

# Returning and Healing

## Recommendations for Rape Crisis Centers Working with Sexual Violence Survivors Coming Home from Incarceration

***Lead Authors:***

**Dave Rini**

**Incarcerated Survivor Support Program Manager  
Boston Area Rape Crisis Center**

**Suri Roth-Katz**

**Incarcerated Survivor Support Program Coordinator  
Boston Area Rape Crisis Center**

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**NOTE**

Photos depict models and are for illustrative purposes only.

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# Introduction

In 2003, Congress unanimously passed the Prison Rape Elimination Act (PREA) and shone a light on a huge population of sexual assault survivors who'd been left out of the sexual violence prevention movement. There were many reasons why these survivors weren't receiving the services they needed: prisons are complex institutions that can be difficult to understand for people who don't work in them; working with survivors who are particularly hard to reach (like those who are incarcerated) can be resource and time intensive; and many correctional facilities are in rural locations that can be hard to reach and serve. But 95% of prisoners come home, and they still weren't receiving the support they needed.

Of more importance, though, is that people who are incarcerated are not viewed by the wider culture as victims or survivors. "The public seems to care less about the stories of incarcerated survivors than others . . . and does not work as hard to end their abuse or the normalization of abuse in prisons," writes Jo Yurcaba in *Rewire.News*.<sup>1</sup> In the mainstream sexual violence prevention field, prisoners have not been a major

focus of attention until recently. The movement's roots lie with primarily women-focused organizations that looked to vocalize the tremendous amount of violence that women faced—and it had a powerful and long-lasting impact. However, the movement's starting conceptions about who commits sexual violence, and who is affected by it, created an equivalently long-lasting trend of separating people into either victims or perpetrators, with those categories being separate and unique. These assumptions fueled

*People who are incarcerated are not viewed by the wider culture as victims or survivors and do not receive the support they need when they return home.*

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<sup>1</sup> Jo Yurcaba, "For Survivors of Prison Rape, Saying 'Me Too' Isn't an Option," *Rewire.News*, January 8, 2018, <https://rewire.news/article/2018/01/08/survivors-prison-rape-saying-isnt-option/>.

policy objectives and became legal guidelines. Until 2016, rules surrounding the funding for direct victim services provided nationally to all states and territories through the Victims of Crime Act (VOCA) also played a role in fueling this dichotomy, by prohibiting funding being used to serve incarcerated survivors. Though this prohibition was removed through a comprehensive rule change released by the Office for Victims of Crime in 2016, stereotypes and other barriers within funding practices and designation of service providers remain.

This framework, and the often heteronormative assumptions about violence that went with it, has made it difficult to see incarcerated survivors as victims of crime. The movement is making progress, but slowly. The passage of PREA (along with many other significant changes in policy, advocacy, and research) highlighted just how huge the service gap is for this population, and the VOCA rule change in 2016 allowed funds to be used to support certain types of programs for incarcerated survivors. It is becoming less tenable to hold on to the old perpetrator/victim dichotomy. This tool kit is an attempt to further close that service gap and accelerate that progress.

There are reasonable concerns about

starting this work: First, the correctional world can be confusing and complicated to work with. Many rape crisis center staff might be survivors of interpersonal violence themselves and be quite rightly concerned about the prospect of working with people they consider to be perpetrators. There are ways to address those kinds of safety concerns that don't involve putting staff in danger. Second, there are resource concerns, but there are more resources available now since the VOCA rule change in 2017, and some of the recommendations in this document are a fairly light lift.

Third, many formerly incarcerated survivors face barriers that are not specific to just sexual violence or just violence in prison. People coming home from prison and jail have often experienced various forms of violence, neglect, and trauma at rates that exceed the general population.<sup>2</sup> These challenges will often require support from multiple agencies and put pressure on rape crisis centers to form partnerships with service providers with which they have not previously worked. Still, the rate of sexual trauma in the incarcerated population is incredibly high, and few other types of agencies will be as well placed to help reentering clients address sexual trauma as rape crisis centers are.

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<sup>2</sup> Gergő Baranyi, Megan Cassidy, Seena Fazel, Stefan Priebe, and Adrian P Mundt, "Prevalence of Post-traumatic Stress Disorder in Prisoners," *Epidemiol Rev.* 40, 1 (June 2018): 134–145, published online March 2018, available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5982805/>.

# Returning and Healing (RAH) Project

Funded by the National Resource Center for Reaching Victims (NRC)<sup>3</sup>, the project is a collaboration between the Boston Mayor's Office of Returning Citizens (ORC), which is Boston's municipal reentry agency, and the Boston Area Rape Crisis Center (BARCC), specifically its Incarcerated Survivor Support program (ISSP). This project funded the creation of this tool kit to prepare rape crisis centers to work with formerly incarcerated survivors, and a training curricula for reentry agencies to help inform their staff on sexual violence.

## *Genesis of the project*

When PREA was passed in 2003, it highlighted a population facing high rates of sexual violence and who had little support from traditional victim services. Over the past 16 years, a

*Rules prohibiting rape crisis centers from receiving funding under the Victims of Crime Act (VOCA) for work with incarcerated people were relaxed in 2016.*

number of agencies have started to mobilize to provide services for survivors in detention. Part of that movement happened because PREA mandated correctional agencies create partnerships with victim services agencies,<sup>4</sup> but also because funding and resources became more available to ensure it was sustainable. Rules prohibiting rape crisis centers from receiving funding under VOCA for work with incarcerated people were relaxed

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<sup>3</sup> A project of the Vera Institute for Justice

<sup>4</sup> While PREA has certainly made some progress, especially in ensuring that prisoners have access to support agencies outside of the correctional world, a number of prison-advocacy agencies and government watchdogs have criticized PREA implementation for moving too slowly, lacking any substantial enforcement mechanism, and being co-opted by the correctional system as a method for punishing prisoners (especially LGBTQ/T prisoners) for consensual relationships. While PREA is a useful tool for ensuring some amount of access to services for incarcerated survivors, it has not yet proven capable of substantially reducing the rate of sexual trauma this population experiences. See Lena Palacios, "The Prison Rape Elimination Act and the Limits of Liberal Reform," *Gender Policy Report*, February 17, 2017, <https://genderpolicyreport.umn.edu/the-prison-rape-elimination-act-and-the-limits-of-liberal-reform/>, and Derek Gilna, "Five Years after Implementation, PREA Standards Remain Inadequate," *Prison Legal News*, November 8, 2017, <https://www.prisonlegalnews.org/news/2017/nov/8/five-years-after-implementation-prea-standards-remain-inadequate/>.

in 2016.<sup>5</sup> While there are still concerns about how many incarcerated survivors have realistic access to rape crisis centers while inside the walls, the trends look promising.

That trend stalls when prisoners start to head home, though. Returning survivors are substantially underserved by rape crisis services. Over the course of three years of working with incarcerated survivors, ISSP started to see people with whom we'd formed relationships and provided services heading home. As they looked at their reentry plans, some of the returning survivors told us they didn't have any realistic options for services on the outside. This was a population that was not getting referrals to rape crisis centers from the inside and didn't know how to connect with them on the outside.

While many returning survivors in our service area did not know about BARCC, some of them were connected to one of several reentry agencies around Boston. These agencies serve as primary points of contact for returning citizens and help organize and facilitate their access to service providers. This is where the partnership with ORC comes in—although Boston has several agencies that work in the reentry space, we had no municipal office dedicated to it

until ORC was created in 2017. ORC's leadership wasted no time in building community connections and word-of-mouth referrals, to the point where ORC is broadly recognized by the population it aims to serve.

BARCC and ORC started communicating early in ORC's existence to find ways to partner with each other. Ultimately, the goal is to create a durable, long-lasting partnership through which ORC helps connect returning citizens with sexual violence in their history to BARCC, and BARCC provides the service and support so many reentering survivors have not historically received.

*Listening sessions were held with formerly incarcerated clients and allies. During these sessions, topics like anxiety and stigma became the main focus.*

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<sup>5</sup> Joye Frost and Bea Hanson, "New VOCA Assistance Rule Means More Services, More Funds for Victims," Department of Justice, December 31, 2016, <https://www.justice.gov/archives/opa/blog/new-voca-assistance-rule-means-more-services-more-funds-victims>.

## *The project work*

The work of the RAH project focused primarily on creating a relationship between ORC and BARCC and convening listening sessions of formerly incarcerated consultants. Throughout 2019, BARCC and ORC convened four listening sessions with formerly incarcerated clients and allies who had worked with ORC: three women and five men. These consultants were recruited and selected by ORC. Each of the listening sessions also involved ORC and BARCC staff. The listening sessions were roughly 90 minutes, although two of them ran closer to two hours. At the beginning of each of the second through

*The end result of the listening sessions was to create this tool kit to prepare rape crisis centers to work effectively with formerly incarcerated clients.*

fourth listening sessions, BARCC staff summarized the previous session to ensure we captured the information correctly. Not all of the consultants identified as sexual violence survivors, but all indicated that they witnessed sexual violence, and they were aware of its presence during their time inside.

The first session focused on how returning people selected the service providers (broadly, not specific to sexual violence) with which they would work as they made their reentry plans. This session focused on topics like awareness, trust, and finding resources.

The second and third sessions deepened the conversation about finding service providers, but also turned toward general barriers reentering people face. During these sessions, topics like anxiety and stigma became the main focus. These two sessions were split into one session for the issues that women face, and one for men.<sup>6</sup> Our consultants self-identified into whichever session they wanted to attend, although our experience in this project was that the concerns were more universal than we thought.

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<sup>6</sup> This division was based primarily on the way that the correctional system divides prisoners into male and female. Facilities do not always have similar levels of support for things like reentry across male and female sites, and we wanted to capture any nuance that was important in that difference.

In the final session, we discussed how reentry agencies should ask about sexual violence such that returning citizens don't feel awkward, uncomfortable, or singled out. We discussed several questions about sexual violence as well, to get direct feedback on specific wording. Much of the learning presented in the following sections comes from the feedback provided by the consultants during these listening sessions.

Because we had limited time with the consultants, however, and we recognized that they could only speak to their own experiences, BARCC staff also discussed our findings with other preexisting organizations of formerly incarcerated people for additional context. BARCC's ISSP staff also joined a Vera Center for Justice learning community for agencies and practitioners who work at the intersection of healing, incarceration, and reentry, and had the chance to discuss some of these findings with that group.

We also held a two-session workshop with agencies that provide other types of services for reentering people (not sexual violence support in particular), in conjunction with the Family Matters program run by the Suffolk County Sheriff's Department. In these sessions,

we asked providers operational questions about how they work with returning people. Insight from these sessions helped shape several of the recommendations in Section III, about preparing to work with a returning population.

The end result of all of these sessions was to produce a training for reentry agencies about how to screen for sexual trauma in their clients, and this tool kit to prepare rape crisis centers to work effectively with formerly incarcerated survivors.

### *How to use this tool kit*

The intended audience for this portion of the tool kit is mainstream rape crisis centers that are aiming to better serve survivors who have had experience with the correctional system. This document assumes that readers have a certain understanding of sexual violence and the impacts of sexual trauma.

The report is organized into three major sections:

- 1) **The first section provides foundational information** about incarceration in the United States and why rape crisis centers should be working specifically with formerly incarcerated people based on the prevalence of sexual trauma in the population.
- 2) **The second reports findings** from the Returning and Healing Project and includes implications for a rape crisis center's practice.
- 3) **The third section provides a road map for how a rape crisis center can prepare** to effectively serve returning survivors. It includes broad, structural recommendations to help rape crisis centers build the knowledge and infrastructure to work with these survivors, as well as more granular recommendations for client practice once an agency is ready to welcome them.

### *A note on language*

Throughout this document, we've used the term *survivor* to reference anyone who has experienced sexual violence to honor their resilience. We've also chosen to use the word *prisoner* when specifically referencing people who are currently incarcerated; our experience is that this term is less stigmatizing than *inmate* or *offender*.

Where we use prison or correctional terms, we have defined them in text. We have also used several terms to describe prisoners leaving the correctional system and heading home—returning citizen, reentering person, etc. All of these are interchangeable in this tool kit. A returning or reentering survivor is a prisoner coming home who has also experienced sexual violence, whether that violence took place before they were incarcerated or after.



**Staff don't have a lot of training about this, and they stereotype people a lot. There's a pervasive sense of you're gonna get what you're gonna get. You put yourself in here.**



Formerly incarcerated listening session participant



# Rape Crisis Centers Should Play a Bigger Role in Reentry

Many people living in the United States have experienced incarceration at some point in their lives. A snapshot of the incarcerated population from 2018 finds close to 2.3 million people are held by American correctional institutions—about a third in long-term incarceration (prisons), and the other two-thirds in shorter term (jails) or community-based correctional organizations.<sup>7</sup> That number, while huge, actually undercounts the number of people who experience incarceration in a given year, because incarceration becomes a revolving door for so many people. Over 10 million people are sent to jail every year.<sup>8</sup> Of the people serving

time in prison, nearly half are serving time for a nonviolent offense.<sup>9</sup> Local jails are different—the Prison Policy Initiative estimates that 76% of people held in local jails are awaiting trial.<sup>10</sup> They have not been convicted of any crime.

This incarceration burden does not fall equally across all communities. Black communities are especially impacted. While making up 13% of the U.S. population, black prisoners represent 40% of the incarcerated population.<sup>11</sup> In a 2016 report, the Boston Foundation found that in some neighborhoods of color in Boston, the incarceration rate was so high that nearly one person was

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<sup>7</sup> Prison Policy Initiative, *Mass Incarceration: The Whole Pie 2019*, March 2019, <https://www.prisonpolicy.org/reports/pie2019.html>.

<sup>8</sup> *Ibid.*

<sup>9</sup> *The Chicago Lawyers' Committee's Review of Alternatives for NonViolent Offenders*, page 1, [https://www.prisonpolicy.org/scans/Non-Violent\\_Offenders\\_Memo.pdf](https://www.prisonpolicy.org/scans/Non-Violent_Offenders_Memo.pdf). Additionally, the distinction between “violent” and “nonviolent” offenses is incredibly opaque, much like the presumed dichotomy between perpetrator and victim. Certain offenses can be labeled violent (like felony murder), where a prisoner committed no actual violence against any victim, but was roped into violence perpetrated by another. The distinction between violent and nonviolent offenders is often a proxy fight over what segment of the reentering population is morally worthy of receiving the support to successfully reintegrate into their communities. See also: Jamiles Lartey, “Can We Fix Mass Incarceration Without Including Violent Offenders?” *The Marshall Project*, December 12, 2019, <https://www.themarshallproject.org/2019/12/12/can-we-fix-mass-incarceration-without-including-violent-offenders>. “Booker also added a broader point, that ‘saying ‘violent offenders’ and making these distinctions means that you don't think someone is worthy of redemption.’”

<sup>10</sup> Prison Policy Initiative, *Mass Incarceration: The Whole Pie 2019*.

<sup>11</sup> *Ibid.*

missing from every other home on some streets.<sup>12</sup>

## *Reentry and the role of rape crisis centers*

Reentry is the term used to describe the process of prisoners leaving correctional institutions and returning to their community. The vast majority of people who are incarcerated do come home: 95% of state prisoners will leave incarceration at some point, and some 9 million prisoners leave local jails each year.<sup>13</sup> Each one of these reentering people needs to find housing, some form of employment or income, and services to assist in readjusting to life outside of the correctional system.

Too often, they also need services to heal from unaddressed trauma stemming from sexual violence, but they rarely access those services. Although these services do not immediately come to mind when most people think about reentry, the truth is that the field of sexual violence prevention and response has a major role to play in reentry.

## **Many people are survivors when they enter the correctional system**

A huge number of people enter the correctional system already having experienced sexual violence. Most women enter prison as survivors of sexual violence or coercion.<sup>14</sup> Numbers for men are more difficult to find, but research indicates that men who enter

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<sup>12</sup> The Boston Foundation, *The Geography of Incarceration*, October 2016, <https://www.bostonindicators.org/-/media/indicators/boston-indicators-reports/report-files/geography-of-incarceration-2016.pdf?la=en>. “Spending for incarceration is out of balance. For example, more was spent incarcerating Codman Square residents (a neighborhood in Boston) in 2013 than was spent on grants for gang prevention for the entire state of Massachusetts.”

<sup>13</sup> “NRRC Facts and Trends,” National Reentry Resource Center, <https://csgjusticecenter.org/nrrc/facts-and-trends/>.

<sup>14</sup> Hilary Johnston, “War on Victims: The Sexual Abuse Histories of Incarcerated Women” (undergraduate thesis, University of Colorado Boulder, 2015), table 3, [https://scholar.colorado.edu/concern/undergraduate\\_honors\\_theses/736665263](https://scholar.colorado.edu/concern/undergraduate_honors_theses/736665263). This study estimated that 70% of female prisoners had experienced sexual violence prior to incarceration. Like any study of the prevalence of sexual violence, this number could be substantially higher, due to concerns about reporting to law enforcement officials or reticence to talk with researchers. Additionally, researchers at Georgetown Law and *Ms. Magazine* found in their report *The Sexual Abuse to Prison Pipeline: The Girls’ Story* (available at <https://www.law.georgetown.edu/poverty-inequality-center/wp-content/uploads/sites/14/2019/02/The-Sexual-Abuse-To-Prison-Pipeline-The-Girls%E2%80%99-Story.pdf>) that the entry point into the correctional system for many girls in particular is sexual violence. Girls trying to get away from sexual abuse are often arrested under paternalistic laws that prohibit running away from home or truancy from school, and force them into the foster care or family protection system. Once in these systems, the likelihood that they will spend at least some time in the correctional system increases substantially. These young survivors are then at higher risk for further violence due to both being prisoners and survivors.

the system also have significant histories of trauma.<sup>15</sup>

FORGE, a national transgender anti-violence organization, estimates that 50% of transgender people have experienced sexual violence at some point in their lives, which suggests that transgender people who are incarcerated have high rates of prior victimization.<sup>16</sup>

### **Many people experience sexual violence while incarcerated**

Further, while incarcerated, a huge number of people experience sexual violence. A Bureau of Justice Statistics report found that about 4% of

people incarcerated in prisons and 3.2% incarcerated in jails reported experiencing sexual violence over the course of 12 months.<sup>17</sup> This might also not reflect the true scale of the problem; there are a host of reasons why prisoners don't make reports to correctional officials or want to talk to researchers.<sup>18</sup> The number of prisoners assaulted could be as high as 200,000 people each year.<sup>19</sup> Depending on the survey and research used, prison sexual violence could account for between one third and one half of all sexual violence in the country.<sup>20</sup> The risk of assault for people who are incarcerated is between three and four times higher than the risk for a member of the general population.

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<sup>15</sup> National Institute of Justice Research Preview, "Early Childhood Victimization Among Incarcerated Adult Male Felons," April 1998, <https://www.ncjrs.gov/pdffiles/fs000204.pdf>.

<sup>16</sup> FORGE, *Transgender Rates of Violence: Victim Service Providers' Fact Sheet #6* (Milwaukee, Wisconsin: FORGE, 2012).

<sup>17</sup> Allen J. Beck, Marcus Berzofsky, Rachel Caspar, and Christopher Krebs, *Sexual Victimization in Prisons and Jails Reported by Inmates, 2011–12*, Bureau of Justice Statistics, May 2013, <https://www.bjs.gov/content/pub/pdf/svpjri1112.pdf>.

<sup>18</sup> Allen J. Beck and Candace Johnson, *Sexual Victimization Reported by Former State Prisoners, 2008*, Bureau of Justice Statistics, May 2012, [www.bjs.gov/content/pub/pdf/svrfsp08.pdf](http://www.bjs.gov/content/pub/pdf/svrfsp08.pdf). This study found 1 in 10 former prisoners had experienced sexual violence at least once during their most recent period of incarceration, a rate more than twice as high as reported in the *Sexual Victimization in Prisons and Jails* report.

<sup>19</sup> Just Detention International, *The Basics About Sexual Abuse in US Detention* (Los Angeles, California: Just Detention International, August 2013), <https://justdetention.org/wp-content/uploads/2015/10/FS-The-Basics-About-Sexual-Abuse-in-U.S.-Detention.pdf>.

<sup>20</sup> The 2015 *Uniform Crime Report* (UCR), available at <https://ucr.fbi.gov/crime-in-the-u.s/2015/crime-in-the-u.s.-2015/offenses-known-to-law-enforcement/rape>, found roughly 90,000 rapes that were reported to police in 2015; however, many advocacy agencies argue that rape is substantially underreported. The *Criminal Victimization 2015* report, available at <https://www.bjs.gov/index.cfm?ty=pbdetail&iid=5804>, which measures the total number of sexual assaults and rapes whether they were reported to law enforcement or not, estimated there were 431,840 incidents of sexual assault in 2015.

The numbers look even more dire for transgender prisoners—more than one in three trans prisoners said they’d experienced sexual violence in the past year.<sup>21</sup>

### **Most people return home having never received any help for sexual trauma**

Incarcerated survivors often lack the support, counseling, and community needed to heal. Prisons have inadequate mental health services, they are not designed to support healing, and they don’t often have the resources to treat sexual violence and post-traumatic stress disorder comprehensively.<sup>22</sup> Additionally, regaining agency and control can be central to healing from sexual violence, and incarceration, where prisoners have limited authority over any day-to-day decisions, is a poor environment for that process. A common thought expressed by the consultants, and other formerly incarcerated people we spoke to, was “prison is a bad place for therapy.” Most survivors have no realistic healing options while incarcerated.

Furthermore, in addition to lack of access to services, the dehumanizing and otherwise unsettling environments of many incarceration settings, conditions which have been repeatedly challenged in lawsuits, can in themselves cause and exacerbate trauma. (This is explored in more detail in Finding 1).

On the outside, people continue to face barriers to healing. A number of major reports have echoed the importance of having trauma-supportive services for people reentering their communities,<sup>23</sup> but many reentry agencies are small and do not have the capacity to focus on those needs. For those that do, they may not have staff with sexual trauma expertise. Rape crisis centers and other sexual violence prevention agencies are well poised to understand and meet the needs of survivors who are coming home from incarceration. Rape crisis centers have the knowledge and expertise to address sexual trauma, offer services at low or no cost, and are located in cities and communities where many people return.

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<sup>21</sup> Allen J. Beck, Marcus Berzofsky, Rachel Caspar, and Christopher Krebs, *Sexual Victimization in Prisons and Jails Reported by Inmates*, 2011–12, Bureau of Justice Statistics, May 2013, Supplemental Tables: Prevalence of Sexual Victimization Among Transgender Adult Inmates, <https://www.bjs.gov/content/pub/pdf/svpjri1112.pdf>. These tables in the report show that transgender prisoners reported sexual assault at rates 10 times higher than the incarcerated population as a whole.

<sup>22</sup> Just Detention International, *The Basics About Sexual Abuse in US Detention* (Los Angeles, California: Just Detention International, August 2013), <https://justdetention.org/wp-content/uploads/2015/10/FS-The-Basics-About-Sexual-Abuse-in-U.S.-Detention.pdf>.

<sup>23</sup> Re-Entry Policy Council, *Report of the Re-Entry Policy Council*, March 2013, <https://csgjusticecenter.org/wp-content/uploads/2013/03/Report-of-the-Reentry-Council.pdf>, 168–69.



**If this gets out  
[being a survivor of  
sexual assault], I'll  
be ridiculed. If the  
general staff finds out,  
I'm gonna get singled  
out for bad treatment.**



Formerly incarcerated listening session participant



them as they navigate the health-care, criminal legal, social service, and school systems.

BARCC assists thousands of sexual violence survivors and their families, friends and communities each year, regardless of sex, gender identity, race, physical/developmental disabilities, income, ethnicity, class, religion, or sexual orientation.

We take the knowledge we learn from survivors and from current research out into the community. We work with a wide range of schools, campuses, community groups, institutions, and organizations. These include middle and high schools, colleges, police, health-care providers, businesses, and prisons and jails.

Through our Incarcerated Survivor Support program (ISSP)<sup>34</sup>, we provide emotional support and resources to survivors of sexual violence who are incarcerated in Massachusetts to help them heal from assault and reduce the trauma of incarceration.

We also train correctional institutions on how to effectively reduce and prevent sexual violence and how to work with traumatized survivors so that they can heal.

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<sup>34</sup> In 2003, Congress unanimously passed the Prison Rape Elimination Act (PREA), sending a message that sexual violence should never be part of the penalty for a criminal conviction. The U.S. Department of Justice (DOJ) released its final regulations for PREA in 2012 after nine years of working on them. Throughout 2014 and 2015, correctional institutions in Massachusetts began to put together programs that would ensure they were able to meet the DOJ's new rules. Governor Charlie Baker made it clear that Massachusetts would be in compliance with PREA by August 2016. BARCC started its PREA program in 2014, working with the Massachusetts Department of Correction, the Suffolk County Sheriff's Department, and the Norfolk County Sheriff's Office. Since 2014, the ISSP team has grown, as have our services; the program changed its name in 2018 to the Incarcerated Survivor Support program.

maladaptive outside the correctional context.

- **Reentry is major trigger for anxiety.** This section details how incarceration is an institutionalizing experience; it conditions prisoners to adapt to life inside. Reentry is a major life change for a prisoner, and that uncertainty and change often increases anxiety.
- **Reentering survivors often don't seek help for the trauma they've experienced.** Many formerly incarcerated survivors may not

identify themselves as survivors, or victims, or as people dealing with sexual trauma. Much of the outside world has never viewed them that way. Despite dealing with a substantial amount of trauma, many do not seek services because they have no connection to the rape crisis center world and no idea that it is available to them (or they are afraid of being stigmatized and turned away).

## Finding 1

# Powerlessness and loss of control are defining characteristics of both incarceration and sexual violence

The definition of sexual violence that BARCC often uses is “any sexual activity done to someone without consent.” This can include physical acts, such as groping or rape, and it can include verbal or cyber acts, like harassment and stalking. Across all those experiences, the key unifying traits are that these activities that involve the body and/or sex, and that they are not consensual. For many survivors, their experience of these acts leaves them feeling powerless.

That same feeling of powerlessness is also one of the most common experiences in prison. One of the most basic components of being in prison or jail is no longer having freedom of movement. Correctional staff control where prisoners can go within a facility; where they can sit and stand; who they can touch (virtually no one); who can touch them (virtually all correctional staff, who conduct all manner of physical searches, especially for security concerns); when to

eat, sleep, shower, and use the bathroom; and when they can see family members and friends. As a result, virtually all people who are incarcerated have experienced unwanted contact during their time inside, as well as other people controlling their body. For many, this means that the correctional system is highly triggering and often compounds previous trauma.

*Virtually all prisoners have experienced unwanted contact during their time inside as well as other people controlling their body.*

Finally, this experience of powerlessness and loss of control is deeply dehumanizing for many people who are incarcerated. Facilities often refer to prisoners by their last name or by their inmate commit number (an identifying serial number). Staff are not allowed

to form friendly relationships with the prisoners under their custody—it can be a safety risk and often violates professional codes of conduct for correctional staff. That professionalism can be experienced by prisoners, however, as aloof and dehumanizing.

### **Example: *Evidence Collection Kits***

For survivors who are incarcerated and need to get an evidence collection kit done, every step in **the exam process is characterized by a lack of autonomy, power, and control.**

First, PREA mandates that all correctional staff be mandated reporters of sexual abuse.<sup>24</sup> A prisoner who wants to have a kit done is also disclosing an assault, de facto; **they have no choice in whether the staff will make a PREA report.**

Second, if a prisoner needs to leave the facility<sup>25</sup> for an exam, they need to be searched. A prisoner may need to ride in a special prison van for several hours, usually in restraints, to

get to the hospital where an examination will happen.

When they arrive, many **prisoners will be shackled to their examination bed, with an officer feet away** from them to ensure safety. The officer may write down everything the prisoner says to the nurse or advocate, for the purpose of following up on the PREA report. Most survivors do not speak freely as a result of this.

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<sup>24</sup> This is the terminology PREA uses for physical sexual assault.

<sup>25</sup> A number of states (including Massachusetts, where BARCC has the most experience) transport prisoners to a local hospital for evidence collection kits. Several states also bring SANEs into a facility to perform the examination on prison or jail grounds.

## Implications of this finding for rape crisis centers

### Many reentering survivors have complex trauma histories that are not always recognized

Previous trauma they experienced before their time in the correctional system is compounded by experiences they had inside and by the inability to realistically address either while incarcerated. Survivors may have been through multiple assaults at various times in their lives. Some will have experienced incarceration because their attempts as children or teenagers to avoid violence were criminalized.

*Rape crisis centers need to take a long-term approach when working with survivors who were formerly incarcerated. Being incarcerated is an omnipresent experience that is extremely triggering.*

For some of these survivors, they may not recognize that what happened to them was sexual violence because they may never have had non-abusive relationships. Many formerly incarcerated survivors are trying to work through complicated, overlapping traumas and have never gotten support for them—rape crisis centers need to take a patient and long-term approach to working with survivors who are trying to untangle abuse that could quite long-standing.

### Being re-traumatized is a common and painful experience while incarcerated

Especially for survivors who experienced sexual violence before they entered the correctional system, the feeling of being powerless, of not having control over their environment or body, is an omnipresent experience that is extremely triggering. The consultants told us about feeling constantly on edge, hypervigilant, and stressed. Everyday experiences in prison and jail can trigger a survivor, and more difficult situations like physical searches can be the locus for significant anxiety. If a survivor's response to being triggered violates an order or safety guidelines in the facility, they risk being punished or subjected to further violence for breaking the rules.<sup>26</sup>

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<sup>26</sup> For example, if a prisoner is triggered during a search and refuses to let an officer finish searching them, they may be given a disciplinary ticket (a “d-report”) and sent to administrative segregation (solitary confinement). Most prisoners loathe segregation, and it’s a serious punishment.

These survivors learn to hide the fact that they have been triggered, or their behavior is mistaken as aggression or rule breaking.

### **No privacy**

There is no secrecy or privacy in prison. Confidentiality for anything is extremely limited. Even things that are supposed to be private—like calls to an attorney—usually happen in the middle of a housing unit, where other prisoners or staff could potentially overhear. This has a number of effects—prisoners are less likely to trust mechanisms designed to keep them safe, like PREA, because they don't believe their disclosures will be kept secret.

Second, and more important for long-term healing, is that many prisoners have never had the chance to talk to anyone about the sexual violence they have experienced. They rarely have the ability to connect with anyone in a confidential way, and they learn not to talk about things that could make them vulnerable. It can be difficult to encourage them to talk about their experiences without building up a lot of trust first.

## Finding 2

# Survivors use whatever coping techniques they can to survive prison

Prisons and jails are highly controlled, dehumanizing, and sometimes dangerous places. The consultants, particularly our male consultants, spoke repeatedly about how essential it was not to be seen as vulnerable on the inside. Being seen as vulnerable was as good as guaranteeing that a prisoner would be harmed. In this way, the prison system conditions prisoners to discard or disguise any shred of potential vulnerability they might have.

In a context of constant potential danger, prisoners learn what tools are effective for day-to-day survival—and if they don't, they are harmed (and sometimes killed). These coping techniques include protective pairings (see below), trying to excise any expression of emotion, joining gangs, and more. It means that most prisoners develop incredibly sharp perceptions about the kinds of actions that precipitate violence and learn how to respond to them.

Many of these strategies are not well adapted for life on the outside, though. Many prisoners struggle to shake off the conditioning they built up on the inside when they come back home. Behaviors that forewarned of danger inside prison and that needed to be met with violence or other extreme responses no longer have those same connotations on the outside. Techniques that used to keep prisoners safe on the inside can get returning citizens into trouble at home.

*The prison system conditions prisoners to discard or disguise any shred of potential vulnerability they might have. To survive, it is essential to not be seen as vulnerable.*

## Example: *Masculinity and the role of "respect"*<sup>27</sup>

For many incarcerated people, the only way to guarantee safety (physical or emotional) is to ensure that they are respected among their peers. **Respect is generally earned by displaying strength and showing no emotion.**

We consistently heard from our consultants that without either earning respect or finding the protection of someone who already has it, a new prisoner would be in a very vulnerable position.

Once respect is earned, it also has to be maintained, and if a prisoner doesn't respond to any signs of disrespect, he can be putting a target on his back.

**Disrespect can take many forms:** stepping in front of others at meal times, bumping someone's

shoulder in the hallway, or making eye contact for too long. Many of these seem trivial outside prison, but inside the correctional culture these actions are viewed challenges to someone's respect.

Prisoners learn how to enforce respect often by adopting hypermasculine traits like increased aggression, homophobia, and meeting disrespect with violence or social force. **Some adopt hypermasculine postures to stave off claims they are gay, because being seen as lesbian, gay, bisexual, queer, and/or transgender (LGBQ/T) can subject a prisoner to more violence.**

A prisoner who doesn't or can't do that is fair game for harassment or abuse. Essentially, if a prisoner can't defend himself in prison, he was responsible for what happened to him.

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<sup>27</sup> We heard the most about this concept of respect from our male consultants, and the specifics of how respect is discussed here is based mostly on their statements. Respect is still crucial in women's facilities, but violence in women's prisons has a different character (including less violent sexual abuse and more sexual coercion).

## Implications of this finding for rape crisis centers

### Aggression is normalized

Violence and aggression are regular features of prison and jail, particularly for men's facilities. These are hostile places, and people learn quickly to form alliances or learn to keep their heads down in order to do their time. Violence is often used inside to maintain social hierarchy and pecking orders—prisoners who don't know about those rules, or don't want to follow them, will be targeted.

Sometimes staff will be able to prevent fights or targeted attacks, but they are sometimes the initiators of violence. What this can mean long-term for many survivors, though, is that they stop identifying the violence they experience as unusual or abnormal—it's become a part of day-to-day life for them. They may have a hard time recognizing that they've been affected by violence.

### Survivors build coping techniques that work in prison

In order to survive prison or jail, prisoners find coping strategies that are incarceration-specific. Very few prisoners will be able to use safety techniques that a rape crisis center might encourage on the outside.<sup>28</sup> Prisoners use many strategies; some will enter “protective

pairings,” where they agree to have sex with another prisoner for protection from violence, extortion, or other forms of coercion; some will agree to have sex with staff for increased privileges or other resources.

Some prisoners decide that becoming aggressive and scaring other prisoners or staff is what will help keep them safe. Some of these techniques are maladaptive for life outside facilities but can be very hard to break because of how deeply ingrained they become.

### Unfamiliar people or situations are warning signs

Privacy is incredibly scarce in prison. Most incarcerated people learn quickly that if they want to keep information private, they likely can't share it with other prisoners and also not with staff, because that information can be used against them. This creates a strong

*Formerly incarcerated survivors may have a hard time recognizing that they've been affected by violence.*

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<sup>28</sup> For non-incarcerated survivors, this might include techniques like going for a walk in a place the survivor feels safe, making a favorite dinner or meal, or talking with trusted friends and family.

culture of distrust—when prisoners can't share information they might need to share in order to receive services or support, it damages the possibility of creating supportive relationships. Over time, people learn the patterns and habits of their facility, and that can provide space for limited trust to develop between individual prisoners, or between prisoners and specific staff members, but anything that changes the status quo once a prisoner has become accustomed to it can be incredibly threatening. That unknown can be a new prisoner or staff member who no one in the facility knows; it can be a change in the routine of the

facility that no one expected; or it can be other changes that upend the social hierarchy of the facility. Because of how dangerous unpredictability can be in a prison or jail, most prisoners learn not to trust people or groups they don't know personally or know through a trusted word-of-mouth connection. Prisoners also have many reasons not to trust entities they don't know because of the dehumanization they've experienced at the hands of the legal system broadly.

## Finding 3

### Reentry causes a huge amount of anxiety

Incarceration conditions prisoners to prison life. People learn the rhythms of their facilities, the survival skills necessary to function, how to talk to other prisoners, and how to stay on the staff's good side. Prisoners also get used to being told where to go at what time of the day, when to eat, go to class, go to work, and go to bed. Although prison is violent and often terrifying, over time, it also becomes familiar. For prisoners who have served long sentences of 10 or 20 years, prison may be the home that they have lived in for the longest period of time.

When people prepare to reenter their community, though, all of the tasks of day-to-day living they learned inside need to be replaced with an entirely new, and often very alien, set of life skills. This is daunting for many prisoners. This transition is characterized by a huge amount of anxiety: about the lack of stability that being on the outside poses; the lack of job skills; fear about housing; fear about facing shame and stigma from

the outside world; fear about technology or understanding modern life effectively; fear of not having a community or friends easily accessible. Reentry is such an anxiety-provoking experience that one of the major institutional risk factors for suicide in a facility, especially for longer serving prisoners, is getting close to a release date.

*Those returning home from incarceration find reentry into their community daunting. This transition is characterized by a huge amount of anxiety.*

## Example: *Technology*

One of the major areas of fear and anxiety we heard about was technology.

For prisoners who have been incarcerated for even a few years, **the pace of technological change is so fast that they may come home to find out that they don't know how to use a computer or a phone anymore.**

They may not know how to use resources like a GPS device, how

to schedule appointments on a digital calendar, or how to send e-mails or attachments.

**Part of the anxiety of coming home for some prisoners is realizing that their communities, friends, and families all have new ways of communicating and interacting with each other,** and the returning people don't know how to engage with any of them in the same ways.

## Implications of this finding for rape crisis centers

### Institutionalization

Any form of incarceration will include a huge element of structure, and that structure is gone the moment a prisoner leaves. As described in the last section, all of this structure (whether formal facility protocols or the social hierarchy of the prisoners) is enforced with strict rules and sometimes violence. Prisoners become institutionalized over time—they adapt mentally and emotionally to life inside. As a result, the process of reentering is marked by constant and

often disorienting change. Day-to-day life skills that rape crisis centers assume many clients possess may be new and real challenges for reentering people, including some basic ones, like crossing the street. For prisoners who have learned quite rightly to fear spaces with lots of people in them where they don't know everyone in the room, and where having no escape options can mean the difference between being safe or going to the hospital with knife wounds, asking a survivor to take the subway or a bus to get to an office or appointment can trigger a panic attack. This can be intensely isolating and alienating.

## Dealing with trauma gets put on the back burner

Many returning citizens don't have support networks that can ensure they have adequate housing, employment, or safety when they return home. For survivors in this situation, much of their focus when going through the reentry process is finding a place to live or a program to enter, and then getting enough money to afford to stay there.

Addressing unresolved sexual trauma is not usually high on the list of priorities for returning citizens, because of how immediate the needs are for shelter and employment. As a result, many returning survivors are dealing with unresolved trauma throughout the already emotionally disorienting reentry process. Unpacking sexual trauma with this population can be a significant task<sup>29</sup> because so much of the rest of their life during reentry is unstable.

## Societal stigma is a huge barrier, as is the fear of it

Reentering people face a huge amount of stigma from employers, housing providers, community members, and oftentimes service providers for being “ex-cons” or “offenders.” This increases

*Unpacking sexual trauma with formerly incarcerated people can be a significant task due to the instability caused by the reentry process.*

anxiety and makes it hard to seek services or trust agencies to which the returning citizen doesn't already have a connection, or a strong word-of-mouth referral.

Ideally, the consultants told us, they would engage the services of agencies with which they already had a connection before they left their facilities—agencies that sent volunteers into the prisons or jails to start building relationships ahead of time, or the association organizations, like Alcoholics Anonymous or Narcotics Anonymous, that had a lot of in-facility support and strong networks of word-of-mouth support.

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<sup>29</sup> Erin Cournoyer Allain, policy specialist at the Crime and Justice Institute, has been working on her dissertation “Finding the Path to Reentry Together: Staff and Resident Perspectives at a Women's Half-way House” with reentering women living in Community Resources for Justice's McGrath House facility in Boston for several years. Although her dissertation is not published yet, one of the important trends she found was that the women who came to McGrath and then transferred home to the community had a set of common priorities: stable housing, a job, and family unification (if they were parents) were consistently at the top of the list. Dealing with their own trauma (sexual or otherwise) was oftentimes last on that list, if it was on the list at all.

*Rape crises centers need to connect with community organizations that already have the trust of formerly incarcerated people. Strong word-of-mouth support decreases anxiety and builds trust.*

Going to a service provider without knowing them directly or having the recommendation of another reentering person who vouched for them, means risking rejection, discrimination, and shame.

Rape crisis centers will need to connect with other community organizations that already have the trust of this population in order to get clients to trust them.

## Finding 4

### The reentering population doesn't seek services from rape crisis centers

Although the reentering population experiences high rates of sexual violence, reentering survivors may not seek out rape crisis center support.

Specific statistics are difficult to find here, but the information we gathered from the consultants and the anecdotal evidence from a number of other providers indicated that many returning citizens don't seek help for sexual trauma.

The most foundational cause for this reality we discussed in the introduction: most of this population has never been viewed as victims or survivors by any system with which they were involved—before, during, or after their incarceration.<sup>30</sup> Because the rape crisis field broadly has not engaged in the crucial outreach necessary to ensure that this population was aware that services

are available in the first place, returning citizens often don't have relationships with rape crisis centers or their staff. Many returning survivors don't look for rape crisis centers because of how difficult it is to trust unknown entities and because of the fear of facing further

*The rape crisis field has not engaged in the crucial outreach necessary to ensure that formerly incarcerated people are aware of the services available.*

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<sup>30</sup> Sometimes with the exception of the child welfare system—but where these systems sometimes do view the justice-involved youth population as victims may ultimately be harmful and involve adverse childhood experiences, the impact of which often remains unaddressed. See also: Malika Saada Saar, Rebecca Epstein, Lindsay Rosenthal, and Yasmin Vafa, *The Sexual Abuse to Prison Pipeline: The Girls' Story*, *Ms. Magazine and Georgetown Law School*, 28, <https://www.law.georgetown.edu/poverty-in-equality-center/wp-content/uploads/sites/14/2019/02/The-Sexual-Abuse-To-Prison-Pipeline-The-Girls%E2%80%99-Story.pdf>.

rejection or stigma. And that's if they even recognize their experience in the framework of sexual violence (see finding 2). For many formerly incarcerated men in particular, they may see many forms of sexual victimization as choices they had to make to survive. They may not respond to traditional victim services or clinical language around victimology and are less likely to relate to terms like "survivor" or "victim."

For example, some prisoners may claim that they wanted a romantic relationship

with a staff member or that they agreed to have sex with another prisoner in order to pay off a debt. While an advocate might recognize the coercive nature of these acts, many formerly incarcerated survivors will see them not as consensual, specifically, but as the strategies they actively chose to survive and not as sexual violence. They may also connect the trauma responses they experience in the wake of sexual violence to just being incarcerated, instead of to being a survivor.

### **Example: Association programs**

One of the interesting notes from the consultants was about **what types of service providers they trusted to help them during their reentry process** and would go to for help.

An answer we received repeatedly were the "association programs," the **two biggest examples of which are Alcoholics Anonymous and Narcotics Anonymous.**

The consultants said that these types of groups were really valuable for people who could

use them because they started building relationships with prisoners before they started to come home.

That **relationship-building component was so important** that the consultants mentioned using the connections they had from the association programs to ask for help dealing with challenges that had nothing to do with what AA or NA traditionally does, like getting rides to work or a place to crash.

## Implications of this finding for rape crisis centers

### **There is no culture of getting services from rape crisis centers**

Word-of-mouth referrals from other formerly incarcerated clients are probably the most important way that agencies extend their reach with the reentering population. Because much of the rape crisis field hasn't started working with incarcerated or formerly incarcerated survivors, this word of mouth referral system doesn't exist.

Most rape crisis centers aren't trusted entities in communities hit hard by incarceration, simply because those community relationships have not been established. Without specific outreach to find this population of survivors, rape crisis centers are much less likely to find them seeking services organically.

### **Sexual violence goes unaddressed and affects reentry**

If they are not able to find support for their experiences of trauma or are never told that their experiences are abnormal in the first place, many reentering survivors never actually receive any focused sexual violence support. The correctional system is not set up to provide that form of therapeutic response to trauma, even in facilities with

adequate mental and behavioral health staffing.

When these survivors return home amidst the disorientation of reentry, they may experience panic attacks, dissociation, flashbacks, and a wide host of other trauma responses that can make successful reentry particularly difficult and can put them at risk for re-incarceration (for coping techniques like substance use, for example). For a subset of survivors with complex and repeated trauma, without support from a rape crisis center, they are likely to continue cycling into the correctional system.

*For a subset of survivors with complex and repeated trauma, without support from a rape crisis center, they are likely to continue cycling into the correctional system.*

**The onus is on rape crisis centers to find new language to work with this population**

Traditional victim services frameworks, like the victim/perpetrator binary discussed in the introduction, may not reach returning survivors—especially men.

The language of survivor or victim can feel disempowering or foreign to some

reentering citizens. Many of them still need the kind of support that rape crisis centers can offer but may never feel comfortable going to an agency that only communicates its services using a traditional rape crisis center framework. Finding new ways to talk about trauma, victimization, and sexual violence will ease some of those burdens and concerns.



**You speak the truth there [association groups], and it's a safe place for feelings—even for those who didn't grow up having those conversations. Seeing people model that openness is how you learn it.**



Formerly incarcerated listening session participant



# Road Map to Serving Returning Survivors

This section of the tool kit focuses on how rape crisis centers can prepare themselves to effectively work with formerly incarcerated survivors in their service area. It provides a road map of more specific, concrete steps for an agency to take to prepare for working with this population. The recommendations come directly from the implications in the previous section, from BARCC's own experience building

the ISSP, and the experience of the Office of Returning Citizens, our partner agency for the project.

This last piece of the report is broken into three phases that rape crisis centers will want to execute in order, with granular steps and recommendations for each. For each step, we have also provided several resources that can provide more context or direction.

## Summary of recommendations

### Phase 1: *Preparation*

- Build internal capacity to work with incarcerated survivors.
- Learn about the challenges of reentry in your community.
- Conduct outreach to let your community know you can provide services.

### Phase 2: *Serving Clients Successfully*

- Build rapport with formerly incarcerated people.
- Enhance client services.

### Phase 3: *Maintaining a Strong Reputation*

- Build sustainable relationships with a network of providers.

# Phase 1: Preparation

All of the steps in this phase focus on building the infrastructure inside a rape crisis center to work with formerly incarcerated clients. From building protocols necessary to support these survivors to finding out what outreach

the rape crisis center needs to do to find this population, these are all necessary steps to undertake before welcoming reentering survivors through the door.

## 1) Build internal capacity to work with formerly incarcerated survivors

An agency should educate its staff on some of the realities of being institutionalized in an inherently violent system. This serves to foster empathy, which is important for diffusing fear and judgment. Ideally, rape crisis centers should confront their own biases or gaps in knowledge around incarceration before they ever work with a returning survivor. Finding 3 directly discussed the fear of rejection and stigma that formerly incarcerated survivors fear when they connect with new, unproven service providers. These techniques should help ensure that your staff can react to formerly incarcerated people with empathy and compassion, and not fear or judgment.

### *Recommendations for building internal capacity*

#### **Train staff on implicit bias, racism, and stereotypes about prisoners**

Have a dialogue session with staff internally to discuss concerns and fears about working with former prisoners. A good, vetted training on unconscious bias and/or racism and the criminal legal

*Implicit bias, racism, and stereotype training about prisoners is essential.*

*Acknowledge your agency's limitations around working with survivors who may also have perpetrated some level of interpersonal violence in their past.*

system can help bring to light any major concerns the staff have about working with this population.<sup>31</sup>

Staff need to be able to hear that someone was incarcerated without flinching or making obvious body language indicators that they are scared or nervous. Role-playing trainings are valuable. **Preferably, any training would involve an agency that already works with, or is run by, formerly incarcerated people,<sup>32</sup> to go over cultural specifics about incarceration.** A local coalition or organization that works with prisoners

can also be very valuable for helping rape crisis centers understand the experience of prison and jail in your area and the local correctional lingo.

**Create formal, written protocols for working with perpetrators of violence or sexual violence**

Although the majority of reentering survivors aren't perpetrators of sexual violence, some of them may be, and a wider swathe may have committed some form of interpersonal violence.

It is valuable for your staff to be on the same page about what your agency's limitations are in working with survivors who may also have perpetrated some level of interpersonal violence (including sexual violence) in their past, including during their incarceration. This protocol doesn't have to land on any particular policy decision; it's more important that there is a clear, written, formal policy that you can eventually share with other community agencies so that you only get referrals for appropriate clients than that your agency has decided not to have any limitations.

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<sup>31</sup> When working with prisoners and the criminal legal system at large, it's vital to acknowledge and address systemic racism and its impact on individuals and communities. Unconscious bias training is a good start, but a holistic anti-racism training is likely to be more helpful in understanding the oppression that many people who are incarcerated have experienced. Also, a better understanding of racism and racial tensions in the rape crisis center movement will provide more context for the lack of relationship between many (not all) rape crisis centers and communities that have experienced incarceration broadly. See: Gillian Greensite, "History of the Rape Crisis Movement," CALCASA Blog, November 1, 2009, <https://www.calcasa.org/2009/11/history-of-the-rape-crisis-movement/>.

<sup>32</sup> Great resources include Just Detention International, Black & Pink, and the National Council for Incarcerated and Formerly Incarcerated Women and Girls.

Advertising that your agency can support survivors that, in reality, it may not be able to support is a very good way to increase the distrust reentering survivors feel and dash your agency's credibility with the community.

### **Build an agency competence around incarceration**

It may not be necessary or time- or cost-effective to train every staff member to be an expert on the correctional system. But it is valuable for some staff to understand the impact the correctional system can have on survivors' psyches and healing journeys. Learn about the impacts of incarceration, especially from a trauma-informed perspective.

The important piece here for rape crisis centers to keep in mind is that the impacts of incarceration are numerous and often times invisible.

If it's possible to designate a staff member or better, a team member to be the holder of this knowledge, they can then share what they learn over the course of trainings and other professional development opportunities with the rest of the staff. If it is possible, have them tour a local prison or jail to get a sense of what the environment is like inside.

## **Resources**

- New York State PREA video:  
[docc.ny.gov/PREA/PREAINfo.html](https://docc.ny.gov/PREA/PREAINfo.html)
- Just Detention webinars on prison culture:  
[justdetention.org/webinar/#archived](https://justdetention.org/webinar/#archived)
- *Life Inside*, a collaboration between Vice News and the Marshall Project:  
[themarshallproject.org/tag/life-inside-with-vice](https://themarshallproject.org/tag/life-inside-with-vice)

## 2) Learn about the challenges of reentry in your community

Reentry causes substantial emotional and mental stress to people coming home. But it also involves a lot of logistics, including developing a housing plan, getting appropriate government identification, signing up for health insurance if it is available, and following any conditions of post-release supervision.

For rape crisis centers that want to serve this population, they must learn what the reentry landscape looks like inside their service area. This includes understanding which correctional institutions release people to the area, the number released, and whether returning citizens typically make contact with specific organizations during reentry.

As we saw in finding 4, most reentering survivors don't seek out rape crisis centers. In order to serve these survivors, agencies need to know the most promising access points for reaching them as well as how to market their services and what kinds of obstacles are preventing survivors from reaching out for assistance.

### *Recommendations for learning about reentry*

#### **Map the reentry landscape of your community**

Build a reentry map for your service area. Fill in the major correctional and reentry organizations that you can identify. Some suggestions for types of agencies you'll want to put on the map:

- All **correctional agencies** in the area —prisons, jails, youth facilities<sup>33</sup>
- Any **probation or parole offices**, if you have any in your area

*Rape crisis centers that want to serve the formerly incarcerated population must learn the most promising access points in order to reach them.*

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<sup>33</sup> It is also recommended that rape crisis centers look into any major federal facilities that *release* a substantial number of people into the center's service area. Prisoners held by the Federal Bureau of Prison (FBOP) may be incarcerated hundreds of miles away from their home communities and may have had serious obstacles to maintaining family or community support during their incarceration. A federal facility well outside of a center's normal service area may still play a significant role in reentry within that service area. The First Step Act, passed in 2018, was a move in the right direction and requires FBOP to try to house prisoners as close as possible to their home communities, but it recognized that this could mean that prisoners are still housed up to 500 miles away from home. See: "An Overview of the First Step Act," Federal Bureau of Prisons, <https://www.bop.gov/inmates/fsa/overview.jsp>.

- Any **municipal or governmental offices** that serve formerly incarcerated people
- Any **halfway houses, substance use programs** that work with reentering people, or step-down facilities in your area
- Major reentry agencies—these may be hard to find initially (ask the other agencies what referrals they make as they connect people to resources)
- Major faith-based agencies that support formerly incarcerated people

This map can give agencies a great foundation for understanding the reentry process survivors experience in their service area. A good starting point is connecting with the correctional institutions and finding out from their reentry staff where they most commonly send returning people. Parole and probation are also good starting points.

*Rape crisis centers should identify the major challenges reentering survivors face to successful reentry. Then come up with concrete ideas on how to help your clients.*

Ideally, this process will connect rape crisis centers with community organizations staffed by formerly incarcerated people, who can share a much more nuanced understanding of the reentry experience. Once you have identified some of these organizations, hold a listening session with them about the places that were the most challenging as they went through the reentry process.

## Create a barriers list

Rape crisis centers should identify the major challenges reentering survivors face to successful reentry. Conversations with many of the same entities listed above can be helpful here, as can general research or connection with a local or state public health department. The goal is to find out what logistical issues prove to be the most difficult to surmount: In some areas, these barriers might be that transportation across the region is difficult and public transportation is poor. In others, it might be that housing is extremely limited or unaffordable.

Understanding what logistical challenges are preventing survivors from getting what they need to succeed will give rape crisis center concrete ideas for how to help their clients. As we know from finding 1, most reentering survivors are dealing with complex and often unaddressed trauma. Helping them with some concrete resources for finding stability as they reenter can make it more likely that they will be able to make use of your agency's services effectively. Transportation, communication (not having a phone or other method of connecting with providers), housing, and safety are good big-picture categories to start investigating.

## Collateral consequences

According to the U.S. Commission on Civil Rights, "Collateral consequences are sanctions, restrictions, or disqualifications that stem from a person's criminal history."<sup>34</sup> Collateral consequences affect almost every aspect of a formerly incarcerated person's reintegration into their community, from limiting what kinds of housing they can apply for and secure, what kinds of jobs they can hold, how close they can live to public institutions like schools, what kinds of loans or grants they can receive, and whether they can vote. Although rape crisis centers may not have the reach to address many of the collateral consequences that an individual survivor might face during reentry, it is valuable to be mindful that these barriers often interact with, and exacerbate, other barriers that make it difficult for this population to seek services.

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<sup>34</sup> U.S. Commission on Civil Rights, *Collateral Consequences: The Crossroads of Punishment, Redemption, and the Effects on Communities* (Washington, DC: U.S. Commission on Civil Rights, June 2019), 9, <https://www.usccr.gov/pubs/2019/06-13-Collateral-Consequences.pdf>.

## Understand what clients can and can't do on community supervision/parole/probation

This requires forming some kind of relationship with probation or parole, or at least having an awareness of the kinds of limitations those departments impose on reentering citizens. This will help ensure that when rape crisis centers are supporting clients, they aren't making recommendations or scheduling sessions at times or in locations that will get those clients in trouble with their officers. Formerly incarcerated people have many reasons not to trust service providers if they have not previously worked with them—fears about facing negative reactions from staff, agencies not understanding their experience or needs, serious anxiety facing an unknown quantity, and more.

### Resources

- Coming Home Directory, Community Resources for Justice (this is an example of a type of directory or listing system for reentry services): [cominghomedirectory.org/](http://cominghomedirectory.org/)
- Vera Institute of Justice: *Piloting a Tool for Reentry*: [storage.googleapis.com/vera-web-assets/downloads/Publications/piloting-a-tool-for-reentry-a-promising-approach-to-engaging-family-members/legacy\\_downloads/Piloting-aTool-for-Reentry-Updated/pdf](https://storage.googleapis.com/vera-web-assets/downloads/Publications/piloting-a-tool-for-reentry-a-promising-approach-to-engaging-family-members/legacy_downloads/Piloting-aTool-for-Reentry-Updated/pdf)
- National Reentry Resource Center: [csgjusticecenter.org/nrrc](http://csgjusticecenter.org/nrrc)
- The Collateral Consequences Resource Center collects and organizes information about the types of collateral consequences former prisoners face throughout the country, including state-specific laws and policies: [ccresourcecenter.org](http://ccresourcecenter.org)

### 3) Conduct outreach to let your community know you can provide services

We learned in finding 2 that unknown people or organizations can feel dangerous for reentering survivors. A rape crisis center that wishes to reach this population needs to do so by building relationships with other agencies that already have the trust of this population, and getting referrals from those trusted sources. If possible, agencies that provide some sort of assistance “behind the walls” (i.e., when people are still incarcerated) have an even better opportunity to build good relationships. We heard from the consultants that this is how new agencies build up a reputation for themselves as being trustworthy—they are vouched for by other agencies with a longer-standing tradition of working with the formerly incarcerated population.

*Rape crisis centers need to build credibility and trust from the formerly incarcerated population and regularly work with them.*

#### *Recommendations for conducting outreach to the community*

##### **Map out what relationships you need to build to gain credibility with the population**

After learning the reentry landscape, rape crisis centers should have a decent idea of what other agencies have credibility and trust from the formerly incarcerated population and regularly work with them. The next step is to find ways to build relationships with those organizations. Staff need to do outreach or provide materials like brochures and posters to places where formerly incarcerated survivors regularly go or congregate.

Finding 3 indicated that association organizations (Alcoholics Anonymous, Narcotics Anonymous, etc.) were consistently indicated as strong providers. If connecting with one of those organizations locally is a possibility, see if you can find them and leave some brochures.

Having a respected prisoner on the inside who has credibility and is willing

to talk about your agency can drastically increase who is willing to come to you for services. Reputation is valuable, and prisoners who wouldn't otherwise trust a service provider because they don't have a relationship with them might be convinced to start one by another prisoner who has credibility inside the system.

Incarcerated folks often rely heavily on firsthand recommendations from their peers precisely because so many resources are out of date or difficult to access. This requires access to prisons and jails, of course.

### **Create a custom intake pathway for formerly incarcerated survivors**

Many reentering survivors need to rely on allies and friendly organizations to help them plan their reentry process. Small logistical concerns can present big challenge—not having a phone, for example, can make it hard to connect with an agency for a few weeks, and it may take that long to learn how to use a new phone even if they do have one.

Rape crisis centers will want to work with other allied agencies that already have strong relationships with this population to create an intake pathway for potential clients that they can actually use. This should involve some paper forms for survivors who don't have the

*Rape crisis centers must work with allied agencies that already have strong relationships with this population to create an intake pathway for potential clients.*

ability to access the internet or phones. A transportation plan to help get survivors to your agency or a location where they can meet with your staff is also a good idea.

Once you have an intake process that reentering survivors can actually execute, write it down and share it with community partners. Also make it clear if there are rules or regulations that prohibit you from working with some subset of the population, e.g., perpetrators of sexual or interpersonal violence.

If it's possible for that pathway to begin while someone is still incarcerated, that is ideal. Some facilities have reentry staff who host reentry fairs or reentry events on a monthly, quarterly, or other regular

basis. These are usually some form of tabling event, and although it is unlikely that a single tabling will create the type of relationship with the reentering citizens that a rape crisis center might want, showing up to three or four in a row could start to have that impact. It creates familiarity, which is important for building trust.

### **Communicate the agency’s services to community partners, and make sure they are up to date**

Once you have a pathway established, create posters or brochures that explain how it works. Make sure the community

partners you identified above have copies of those materials. Keep a list of the organizations with whom you’ve shared those posters, so that when you update or change them, you have a list of who you need to update. As finding 4 indicated, many reentering survivors don’t always respond well to traditional victim services language—brainstorm other ways to talk about experiencing sexual violence that don’t use terms like “survivor” or “perpetrator.” The resource below can be a strong asset for thinking about alternative methods of messaging sexual violence for these survivors.

## **Resources**

- *Responding to Trauma Among Young Men of Color: Adapting the Crown Heights Approach for Your Community*, by the Center for Court Innovation: [courtinnovation.org/sites/default/files/documents/RespondingToTraumaAmongYoungMenOfColor\\_Revised.pdf](https://courtinnovation.org/sites/default/files/documents/RespondingToTraumaAmongYoungMenOfColor_Revised.pdf)

# Phase 2: Serving Clients Successfully

Once a rape crisis center has gotten all its staff on one page about working with former prisoners, created relationships with trusted reentry organizations, and built a pathway for incarcerated survivors to get to the organization, the next step is serving those clients successfully.

Obviously, any rape crisis center wants to serve all of its clients successfully, but for this population in particular, the word-of-mouth referral network is incredibly important. The better the experience a reentering survivor has with a rape crisis center, the more noticeable the knock-on effect will be for ongoing referrals.

## 1) Build rapport with formerly incarcerated people

As we saw in finding 1, many formerly incarcerated survivors have complex trauma histories that may involve multiple assaults over a long period of time; they have often learned to survive by not disclosing their survivor status or not talking about their experiences. Because of that, even if survivors have come to your agency for assistance, they may be reticent to open up about their experiences or not feel comfortable with that process initially. Staff who work directly with this population may want to think about their time with these survivors in two phases: the first phase is building rapport with the survivor and laying the foundation for a longer relationship. These sessions may not

involve providing traditional services as much as they focus on ensuring that the survivor gets to know the staff member with whom they'll work, that you won't stigmatize them, and that your staff will listen to them. Trust is essential in these relationships, and having the opportunity to spend some initial time building trust makes the second phase (actually providing the support) much more functional.

*Trust is essential in these relationships.*

## *Recommendations for building rapport with formerly incarcerated people*

### **Show genuine compassion first**

As we learned in finding 1, almost everyone who goes through the correctional system experiences dehumanization. One of the first and most important ways to build rapport and trust with a new reentering survivor is to treat them like a human.

Many of these techniques are the same as how most rape crisis centers would treat any survivor or client, but emphasizing them with reentering survivors can help set a tone of respect and empathy. Some techniques to do this:

- Asking reentering survivors what they'd like to be called shows that we intend to treat them like normal people.
- Mirroring the language they use to describe their time inside shows that we are listening to them.
- Sufficiently training staff not to flinch or wince if they find out that a client was formerly incarcerated shows the client that we don't think being incarcerated makes them a bad or scary person.
- Train staff to be able to hear stories about prison sexual violence.
- If it's possible, try not to place a barrier (like a desk) between the staff and the survivor.

*Rape crisis centers should treat this population as they would any survivor or client—like a human deserving compassion and care.*

### **Validation is exceptionally important**

Because the violence many returning survivors have faced in the system is so normalized, they may have a hard time understanding their own reactions to it or even recognizing it as violence.

Letting them know that it's normal to have reactions to violence, even if it's routine, can help shed some light on why they have been feeling or responding the way they have. Especially for survivors who tried to get help inside the correctional system and didn't get the aid they were looking for, sharing with them that the system's response to their experiences doesn't determine what happened to them can be a strong message.

Using clinical language here may not be valuable, though. As we learned in finding 2, especially men might believe that experiencing sexual violence means they were less strong or tough (or maybe

that they were gay, which can often be used as a synonym for weak in prison). Connecting surviving sexual violence with surviving other forms of violence the survivor has mentioned can be a valuable analogy. For better or worse, other forms of violence are not branded in the same way that sexual violence is in prison. Prisoners who survive stabbings, beatings, gunshot wounds, or other violence are generally considered to be more respected than prisoners who haven't been through those, or who survived sexual violence, even though the traumatic effects may be similar.

Letting survivors know that getting through prison in whatever way they needed to make them resilient, and not weak, can help deconstruct assumptions about survivors.

***Validation and transparency are key to building trust with reentering survivors. Honesty, directness, and clear communication reduces ambiguity and anxiety.***

## **Transparency**

The consultants told us many times that being direct and transparent were strong ways to build trust. When working with reentering survivors, tell them exactly what all of your papers, forms, and intake documents are for, where they go, who can see them, and why you need them.

If your agency needs to determine whether a survivor has had experience with the correctional system, be transparent about why that question is relevant to what the organization does. The consultants were clear that they valued honesty and directness. Ambiguity can exacerbate the disorienting nature of reentry. If a client has been referred to your agency, let them know exactly what will happen when/if they come in to see your team. When they arrive, ensure that someone in the agency is able to greet them. Even if they might need to wait for a moment, being able to affirmatively welcome them to your space reduces ambiguity and anxiety. Let them know how long they might have to wait.

If you need to make a referral to another agency for a survivor, call the provider on the phone with the person present to keep them fully in the loop, if that's appropriate for your process and confidentiality rules. If it's not, walk the survivor specifically through what you're going to do to refer them, how you're going to do it, and who they should

connect with at the other agencies that you refer them to.

### **Provide concrete assistance**

We heard from the consultants that showing reentering people that you can provide them with some form of real, tangible assistance early in the relationship is an excellent way to build rapport.

This concrete assistance didn't need to be huge. It could be something to help them get back to your office, in the form of a bus pass, cab voucher, or other transportation support; it could be something that helps them address their essential needs like a grocery store gift card; it can also be a paper with specific referrals written on it. Making sure that the client can see your staff actively assisting them will build trust quickly in the early stages of the relationship.

### **Go behind the wall, if possible**

We learned in findings 3 and 4 how

important trust and relationships are for people returning home. Association programs like NA and AA came up frequently as examples of programs that were able to build that form of trust with reentering people, primarily by meeting with them and building relationships before survivors started the process of coming home.

To the extent it is feasible for a center to form a partnership with the local correctional agencies in their service area that will allow them to spend any time inside the facility interacting with survivors, doing so will allow them to build those kinds of trusting relationships. Any opportunity to create more consistent avenues for interaction between rape crisis center staff and incarcerated survivors will help to reduce stigma, shatter preconceived notions about people who are incarcerated, and build empathy.

## **Resources**

- “My Name is Joe” video from Just Detention International. Although this video focuses on an advocate working with a survivor who is still incarcerated, the importance of validation and empathy for this population comes across very clearly. [justdetention.org/multimedia/my-name-is-joe/](https://justdetention.org/multimedia/my-name-is-joe/)

## 2) Enhance client services

Once staff are able to establish a strong relationship with a returning survivor, this next step focuses on techniques for ensuring strong longer-term service provision for this population. Most service providers have process models for how they execute their services with individual clients.

Clients who have experienced incarceration are still clients, and much of what service providers do with any clients will still be relevant for how they should serve clients with a history in the correctional system. However, we know from finding 3 that reentering survivors are also facing huge anxiety and challenges in daily life that can make keeping regular appointments difficult.

*Use a modified empowerment model and discuss small, concrete options for agency and decision-making. This makes it easier for survivors to process a new reality.*

Adapting your agency's normal process model slightly can make it easier to take some of these realities into consideration.

### *Recommendations for enhancing services with formerly incarcerated people*

#### **Use a modified empowerment model**

Many rape crisis centers operate under some version of an empowerment or survivor-directed model, where the agency helps highlight decision making opportunities for survivors.

For this population, that model is incredibly valuable and important, because of the lack of options and agency they experienced while incarcerated. However, information overload is a very real concern and can spike the high anxiety reentering survivors are already facing. Discussing small, very concrete options for agency and decision making can help make it easier for survivors to process a new reality. Work up to more complex or long-term decisions.

Structure can be very helpful. One tool for helping to provide that structure is using an action plan with reentering survivors. To the extent your agency sees clients more than once, try to schedule multiple sessions at regular intervals and at the same time.

Provide a checklist of tasks for the client to address in between sessions (if they need to take action on specific things). Keep the sessions to a similar length. To the extent possible, sending reminder calls, texts, or e-mails (whatever the client knows how to use and is comfortable using) providing the reentering client with a notice that a session is coming can be very valuable for providing structure.

### **Ask the client what respect means for them**

Many reentering survivors, as we learned from finding 2, are in the process of trying to unlearn maladaptive survival techniques they learned in prison or jail. For some survivors, their instincts are still honed to recognize behaviors that indicate imminent danger inside—but those behaviors no longer mean the same thing on the outside.

Asking reentering clients directly how they would like to interact with your staff during their time with you, and what kinds of behaviors make them feel unsafe, can help mitigate the chance that they get triggered. Some clients will understand this conversation best as a conversation about “respect”—what does respect mean to them, and how can you make sure they feel like your staff is showing them respect.

*Ask formerly incarcerated survivors what makes them feel respected. Respect often translates to safety for this population.*

### **Safety**

As is the case with most trauma-informed services, ensure privacy, confidentiality, and set the boundaries of the meeting, session, or service. Limit the amount of outside noise or stimuli that your staff have to manage during sessions.

If they need to answer phones or connect with walk-ins, make sure clients know that they will have these duties before starting the session. Likewise, if your agency expects to be working with a number of reentering survivors, think strategically about when to schedule them. Preferably, they won't have to interact with each other in the waiting room or reception space in your office, especially if there are gang conflict concerns or parole conditions that prohibit interacting with any other former prisoners.

## Resources

- *Report of the Reentry Policy Council* (this document is very long). The sections specifically covered under the sections devoted to mental health are most relevant: <http://csgjusticecenter.org/wp-content/uploads/2013/03/Report-of-the-Reentry-Council.pdf>

# Phase 3: Maintaining a Strong Reputation

Once a rape crisis center has prepared itself internally to work with reentering survivors and has started doing so, the last component of doing this work successfully is maintaining a strong reputation amongst the population. Part of maintaining that reputation is providing good service, but since that

should be a given for all survivors, this section focuses instead on ensuring that an agency refers survivors only to other organizations that also effectively serve the population, and maintains strong partnerships with key community organizations.

## 1) Build sustainable relationships with a network of providers

The majority of formerly incarcerated survivors will come to your agency either through your direct connection to them if you are able to form relationships with individual people before they transition back to the community, or through relationships with other agencies—primarily, reentry agencies.

Once you have built a reputation for successfully serving this population, you need to be prepared to refer survivors to other agencies when issues arise that are outside the scope of a rape crisis center's services. Being able to refer survivors to other agencies that are also well equipped to work with them and knowing how to make warm referrals go a

long way toward building and maintaining trust with clients and the broader community of formerly incarcerated people.

*Recommendations for building sustainable relationships with other service providers*

### **Know the services and screening requirements of other allied agencies that you work with**

Whatever your intake process looks like, let community partners that work with formerly incarcerated people know what it looks like. Be as clear as possible what limitations your organization has

(for example, not being able to work with reentering people who are on a sex offender registry).

Warm referrals are a good practice in general and are especially positive for this population. Obviously, having some of those relationships already in place before getting reentering clients is ideal. Have a consistent point person to connect with these other agencies. Even if this individual doesn't work with survivors directly, ensure that they can help triage requests or intake processes to the staff who can. Consistency is incredibly valuable.

### **Ensure all providers in your network have some common training about working with formerly incarcerated people**

Many reentering people are nervous about facing discrimination and rejection from service providers. Verify that the other service providers to which you refer clients regularly have had some training or exposure to formerly incarcerated people.

Connecting them with the same agencies you've used to train your own team (if the other agencies haven't been trained) is a good first step. Invite them to tour facilities if you are also touring them.

*Warm referrals, ensuring all network providers have some common training, and expanding the list of partner agencies are necessary to create and grow relationships with formerly incarcerated survivors.*

Where possible and appropriate, ask survivors what other providers are valuable and provide good service. Maintain a list or database of those other providers that your clients have mentioned regularly as being good. Connect with them to find out what they do to welcome this population into their agency.

### **Find ways to meet with partner agencies, either as a coalition or at a community meeting**

As mentioned earlier, word of mouth is incredibly important in this field. Being a trusted partner to other agencies usually means showing up to their events or activities, learning their processes, and finding specific contacts to share with a

survivor when a referral need comes up.

Where possible, having regular check-in meetings with these community agencies once or twice a year can ensure that the places most likely to send you referrals

know how to explain it to the people they send your direction. If one exists in your area, a coalition of service providers that work with formerly incarcerated people can provide these regular meetings.

## Resources

- The National Reentry Resource Center maintains a list of reentry agencies across the country: [csgjusticecenter.org/nrrc/reentry-services-directory](https://csgjusticecenter.org/nrrc/reentry-services-directory)
- Just Detention International maintains a list of organizations that provide support to incarcerated survivors. These organizations may be natural allies depending on your agency's location: [justdetention.org/service](https://justdetention.org/service)
- The Family Matters Community of Care consortium, run through the Suffolk County Sheriff's Department, is a prototypical version of this network of providers.



**You got to build a  
relationship with the  
people in the program.  
That helps build trust.**



Formerly incarcerated listening session participant



# Appendix 1: ORC and BARCC

## The Mayor's Office of Returning Citizens (ORC) and the Boston Area Rape Crisis Center (BARCC)



*Mayor's Office of  
Returning Citizens*

The Mayor's Office of Returning Citizens (ORC) was established under Boston's Mayor Martin J. Walsh in October 2017. The ORC assists returning citizens to reclaim their dignity and purpose while rebuilding their lives through positive choices, incentives, and opportunities.

The ORC is Boston's dedicated municipal entry point for formerly incarcerated citizens and their families impacted by incarceration, seeking assistance with housing, employment, health care, and education. Through intentional partnerships, peer mentorships, and case management, the ORC connects returning citizens to a vast network of service providers while identifying and addressing gaps in service delivery.



Founded in 1973, the Boston Area Rape Crisis Center (BARCC) is the only comprehensive rape crisis center in the Greater Boston area and the oldest and largest center of its kind in New England. Our mission is to end sexual violence

through healing and social change. BARCC provides free, confidential support and services to survivors of sexual violence ages 12 and up and their families and friends. We work with survivors of all genders, and our goal is to empower survivors to heal and seek justice in ways that are meaningful to them. We meet the needs of survivors in crisis and long after, and we also assist

them as they navigate the health-care, criminal legal, social service, and school systems.

BARCC assists thousands of sexual violence survivors and their families, friends and communities each year, regardless of sex, gender identity, race, physical/developmental disabilities, income, ethnicity, class, religion, or sexual orientation.

We take the knowledge we learn from survivors and from current research out into the community. We work with a wide range of schools, campuses, community groups, institutions, and organizations. These include middle and high schools, colleges, police, health-care providers, businesses, and prisons and jails.

Through our Incarcerated Survivor Support program (ISSP)<sup>34</sup>, we provide emotional support and resources to survivors of sexual violence who are incarcerated in Massachusetts to help them heal from assault and reduce the trauma of incarceration.

We also train correctional institutions on how to effectively reduce and prevent sexual violence and how to work with traumatized survivors so that they can heal.

# Returning and Healing



99 Bishop Allen Drive  
Cambridge, MA 02139  
Phone: 617-492-8306

**Hotline: 800-841-8371 (24-7),  
barcc.org/chat (9:00 a.m.—  
11:00 p.m. every day)**

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