. Explain to the participants that you will now break into groups of 2-3 and review a sample scenario of prison rape and develop group plans to respond to the situation.
3. After breaking the participants into groups, put the scenario up as a PowerPoint slide or print on a separate piece of paper and distribute it to the group. Give each group 15 minutes to develop a plan.
4. After 15 minutes have passed, ask each group to pick a representative and to share their plan.
5. After each group has presented their plan, ask the participants questions from the following list:
 - *Do you think you have missed any steps?*
 - *What challenges do you foresee in responding to this scenario?*
 - *What if Sam does not want to press charges?*
 - *Do you think Sam may have been exposed to HIV?*
 - *Does your plan include steps to ensure Sam’s safety?*
 - *Are systems in place in the prison in which you work to follow the plan you have developed?*
6. In order to get all the information and cooperation they need from the survivor, the officials must be good, non-judgmental listeners. It is critical to take the survivor’s report seriously, and to empower the survivor to lead the intervention by allowing them time for silence and to think. Refer to the notes on facilitating at the beginning of this guide.

7. It is critically important that you make sure that the survivor is safe from immediate harm, and that the suspected perpetrator is removed from where (s)he can harm the survivor or other inmates.
8. Reassure the survivor that whatever they are feeling is normal – there is not one way they should be reacting. Tell the survivor where they can get help or talk to someone like a DCS social worker or a rape crisis centre.
9. Explain to the participants that you want to avoid having the survivor telling his or her story multiple times because this can cause them to re-live the traumatic event. Think of ways you can reduce the number of times they need to tell the story, but still making sure they get ALL the different types of care and support that they need.
10. Highlight the following information regarding health to the participants:
 - The Correctional Services Act (section 12 & 21) requires all survivors of sexual abuse to get immediate medical attention, even if there is no apparent tearing or bleeding. However, if there is rectal or vaginal tearing or grazing, it is especially urgent because of potential bacterial infection, and exposure to HIV and sexually transmitted infections.
 - Leave it to the medical professional to determine whether grazing or tearing has occurred – do not ask the survivor, rather ensure ALL survivors get medical attention.
 - If the survivor may have been exposed to HIV or sexually transmitted infections, they require treatment to prevent contraction. Remember PEP is effective only within 72 hours of exposure to HIV.
 - Female inmates who were abused by men are at risk of pregnancy. They should take the morning after pill (emergency contraception) within 72 hours to prevent unwanted pregnancy.
11. Survivors have the right to report the crime to the police but this is a decision that only they can make. Even if the survivor does not want to press charges, you must ensure that the perpetrator is disciplined.
12. To investigate the case, police will require medical evidence collected during the examination by a doctor, immediately following the report of the incident. Therefore it is important that survivors do not wash beforehand. Even if they have washed, they can still press charges and receive medical care; and there may still be evidence of the crime on their person.
13. Both the survivor and perpetrator may wish to consult a legal practitioner – give them the opportunity to do so.
14. The participants' plans should account for the steps outlined in the "Checklist for Responding", contained as Annex C. If the plans are missing any of the steps from the checklist, highlight them to the group.

Facilitator's notes

It is highly advisable that this activity be carried out with a knowledgeable DCS official, who can review all of the specific procedures, forms and steps involved in this process. For example, certain tasks are to be carried out by certain staff and having an official there who can detail who does what is important. Staff members need to know very specifically whether it is part of their job to interview and ask a survivor what happened, or whether their job is only to secure the survivor's safety and alert the unit manager. This is important to distinguish so that staff do not engage in tasks they are not qualified to take on, so that evidence is not compromised, the survivor is not further traumatised, and so on. It is also important to be clear about at what point and who contacts the South African Police Service. An experienced DCS official can fill in all of the up-to-date particulars on procedures pertaining to responding to reports from survivors.

It is also important to emphasise to participants that it can be easy to want to quickly "solve" the situation without properly listening to the survivor. The survivor needs the officials' support, and it is the officials' role to provide the survivor with information and access to support services (on, for example, health issues and the survivors' right to open a case). However, it is very important for officials to be careful to make sure that they are actively listening, and not pressurising the survivor – the official should let the survivor decide what steps he or she wants to take, and should not rush the survivor.

CASE STUDY: "Mr. X and inmate Sam"

Mr. X makes sexual advances on inmate Sam one night in a communal prison cell. Sam resists, in the process scratching Mr. X on his arm.

Mr. X then beats Sam into submission, forcefully removes Sam's trousers, and proceeds to penetrate him both anally and orally. This incident takes place on Sam's bed on which Mr. X ejaculates. Sam is seriously injured in the attack and identifies his assailant to you the next morning and also explains where the attack took place.

What steps must be taken and by whom?

Close of Day Review/Recap: Plus-Delta-Action

Objectives

To review the day and to give participants an opportunity to reflect on what they learned over the course of the day and to inform the facilitators about what they found useful and what they would do differently.

Time

15 minutes

Materials

Flip chart

Koki

Steps

Draw two lines down the middle of the flip chart and create three equal sized vertical columns. At the top of the first draw a + sign, on the next draw a delta sign (Δ-the Greek sign for change) and on the third column write “ACTION”.

Ask participants to identify what they liked, what they would change and what action they plan on taking as a result of the day’s activities. Write their comments down in the appropriate column.

Draw the discussion to a close by offering a brief summary of the key points mentioned as well as any other points you feel are important but weren’t mentioned.

Remind the participants to reflect on the day over the course of the evening and be ready to discuss any insights the next morning.

Facilitator’s notes

This is a quick but important activity that offers workshop participants an opportunity to reflect on what they’ve learned during the day. In doing a close of the day review/recap of this nature, you are also encouraging workshop participants to sift through their memories of the day and select and reinforce key lessons learned. Doing this thus increases the likelihood of knowledge and values retention.

ANNEX A: Pre/Post Workshop Questionnaire

Facilitator’s instructions for Pre and Post Workshop Evaluations

For any workshop that you conduct, please ensure that the participants complete the pre and post evaluation forms.

1. Print the forms back to back so that you hand each person 1 page.
2. Hand out the Pre form at the start of the first day.
3. Explain that the forms are anonymous and used for us to improve our workshops rather than assess participants.
4. Ask participants to choose a random number and write it at the bottom of the form next to Ref No. They need to remember this number for the end of the workshop!
5. Explain that we need to be able to match their pre form with their post form, but that we don’t want their name on the form.
6. At the end of the workshop, hand out the Post form.
7. Ask participants to write the SAME reference number on the post form that they wrote on the pre form.
8. Please complete the workshop summary sheet and attach it to the pre and post forms. All information is necessary on the summary sheet.

WORKSHOP DETAILS

WORKSHOP DETAILS	
Start Date:	Location / Venue:
No of Days:	Total no of participants:
Lead Facilitator:	Partner Organisation:
Support Facilitator:	

Participant demographics	> 14	15 - 24	25 - 34	35 - 49	< 50
Male:					
Female:					

Activity Conducted:	
Gender Values Clarification	
Act Like a Man, Act Like a Woman	
Levels of Risk	
HIV Basics	
Taking Risks, Facing Risks: HIV and Gender	
Useful terminology, relevant laws and policies	
Why should we care about sexual abuse of inmates?	
Trauma & Reporting	
A case study – Responding to sexual abuse	

Pre and Post Questionnaire

Thank you for doing this evaluation; it will help inform us improve our workshops.
Please DO NOT write your name on this sheet; your participation will be anonymous; no one will be able to link you to your answers.

Please choose a reference number: _____

It is important that you use the same number on the pre and post forms.

Please tell us a little about yourself.

How old are you? _____ years

Are you? Female ☐ Male ☐ Date: _____

Instruction: Please answer all the following questions by putting an “X” inside the box below the word “True” “False” or “Don’t Know”.

	True	Don’t Know	False
Prisoners have no human rights.			
You can get HIV from kissing.			
A man can be raped under South African law.			
There are medicines that can help treat HIV.			
Violence against women does not harm men in any way.			
Inmates deserve whatever happens to them in prison because they are criminals.			
Condoms can protect you from HIV.			
All men who have sex with other men are gay.			
Medical circumcision reduces your risk of getting STIs and HIV.			
A person can take medicines after they have been raped to prevent them getting HIV.			

Instructions: Please give your opinion on all the following statements. Place an “X” inside the box next to the statement.

	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
I want to know my HIV status.					
Inmates deserve whatever happens to them in prison because they are criminals					
If I find out my friend is HIV positive, I will stop seeing them.					
If someone insults me, I will defend my reputation, with force if I have to.					
A woman can suggest using condoms just like a man can.					
It is the man who decides when to have sex.					
Men are cleverer than women.					
Men can take care of sick people just as well as women can.					
Men are always ready to have sex.					
There are times when a woman deserves to be beaten.					
It is OK for a man to cry.					
Gay inmates won’t mind being raped so much because they’re used to having sex with men.					
I would have a gay friend.					

Thank you for your co-operation.

ANNEX B:
Workshop Evaluation Form

Date:_____ Facilitator(s):_____

Please note that your name **does not** appear anywhere on this form. Please answer these questions truthfully as it helps us make the training better for other participants and groups in the future.

Please rate the following by placing a tick (✓) in the box

	Poor	OK	Good	Very Good
	1	2	3	4
Venue				
Catering				
Facilitator preparation				
Facilitator style				
Facilitator knowledge / expertise				
Activities				
Relevance or usefulness of content				
Handouts				
Level of involvement by participants				

I would recommend this training to others: ☐ Yes ☐ No

The **most useful** session was: _____

Please explain why: _____

The least useful session was: _____

Please explain why: _____

The **best thing** about the training was _____

The **worst thing** about the training was _____

Additional Comments_____

ANNEX C: HANDOUT – Taking Risks & Facing Risks

QUESTIONS ON TAKING RISKS

Who takes more risks with HIV? Women or Men?
Why?
What can we do to help men and women reduce the risks that they take?






QUESTIONS ON FACING RISKS

Who faces more risks with HIV? Women or Men?
Why?
What can we do to help men and women reduce the risks that they take?

ANNEX D: Yarn Exercise

Please cut out each card, and fold in half, with the text facing in.

SURVIVOR	"My cell boss raped me last night. Will you please help me?"
RAPIST	"See, I told you no one would listen. Now you are mine."
FATHER	"I can't believe I raised a homo."
SISTER	"Well, you shouldn't have been arrested in the first place. What did you expect?"
LAWYER	"I don't know what you expect me to do about that. Just leave it. It will get in the way of your appeal."

 CORRECTIONAL OFFICER	"I suggest you learn how to fight. And, by the way, you can get charged for making false reports. I'll bet you're just looking for a transfer to an easier section"
 SOCIAL WORKER	"You need to look at why you seem to keep getting into these situations. Maybe you've been wanting other people's things again. You know that if you take their cigarettes they will do these kind of things to you."
 RAPE CRISIS COUNSELOR	"I'm sorry. Our funding doesn't allow us to talk to criminals. I have to keep this line clear."
 FRIEND-ANOTHER PRISONER	"Don't tell other people, just handle it. You don't want to get a reputation. If you do, it will be difficult for me to be your friend. Don't talk to me about it again."
 TEACHER	"Are you sure you're not just making this up because you're mad at him and you want to get back at him?"

 INVESTIGATOR	"Look, we've already talked to the others in the section and we know you went into the showers willingly. I can't help you if you don't tell me the truth."
 DOCTOR	"Obviously you're experiencing extreme stress. I'm going to give you something to calm you down."
 PRISONER RIGHTS GROUP	"We don't have the resources to help with that kind of thing. Would you like us to send you a pamphlet in the mail?"
 RELIGIOUS WORKER	"You need to pray on this and ask God to give you strength to move on with your life"

ANNEX D:
Red Flags³²

Inmate-on-Inmate Red Flags		
The person being targeted	The perpetrator	In the environment
<ul style="list-style-type: none">Changes in routineChanges in moodChanges in behaviorChanges in eating, hygiene and sleeping habitsSleeping in clothesAvoiding staff members“Leg hanging” or staying close to staffDecrease in showering, sink bathsIsolated self/not coming out of cellStaying out of the dining hall or yardIncrease in mental health symptomsIrritability/mood swingsSuicide attempts or threatsActing-out, aggressive or risk-taking behaviorIncrease in write-ups for misconductRequesting cell changesBruises or other injuriesHiding physical injuries/no explanation for physical injuriesHaving no propertyJoining a new group/gangTrading in favoursRequesting protective custodyIncrease in medical or mental health call-outsLots of notes to staff membersSelf-harmMissing medication, hiding medication in their cheeks instead of swallowing them	<ul style="list-style-type: none">Stalking or grooming another inmateTrading in favorsExtortionOlder guy giving lots of attention to a younger guyMoney transfersBragging about “getting someone”Extra food but no moneyLots of smoke – always bringing attention to selfPerceived as intimidating by othersAlways want a two-person or more cellIn the cell, one person stays and the other bed always rotatesHistory of past violenceIf he leaves, a sudden change in behavior of young or vulnerable inmatesBoundary testerOpportunity behaviorSwitching jobsHigher statusHas look-outsExerting power and controlFocus on housing or work requestsShowing special interest in or concern about another inmateRefusing searchesNo work, but has money	<ul style="list-style-type: none">RumoursFear and tensionEveryone knowsGroups of inmates consistently sign up for showers togetherIncreased violence and misconduct reportsTone change – too quiet or too loudCamps formingContrabandWeaponsDrug traffickingIncreased intelligence, anonymous notes from inmates to staffNo one wants a certain jobStaged plan to get someone off a unitLots of posturingIncrease or decrease in medical linesIncrease or decrease in activitiesIncrease or decrease in canter or changes in purchasesBlind or dead zonesLots of groupings or changes in groupings on the yardIncrease or decrease in grievancesChanges in communication with staffOvercrowdingWarnings to staff – “do not come tomorrow”

³² These red flag lists were created by staff members of the Oregon Department of Corrections at training sessions facilitated by Kimberly Hendricks, OR Department of Corrections; Robert Dumond, Massachusetts Department of Corrections; Peter Herring, Maine Department of Corrections; Linda McFarlane, Stop Prisoner Rape (now Just Detention International); Marcia Morgan, Gary Dennis, and Anadora Moss, The Moss Group. The Moss Group 2006.

<ul style="list-style-type: none">Asking for helpCalling a hotlineCalls from familyFaking medical or mental health problemsToo much propertyGiving away propertyWorking but having no moneyRequesting STI, HIV, or pregnancy testsHooking up with unexpected peopleJob changesBulking up / working out		
--	--	--

Staff-on-Inmate Red Flags		
The person being targeted	The perpetrator	In the environment
<ul style="list-style-type: none">Spending time with a particular staff memberChanges in personal appearanceUsing staff member’s first nameIsolating self from other inmatesToo much personal knowledge about staffIncreased status on the unitNotes to specific staffSeemingly depressedUnexplained money on the booksInmate trying to be around the staff memberAsking questions about specific staff membersPossession of unusual contrabandHaving pictures of staff and/or mail from staffRequesting segregationIsolating self, avoiding particular staffRequesting job changesUnexplained presence in an unauthorised areaIncrease in misconductChanges in demeanorIncrease in medical and mental health requestsDeveloping medical symptoms	<ul style="list-style-type: none">Spending time with a particular inmateCalling out an inmate at odd timesDefending the inmate/interceding on their behalfWorking overtime in a particular inmateUsing inmate’s first nameDistancing self from other staffChanges in appearancePersonal problems or life changesTaking their breaks or hanging out where an inmate isOther boundary problemsComing in early or staying lateInmate family calling to speak to specific staff member	<ul style="list-style-type: none">Increased fights on the unitOther inmates separating from anotherInmates wanting to talk to staff aloneOther staff staying away from a specific staff memberIncreased tension in generalMore calls to state hotlineIncrease in disrespect to a specific staff memberIncreased contrabandUnusual contrabandIncreases in housing change requestsIncrease in inmates to segregationInmates avoiding a programme or job siteIncrease in mental health requests or interventionsLack of adequate supervisionFlirtatious and/or sexualised conversations between staff, particularly in earshot of inmates

ANNEX E: A Checklist for Responding³²

Acknowledging	
Have you ensured the survivor is safe from any immediate harm?	
Have you ensured that the perpetrator(s) (if you know who they are) have been removed from the situation so that they cannot harm the survivor or other inmates?	
Have you reassured the survivor that their feelings are normal?	
Listening	
Have you heard their story without judgment or interference?	
Information	
Have you informed them about their rights to health care, protection and justice?	
Have you gone with them to a doctor?	
Have you helped them to get hold of the medication they need?	
Have you thought about follow-up medical care and medicines?	
Have you helped them to lay a criminal charge, if they want to?	
Have you helped them to lay a disciplinary charge?	
Have you recorded the incident?	
Have you drawn up a safety plan with them?	
Have you drawn up a safety plan with your colleagues?	
Have you set up psychological care for them with their permission?	
Next Steps	
Are you keeping a careful watch on the survivor's behaviour?	
Have you followed up with the psychologist or social worker?	
Have you followed up with the police?	
Have you followed up with healthcare?	
Are you following up with the safety plan?	

³² Adapted from *Let's End It Now!*

Notes

[illegible]

Notes

[illegible]



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