Hidden Violence in Corrections

- Prevention, Detection, and Liability
- Sexual Assault & Strangulation

Objectives

- Recognize hidden assault indicators
- Understand strangulation risks
- Improve detection and documentation
- Reduce institutional liability

Why This Matters

- Inmate and staff safety
- PREA compliance
- Legal liability exposure
- Institutional risk

PREA Requirements

- 28 CFR §115.61: Staff must report sexual abuse
- 28 CFR §115.81: Medical and mental health care
- 28 CFR §115.82: Access to forensic exams
- Zero tolerance standard

Reality of Violence

- Underreporting is common
- Fear and coercion drive silence
- Power dynamics influence assaults

Strangulation Overview

- External pressure to the neck
- Often no visible injuries
- High lethality risk
- Frequently linked to sexual assault

Why Strangulation is Dangerous

- Delayed death possible
- Stroke and brain injury risk
- Minimal outward signs

Red Flags Staff Miss

- Voice changes
- Difficulty swallowing
- Headache or dizziness
- Confusion or memory gaps

Detection Failures

- Dismissed complaints
- Reliance on visible injury
- Failure to escalate
- Poor communication

Documentation

- Use exact statements
- Record all symptoms
- Note behaviors and timeline
- Document actions taken

Prevention Strategies

- Train staff on recognition
- Monitor high-risk areas
- Improve supervision
- Encourage reporting

Environmental Risks

- Blind spots
- Low staffing areas
- Movement patterns
- Housing assignments

Liability Risks

- Failure to act on warning signs
- Delayed medical care
- Ignored complaints
- Training deficiencies

Case Example

- Inmate reports throat pain after assault
- No visible injury
- Later medical crisis
- Leads to litigation

Key Takeaways

- No visible injury ≠ no assault
- Strangulation can be fatal later
- Early action prevents harm
- Documentation protects the facility

Final Thought

- What staff miss today becomes liability tomorrow