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**SEXUAL ASSAULT IN JAIL AND JUVENILE FACILITIES:  
PROMISING PRACTICES FOR PREVENTION AND RESPONSE  
FINAL REPORT**

**SUBMITTED TO THE NATIONAL INSTITUTE OF JUSTICE**

**JUNE 2010**

**PREPARED BY**

Kim English  
Peggy Heil  
Robert Dumond

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# **SEXUAL ASSAULT IN JAIL AND JUVENILE FACILITIES: PROMISING PRACTICES FOR PREVENTION AND RESPONSE**

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We are also grateful to the many professionals we met during the course of the study. These men and women show their commitment to safety and humane treatment every day. These individuals have inspired us with their unrelenting leadership, a consistent and positive focus on the welfare of those under their care. They sent a clear message of treating others with respect and they combined this message with policies, practices, continual training, and daily supervision to maximize the safety of incarcerated individuals. We are indebted to their contribution to the field of corrections, and we are honored to document their work so that others may replicate these practices.

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June 2010





## EXECUTIVE SUMMARY

Sexual assault is brutal and creates an atmosphere of terror. The threat or occurrence of rape in correctional institutions compromises the safety of both inmates and staff and, like other forms of institutional violence, contribute to a dangerous environment. French and Gendreau (2006) found that prison misconduct seems to reflect a propensity for antisocial behavior that cuts across social situations. Victims of sexual assault may engage in destructive behavior to psychological or physically escape from sexual assaults. This behavior can include assaults on staff. Research conducted with sexual assault victims in the community indicates that victimization results in increased rates of substance abuse, suicide attempts, depression and post traumatic stress disorder (Kilpatrick, Edmunds, & Seymour, 1992). These issues can increase facility management problems and destabilize the population. In addition, anecdotal information suggests public safety may be compromised when offenders and victims are released back into the community. Victims may be less stable emotionally, facilitating on-going criminal behavior in the community (Mariner, 2000). Perhaps most importantly, research indicates that institutional sexual assault perpetrators pose a significantly increased risk to community safety upon release from prison (Heil, Harrison, English & Ahlmeyer, 2009). It is essential that administrators understand that this crime is unlikely to be reported.

According to the Bureau of Justice Statistic's analysis of sexual violence reported by correctional authorities, less than one-third of one percent (.29%) of inmates in prison, jail, and other adult correctional facilities in 2006 made allegations of sexual violence (Beck, Harrison & Adams, 2007). At the same time, national sexual victimization estimates based on inmate self reports in 2007 found a prevalence rate 4.5% (Beck & Harrison, 2007). This is a fifteen-fold difference between administrative records and inmate self-report. Implementation of practices that respect and protect the victim, promote careful and complete criminal investigations, and seek to prosecute the perpetrator, will serve to encourage reporting and ensure the victim receives medical and psychological services. Prosecution ensures that the crime becomes part of the perpetrator's official record, providing critical information to criminal justice officials who come into contact with that individual in the future.

Public Law 108-79, the Prison Rape Elimination Act of 2003 (also known as PREA), issued a call for correctional agencies nationwide to address prisoner sexual assault. This groundbreaking legislation required correctional administrators to identify, prevent, intervene and prosecute these incidents, and to ensure programs and services to meet the complex needs of victims and perpetrators (see 42 USA 15602.3, Section 3, 2003).

Soon after the passage of PREA, the National Institute of Justice sponsored several research activities to examine prisoner sexual assault within the culture of correctional institutions (Fleisher & Krienert, 2006), within state department of corrections (Zweig, Naser, Blackmore, & Schaffer, 2006), and within jails and juvenile correctional facilities (the current project). This report presents the findings from a descriptive study of promising practices to prevent and respond to inmate-on-inmate sexual assault in jails and resident-on-resident sexual assault in juvenile correctional facilities, including a comprehensive literature review of institutional sexual assault which is included as Appendix A. Descriptive studies set the stage for more elaborate investigation later (Black &

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*Descriptive studies set the stage for more elaborate investigation later (Black & Champion, 1996), and our hope is that the relationships between the promising practices described here and facility safety will be the subject of future research.*

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*Early in the study it became clear that providing safety from sexual assault translated to a larger more intrinsic focus on overall institutional safety.*

“Being there’ is a powerful technique for gaining insights into the nature of human affairs” (Babbie, 1995:300). Indeed, combining field research and the case study method provided the vehicle for in-depth analysis of promising practices. Eight facilities and one case study site (Jefferson County (Colorado) Jail’s response to a sexual assault that resulted in a life sentence for the perpetrator) were the focus of this project. This report documents the excellent efforts by these nine correctional agencies to prevent and respond to inmate-on-inmate and resident-on-resident sexual assault. The ultimate goal of the current study was to provide specific information on promising practices in jails and juvenile facilities to facilitate the replication of these safety protocols by other correctional agencies.

Early in the study it became clear that providing safety from sexual assault translated to a larger more intrinsic focus on overall institutional safety. Prevention of sexual assault began with respectful interactions from staff toward those in their care. Facilities where officials aimed to provide an environment safe from small aggressions and abuses were inherently safe from more intrusive assaults, including sexual assaults. For this reason, this study found that fundamental approaches to personal safety, for both residents, inmates and staff, were key elements critical to the successful implementation of PREA.

The sites were selected based on characteristics of interest, specifically, aspects of facility operations that promoted safety from sexual assault or a noteworthy response to sexual assault. To gather information about potential sites, researchers developed an on-line survey that was distributed to electronic mailing lists obtained from the American Jail Association and the National Juvenile Detention Association. In addition, experts from the National Sheriff’s Association and the National Institute of Corrections’ Jail Division were interviewed to discuss possible study sites. A conference call among researchers and survivors of institutional sexual assault, hosted by the organization Stop Prison Rape, also assisted in the identification of facilities implementing remarkable prevention or intervention initiatives. Once potential sites were identified, structured telephone interviews were conducted about policies and practices specific to sexual assault prevention and intervention.

Researchers traveled to eight sites to interview staff and administrators and stakeholders such as the law professor in San Francisco who filed suit against the jail. Researchers also reviewed documentation from these and other sites, and held two roundtable discussions to obtain details of the investigation of a specific sexual assault in Jefferson County, Colorado. From this information, researchers discerned 11 promising practices that were common across the facilities and that seemed necessary to implement the promising practices recorded here. The following 11 practices are described in detail in the full report:

1. Leaders who promote values that advance safety, dignity, and respect for all residents, inmates, and staff;
2. Officials who actively seek better ways to manage the population and who integrate knowledge and ideas from a wide variety of sources including staff, professional associations, accreditation processes, and other agencies and facilities;
3. Open communication between managers and correctional staff, and between correctional staff and inmates and residents;
4. Recruitment and hiring of diverse individuals who are respectful towards others and have effective communication skills, and mentoring and succession planning;
5. Standardized and on-going staff training to transmit values and through policies and practices;

6. Direct supervision architecture and direct supervision principles for the behavior management of residents and inmates;
7. Programs and services to (a) productively occupy the time of inmates, (b) meet the needs of prisoners and juveniles, and (c) improve the life outcomes of those who are incarcerated;
8. An objective classification system used to facilitate safety for inmates and staff;
9. A comprehensive and independent investigation process that emphasizes the following:
  - training security, investigation (see Appendix B) and medical staff (see Appendix C) in responding appropriately to victims (see Appendix D), effective investigation techniques, and promoting cross-training
  - responding immediately to all reports of sexual assault
  - investigating all incidents of sexual assault (see Appendix B)
  - sensitively responding to victims (see Appendix D)
  - prosecuting criminal behavior when appropriate
10. A system of data collection, analysis, and incident tracking system that enables effective, data-driven decision making; and
11. Officials who are committed to (a) learning from litigation, (b) detecting and correcting mistakes, and (c) transparency of operation.

***The report is organized around the 11 promising practices which are described in Section 3. The appendices are an integral part of the report.***

The report is organized around these 11 promising practices which are described in Section 3. The appendices are an integral part of the report; four of the five appendices were specifically designed to promote “technology transfer.” Appendix A is a comprehensive literature review; Appendix B details an extraordinary investigation of a sexual assault that resulted in a life sentence for the perpetrator. Appendix C and Appendix D describe the appropriate medical and victim response, respectively. Appendix E uses research bulletins disseminated during the study to detail the response policies and procedures at Woodfield Cottage Secure Detention Facility in New York, the San Francisco County Jail, and the Orange County (Florida) Detention Facility’s use of data to prevent sex crimes. Logic models are provided in the research bulletins to clarify activities that theoretically contributed to the outcomes, and may be helpful in both replication and future research.

Finally, it is important to note that the documentation of promising practices provided in this report is the first step in understanding policies and procedures that contribute to sexual assault prevention and intervention in jails and juvenile facilities. The strategies described here require further study to better understand if and how each practice contributes to facility safety.



# SECTION 1: INTRODUCTION

## INTRODUCTION

Public Law 108-79, the Prison Rape Elimination Act of 2003 (also known as PREA), issued a call for correctional agencies nationwide to address prisoner sexual assault. This groundbreaking legislation required correctional administrators to identify, prevent, intervene and prosecute these incidents, and to ensure programs and services to meet the complex needs of victims and perpetrators (see 42 USA 15602.3, Section 3, 2003). We introduce this report with a brief overview of institutional sexual assault.

Most of the research on rape in criminal justice facilities has been conducted in adult prisons. While the information on rapes in adult prisons is limited, even less is known about rapes in jails and juvenile facilities. It is likely that research conducted in prisons has some relevance to adult jails although it is unknown to what extent the prison research related to sexual assaults in juvenile facilities. A review of the literature pertaining to this topic is included as Appendix A.

**Why is this important?** The Prison Rape Elimination Act of 2003 was unanimously passed by both Houses of Congress and quickly signed by the President in September 2003. The Act explicitly describes the multitude of social, health and punishment problems that result from prison rape. Foremost among these is recurrence of violent, prison-learned behavior by both victims and perpetrators once they are back in the community. Violent attitudes and behaviors that take place after release from the institution present a significant public safety threat to the free community. Further, the spread of HIV and AIDS within the corrections system results in physical and psychological terror for victims of prison rape. Infected individuals eventually return to their homes in the free community, endangering the lives of intimates and damaging the efforts by public health organizations to contain these and other similarly contagious diseases.

As stated in the Act, preventing prison rape protects taxpayer investments that have been made in health care, disease prevention and other initiatives designed to ensure the health and safety of inmates and individuals in the free community. In the meantime, the cost of health care and confinement are increasing, the size of prisoner and parole populations are increasing, and the size of state budgets to manage disease and other needs of citizens are decreasing. The problem of prison rape affects the safety and health of prisoners and staff inside the prison, and the safety and health of our communities outside the prison.

Finally, sexual assault is brutal and creates an atmosphere of terror. The threat or occurrence of rape compromises the safety of both inmates and staff and, like other forms of institutional violence, contribute to a dangerous environment. French and Gendreau (2006) found that prison misconduct seems to reflect a propensity for antisocial behavior that cuts across social situations. Victims may engage in destructive behavior to psychologically or physically escape from sexual assaults. This behavior can include assaults on staff. Research conducted with sexual assault victims in the community indicates that victimization results in increased rates of substance abuse, suicide attempts, depression and post traumatic stress disorder (Kilpatrick, Edmunds, & Seymour, 1992). These issues can increase facility management problems destabilize the population. In addition, anecdotal information suggests public safety may be compromised when offenders and victims are released back into the community. Victims may be less stable emotionally, facilitating on-going criminal behavior in the community (Mariner, 2000). Perhaps most importantly, research indicates that institutional sexual assault perpetrators pose a significantly increased risk to community safety upon release from prison (Heil, Harrison, English & Ahlmeyer, 2009).

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Who is at risk of sexual assault? Past studies of prisoners have found that those with certain characteristics are most vulnerable to rape. The prison rape literature (Dumond, 2000, 1995, 1992; Heilpern, 1998; Cotton and Groth, 1982, 1984; Donaldson, 1993; Lockwood, 1978; Sacco, 1975, 1982) identifies the following groups as being particularly at risk:

1. Inmates who are young, inexperienced in prison culture, and easily intimidated;
2. Those who are physically small or weak;
3. Inmates suffering from mental illness and/or developmental disabilities;
4. Inmates who are middle-class/not streetwise;
5. Offenders who are not gang affiliated;
6. Those who are known to be homosexual;
7. Those who have been previously sexually assaulted;
8. Inmates who are disliked by staff or other inmates;
9. Those who “snitch,” that is, report prohibited behavior;
10. First-time, non-violent offenders.

Further, most incidents of sexual violence among inmates involve force or threat of force and occur in the victim's cell, in the evening (Beck, Harrison & Adams, 2007).

Finally, it is important to note that this information is limited to the characteristics of individuals who were willing to report sexual victimization to researchers and may not include the characteristics of all inmates who are at risk to be sexually assaulted.

What do we know about perpetrators? Although less is known about perpetrators of prison sexual assaults, some frequent characteristics have been identified by researchers (Mariner, 2001; Nacci & Kane, 1982). Like the victim characteristics, some perpetrators will fall outside these categories. The identified characteristics include:

1. Under age 30 but older than the victim;
2. Stronger than the victim;
3. More accustomed to incarceration;
4. More likely to have spent time in juvenile facilities;
5. More likely to have lived in an urban area prior to incarceration;
6. More likely to have committed a violent crime;
7. More likely to be a gang affiliated; and
8. More likely to break prison rules.

Fifty percent of the worst case incidents reported by victims involved multiple perpetrators, supporting the findings of Human Rights Watch that perpetrators are more likely to be gang members (Struckman-Johnson, 1996; Mariner, 2001).

Our knowledge is limited. PREA funding to study sexual assault in institutional correctional settings will expand our knowledge in this area. However, all research related to sex crimes suffers from what criminologists call “the dark figure” of crime (Sellin & Wolfgang, 1964). The dark figure refers to crimes that are never discovered or reported. While this measurement problem affects research on all types of crime, it especially haunts research on sex crimes because these are the least likely crimes to be discovered or reported in the community. The considerable barriers to reporting sex crimes to authorities are multiplied in a correctional setting. Nevertheless, a reminder of the reporting problems related to sex crimes in the community is relevant here: it underscores our lack of knowledge about perpetrators and victims and points to the critical need to prevent these

***The considerable barriers to reporting sex crimes to authorities are multiplied in a correctional setting. Nevertheless, a reminder of the reporting problems related to sex crimes in the community is relevant here: it underscores our lack of knowledge about perpetrators and victims and points to the critical need to prevent these crimes so that the lack of reporting becomes less important.***

crimes so that the lack of reporting becomes less important. The following information is important in terms of adult correctional institutions and juvenile facilities: sexual assault reporting rates vary by the victim's age group.

Tjaden and Thoennes (2006) surveyed 16,000 adults living in the community and found very few adult victims of sexual assault report the crime to law enforcement. In fact, 19% of women and 13% of men said their rape was reported to the police. Of these, 43% resulted in an arrest, 7.8% were prosecuted, 3.3% resulted in convictions. Further, adults are more likely to report the crime than children and adolescents. Smith, Letourneau, Saunders, Kilpatrick, Resnick, & Best (2000) found that reporting was delayed when the victim was young and knew the perpetrator. Smith et al.'s study of over 3,200 women reported that 28% of the respondents had never told anyone about the rape until the researcher asked. Of those who told, 47% did not do so for 5 or more years, making prosecution unlikely. In another study involving interviews with adolescents, Kilpatrick, Saunders, & Smith (2003) found that 14% of those who were sexually assaulted reported the crime to law enforcement.

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***Adults are more likely to report the crime than children and adolescents. Smith, Letourneau, Saunders, Kilpatrick, Resnick, & Best (2000) found that reporting was delayed when the victim was young and knew the perpetrator.***

The circumstances that prevent reporting in the community include concerns about being blamed for the crime, worries about privacy violations, fears of retaliation, feelings of humiliation and shame, and the belief that the police would not or could not do anything (Kilpatrick et al., 1992). These concerns are exacerbated in a confinement setting.

It is essential that administrators understand that this crime is unlikely to be reported. According to the Bureau of Justice Statistic's analysis of sexual violence reported by correctional authorities, less than one-third of one percent (.29%) of inmates in prison, jail, and other adult correctional facilities in 2006 made allegations of sexual violence (Beck, Harrison & Adams, 2007). At the same time, national sexual victimization estimates based on inmate self reports in 2007 found a prevalence rate 4.5% (Beck & Harrison, 2007). This is a fifteen-fold difference between administrative records and inmate self-report. Implementation of practices that respect and protect the victim, promote careful and complete criminal investigations, and seek to prosecute the perpetrator, will serve to encourage reporting and ensure the victim receives medical and psychological services. Prosecution ensures that the crime becomes part of the perpetrator's official record, providing critical information to criminal justice officials who come into contact with that individual in the future.

## **PURPOSE OF THE STUDY**

The purpose of this descriptive study was to identify and document promising practices for the prevention and response to resident-on-resident and inmate-on-inmate sexual assault in juvenile residential facilities and adult jails. The specific aim of the current study was to provide specific information on promising practices in jails and juvenile facilities and thereby encourage replication of these safety protocols by other correctional agencies.

## **ORGANIZATION OF THIS REPORT**

Following this introduction, the report next presents in Section 2 a discussion of the methodology used for site selection and data gathering. Section 3 presents the findings from the study organized into the 11 patterns of both philosophy and practice that appear to be fundamental to institutional safety and the prevention of sexual assault. When assaults were reported, the study sites responded similarly. The similarities and patterns gave rise to 11 "best practice" elements that are described in Section 2.

***Implementation of practices that respect and protect the victim, promote careful and complete criminal investigations, and seek to prosecute the perpetrator, will serve to encourage reporting and ensure the victim receives medical and psychological services.***



In addition, the appendices in this report were designed to target specific areas of information and to promote “technology transfer.” Appendix A is a comprehensive literature review; Appendix B details an extraordinary investigation of a horrific sexual assault that began without witnesses; Appendix C provides directions to an appropriate medical intervention to victims of sexual assault; Likewise, Appendix D focuses on a model response to victims of institutional sexual assault.

Finally, Appendix E includes five research bulletins disseminated during the study to provide information about specific topics. The first is a summary of information about institutional sexual assault. Most importantly, it includes the findings from a study of sex offenders, including institutional sex offenders, that was conducted at the Colorado Department of Corrections revealing the extraordinary risk that institutional perpetrators present upon release to the community. The next two bulletins detail the efforts to prevent sexual assaults at Woodfield Cottage Secure Detention Facility in New York and the San Francisco County Jail. The fourth bulletin details the Orange County (Florida) Detention Facility’s use of data to prevent sex crimes, and the last bulletin provides a bibliography of resources made available by the National Institute of Corrections. Because NIC continues to develop resources for this purpose, readers are encouraged to visit its web site, [www.NICIC.org](http://www.NICIC.org).

## SECTION TWO: METHODOLOGY

**Field research.** “‘Being there’ is a powerful technique for gaining insights into the nature of human affairs” (Babbie, 1995:300). Indeed, combining field research and the case study method provided the vehicle for in-depth analysis of promising practices. Eight sites and one case study of a single exceptional investigation were identified using the following approach.

**Site selection.** The sites were selected based on characteristics of interest, specifically aspects of facility operations that promoted safety from sexual assault or a noteworthy response to sexual assault. Researchers developed an on-line survey that was distributed to electronic mailing lists obtained from the American Jail Association and the National Juvenile Detention Association. In addition, experts from the National Sheriff’s Association and the National Institute of Corrections’ Jail Division were interviewed to discuss possible study sites. A conference call among researchers and survivors of institutional sexual assault, hosted by Stop Prison Rape, also assisted in the identification of facilities implementing remarkable prevention or intervention initiatives. Once potential sites were identified, structured telephone interviews were conducted about policies and practices specific to sexual assault prevention and intervention. This sampling technique is sometimes referred to as a purposive or judgmental sample because the investigator exercises professional judgment to include entities in the study.

*Researchers developed an on-line survey that was distributed to electronic mailing lists obtained from the American Jail Association and the National Juvenile Detention Association. In addition, experts from the National Sheriff’s Association and the National Institute of Corrections’ Jail Division were interviewed to discuss possible study sites. A conference call among researchers and survivors of institutional sexual assault, hosted by Stop Prison Rape, also assisted in the identification of facilities implementing remarkable prevention or intervention initiatives.*

After assembling information on dozens of potential study sites, facilities were selected based on the following criteria:

- The site had a particularly noteworthy practice in place to prevent or respond to sexual assault (architecture, leadership, philosophy, for example);
- The effort was fully implemented;
- The effort applied to both male and female residents or prisoners;
- The implementation of the initiative preceded PREA, that is, it was fully integrated into facility operations; and
- The facility administrators were willing to participate in the study.

In addition, the availability of quantitative data that reflected the practice was effective, variation in facility size and geographic location and, for juvenile facilities, the inclusion of both public and private agencies, were also important to the selection of study sites.

Five jails and three juvenile residential settings were selected for site visits. During the site visits, interviews with staff and document reviews were conducted to ascertain the safety practices and, ultimately, identify safety-related promising practices that surfaced across sites. The following eight sites and one case study (Jefferson County) were selected:

Facility	Type	Reason for selection
San Francisco County Jail	Adult jail system	Leadership; reputation among offenders as a safe facility; inmate programming
Springfield Academy, Springfield, South Dakota	Juvenile residential	Youth Rating System to measure individuals and climate; facilitates communication
Woodfield Cottage Secure Detention Facility, Valhalla, New York	Juvenile residential	Child care philosophy; “no touch” policy; last-resort physical restraint policy dropped restraints by more than 90%
Orange County Corrections Department, Orlando, Florida	Adult jail system	Primary Indicators Report (PIR); training; focus on mental illness
STAR Academy, Custer, South Dakota	Juvenile residential	Performance Based Standards project, administered by the Council of Juvenile Correctional Administrators
Mecosta County Jail, Big Rapids, Michigan	Adult jail	Leadership; application of community policing principles; succession planning
Shelby County Jail, Memphis, Tennessee	Adult jail	Leadership; transformation and reform; use of National Institute of Corrections
Patrick J. Sullivan Jr. Detention Facility, Arapahoe County, Centennial, Colorado	Adult jail	Leadership; recognition by the National Commission on Correctional Health Care
Jefferson County Sheriff’s Office, Golden, Colorado	Case study of a sexual assault investigation—this was not a site visit; data were collected from two roundtable discussions; findings described in Appendix B	Jail officials publically acknowledged fault; comprehensive investigation results in life sentence for perpetrator

**Criminal investigation case study.** During the course of the study, researchers were informed of a law suit that resulted from a horrific assault of a young inmate in jail in Jefferson County, Colorado. Jail officials publically took responsibility for oversights that allowed the crime to occur. The investigation led to the successful prosecution of the perpetrator, who received a life sentence for the crime. Research staff hosted two roundtable discussions with the jail investigation staff and the prosecuting attorneys to gather information about the methods used in the investigation. The details of the investigation and recommendations for implementing best practices are included in Appendix B.

In sum, then, researchers visited eight facilities and interviewed administrators, managers, and staff on site. The Jefferson County criminal investigation was not a site visit but rather a focused examination of the investigation and prosecution of single incident which is summarized, including recommendations for investigating these crimes, in Appendix B. Site descriptions are presented in Tables 1 and 2. Note that the case study is not included in the site descriptions.

**Site visits.** Researchers assembled a site visit team that included consultants with particular expertise in facility safety and operations. Different teams were used for adult and juvenile facilities. Site visits lasted between two and

*Researchers visited eight facilities and interviewed administrators, managers, and staff on site. The Jefferson County criminal investigation was not a site visit but rather a focused examination of the investigation and prosecution of single incident which is summarized, including recommendations for investigating these crimes, in Appendix B.*

five days and focused on individual and group interviews with staff and administrators at each site. Policies and related documents were obtained and reviewed. Additional information was gathered during follow-up telephone conversations. Detailed program descriptions and logic models were developed for three sites and are attached as Appendix E.

Semi-structured interviews focused on classification, training, sexual assault investigation, communication between administrators and staff and staff and inmates or residents, victim services, the medical response to victims, sexual assault data collection and analysis, and the overall approach to safety of staff and inmates and residents.

**Data collection.** Interview data and document review were the methods of data collection used in this study. Human subjects' protections (informed consent forms and interview schedules) were approved and monitored by an institutional review board.

**Table 1. Comparison of adult jail facilities**

	<b>San Francisco County Jail</b>	<b>Orange County Corrections Department</b>	<b>Mecosta County Jail</b>	<b>Shelby County Jail</b>	<b>Patrick J. Sullivan, Jr. Detention Facility</b>
<b>Location</b>	San Francisco, California	Orange County, Orlando, Florida	Big Rapids, Michigan	Memphis, Tennessee	Arapahoe County, Centennial, Colorado
<b>Facility Type</b>	Co-ed county jail	Co-ed county jail	Co-ed county jail	Co-ed county jail and detention	Co-ed county jail detention
<b>Population</b>	<ul style="list-style-type: none"> <li>• Adult male and female</li> <li>• Approx. 2,200 inmates/day</li> <li>• 60-70% detainees</li> <li>• 20-30% post conviction</li> </ul>	<ul style="list-style-type: none"> <li>• Adult male and female and</li> <li>• Juvenile assessments</li> <li>• 11/08/06 – 4,348 inmates</li> <li>• 87% male</li> <li>• 13% female</li> <li>• 60% detainees</li> <li>• 40% convicted</li> </ul>	<ul style="list-style-type: none"> <li>• Adult male and female</li> <li>• Approximately 60 inmates/day</li> </ul>	<ul style="list-style-type: none"> <li>• Adult male and female</li> <li>• Approx. 2,700 inmates/day</li> </ul>	<ul style="list-style-type: none"> <li>• Adult male and female</li> <li>• Juveniles sentenced as adults</li> <li>• 1,364 during site visit;</li> <li>• 1,188 design capacity</li> </ul>
<b># Facilities</b>	<ul style="list-style-type: none"> <li>• 6 facilities</li> <li>• Range of styles – old linear to direct supervision style</li> </ul>	<ul style="list-style-type: none"> <li>• 4 facilities</li> <li>• Main jail (1,550 inmates)</li> <li>• 4 Direct Supervision jails</li> <li>• Booking Release Center</li> <li>• Juvenile Assessment Ctr.</li> </ul>	<ul style="list-style-type: none"> <li>• 3 Different living styles</li> <li>• 1 linear</li> <li>• 1 podular indirect</li> <li>• 1 podular direct</li> </ul>	<ul style="list-style-type: none"> <li>• 2 facilities</li> <li>• Male facility @ 201 Poplar</li> <li>• Female @ Jail East</li> </ul>	<ul style="list-style-type: none"> <li>• 1 facility</li> <li>• Built as podular indirect facility style</li> </ul>
<b>Managed By</b>	San Francisco County Sheriff and San Francisco Board of Supervisors	Orange County Public Safety Director and Orange County Commissioners	Mecosta County Sheriff's Department	Shelby County Sheriff's Department	Arapahoe County Sheriff and Arapahoe County Board of County Commissioners

**Table 2. Comparison of juvenile facilities**

	<b>Springfield Academy</b>	<b>Woodfield Cottage Secure Detention Facility</b>	<b>STAR Academy</b>
<b>Location</b>	Springfield, South Dakota	Valhalla, New York	Custer, South Dakota
<b>Facility Type</b>	Juvenile non-coed residential	Juvenile co-ed residential	Juvenile co-ed residential
<b>Population</b>	Male and female juveniles	Male and female juveniles	Male and female juveniles
<b>Age</b>	12 – 18 years	10 – 15 years 16 – 18 years	14 – 18 years
<b># Beds</b>	72 beds	24 – 30 beds	200 beds – average 170 filled
<b>Average Stay</b>	6 – 9 months	Approximately 60 days	Varies – 60 days – 18 months
<b>Staffing</b>	<ul style="list-style-type: none"> <li>• Waking hours: 1 staff/6 youth</li> <li>• Evening hours: 1 staff/12 youth</li> </ul>	<ul style="list-style-type: none"> <li>• Male facilities: 1 staff/10-12 youth</li> <li>• Female facilities: 1 staff/8 youth</li> </ul>	<ul style="list-style-type: none"> <li>• Waking hours: 1 staff/6 youth (including educ): 1 staff/1 youth</li> <li>• Evening hours: 1 staff/12 youth</li> </ul>
<b>Managed By</b>	Youth Services International	Leake and Watts Services, Inc. and Westchester County, NY	Division of Juvenile Justice, South Dakota Dept. of Corrections



## SECTION 3: PROMISING PRACTICES TO PREVENT AND RESPOND TO SEXUAL ASSAULT IN JAILS AND JUVENILE FACILITIES

Eleven promising practices emerged as central features present in facilities where significant efforts were underway to prevent or respond to sexual assault. These practices were present in each of the facilities we examined, and seemed to be essential to ensuring the safety of juvenile residents and adult inmates.

Early in the study it became clear that providing safety from sexual assault translated to a larger, more intrinsic focus on overall institutional safety. In every facility we visited, prevention of sexual assault began with respectful interactions by staff toward those in their care. Facilities where officials aimed to provide an environment safe from small aggressions and abuses were inherently safe from more intrusive assaults, including sexual assaults. For this reason, this study found that fundamental approaches to personal safety, for both residents, inmates and staff, were key elements critical to the successful implementation of PREA.

We found that sexual assault prevention started with the philosophy that offenders deserved a safe environment—safe from harassment, unpredictability, disrespect, manipulation, verbal and physical abuse, and violence. The consistent focus on providing a safe and humane environment for both staff and residents was a pre-emptive strike against sexual assault. In every facility we visited, staff and inmates were expected to behave respectfully. Staff were selected for and trained in communication methods that blended authority with approachability so that problems among inmates would be identified early and resolved meaningfully. Exactly how this occurred varied across facilities, but the following similarities or promising practices were discerned:

1. Leaders who promote values that advance safety, dignity, and respect for all residents, inmates, and staff;
2. Officials who actively seek better ways to manage the population and who integrate knowledge and ideas from a wide variety of sources including staff, professional associations, accreditation processes, and other agencies and facilities;
3. Open communication between managers and correctional staff, and between correctional staff and inmates and residents;
4. Recruitment and hiring of diverse individuals who are respectful towards others and have effective communication skills, and mentoring and succession planning;
5. Standardized and on-going staff training to transmit values through policies and practices;
6. Direct supervision architecture and direct supervision principles for the behavior management of residents and inmates;

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7. Programs and services to (a) productively occupy the time of inmates, (b) meet the needs of prisoners and juveniles, and (c) improve the life outcomes of those who are incarcerated;
8. An objective classification system used to facilitate safety for inmates and staff;
9. A comprehensive and independent investigation process that emphasizes the following:
  - training security, investigation (see Appendix B) and medical staff (see Appendix C) in responding appropriately to victims (see Appendix D), effective investigation techniques, and promoting cross-training
  - responding immediately to all reports of sexual assault
  - investigating all incidents of sexual assault (see Appendix B)
  - sensitively responding to victims (see Appendix D),
  - prosecuting criminal behavior when appropriate
10. A system of data collection, analysis, and incident tracking system that enables effective, data-driven decision making; and
11. Officials who are committed to (a) learning from litigation, (b) detecting and correcting mistakes, and (c) transparency of operation.

*Each of the facilities described in this report benefitted from exceptional leadership. These leaders surrounded themselves with competent managers, and building competencies of facility staff through training was an organizational priority.*

Each promising practice is discussed below with limited references to the extant literature on the subject along with examples from the study sites.

The remainder of Section 3 details these promising practices and provides examples from the study sites. Additional information on sexual assault investigations, medical interventions, and the recommended response to victims can be found in Appendices B, C, and D, respectively. Appendix E includes descriptions of exceptional practices in three facilities and provides logic models to clarify how activities relate to outcomes.

## **1. Leaders who promote values that advance safety, dignity, and respect for all residents, inmates and staff**

Each of the facilities described in this report benefitted from exceptional leadership. These leaders surrounded themselves with competent managers, and building competencies of facility staff through training was an organizational priority. This approach created an organizational culture of safety by the consistent expectation that all staff and inmates be treated with respect.

### **ESSENTIAL LEADERSHIP CHARACTERISTICS**

Schein (1987) posits that leaders directly influence the organization's culture, essentially through five behavior mechanisms: 1) what they pay attention to, measure and control; 2) their reactions to critical incidents and crises within the organization; 3) their deliberate role modeling, teaching, and coaching;

*An executive level leader is expected to:*

1. *Establish the agencies vision and mission.*
2. *Set clear goals and objectives to support the agencies mission.*
3. *Build an organizational culture that supports the attainment of desired outcomes.*
4. *Secure resources necessary to successfully implement the agencies mission and ensure resources are managed effectively.*
5. *Manage the external environment.*
6. *Influence and develop public policy that supports the mission.*
7. *Develop competent and diverse senior level staff to ensure the agencies vision, mission, and goals are achieved.*

*(Campbell, 2006)*

4) their use of a criteria for allocation of rewards and status; and, 5) their criteria used for recruitment, selection, promotion, and retirement. The U.S. Merit Systems Protection Board (2009) notes that effective leaders engage employees by facilitating their motivation and commitment. The MSPB recommends involving employees in building a high-performance organization and building employees' trust and confidence through frequent, open communication.

These descriptions portray the organizational leaders we met during our site visits. The facility administrators and managers were leaders who articulated the overall vision, mission and direction of the agency, and supported managers to meet this vision and mission through the key management functions of planning, organizing, and communicating. More than one administrator told us that they actively solicited feedback on daily operations, and several "dropped by" the facility at 2 or 3am.

In general, these leaders were able to directly and affirmatively communicate a vision of safety, respect, and dignity as essential to the agency mission, and to ensuring safety for all, prisoners, juveniles and staff. In the San Francisco County Jail, positive cultural change was initiated by former Sheriff Richard Hongisto in the 1970s and was substantially strengthened and expanded by current Sheriff Michael Hennessy, Esq. A former prisoner rights advocate working in the SFCJ, Sheriff Hennessy was elected Sheriff in 1980, and continues to provide an exemplary model of jail administration. The sheriff's message that "violence is not tolerated" is transmitted to every staff member in each of the six San Francisco County jails and a hospital ward through a staff culture that places a strong emphasis on treating inmates with respect and listening to them, responding to every complaint. If it is absolutely necessary to control inmates, staff use tasers or plastic plugs rather than physical force. When staff violate expectations by assaulting inmates or overlooking inmates' violent behaviors, employees are disciplined and, when appropriate, prosecuted. Officers discuss sexual assault protocols at roll call, thereby reinforcing methods of supervision that encourage inmates to report problems without risking their safety. The message from leadership is clear; jail Chief Tom Arata tells inmates: "This is my house and I rule this house. Sexual assaults are not acceptable in my house."

In the Orange County (Florida) Corrections Department, former chief Tom Allison initiated major change in the jail culture in 1987, which was continued by Timothy Ryan since 2002, and supported by then deputy chief Scott Bradshaw. During our site visit, then Chief Ryan attributed the low level of assault incidents to quality training, professional accreditation, and an orientation program. He remarked, as did other managers, that the jail's direct supervision design provides a large number of eyes on every inmate. To support his observations, Chief Ryan referred to the work of The Moss Group, Inc., which led a focus group supported by the National Institute of Corrections. The focus group supported by NIC's Jail Division helped the chief shape his leadership agenda. A direct reflection of his leadership style, Ryan identified the competency of his staff as the key to reducing assaults: the Orange County Jail promotes a culture of staff outreach and an attitude of understanding to respond to inmate needs. Chief Ryan said that the jail environment allowed inmates to feel comfortable talking to jail staff. According to other staff, much of that comfort derives from the fact that at least 40 percent of the inmates are "frequent flyers"—as they are in most jails. In Orange County, with five jail facilities and nearly 3,000 beds, administrators expect staff to recognize and understand these inmates, their family members and their medical and mental health needs. Former deputy chief Scott Bradstreet stated that the culture was promoted by the fact that security supervisors understand that they will be held accountable for increases in inmate or staff assaults in their areas of responsibility. In fact, security operations staff understand that their performance is rated based on the information contained in monthly statistical reports that track

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assaults, injuries, violence indicators, sick calls, disciplinary and grievance reports over time.

Described as one of the worst jails in America, **Shelby County Jail, Tennessee**, had a “twenty year history of abysmal leadership, mismanagement, nepotism and cronyism, low hiring standards, poor personnel practices, lack of staff training and other resources, and a profound lack of concern, support or accountability from both the Sheriff’s Office and the rest of Shelby County government” (Schwartz, 2005:53) was transformed by the team of Sheriff Mark Luttrell (elected in 2002), Jail Chief Jim Coleman and two assistant jail chiefs (Robert Moore and Joe Pont) along with County Criminal Justice Coordinator Bill Powell. The prior sheriff had applied a traditional law enforcement approach to the problems in the jail, such as increasing jail staff. Luttrell recognized that increasing the number staff was not necessarily an answer to the jail’s problems, and he dismissed many of the staff hired under the previous sheriff. A central message was communicated to all staff – don’t worry about the Court, simply do things the right way and everything else will take care of itself. Most importantly, the correctional culture was shifted to one where staff were valued and respected. All staff were given the message that procedures needed to change, but that they would be assisted and supported through this difficult process.

Shelby County Sheriff Luttrell communicated that law enforcement and corrections were to be valued equally by the Sheriff’s Office and that law enforcement personnel were not to interfere with the jail staff. He communicated the expectation that when inmates in custody committed criminal acts, law enforcement must respond by sending investigators to the jail. He also met with prosecutors to convey the message that complaints of both citizens and inmates were to be investigated and, when appropriate, prosecuted. In the history of the jail, it was the first time a high-level administrator had insisted on support from the rest of the system. In recognition of the significant reform that he spearheaded in the Shelby County Jail, Sheriff Luttrell was selected as the 2009 Sheriff of the Year by the National Sheriff’s Association.

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In **Mecosta County Jail** in West-Central Michigan, Jail Administrator Captain Rick Kaledas (now retired) transformed the institutional culture over a three-year period, and mentored a successor, Captain Wood, to sustain and continue the jail’s innovative policies, programs and inmate behavior management system. Kaledas established a central management philosophy and a core expectation for staff and inmates alike: respect and safety were to be implemented consistently through all living units in the jail. Everyone in the Mecosta County Jail – staff and inmates – are expected to promote and manifest these values. Captain Rick Kaledas used his prior law enforcement knowledge of community policing and made it a key focus in managing the Mecosta County Jail. The National Institute of Corrections has published a short document consistent with this approach entitled *Local Jails: The Missing Piece of the Community Policing Paradigm* (Kurtz, 2000) that readers may find useful.

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When Captain Kaledas started his job, jail staff maintained their positions in the control room and did rounds every hour. “When I took over in 1997 I

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told them: you have two choices, you can move out with the inmates or I'm moving all the inmates into the control room." Kaledas communicated his expectations to staff: that they interact respectfully with the inmates. The purpose was to understand the inmate population, and behave in a way that many offenders learn that they will be treated fairly by the jail staff. What follows, according to Kaledas, is that the inmates will communicate problems before they escalate. This communication is a key mechanism in keeping the jail environment safe. This relatively small jail with about 60 beds requires an effective inmate management approach because there are few places to move disruptive inmates. Consequently disrespect is not tolerated from anyone – staff or inmates alike. Following misconduct, inmates are sent to their rooms. This process avoids contagion with other inmates and deescalates the situation. Captain Kaledas told researchers, "Ultimately it starts with me...but my philosophy needs to be here 24 hours a day, even when I'm at home." He and Captain Wood were clear about facility safety: An assault was considered touching another person, and the jail logs about 10-12 of these assaults each year.

***Captain Kaledas told researchers, "Ultimately it starts with me...but my philosophy needs to be here 24 hours a day, even when I'm at home." He and Captain Wood were clear about facility safety: An assault was considered touching another person, and the jail logs about 10-12 of these assaults each year.***

## **VISION OF SAFETY**

A vision of safety articulated by the leadership also can serve as the foundation for transforming the correctional culture. Administrators in each of the organizations we visited made a concerted effort to create a vision of safety, dignity and respect as central to the vision and mission of the organization. Table 3 provides a summary of the leadership approaches across study sites. In each agency, the key leader articulated a vision, a plan with goals and objectives, and reinforced the central importance of staff in the process. These are key ingredients to leadership (Kemball, 1991), and the organizational culture became aligned with the vision and mission.

**Table 3. Brief summary of leadership approaches**

<b>San Francisco County Jail</b>	<b>Orange County Corrections Department</b>	<b>Mecosta County Jail</b>	<b>Shelby County Jail</b>	<b>Patrick J. Sullivan, Jr. Detention Facility</b>
<ul style="list-style-type: none"> <li>• Consistency in leadership and vision for 30 years</li> <li>• Strong staff culture that values personal safety of inmates and staff</li> <li>• Strong emphasis on treating inmates with respect and listening carefully to their concerns.</li> <li>• Sheriff empowered staff to improve safety protocols</li> <li>• Strong and consistent message from all administrators</li> <li>• Proactively developed a relationship with the prosecutor’s office</li> <li>• Willingness to prosecute staff who violate policies</li> </ul>	<ul style="list-style-type: none"> <li>• 20 years of progressive leadership emphasizing culture of safety and professionalism which rests on ongoing communication and responsive inmate interaction</li> <li>• Combination of leadership, well-designed facility and well-trained staff to carry out mission</li> <li>• Commitment to understanding and responding to inmate’s concerns</li> <li>• Emphasis on constant observation of and face-to-face interaction with inmate population</li> </ul>	<ul style="list-style-type: none"> <li>• Incorporation of community policing’s problem solving approach to facility management</li> <li>• Disrespectful behavior by staff and inmates is not tolerated</li> <li>• Hiring of new staff and strong leadership was necessary to forge a new vision and management style</li> <li>• Focusing on “community policing” principles in correctional setting</li> <li>• Changing management philosophy – staff were valued and recognized</li> <li>• Positive, supportive culture emerged – former negative practices unacceptable</li> </ul>	<ul style="list-style-type: none"> <li>• Development of philosophy that embraced viewing inmates with respect; respect increases safety for everyone</li> <li>• Prioritized proactively engaging both inmates and staff in problem resolution</li> <li>• Focused on implementing the new management philosophy consistently across living units</li> </ul>	<ul style="list-style-type: none"> <li>• Consistency in leadership and agency vision</li> <li>• Jail Mission Statement posted throughout facility guiding all aspects of agency operations</li> <li>• Commitment to accreditation from 3 major entities</li> <li>• Staff culture of openness</li> <li>• Staff encouraged to correct each other and report problems before escalate</li> <li>• Direct communication avoids the problem of “snitching” and encourages protection of vulnerable persons</li> </ul>

<b>Springfield Academy</b>	<b>Woodfield Cottage Secure Detention Facility</b>	<b>STAR Academy</b>
<ul style="list-style-type: none"> <li>• Agency integrates child care philosophy into detention</li> <li>• Care for youth should be holistic and interdisciplinary</li> <li>• Residents treated as children who have made a mistake;" residents are not labeled "delinquents"</li> <li>• Officials consistently communicate that everyone has the right to be treated with dignity</li> <li>• A safe, clean environment is considered a basic right</li> <li>• Lack of safety promotes fights and tension among residents</li> <li>• Adherence to policy promotes safety</li> </ul>	<ul style="list-style-type: none"> <li>• Child care philosophy: official purpose of the agency is to improve the lives of youth</li> <li>• Officials expect all staff to model leadership characteristics and express agency values in daily work</li> <li>• Leadership expectation is enumerated in written policies and procedures</li> <li>• Agency managers are considered 'change agents' who look, evaluate, and change to meet the needs of youth</li> <li>• Formal and informal training, supervisory practice and discussions with staff and youth are integrated into daily practice</li> <li>• Quality programming is considered the center of the efforts to promote positive behavior change</li> </ul>	<ul style="list-style-type: none"> <li>• Integration of policies and procedures into daily management</li> <li>• Focus on quality control methods to increase staff compliance</li> <li>• Greater safety emerged by moving from a positive peer culture to a positive peer intervention (PPI) program which focuses on criminal thinking errors</li> <li>• Expectations made clear: Youth are expected to address their own and others' behavior</li> <li>• Structured staff intervention provides safe, humane interactions and emphasizes protection</li> <li>• Boundaries clearly articulated and transparency encouraged</li> <li>• Officials committed to learning from mistakes</li> </ul>

**Patrick J. Sullivan Detention Center's** in Arapahoe County, Colorado, prominently displays its mission statement throughout the facility and guides all aspects of the jail's operations. Officials strive to ensure a culture of openness and transparency by clarifying this expectation: all staff are responsible for creating an environment that is safe, respectful and humane.

***Staff do not touch residents beyond the occasional "high five" on the basketball court.***

Staff are responsible for correcting each other and reporting problems before they escalate. Complaints against other staff can be brought to any supervisor or administrator, not simply in their own supervisor. Officials cited as an example a situation that occurred when a clique formed on one shift in one part of the building and group members supported each other in not following agency policy. Multiple internal affairs investigations were initiated that resulted in disciplinary actions. Subsequently, a series of meetings with all facility staff were initiated to avoid future problems of this nature.

**Woodfield Cottage Secure Detention Facility** in Westchester County, New York houses youth ages 10-15 who are accused of committing crimes and are awaiting court action. Child-centered services are offered in a structured, caring setting in a high-security environment. Regardless of how long a youth remains at Woodfield Cottage, each youth goes to school, receives life skills training, and therapeutic services. See Appendix 5, document 2, for a more complete description of this program and official's efforts to ensure the safety of its residents, and a logic model that makes explicit the objectives and activities undertaken by the agency.

Woodfield Cottage was founded in 1996 by a 175 year old child care agency (Leake and Watts Services, Inc.) that sought to integrate a holistic child care philosophy into detention services. Staff stated during interviews that when residents feel unsafe, they become more anxious and defensive, and fights are more likely to occur. Agency staff and administrators believe that everyone feels greater dignity and behaves more productively in a safe and clean environment that integrates social work, health care, and mental health care services. Youth are given a handbook at intake with information about abuse and the 1-800 number to a child abuse hotline, and they are verbally informed about the process and encouraged to call if they feel they are being abused. Approximately 345 youth are admitted to the facility every year.

Numerous safety measures have been established to create a nurturing environment and to promote individual success. One measure is a controversial "no-touch" policy. Staff do not touch residents beyond the occasional "high five" on the basketball court. This policy is controversial because some professionals believe that touch is healing and that appropriate physical contact is a healthy and necessary component of normal child development. Woodfield Cottage administrators believe that many children in the facility have been inappropriately touched, and some have a known history of sexual and physical abuse. Staff believe that many of the residents do not feel empowered to tell an adult when they are uncomfortable with even casual touching. The need for safety supersedes the idea that touching can be healing for this particularly vulnerable population.

Counseling is the method used to address altercations, and staff focus on preventing volatile situations rather than intervening afterward. Physical restraints are used as a last resort. The implementation of this policy and staff training regarding this and other safety policies demonstrates strong leadership by facility administrators. Further, officials attribute this approach to a dramatic decrease in physical restraints. Before the implementation of this policy, the agency tabulated approximately 300 physical restraints per year; afterward, physical restraints were used about 20 times annually.

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**STAR Academy** is operated by the South Dakota Department of Corrections. Officials see the agency mission as using well-developed, integrated services to improve the lives of residents while measuring outcomes that pertain to safety, order, security, health, programming, justice, and reintegration. Administrators believe a culture of safety can be accomplished by implementing quality programs that center on youth behavior change. This

programming, combined with a practice of treating all youth with dignity and respect, models behavior that will assist the youth when they are released into the community. Administrators develop managers who are capable of being “change agents” who are dedicated to helping each child reach his potential.

Officials describe STAR as leadership versus management driven, but the leadership has endorsed as the management approach Performance-based Standards, as administrated by the Council of Juvenile Correctional Administrators. PbS facilitates quality care within conditions of confinement, focusing on transitioning youth successfully back to the community. PbS requires significant data collection and incident reporting, and the information is available in reports that the DOC posts on its web site. In a 12-month period ending in April 2009, one assault among residents was recorded; no assaults on staff occurred. In the April 2009 report, 12% of youth and 15% of staff reported that they were fearful in the facility; each of these was lower than the national average of programs participating in the project (South Dakota Department of Corrections, 2010).

**Springfield Academy** in South Dakota developed an integrated management system that uses policies and procedures and mechanisms of quality control to maintain consistency of programming by providing regular staff feedback and reviews. The organization uses a Positive Peer Intervention [PPI] program that focuses on thinking errors and criminal thinking patterns. All residents are expected to address their own behavior, and they are encouraged to support their peers. Officials at Springfield Academy promote learning from one’s mistakes, and moving forward. Staff gather to meet with the manager every day at shift change to discuss things they did well and things they need to do better. In these meetings, staff are encouraged to provide a safe, humane environment, where boundaries are clearly understood and reinforced.

***Our company’s mission is to protect the public by building and operating safe and humane facilities where young men and women receive training, education and treatment designed the likelihood of reoffending after their release. Our goal is to effect change in young people’s lives. Preparing them to re-enter the community as contributing members of society.***

***--Youth Service International Mission Statement***

In summary, all of the study sites were led by officials who were committed to safety for both inmates and staff, and who articulated the need to consistently treat those in their care with dignity and respect during every interaction. These leaders were committed to programming that not only contributed to a safe environment by productively engaging residents and inmates, but reflected a larger belief that the role of the agency was to provide residents with tools to improve their lives upon release. These efforts in some cases transformed the organizational culture and, in other cases, maintained a long-standing culture of treating individuals with respect and concern for their welfare.

Excellent information about transforming organizational cultures can be found in *Building Culture Strategically, A Team Approach to Corrections*, published by the National Institute of Corrections in 2007.

***Performance-based Standards, as administrated by the Council of Juvenile Correctional Administrators, facilitates quality care within conditions of confinement, focusing on transitioning youth successfully back to the community.***

***Officials at Springfield Academy promote learning from one’s mistakes, and moving forward. Staff gather to meet with the manager every day at shift change to discuss things they did well and things they need to do better.***

***Excellent information about transforming organizational cultures can be found in Building Culture Strategically, A Team Approach to Corrections, published by the National Institute of Corrections in 2007.***



## 2. Officials who actively seek better ways to manage the population and who integrate knowledge and ideas from a wide variety of sources including staff, professional associations, accreditation processes, and other agencies and facilities

Facility administrators at the site visited for this study consistently expressed openness to new information and a willingness to learn from other agencies and from their staff. This is an especially important promising practice since new information is continually being introduced into the field, increasing the ability of officials to provide safer environments and better services to offenders.

### ACCREDITATION

The process of professional accreditation provides a mechanism for agencies seek scrutiny and acknowledgement from national organizations. Accreditation is a process whereby a correctional agency invites rigorous external review by trained evaluators who examine, assess and ultimately validate an agency's compliance with nationally developed standards. Accreditation provides administrators with the opportunity to identify the strengths and weaknesses of their organization, and to plan and implement a systemic resolution to problems which may exist (Huggins & Kehoe, 1992).

The San Francisco County Jail has continually sought to improve its programs and services through a variety of means. Many years ago, Sheriff Hennessey worked collaboratively with Professor Mort Cohen, a Golden Gate University School of Law Professor who was involved in several federal jail lawsuits, to mediate and improve jail conditions and resolve the legal issues. The San Francisco County Jail works with a number of professional associations, such as the American Jail Association, the National Institute of Corrections and the California Commission on Peace Officer Standards and Training [P.O.S.T.], to increase staff knowledge improve services.

The **Orange County Corrections Department** responded to recommendations from and independent Jail Oversight Committee in 2001 to review all aspects of jail operations and to make substantive recommendations for improvement. Chief among these was the development of a monthly *Primary Indicators Report [PIR]* to evaluate and document numerous quantitative measures of jail safety. This is quantitative feedback mechanism is the centerpiece of a management strategy that permeates all aspects of jail operation. Additionally, staff routinely communicate with inmates' family members to respond to concerns inmates may have expressed, and to provide family members with information on community resources. In addition, agency administrators encouraged and supported correctional staff in participating in a number of national correctional committees and to attend numerous external training events (i.e., NIC's Large Jail Network meetings and Florida Large Jail Network meetings). Administrators actively seek ideas and improvements from correctional colleagues and professional organizations, and facility staff. For example, the agency initiated *Crisis Intervention Team (CIT)* training, an innovative national model to respond to individuals with mental illness who come in contact with law enforcement, after a staff person saw a television program on *CIT*. The Orange County Corrections Department is also one of only 124 jails accredited by the American Correctional Association, an achievement used to strengthen and continually improve its services.

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*Administrators actively seek ideas and improvements from correctional colleagues and professional organizations, and facility staff. For example, the agency initiated Crisis Intervention Team (CIT) training, an innovative national model to respond to individuals with mental illness who come in contact with law enforcement, after a staff person saw a television program on CIT.*

Administrators of the **Shelby County Jail** sought the advice, support and counsel of the National Institute of Corrections (NIC) and the Law Enforcement Training and Research Associates (LETRA) to conduct an operational assessment of the jail in 2001. This resulted in a comprehensive report of recommendations, and LETRA jail experts Jeffrey Schwartz and Pat Gatson were hired as consultants to develop a compliance plan and to improve its programs and services. The jail also developed a Jail Report Card patterned after Compstat (computer statistics), the approach created by the New York City Police Department to provide key data to agency administrators. When Shelby County Jail officials decided to transition to direct supervision, 500-600 Shelby County Jail staff visited correctional facilities in Little Rock, Arkansas and Coal Creek, Tennessee to observe officers managing inmates using a direct supervision model. One year after being released from a federal contempt of court decision, and despite having had considerable major challenges only five years earlier, the Shelby County Jail became nationally accredited by the American Correctional Association in 2006.

Patrick J. Sullivan Jr. Detention Center provides a fine example of using outside entities to improve its operations, programs and services. Administrators have made a major investment and commitment to excellence, as demonstrated by being one of only about 25 agencies to earn accreditation from three major correctional accreditation agencies, the American Correctional Association, the National Commission on Correctional Health Care and the Commission on Accreditation for Law Enforcement Agencies. The National Sheriff's Association awarded the Arapahoe County Sheriff's Office the Triple Crown Award for this achievement. The jail was first accredited by the National Commission on Correctional Health Care in 1990 and was selected "Facility of the Year" after 16 years of compliance with health care standards. Accredited by the American Correctional Association since 1989, the Patrick J. Sullivan Jr. Detention Center earned 100 percent compliance with the jail standards of the ACA. Finally the Arapahoe County Sheriff's Department has received accreditation from the Commission on Accreditation for Law Enforcement Agencies.

The Woodfield Cottage Secure Detention Facility used guidelines from the American Correctional Association, the Child Welfare League of America, and the New York State's Office of Children and Family Services in the development of its policies and procedures. Officials have developed and promoted a strong relationship with the state Children Protective Services Department, and have made a significant commitment to the Handle With Care Behavior Management System developed by Bruce Chapman to respond to situations when restraint is necessary.

STAR Academy, actively involved with the Performance-based Standards (PbS) project since 2001, primarily works with outside agencies through this initiative. As a national program administered by the Council of Juvenile Correctional Administrators (CJCA), PbS has helped STAR to continue to promote excellence. The Juvenile Corrections Monitor has been working with the facility since 2001 to ensure safety compliance and independent oversight. The monitor has full investigative authority and reports to the Governor and the Secretaries of Corrections and Human Services. Officials report that the monitor has been instrumental in investigating allegations of abuse and neglect at South Dakota's juvenile correctional facilities, in reviewing policies related to juvenile rights, and in providing training to staff.

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***The jail was first accredited by the National Commission on Correctional Health Care in 1990 and was selected "Facility of the Year" after 16 years of compliance with health care standards. Accredited by the American Correctional Association since 1989, the Patrick J. Sullivan Jr. Detention Center earned 100 percent compliance with the jail standards of the ACA.***

Springfield Academy is a subsidiary of a larger corporation, Youth Services International (YSI). YSI regularly convenes staff from the more than 30 agencies it owns to share ideas, knowledge and resources. In addition, the administrator of Springfield Academy is a member of the South Dakota Association of Residential Child Care Providers, an organization formed to improve the delivery of services to youth. This association meets quarterly, providing an opportunity to share information, gain knowledge about innovative programs, and seek professional advice about improving care.

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### **3. Open communication between managers and correctional staff, and between correctional staff and inmates and residents**

Officials at the **San Francisco County Jail** told us that “individuals feel most comfortable talking to people like themselves.” For this reason, officials seek individuals to work in the jail who come from a variety of backgrounds, ethnicities, and religions. Many staff speak different languages and the posted shift rosters are filled with a wide variety of surnames. The sheriff places a high value on employing staff who reflect San Francisco’s diverse population. Sheriff Hennessey has won national recognition for his successful recruitment of women and minorities, including gays and lesbians. The San Francisco County Jail employs the highest proportion of women and minorities of any law enforcement agency in the country, more than 70% of sworn staff.

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Another example of excellent communication is the jail’s policy on intervening in cases of sexual assault, first drafted in the 1970s. This policy outlines in specific detail the roles and responsibilities of staff who encounter a victim of institutional sexual assault, and articulates the manner in which these incidents are to be managed. It directs staff to respond uniformly, humanely and compassionately to victims. According to Chief of Staff Eileen Hurst, deputies are trained in positive interaction with prisoners and are encouraged to be problem solvers to prevent pent-up frustrations from erupting. More information on the San Francisco County Jail and its approach to sexual assault prevention, response, and investigation can be found in Appendix E, document 3. The document includes a logic model that clarifies objectives, tasks and outcomes.

Direct supervision is a key aspect of this promising practice regarding open communication between staff and inmates. Not only is communication and positive interaction a respectful approach to population management, but it is fundamental to developing trust and openness. When staff and inmates are in continual communication, it is easy for concerned inmates to alert staff to potential issues and problems. This allows staff to intervene early, before problems escalate. When communication between staff and inmates occurs rarely, then any discussion outside specific common parameters would seem unusual and inmates would fear being viewed as a “snitch.” Safety rests on easy and frequent communication between inmates and staff. Direct supervision promotes this type of interaction.

Strong interpersonal communication and listening skills are essential ingredients to effectively managing correctional environments (Lombardo, 1989). Nearly all correctional agencies express the watchwords “*firm, fair and consistent.*” These attributes are essential to helping correctional staff negotiate the multiple, difficult roles they play, and are vital to correctional management (Blair & Kratcoski, 1992; Kalnich & Pitcher, 1984).

Communication within the larger organization is also part of this promising practice. In fact, it is a cornerstone to effective organizations. In a comprehensive study observing real managers in the workplace, solid routine communication was identified as the single largest contribution to

*Safety rests on easy and frequent communication between inmates and staff. Direct supervision promotes this type of interaction.*

management effectiveness (Luthans, Hodgetts, & Rosenkrantz, 1988). Not surprisingly, poor communication has the opposite effect. The underlying source of stress among correctional employees is most often related to administrative problems that are rooted in poor communication such as inadequate guidelines, conflicting orders, unclear guidelines, and inappropriate supervision (Cheek et al., 2003; Wells, 2003). A study of corrections conducted by the American Federation of State, County and Municipal Employees (McEntee & Lucy, 1980), officers in three states (Illinois, Pennsylvania, and Washington) cited that lack of support from administrative staff was the highest source of correctional officer stress. Dissatisfaction with supervisors (Stohr et al., 1992), inadequate supervisory support (Maahs & Pratt, 2001) and poor communication between first line supervisors and line employees and management insufficiency (Patnaude, 2001) have been identified as major factors in correctional staff work dissatisfaction, staff turnover and a desire for new employment. The chronic stress experienced by correctional staff is long-term and cumulative, and can contribute to suboptimal facility environments.

*In interviews during site visits, administrators consistently reported that communication is essential to maintaining institutional control without using force. In fact, use of force was considered to contribute to unstable and unsafe environments except in extreme circumstances.*

Correctional staff often indicate that they are consulted “only when something goes wrong” – in effect, the difficulty in correctional environments appears to me more related to staff relationships than to problems dealing with inmates (Honnold & Stinchcomb, 1985; Owen, 1988; Slate et al., 2001). Conversely, participatory decision making and correctional staff autonomy positively affect the organization’s commitment and decrease job related stress among correctional officers (Slate et al., 2001; Wright et al., 1997).

In interviews during site visits, administrators consistently reported that communication is essential to maintaining institutional control without using force. In fact, use of force was considered to contribute to unstable and unsafe environments except in extreme circumstances. Correctional officers are the agents of institutional social control, who are required to enforce institutional policies and manage the environment (Hepburn, 1989). Correctional officers employ both formal controls (initiating discipline through the disciplinary process) and informal controls (verbal and/or other strategies) to respond to situations and manage prisoner behavior, striking the appropriate balance between over-enforcement and under-enforcement (Hepburn, 1989). If the communication between correctional staff and residents is not appropriate, the correctional environment can be substantially negatively affected and quickly can become dangerous. Correctional staff must be well trained to exercise control and gain inmate compliance without exacerbating a situation, creating resentment, or increasing hostility.

**Orange County Corrections Department** administrators also made a commitment to direct supervision, an inmate management modality that emphasizes effective communication among correctional staff, and between correctional staff and inmates. When making the transition to this approach, all staff received increased training in interpersonal communication emphasizing treating all prisoners with dignity and respect and expecting staff to treat people the way they would like to be treated. Additionally, staff play an integral role in inmate management, supervision and intervention. Team rounds and meetings are regularly conducted with security, medical and mental health staff to ensure the careful management of especially difficult prisoners or those with special needs. Further, the Primary Indicators Report, discussed above, was developed measure safety indicators and monitor the climate of the facility, but it is also a way to share information among correctional staff. The PIR identifies problem areas, and regular PIR meetings facilitate joint problem solving. Also, as mentioned above, Orange County has made a substantive commitment to effectively managing inmates with mental illness with its CIT program, and it has developed outstanding policies and procedures for managing this population. Its response to inmates with mental illness includes the use of a broad spectrum of community resources, which serves as another example of communication efforts with community agencies.

**Shelby County Jail** officials reported that transition to direct supervision was challenging at first, but once staff observed that security was enhanced and strengthened, they endorsed and supported the change. (San Francisco jail administrators also reported resistance also, which was only lifted when individuals experienced the safer environment.) Shelby County jail officials other found other innovative ways to encourage communication such as

providing locked boxes on each unit for inmate grievances and weekly “Town Hall Meetings” in each living unit which provided inmates a chance to ask questions and voice complaints to management staff.

Retired **Mecosta County Jail** Administrator Captain Rick Kaledas adopted community policing principles to manage the jail, emphasizing that the key ingredient to success was “*knowing your population*,” which could only be achieved through correctional staff interaction with inmates. Correctional officers were made responsible for specific areas and assigned tasks to facilitate communication with prisoners. Also, correctional staff were empowered with the authority to resolve inmate grievances, and those that could not be resolved at the line level were passed up the chain of command. More importantly, supervisors supported line officers’ authority in decision making, and inmates who attempt to by-pass correctional staff are re-directed back to line officers for resolution. In such a manner, most problems are resolved at the lowest common level. At the same time, staff are accountable for their decisions and must improve their skills as necessary. Additionally, Mecosta County initiated “Inmate Behavior Management,” a direct supervision style of inmate management predicated upon strong interpersonal communication skills of officers in their interaction with prisoners. More information about this approach, including training, is available from the National Institute of Corrections. An important resource is *Inmate Behavior Management: The Key to a Safe and Secure Jail* (Hutchinson, Keller, & Reid, 2009).

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The **Patrick J. Sullivan Jr. Detention Center** administrators made a strong commitment to a staff culture of openness and communication throughout the organization. This is best represented by the fact, as previously noted, all staff are expected to correct their fellow staff members directly and to report problems before they escalate.

At the **Woodfield Cottage Detention Center**, staff are trained as part of the overall therapeutic milieu to actively engage with residents. Staff, including teachers, continuously provide clear direction to residents regarding their expectations in terms of both behaviors and attitudes. This is intended to create an environment where residents and staff work collaboratively toward the residents’ rehabilitative goals.

Administrators promote and nurture strong and positive relationships between supervisors and line staff is considered a critical element in ensuring effective communication. Each shift supervisor meets with his or her staff before the shift to exchange information, and to forward information about what has occurred on the prior shift. Each team also meets monthly, and there are 20 all-staff-meetings scheduled annually to reinforce the consistency of mission and vision. Supervisors are trained to “start with the good” when discussing needed changes with subordinates, and also to consistently engage in dialogues about the benefits and weaknesses of decisions made by staff. If a subordinate staff person questions a supervisory decision, the assistant director will discuss concerns with both parties. The rationale for the decision will be explained, and the employee may be asked to read an article or book chapter supporting the decision. Disagreements and conflicts are discussed in terms of developing the most effective means of managing the youth.

**STAR Academy** employs an active behavior management process that relies on constant communication and feedback to residents about their thinking errors, inappropriate attitudes and negative behaviors. Staff look for opportunities to help the youth gain awareness of the relationship between thinking errors, negative attitudes and problem behaviors. An integral part of the process relies on constant, regular staff feedback to residents, and this requires staff to maintain strong observational and communication skills. Supervisors work closely with subordinate staff to encourage active, constructive dialogue and conflict resolution when problems occur.

*Staff, including teachers, continuously provide clear direction to residents regarding their expectations in terms of both behaviors and attitudes. This is intended to create an environment where residents and staff work collaboratively toward the residents’ rehabilitative goals.*

**Springfield Academy** has also implemented a system to assist and support staff in providing fair, accurate and timely feedback to residents as part of its commitment to quality care. All Springfield Academy residents attend classes to begin the process of learning their thinking patterns and linking their thoughts to problems in their lives and the lives of others. Residents are evaluated twice daily on their behaviors and thinking patterns, and they review their evaluations daily to receive immediate feedback on their behavior. This process involves a Youth Rating System, and staff ratings are reviewed by supervisors at multiple levels of the agency to ensure consistency across raters. This process requires continual communication—between staff and residents, and staff and supervisors. The rating system is combined with a structured staff intervention process designed to assist youth to view intervention as support. This seven level system helps youth learn a continuum of responses to problematic behaviors. The seven levels of intervention are as follows:

- Level 1 - Friendly Non-Verbal
- Level 2 - Concerned Non-Verbal
- Level 3 - Friendly Verbal
- Level 4 - Concerned Verbal
- Level 5 - Group Support (Staff and Peers)
- Level 6 - Staff Intervention
- Level 7- Physical Restraint or Removal

Administrators report that this process is successful, and frequently residents thank staff members for providing meaningful feedback. In addition, the Springfield administrative team has a relatively constant presence in the facility to observe the interaction with staff and youth. Information is exchanged during shift change meetings to inform staff and supervisors of the milieu climate, and supervisors look for opportunities to use this time for staff development since specific problems are usually discussed.

#### **4. Recruitment and hiring of diverse individuals who are respectful towards others and have effective communication skills, and mentoring and succession planning**

More than two decades ago, Stinchcomb (1985) explained that correctional agencies must engage in a staff selection process that is standardized and job-related, actually evaluating an individual’s abilities and potential performance. The presence of appropriately selected and trained staff is fundamental to the success of any correctional organization. Custody staff spend more time with offenders than anyone else in the institution. Administrators interviewed for this study consistently described the need for excellent staff who can relate well to inmates. Staff are the most positive agents of change in corrections, and can either encourage or sabotage institutional treatment and programming (Briscoe & Kuhrt, 1992; Fewell, 1988); their attitudes and behaviors can define the institutional environment.

Jail administrators face many obstacles when trying to recruit strong candidates for positions as correctional officers. In a study conducted by the National Institution of Corrections (Clem, Krauth, & Wenger, 2000), these obstacles included the following:

- Competition with law enforcement agencies or the law enforcement division of the sheriff’s office (in many jurisdictions a pay disparity exists between corrections and patrol officers);

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*Entry requirements were revised to ensure that minorities are not screened out based on requirement for high levels of education or extensive job experience. Jail deputies must have a high school diploma or equivalent, be at least 21 years old, have no felony convictions, and at least one year of work experience.*

- Competition with other government agencies and private companies that may pay more;
- Poor actual or perceived working conditions; and
- Many women and minorities do not see correctional officer positions as professional opportunities.

***A credit history check is also important because the department wants to screen out individuals whose level of debt may make them susceptible to corruption. As a result of this extensive screening process, only about 4% of those who apply to work in the San Francisco County Jail are actually hired.***

Many current agencies have difficulty today recognizing what was understood a generation ago: Progressive correctional operations consider correctional officers to have roles and functions beyond traditional custody (Johnson, 1987: 142). This role has been succinctly articulated by correctional officer Larry Bergman, and was manifest in all of the study sites:

***... an 'officer,' by definition, is one who ...serves other people in a holistic way, concerned about the total person...and the surrounding environment. They learn how to care for the physical health of a person, how to promote mental/emotional well-being, and how to lift the spirit by promoting self-esteem. They learn how to provide a safe and secure environment. Above all, they are respect... individuals and their rights. (Bergman, 1994:43)***

Roush (2008) recently identified three staff-specific issues that influenced staff sexual misconduct in juvenile agencies, and these issues were also discussed by the administrators interviewed for this study:

1. an insufficient number of staff to provide adequate supervision;
2. an inadequate amount of relevant training to prepare workers to supervise competently; and
3. the inability to screen out of the profession those adults who want to work with troubled and vulnerable youths for the wrong reasons.

In each of the facilities we studied, administrators discussed the recruitment, hiring and selection of correctional staff as critical ingredients in creating and maintaining safety. Table 4 provides a comparison of the employee hiring, training and staff development among the study sites, including Jefferson County. Table 4 shows remarkable congruence in the practices employed by each of the agencies in recruiting and hiring staff. Each agency was actively engaged in recruiting and selecting a cadre of employees who met and sustained the vision and mission of the organization. Once hired, administrators ensured that staff training protocols focused on developing and refining the skills considered critical to creating a safe and secure environment where the institutional culture prioritizes treating offenders with and promoting individual dignity.

The ***San Francisco County*** Sheriff hires staff who are interested in public service rather than law enforcement. He made a commitment to staff diversity at every level of the organization three decades ago. Entry requirements were revised to ensure that minorities are not screened out based on requirement for high levels of education or extensive job experience. Jail deputies must have a high school diploma or equivalent, be at least 21 years old, have no felony convictions, and at least one year of work experience.

An active campaign exists to recruit from neighborhoods that house diverse cultural communities. Job announcements are translated into several languages (including Chinese, Spanish, Tagalog) and distributed in culturally diverse neighborhoods. Positions are advertised in community newspapers, radio and television stations, community meetings to discuss recruitment are conducted in churches, and job fairs to explain the application and selection process.

The recruitment process is just the beginning. There is a comprehensive screening of potential staff through a number of standardized procedures, including tests of physical agility, psychological testing, examination of an applicant's criminal history, polygraph and a thorough reference check, including a home visit, and information from spouses and prior spouses, partners, and neighbors. A credit history check is also important because the

department wants to screen out individuals whose level of debt may make them susceptible to corruption. As a result of this extensive screening process, only about 4% of those who apply to work in the San Francisco County Jail are actually hired.

The hiring process is followed with extensive training. New deputies participate in six to 8 months of state training with P.O.S.T. (Police Officer Standards and Training). Each then receives three weeks training on jail operations prior to working in the jail. Once a deputy receives his or her jail work assignment, formal on-the-job training begins with a senior deputy who has completed a 40-hour course to become a training officer. Each of the county jails has a facility training coordinator who works with the training deputy to ensure that all the elements in the training curriculum are addressed along with topics specific to that facility.

More information on the operations of the San Francisco County Jail can be found in Appendix D, document 3, including a logic model that links objectives, activities and tasks with outcomes.



**Table 4. Brief description of hiring, training and staff development**

San Francisco County Jail	Orange County Corrections Department	Mecosta County Jail	Shelby County Jail	Patrick J. Sullivan, Jr. Detention Facility	Jefferson County Sheriff's Office* (investigators)
<ul style="list-style-type: none"> <li>• Comprehensive screening of potential staff w. standardized testing (physical/ psychological), credit history, polygraph, thorough reference check</li> <li>• Hiring of non-custody staff</li> <li>• All staff attend California Peace Officers Standards and Training (POST) Training and 2-3 weeks jail operations training</li> <li>• Formalized On-Job-Training</li> <li>• Train all staff on direct supervision principles</li> <li>• Training on rape trauma</li> </ul>	<ul style="list-style-type: none"> <li>• Emphasis on professional development of staff</li> <li>• Crisis Intervention Team Training provided to staff (esp. in MH unit) to help staff de-escalate situations w. persons w. emotional disturbance</li> <li>• Specialized training for booking staff to identify inmates with MH and/or MR issues and prior victimization</li> <li>• Interpersonal communications training with emphasis on treating inmates w. respect and regularly talking to inmates</li> <li>• Training for all staff that all options should be exhausted before "Use of Force" incidents</li> </ul>	<ul style="list-style-type: none"> <li>• Core staff identified to recognize critical new philosophy</li> <li>• Intense initial staff training, reinforced by annual training</li> <li>• Training and coaching are essential elements, reinforced by close involvement directly w. staff</li> <li>• Build and increase staff problem solving skills</li> <li>• Training in Inmate Behavior Management</li> <li>• Staff mentoring /coaching critical</li> <li>• Staff accountability reinforced</li> </ul>	<ul style="list-style-type: none"> <li>• "Use of Force" Training</li> <li>• Team Building skills</li> <li>• Communication skills training</li> <li>• Ethics Training</li> <li>• Increase on Jail Relevant Courses</li> <li>• National Institute of Corrections Training</li> <li>• On-the-job training</li> <li>• Ongoing staff training on suicide prevention</li> <li>• On-site library and computers</li> <li>• Field Training Officer Program</li> </ul>	<ul style="list-style-type: none"> <li>• Broad number of venues for staff recruitment</li> <li>• All recruits must be P.O.S.T. certified or eligible</li> <li>• Six step screening process to carefully examine applicants</li> <li>• Advancement tied to degree: Sgt. requires Associates, Lt. requires Bachelors Degree</li> <li>• Colorado P.O.S.T. training and completion of examination</li> <li>• 1 week Intensive training in direct supervision principles</li> <li>• 3 mos. field training</li> <li>• 120 hrs/year in-service</li> <li>• Specialized training for field officers</li> </ul>	<ul style="list-style-type: none"> <li>• All staff provided w. on-going training to prevent and respond to sexual assault</li> <li>• Staff given constructive feedback following investigations for improvement</li> <li>• Address inmate culture/create safety</li> <li>• Yearly sexual assault training with mock sexual assault exercises</li> <li>• Identify key attributes of investigative staff and support specialized training</li> <li>• Training in dynamics of sexual offending and interviewing victims</li> </ul>

\*Jefferson County (Colorado) Jail, the site of the investigation case study presented in Appendix B, is included in this chart because of its special efforts to recruit, hire and train investigators.

Springfield Academy	Woodfield Cottage Secure Detention Facility	STAR Academy
<ul style="list-style-type: none"> <li>• Broad recruitment through job fairs at local colleges</li> <li>• Focus on health benefits attracts more mature, stable staff</li> <li>• Efforts to increase staff salaries</li> <li>• 40-hour orientation training</li> <li>• New staff work with more senior staff, who consult checklist</li> <li>• Team leaders actively involved over all 3-shifts to shadow staff</li> <li>• Regular team meetings and formal training 2x month</li> <li>• Team leaders scan for ‘burnout’</li> <li>• Staff are trained in risk indicators for abuse, neglect and trauma</li> <li>• Interventions are tracked and reviewed by supervisory staff</li> <li>• Focus on relevance – training is targeted to build specific skills</li> </ul>	<ul style="list-style-type: none"> <li>• Use of both contract and full-time staff</li> <li>• Contractors eventually fill full-time positions, giving administrators opportunity to review skill set and philosophy prior to hiring</li> <li>• 2 yrs. prior experience and sensitivity to youth</li> <li>• Value sensitivity, cultural diversity and caring for kids</li> <li>• Holistic training, including gangs, suicide identification and updated training on mental illness</li> <li>• Frequent performance assessments examine relationships, knowledge of policy, documentation and reports</li> <li>• Focus on staff mentoring and support</li> </ul>	<ul style="list-style-type: none"> <li>• Broad advertising for positions, senior staff screen applicants</li> <li>• Questionnaire (competency-based) must be completed</li> <li>• Extensive background checks</li> <li>• 120 hrs. pre-service training in 3 phases: (1) <i>Orientation</i> to SDDJJ policies, procedures, CPR, safety (2) <i>On-Job-Mentoring</i> with staff; (3) <i>Integrative training</i> – sit in classroom with current employees</li> <li>• Six month probationary period</li> <li>• On-going performance appraisals/use of performance enhancement memos</li> </ul>

The **Shelby County Jail** made the dramatic transformation described above due in part to the election of Sheriff Mark Luttrell who hired a cadre of professional administrators to support a new facility vision and mission. The new administration emphasized that all staff, including jail staff, were valuable and critical to the implementation of the organization's mission. Jail positions were elevated in payment status and given equal treatment both in training and recognition.

At the **Mecosta County Jail** the jail chief hired staff who expected to work long-term in corrections rather than those who wanted to use the jail assignment as a stepping stone to patrol positions. The list of individual qualities considered in the hiring process included honesty, a sense of personal responsibility and accountability, problem solving skills and strong communication skills.

Administrators at the **Patrick J. Sullivan Detention Center** recruit at a variety of venues including colleges, job fairs, and on the Sheriff's Department website. A six-step process includes a written skills test, an oral interview, a polygraph examination, a psychological examination, a medical background check and a physical examination, and a comprehensive background examination. This detailed process eliminates most applicants, according to administrators.

Unlike Mecosta County, all deputy staff begin by working in the jail, even those who are ultimately interested in patrol positions, and between 5 and 19% move to patrol positions each year. Administrators reported that this process ensures that an adequate number of trained individuals are available to provide supervision in the jail should it become necessary to temporarily assign jail positions to patrol deputies.

**Woodfield Cottage Detention Center** administrators, like many other juvenile care agencies, face the dilemma of losing experienced staff to supervisory positions at other criminal justice agencies offering higher paying positions. To manage this problem, Woodfield staff are a combination of contract and full-time employees. Nearly everyone begins as a contract employee, allowing supervisors time to evaluate an individual prior to hiring them as a full-time, permanent employee. During this initial period, administrators and supervisors can assess the person's commitment to the agency philosophy of care and treatment, the individual's fit with current staff, and his or her skill with residents.

STAR Academy officials developed a recruitment process based on the successful characteristics of existing staff. The approach was developed by asking staff to form working groups to identify competencies and personal characteristics that were necessary for excellent performance. This resulted in the development of a questionnaire that is posted on the website to inform candidates that agency officials stay focused on these throughout the hiring process. A competency-based interview guides the hiring team, followed by extensive screening of personal, work, and criminal history, along with an abuse and neglect screening through the state's Department of Social Service Central Registry.

**Springfield Academy** administrators faced challenges familiar to many juvenile child care agencies: its positions are paid at a lower rate than many other local employers. The agency engages in a broad recruitment effort focused on providing information at job fairs and colleges. Wherever possible, Springfield staff take residents to the presentations so they can be part of the hiring process. Because the facility is located in a rural farming area, the facility administrators reported that they benefit from mature applicants who were attracted to the staff positions because of the agency's health care benefits. The women from the local farming community was an important contribution to the staffing configuration. Administrators found these employees' dependability and wealth of life experience to be most helpful to youth in crisis.

Recruiting, hiring, and training for excellence, along with succession planning, are critical to the long term success of efforts to prevent and respond to operational safety concerns including institutional sexual assault. More

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information on this topic can be found in Appendix E, documents 2, 3, and 4. Additionally, the National Institute of Corrections has a useful document titled *Innovations in Police Recruitment and Hiring: Hiring in the Spirit of Service* (Scrivner, 2006).

## 5. Standardized and on-going staff training to transmit values through policies and practices

Promising practices #4 and #5 are closely related because, following recruitment and selection of the right individuals, the next step is providing these staff with the knowledge and skills to perform the job with excellence. Working in correctional environments requires competencies related to custody and security, but facility administrators and staff interviewed for this project explained that communication and strong interpersonal skills were equally important to ensure safe management and operations. The American Correctional Association recommends 160 hours of training for entry-level correctional staff with at least 40 hours before a job assignment, and a minimum of 40 hours per year thereafter. The training requirements in each of the facilities studied exceeded the ACA recommendations. This is consistent with Shaffer's recommendation (2003:120): "Sound correctional policies and procedures are the foundation for institutional security, but an ongoing assessment of staff and system performance is necessary to ensure the safety of staff, inmates and the public."

*Recruiting, hiring, and training for excellence, along with succession planning, are critical to the long term success of efforts to prevent and respond to operational safety concerns including institutional sexual assault. More information on this topic can be found in Appendix E, documents 2, 3, and 4. Additionally, the National Institute of Corrections has a useful document titled *Innovations in Police Recruitment and Hiring: Hiring in the Spirit of Service* (Scrivner, 2006).*

### MENTORING AND COACHING

Another commonality across facility operations was the use of mentoring and coaching as supplements to strengthening the formal staff. Mentors and coaches can provide numerous benefits to individual employees and to organizations by (1) providing instruction in specific knowledge and skills critical to successful performance benefit in job performance, (2) helping to understand the unwritten rules of the organization and how to avoid saying or doing the wrong things, (3) answering questions and providing important insights, (4) offering emotional support, (5) serving as a role model, and (6) creating an environment in which mistakes can be made without losing self-confidence (Hodgetts & Kroeck, 1992).

The emphasis on mentoring and coaching as essential to the process of staff development was consistent across the study sites. Research has demonstrated the efficacy of coaching staff in the adoption of new skills and behaviors (Haarr, 2001). In fact, follow-up coaching is seen as the lynch pin to the process, since it reinforces and strengthens staff adoption and incorporation of the principles.

### MAINTAINING BOUNDARIES

Each of the study sites valued communication and developing trusting relationships between staff and residents as cornerstones of facility safety. Likewise, site policies continually reinforced the development and maintenance of clear professional boundaries. Inmates and residents and staff require clear rules govern their relationships, and the rules must be equitably. Roush (2008) notes that the rules pertinent to appropriate staff-resident interactions include, among other things, dress codes that distinguish staff from residents, prohibition of profanity by staff, and the consistent recognition of privacy rights, especially for juvenile residents.

Further, this aspect of safety requires management training in how to conduct an investigation of inappropriate staff conduct. All correctional facility administrators must monitor interactions between staff and residents, and violations by staff of policies must be subject to immediate investigation and, if necessary, prosecution.

The **San Francisco County Jail** managers rotate staff positions in direct supervision facilities every few months to ensure that inmates and staff relationships are not long term. This practice is intended to reduce the likelihood of “over familiarity” and counteract the potential of professional relationships crossing into personal ones, a possible consequence of building a culture of trust between the staff and the inmates. This practice also allows staff to develop an expertise in a variety of roles and functions since each of the jail facilities is quite different. Administrators reported that, since the jail operates six facilities in different parts of town, this practice was controversial and disliked by staff in the beginning. However, the sheriff and the jail chief maintain that this practice protects staff and inmates, and is a critical component of the organization’s safety orientation. This approach is recommended by the National Institute of Corrections (Bogard, Hutchinson and Persons (2010).

Additionally, intense and ongoing mentoring and training also promote clear professional boundaries and inmate management skills. All San Francisco County Jail staff receive training in direct supervision principles, rape trauma and management of diverse prisoner populations. In addition to this formal on-the-job training, staff participate in annual training offered by the Department and outside training. Training on victim trauma is provided to jail deputies by the rape treatment center at the San Francisco Department of Health. Training also occurs at roll-call and through staff training bulletins. San Francisco County Jail administrators also developed specialized training for classification staff to ensure their decisions would incorporate the complexities of victimization, vulnerability, and offender management. Sheriff Hennessey and the San Francisco County Sheriff’s Department was honored by the State of California with 18 consecutive annual awards for “Excellence in Training.”

The **Orange County Corrections Department** administrators emphasize professional development as a part of its commitment to safety. All staff are given specific training in interpersonal communications, with an emphasis on treating inmates with dignity and respect. Since good interpersonal communication is an essential ingredient to the direct supervision philosophy, all staff are given skills training on how to talk to prisoners, how to identify and resolve problems, and manage the correctional environment. Orange County Corrections officials engaged in a deliberate strategy to reduce “use-of-force” incidents, and consequently all staff are trained in conflict resolution principles, and are guided to recognize that every option must be exhausted before “use-of-force” is initiated. According to jail administrators, staff training must emphasize the philosophy of preventing the use of force rather than emphasizing the tactics to be used when force is needed.

As briefly mentioned above, Orange County has also engaged in an innovative approach to identifying and managing prisoners with mental illness using Crisis Intervention Teams. Because an inmate’s psychiatric conditions can negatively impact the safety and security of both inmates and staff, Orange County administrators are committed to ensuring staff are trained to identify and deescalate prisoners with mental illness. Booking staff are given special training to identify prisoners with mental illness and developmental disabilities and notice cues that suggest prior victimization, targeting them for special intervention. This is especially important since these populations are uniquely vulnerable to sexual assault. All staff members, including those working in the mental health unit, are given comprehensive Crisis Intervention Team (CIT) training which focuses on de-escalation techniques. The 40-hour training focuses on experiential methods, and emphasizes skill building. In one vignette, trainees wear headsets that

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emit voices simulating what it would be like to suffer from schizophrenia. The training includes role-playing with professional actors, simulating actual incidents that occurred in the jail. In this manner, staff are given a repertoire of skills to verbally de-escalate crisis situations and to make appropriate referrals to avoid problems from escalating.

The **Shelby County Jail** administrators not only developed a comprehensive training for all staff in the principles of direct supervision, but ensured that a range of training opportunities are available to increase knowledge, skill and abilities. In addition to a formal academy-based training (which includes content designed for law enforcement and correctional functions), all staff are required to attend 40 hours of annual in-service training on topics that include suicide prevention, mental health issues and sexual assault. These topics are taught by professional mental health staff. Additional training was developed on use of force with the purpose of reducing the number of such incidents. Other training included team building exercises with physical activity to encourage staff cohesiveness, ethics and communication skills, topics taught by correctional staff who are particularly skilled in interpersonal communication to ensure appropriate role modeling. Shelby County Jail officials also provide opportunities for correctional staff to participate in National Institute of Corrections (NIC) training programs, created an on-site library and computer access for staff to participate in on-line training curricula, and has a Field Training Officer (FTO) program which follows the model created by NIC to strengthen the efficacy of training.

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The use of training to transmit safety-related values was explicitly described by **Mecosta County Jail** administrators. They first identified a core group of staff who were capable of promoting the jail philosophy, then engaged them in intense initial staff training, and reinforced the messages with on-going annual training. Making a substantive organizational change in philosophy and practice was planned and not rushed, according to officials. The Mecosta County jail captain made everyone aware of his focus on inmate safety and his expectation that inmates would be viewed as human beings and treated respectfully. He then proceeded to describe and promote his vision with key personnel. Most agreed with the captain's approach, and those who did not left the agency.

The Mecosta County Jail incorporated the National Institute of Correction's behavior management approach, requiring a substantial investment of training time to ensure that staff understand the principles and how to effectively implement the system. Inmate behavior management in-service training is required for all staff every other year. The jail captain intended to build strong problem solving skills among staff since the behavior management system encourages inmates to bring issues to staff. All staff were advised that if an issue could not be successfully resolved at the line level, it should be reported to a sergeant. The sergeant documents the question and takes it to the staff meeting for resolution and potential policy change.

## **MENTORING TO CARRY ON THE VISION**

As he was transitioning out of his role as **Mecosta County Jail** Chief, Captain Kaledas marshaled leadership of the jail to a new administrator, Captain Wood, whom he mentored to carry on the inmate management philosophy. Captain Wood, who had correctional experience in two different states and another jail, was initially skeptical about inmate behavior. Over time, Captain Wood's experience in the strength of inmate behavior management and in its dramatic impact in reducing assault misconducts in the jail convinced him of the integrity of the philosophy. Captain Wood continued to mentor every new staff on the value of inmate behavior management. Like Captain Kaledas before him, Captain Wood meets with every new hire to review the general conduct policy and his inmate management philosophy. New staff are then assigned to a specific post under the supervision and coaching of a more experienced staff, and they can move on to another post following acquisition of required knowledge and skills.

## 6. Direct supervision architecture and direct supervision principles for the behavior management of residents and inmates

*Direct supervision institutions are safer than traditional jails and prisons.*

Direct supervision institutions are safer than traditional jails and prisons. Werner, Frazier and Farbstein (1987) and Jackson (1992) found that that more natural jail environment had a dramatic effect on inmate behavior: violent incidents of all kinds, including rape, dropped between 30-90 percent. In pre-post comparison over a six month period of a jurisdiction moving from a linear facility to a podular, direct supervision facility, Senese (1997) found a 30 percent reduction in inmate-on-inmate and inmate-on-staff assault. Bayens, Williams, and Smylka (1997) conducted a longitudinal study of over a five year period, tracking 70 categories of disciplinary action before and after a facility transitioned from a traditional jail to a new generation jail and they found reductions of incident reports in 51 out of 70 categories of negative inmate behavior, especially assaults, batteries and sex offenses. Sigurdson (1987) identified that the introduction of contraband was almost non-existent in new generation jails. Senese, Wilson, Evans, Aguirre, and Kalinich (1992) and Senese (1997) found that direct supervision reduces suicides and inmate violations for possession of contraband, destruction of property, escapes, insolence, and violence. Williams, Rodehaver, and Huggins (1999) reported substantial reductions in inmate disciplinary problems for inmates in direct supervision jails. The Manhattan House of Detention found reductions in assaults, violence, physical destruction of property when it moved to direct supervision (National Institute of Corrections, 1987).

One of the most recent studies of direct-supervision versus remote-supervision jails was conducted by Yocum, Anderson, DaVigo, and Lee (2006) who collected data from both staff and inmates via questionnaires, interviews and behavioral observations of staff-inmate interactions. In the study of 82 staff (60 remote/22 direct supervision), those in the direct supervision environment experienced significantly more perceived control than their counterparts. This led the researchers to conclude that the *“the ‘mere exposure effect’ indicates that the more time a person spends with an individual, the more likely the two will get along...We propose that having direct, almost constant contact between officers and inmates may be an integral piece in curbing staff over-reaction”* (Yocum et al., 2006:1804). In their analysis of 164 inmates (110 remote/54 direct supervision), the researchers found that the those in the direct supervision facilities identified more perceived control over the environment, and they generally had a more positive attitude toward correctional officers. The researchers concluded that the psychosocial benefits of direct supervision design and management philosophy provides increased autonomy, which correspondingly decreases anger, hostility and aggression for both corrections officers and inmates.

Direct supervision principles can be applied in any architectural environment, but complete implementation is facilitated by the design of the physical plant. Since direct supervision prioritizes communication, interaction, and problem solving between inmates and staff, it can be maximized only in an environment designed to enhance interaction while avoiding blind spots and other potentially dangerous plant characteristics. Except in unusually overcrowded conditions in traditional architecture, the direct supervision principles enhance staff and inmate safety. These principles were in place in all of the sites visited, and in nearly all of the facilities operated in those sites.

## National Institute of Correction's Eight Direct Supervision Principles

1. Effective control
2. Effective Supervision
3. Competent staff
4. Safety of staff and inmates
5. Manageable and cost-effective operations
6. Effective communication
7. Classification and orientation
8. Justice and fairness

Source: Bogard, Hutchinson & Persons (2010). *Direct supervision jails: The role of the administrator*. National Institute of Corrections, U.S. Department of Justice.

In traditional institutions, there are four basic construction designs, according to Nagel, 1973: (1) *Radial*, an architectural plan constructed in spokes from a central core; (2) *Telephone-Pole*, a long corridor, in form of a pole, with separate control sections at each intersection; (3) *Courtyard Style*, with units housed in separate buildings, creating four sides of an open square; and (4) *Campus*, with individual units sharing a common landscape. Others describe three categories of jail architecture in the last 200 years (Nelson, 1986; Spears & Taylor, 1990; Zupan, 1991):

**Linear Intermittent Surveillance (First Generation).** Linear, remote surveillance by staff, who walk through long rows and corridors, or linear corridors with right angles, organized in wheel or “Y” design; provides minimum interaction with inmates (often through bars), and intermittent supervision, allowing for many inmate activities without the knowledge and observation of staff;

**Podular Remote Surveillance (Second Generation).** Inmates cells surround secure observation booths, and correctional staff work from inside the booth. Bars are replaced by secure glass, which increases surveillance of inmates, but still limits verbal interaction with inmates; inmates are observed from secure observation areas. Some interaction with inmates is needed and inevitable, but the correctional officer is “protected” from the inmate in the secure booth and can call for help from other institutional staff as necessary.

**Podular with Direct Supervision – (New Generation).** Inmates and officers are in the same housing unit with no structural separations. Provides the greatest opportunity for staff – inmate interaction, and offers the potential to use the interaction to manage inmate behavior rather than simply reacting to it. This model provides continual surveillance and personal supervision of inmates.

According to Zupan (1991:73), the new generation approach creates a physical environment conducive to the interaction style that facilitates safety by treating inmates “humanely and in accordance with constitutional prohibitions....In their simplest form...unsafe and inhumane jail conditions are the result of defects in traditional jail architecture and operations....” These deficits, according to Zupan, create fear among inmates and staff by providing opportunities for inmates to engage in predatory behavior without fear of detection by staff. This situation allows inmates to share power and control with institutional staff and it isolates inmates from both formal and informal mechanisms of social control. The architecture alone communicates and reinforces the message that inmates are untrustworthy and uncontrollable, and results in “unrelievable environmental stress.”

The rationale behind what was originally referred to as “new generation” jails, according to Gettinger (1984) is founded on four premises: (1) At least half of the individuals who are currently in jails are not yet convicted, (2) the physical design of the correctional environment shapes inmate and staff behavior, (3) control of inmate behavior is a function of staff, not inmates, and (4) the purpose of the jail is to maintain custody, not inflict punishment.



## **REDUCTIONS IN COST**

Gettinger (1984) found that direct supervision jails generate significant cost savings, and Nelson (1988) argued that, in general, these environments are easier to manage and are more economical to operate: they need fewer staff to manage the facility, and there are lower maintenance costs. The cost savings in one 48 bed unit was over \$200,000 (Nelson, 1988). Werner et al. (1987) found that vandalism and destruction of property was almost completely eliminated, while Senese, et al. (1992) identified that in one jail facility there was a drop in repairs of televisions from two per week to two in two years.

The use of standardized fixtures in a more normalized physical plant yield enormous financial benefits. Reeves (1992) notes that the actual construction materials used in “new generation” jails have important benefits, including:

- Vinyl tile, acoustic tile, and open spaces reduce noise and tension by absorbing sounds;
- Solid walls/doors (instead of gates and bars) eliminate clanging and the ‘metal on metal’ sounds which can be extremely challenging;
- Natural lighting and soft colors are more soothing, decreasing behavioral outbursts in institutions.

These environmental changes established in “new generation” jails have sometimes been perceived as being “soft on crime” because public sentiment often supports harshness in correctional environments. When new generation jails have been remodeled to modify the physical design features to resemble more traditional facilities, the benefits described above have been lost (Tartaro, 2002). Clearly a direct supervision philosophy combined with the appropriate physical plan enhances safety for inmates and staff.

## **IMPROVED STAFF MORALE AND LOWER STRESS**

Nelson (1988) identified that staff have reduced sick leave, and Johnson (1994) identified that there was improved staff morale and lower stress in new generation jails. Zupan (1991) found that inmates, too, experience fewer symptoms of stress, which has a direct impact and effect on inmate behavior and adjustment, in turn enhancing safety. Senese (1997) found the number of suicides, attempted suicides and escapes to be considerably lower in new generation jails. Interestingly, while new generation jails are not specifically designed to enhance treatment, the improved security and environment in these types of facilities enhances the ability of treatment interventions for inmates (Werner, Faber, & Farbstein, 1991). Administrators of the San Francisco County Jail and the Arapahoe County Jail reported during interviews that the use of programming, even for pretrial detainees who may spend short stints in jail, is an essential component of managing a safe jail.

The transition to direct supervision jails and philosophy can be difficult – there is often initial resistance to the direct supervision philosophy, because of fear of lack of safety (Werner et al., 1987). This phenomenon was discussed by many interviewees during site visits. But most correctional officers and other institutional staff become supportive once they experience the visible changes, such as those described above, in the new generation jails (Lovrich & Zupan, 1987).

## **IMPLEMENTING DIRECT SUPERVISION**

The National Institute of Corrections’ 2010 publication, *Direct supervision jails: The role of the administrator* (Bogard, Hutchinson & Persons, February 2010), is an excellent resource for those interested in increasing institutional safety. Direct supervision environments change the role of the correctional officer from a behavior ‘monitor’ to a behavior ‘manager’ (Stohr, Lovrich, & Menke, 1994). By necessity, one must have more informed and “new generation” management approaches as well. To be effective, managers need to delegate more authority to their subordinate officers, and be more participative, providing leadership in the units they supervise (Gettinger, 1984; Fuqua, 1991).

Additionally, direct supervision environments require new models of supervision. The National Institute of Corrections has identified the following staff characteristics that must be present to successfully implement direct supervision (Bogard, Hutchinson & Persons, 2010:12). Staff must:

1. Understand the principles of direct supervision and their implications for jail operations.
2. Be flexible and creative.
3. Be skilled in communication, planning, and organization.
4. Know how to use positive motivation techniques.
5. Take initiative.
6. Interpret and apply written guidelines and use discretion to make decisions within those guidelines.
7. Hold inmates accountable for their actions.
8. Have self-confidence.
9. Serve as an effective role model for inmates.
10. Analyze situations and identify options for addressing them.
11. Be a thoughtful problem-solver.
12. Enjoy supervising people and managing behavior.

When the **San Francisco County Jail** transitioned to direct supervision, considerable resources were invested in staff training in the areas of communication and problem solving techniques so correctional staff could anticipate and preempt problems. The management style emphasizes constant communication with inmates and prioritizes interaction with prisoners to obtain information and to consistently manage prisoner behavior. Daily meetings are conducted with inmates at each shift to discuss issues, air complaints and reinforce behavioral expectations. Inmates and staff know that everything is observable, and staff are aware that officer-inmate contact is a priority. In those linear architecture facilities, elements of direct supervision architecture were introduced, including replacing concrete and metal with heavy plastic and shatterproof glass.

Officials report that direct supervision facilities in San Francisco County have one-eighth the number of incident reports in comparison to linear facilities. Research conducted over a four month period in 2005 documented a significant decrease in the number of inmate-to-inmate and inmate-to-staff aggressive incidents in the direct supervision jails. These results were especially impressive because the direct supervision pod housed new arrivals, many of whom were detoxifying from substances, and who were adjusting to the new jail environment.

The **Orange County Jail** is a direct supervision design and philosophy facility. Three of the five jails in Orange County were designed as direct supervision facilities. The same architect was employed to design each new facility, and subsequent designs were modified and enhanced based upon the experience of staff. Staff and administrators review all grievances and disciplinary reports, a practices that administrators believe communicates fair and equitable treatment to inmates that they will be treated fairly and equitably. Additionally, joint rounds by security, inmate affairs, medical and mental health staff are conducted for special management inmates, and isolation cells are equipped with camera (closed circuit TV) observation and electronic monitoring systems.

**Shelby County Jail** administrators made direct supervision the cornerstone of its operating philosophy, making the transition to direct supervision management in a podular indirect supervision facility over a two-year period beginning in 2001. Correctional officers were trained and supported in adjusting to supervision inside the pods and in taking an active role in inmate supervision. Administrators reported a dramatic shift in the attitudes of correctional officers from regarding inmates as problems to treating them with respect. Not every staff person could make the adjustment to direct

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**Mecosta County Jail** administrators focused on enhanced problem-solving. The approach includes a continuous emphasis on resolving problems at the lowest level possible. Agency administrators made a significant commitment of training and resource development in Inmate Behavior Management principles developed by the National Institute of Corrections. Policies, procedures and rules were revised and there was a renewed emphasis on management not control. Like many of the other facilities visited during this study, Mecosta County Jail staff made a commitment to jail cleanliness since a well-maintained physical plant communicates that officials are in control and value orderliness. Administrators reported during interviews that vigilance and consistency are key ingredients to success: without constant observation, review and analysis by staff and supervisors, the behavior management approach promoted by NIC can be undermined.

The Patrick J. Sullivan Jr. Detention Center was constructed as a podular, indirect supervision jail, but it operates with direct supervision principles. Certain architectural aspects, such as the deputy station being outside instead of inside the dayroom, central observation platforms over four of the 6 housing units station, and “hard” furnishings (metal doors, beds, and other furniture), make the setting appear more traditional in nature. But officials and staff report that the use of direct supervision principles facilitates more efficient, effective and humane operations. Staff are expected to be in the housing pods at all times, and administrators are frequently there also to provide oversight and support. Staff are expected to prevent negative behavior before it occurs, and they are evaluated on their ability to supervise inmates effectively. Verbal intervention skills are highly valued: officials place a strong emphasis on staffs’ ability to use positive communication and “talk their way in and talk their way out” rather than confronting inmates. These approaches are consistent with the National Institute of Corrections’ descriptions of why the presence of staff in the housing unit contribute to a positive jail environment (Bogard, Hutichenson & Persons, 2010:28):

- Become established as the undisputed leader in the unit.
- Know the individual inmates in the housing unit. Become familiar with group and individual inmate behavior patterns and identify changes that could signal a problem.
- Respond to requests and meet inmates’ basic needs. Be a primary source of information to inmates.
- Uphold behavioral expectations and hold individual inmates accountable for their behavior.
- Provide counseling, coaching, and informal and formal incentives for positive behavior.
- Ensure that the housing unit is clean and well maintained.
- Identify and defuse potential conflicts among inmates.
- Identify inmates who may be depressed, suicidal, or in need of counseling services

## **UNIT MANAGEMENT AND DIRECT SUPERVISION**

Unit management was developed to decentralize the classification and treatment operations. It is neither a custodial strategy nor a treatment program, but rather a system of custody in which security and treatment staff work collaboratively to establish a safe, correctional environment, and to provide the necessary programs and services to inmates to promote sound adjustment and effective reintegration (Johnson, 1996). Toch (1992:15-16) notes that unit management is similar to “neighborhoods in a city – autonomy lets the units develop their own culture and identities. But the unit still functions as part of the whole prison.” This approach keeps the focus on the housing unit which is the focus of direct supervision and, by doing so, keeps the focus on inmate behavior. Unit management is the operational structure that encourages the personal interaction between staff and inmates.

Unit management provides a flexible approach to classification and the management of diverse groups of offenders with different need. It allows staff to know inmates better and to recognize problems before they

become major issues (Innes & Verdeyen, 1997). In addition, unit management reduces institutional violence (Forbes & Farmer, 1988). Unit management will only be successful, however, if it adheres to the following eight (8) basic requirements, according to Henderson, Rauch & Phillips (1987): (1) leadership that decentralizes power and decision making; (2) the development of a unit plan and mission; (3) population size control; (4) adequate staffing; (5) stability of assignment to unit; (6) training; (7) cooperation and (8) monitoring and evaluation. The objective is to ensure that inmate behavior does not deteriorate because officers are not holding inmates accountable and are not consistently addressing inmate concerns. As inmate behavior deteriorates, so does the safety of the jail environment for staff, inmates, and, ultimately, the community (Bogard, Hutchenson & Persons, 2010).

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The **Arapahoe County Jail** is a podular, indirect architecture facility, but administrators use smaller, more manageable pods as part of its supervision strategy. The jail houses inmates in pods which are adjacent to the dayrooms. Each of the six pods is designed to hold a maximum of 32 inmates in each dayroom, and certain pods are self-contained environments. Pod 6, for example, holds a lockdown disciplinary unit and is comprised of one dayroom surrounded by a single pod. Four staff are assigned to each of these pods, including three deputies and one civilian Detention Operation Technician. Pods 2 and 5 hold minimum security inmates (work release, jail industries and jail trustees), and Pod 5 also holds a stand-alone facility for juvenile offenders, with its own staff and intake entrance. The purpose of this arrangement is creating small units designed for maximum supervision and manageability.

**Shelby County Jail** officials implemented unit management as part of its direct supervision management philosophy. In this way, the jail was broken down into more manageable units and authority was delegated to a multi-disciplinary team in charge of each housing unit. Unit managers were given both the responsibility to independently manage their unit and the authority and support necessary to do so. The direct supervision philosophy was central to the process and there was an emphasis on staff having strong communication skills and recognizing early signs of trouble. Specialized units were created such as a gang intelligence unit and a disturbance response team. Because gangs can be a destabilizing factor in jails, there was a particular emphasis placed on conducting interviews and intelligence to identify and monitor gang members and their activities. The disturbance response team was responsible for regularly checking in with staff, conducting random searches and inmate escorts. The combination of these included specialized units decreased gang activity in the jail and facilitated quicker response to inmates' call for help.

Each of the three juvenile correctional facilities studied, **Woodfield Detention, STAR and Springfield Academy**, contained a therapeutic milieu which is a more precise form of unit management. Though some of the institutions were older architecture, the facilities by design and practice were created to be small, self-contained environments. Units were designed with staff and programming to match the particular level that a resident had achieved based on their time and success within the program. Supervision was based on resident behavior, attitude and performance in assigned. In this manner, each of the juvenile correctional institutions created a humanistic and individualized therapeutic environment designed to maximize the likelihood that residents would be successful upon release.

In summary, direct supervision architecture and direct supervision inmate management philosophy were key ingredients in most of the facilities that were the subject of this study. Nearly every correctional agency was fundamentally transformed when they implemented direct supervision principles. Table 5 outlines a comparison of direct supervision management among selected jail study sites.

**Table 5. Description of direct supervision management**

San Francisco County Jail	Orange County Corrections Department	Mecosta County Jail	Shelby County Jail	Patrick J. Sullivan, Jr. Detention Facility
<p><i>Direct Supervision</i></p> <ul style="list-style-type: none"> <li>• Use of direct supervision concepts in linear jail settings</li> <li>• Enhanced training of deputies in communication/problem-solving techniques with inmates</li> <li>• Support from experienced staff</li> <li>• Proven success – substantial reduction in aggressive acts on inmates/staff in direct supervision environments</li> <li>• Staff rotation every 30 days to maintain professional boundaries</li> <li>• “Direct supervision most important component of safety”</li> <li>• Inmate and officers know everything is observable</li> <li>• Officer-inmate contact a priority</li> <li>• Daily meetings with inmates</li> <li>• Replaced concrete and metal with heavy plastic, shatterproof glass</li> </ul>	<p><i>Use of Direct Supervision</i></p> <ul style="list-style-type: none"> <li>• Planned architectural design using direct supervision model</li> <li>• Use of direct supervision philosophy provides more natural environment and facilitates open communication</li> <li>• Staff and administrators review <u>all</u> grievances and disciplinary reports</li> <li>• Isolation cells equipped with camera observation and with electronic monitoring systems</li> <li>• Joint rounds by security, inmate affairs, medical and mental health staff for special management inmates</li> <li>• Open communication helps to resolve inmate problems and reduce assaults</li> </ul>	<p><i>Direct Supervision Style of Management and Interaction</i></p> <ul style="list-style-type: none"> <li>• Focus on enhanced, on-going interaction and problem-solving</li> <li>• Resolve inmate complaints at the lowest level</li> <li>• Training and support of all staff in implementing NIC “Inmate Behavior Management” style of interaction</li> <li>• Policies , procedures and rules revised and implemented using new approach</li> <li>• Keep constant vigilance on process resolve problems consistently</li> <li>• Encourage management not control</li> <li>• Focus on cleanliness, safety and environmental issues</li> </ul>	<p><i>Direct Supervision Style of Inmate Management</i></p> <ul style="list-style-type: none"> <li>• Implemented direct supervision in podular, indirect architecture</li> <li>• Officers trained and supported in adjusting to supervision inside pods with inmates a</li> <li>• Process took two years to accomplish</li> <li>• Agency contracted with LETRA to provide training in direct supervision</li> <li>• Agency increased salary for jail staff in direct supervision training</li> <li>• 500 – 600 staff visited direct supervision facilities in AK and TN</li> <li>• Officers’ attitudes shifted to respect</li> <li>• Weekly “Town Hall” meetings established on each unit, attended by key administrative staff</li> </ul>	<p><i>Podular Design</i></p> <ul style="list-style-type: none"> <li>• Although a podular, indirect supervision jail, operates with direct supervision principles</li> </ul> <p><i>Indirect Supervision Aspects</i></p> <ul style="list-style-type: none"> <li>• 6 pods with central observation platforms over 4 housing units</li> <li>• Deputy station outside of dayroom instead of inside</li> </ul> <p><i>Direct Supervision Principles</i></p> <ul style="list-style-type: none"> <li>• Staff encouraged to be in housing pods at all times</li> <li>• Administrators in pods often</li> <li>• Emphasis on ability of officers to supervise inmates effectively</li> <li>• Focus is on preventing negative behavior before it occurs</li> <li>• Emphasis on verbal interaction between officers and inmates</li> </ul>

**7. Programs and services to (a) productively occupy the time of inmates, (b) meet the needs of prisoners and juveniles, and (c) improve the life outcomes of those who are incarcerated**

The correctional professionals interviewed for this study discussed the need for high quality institutional programs and services to meet the needs of offenders and to assist in their successful transition to the community. The use of programs was also considered a facility safety and management tool. Programs and services play a vital role in enhancing facility safety by gainfully occupying residents during incarceration. Idleness and boredom eventually result in serious behavior problems and destabilize the correctional environment. Well-implemented programs and supervised work opportunities contribute to institutional safety while also preparing individuals for success upon release. Table 6 describes the use of programs across the study sites.

**Table 6. Description of programs and services across facilities**

<b>San Francisco County Jail</b>	<b>Orange County Corrections Department</b>	<b>Mecosta County Jail</b>	<b>Shelby County Jail</b>	<b>Patrick J. Sullivan, Jr. Detention Facility</b>
<ul style="list-style-type: none"> <li>• Education (GED, Charter School)</li> <li>• Skill development and vocational training</li> <li>• Drug and alcohol treatment</li> <li>• Variety of programs from 9am to 8pm</li> <li>• Resolve to Stop Violence Program (RSVP)</li> <li>• Behavioral health court</li> <li>• Sheriff’s Work Alternative Program [SWAP] - home detention, day reporting;</li> <li>• Post Release Education Program (PREP) – counseling and work</li> </ul>	<ul style="list-style-type: none"> <li>• Focus on inmate needs throughout incarceration</li> <li>• Define and consistently convey expectations of inmate behaviors</li> <li>• Pretrial services program for individuals with co-occurring disorders using assertive community treatment (ACT) case management</li> <li>• Special Needs Unit in houses inmates with serious mental illness</li> <li>• Team rounds and regular meetings on high-need inmates</li> <li>• Litigation Unit assumes case management for inmates transferred to hospital for mental health issues</li> </ul>	<ul style="list-style-type: none"> <li>• Inmates encouraged to participate in organized, structured activities, such as education, religious services, self-help groups and recreation</li> <li>• Inmates required to keeping rooms and facility clean</li> <li>• Opportunities for productive activities, card games, art contests</li> <li>• Facility utilizes “broken window” concept to emphasize need for unit cleanliness</li> <li>• Jail environment should be quiet, clean, safe, sanitary, light and allow for adequate air flow</li> </ul>	<ul style="list-style-type: none"> <li>• Improvement of jail’s food service, medical and mental health services and education services</li> <li>• County contracts with a variety of providers to deliver medical and food services</li> <li>• Expanded use of volunteers and community agencies to meet the needs of inmates including public health and education</li> <li>• Established links with community agencies to increase transition of inmates back to community</li> </ul>	<ul style="list-style-type: none"> <li>• New detainees are provided orientation on how to access medical services, procedures for phone calls, mail, visitation and other services.</li> <li>• All staff and inmates have a role in creating and ensuring safety, and in reporting incidents</li> <li>• Commitment to meeting detainee’s medical and mental health needs</li> <li>• Coordinated care and close working relationships between healthcare providers and security staff</li> </ul>

<b>Springfield Academy</b>	<b>Woodfield Cottage Secure Detention Facility</b>	<b>STAR Academy</b>
<ul style="list-style-type: none"> <li>• Progressive four level program with pre-orientation</li> <li>• Focus on youth responsibility</li> <li>• Youth ratings: Privileges tied to resident behavior</li> <li>• Strong education component including special education</li> <li>• Emphasis on job and life-skill readiness</li> <li>• Community orientation and commitment to community service</li> <li>• Eight program components: academic education, vocational education, school/work, restitution, community service, life skills, vocational employment, chemical dependency</li> </ul>	<ul style="list-style-type: none"> <li>• Emphasis on variety of programs to assist youth to succeed</li> <li>• Structured intake process, evaluating all areas of youth’s life and behavior</li> <li>• Formal de-escalation process to intervene when problems exist</li> <li>• “No Touch” policy tempered by caring attitude</li> <li>• Physical restraint a last resort; Use of “Handle With Care”® model</li> <li>• Emphasis on education</li> <li>• Privileges tied to youth performance</li> <li>• Prosocial activities tied to community</li> <li>• Focus on enhancing community success; community speakers; family visits/contacts</li> </ul>	<ul style="list-style-type: none"> <li>• Six well-designed programs</li> <li>• On-going assessment of youth</li> <li>• Individual and group counseling</li> <li>• Behavior management</li> <li>• Substance abuse/chemical dependency programs/services</li> <li>• Academic and special education</li> <li>• Vocational training</li> <li>• Focus on “wellness”</li> <li>• Life skills training and community transition emphasis</li> <li>• Gender responsive programs</li> <li>• Collaboration with other state agencies providing specialized services, i.e., mental health, medical, substance abuse</li> </ul>



Inmates in the Mecosta County Jail are encouraged to participate in organized, structured activities, such as education, religious services, self-help groups and recreation. Additionally, the facility promotes card games with staff and hosts art contests. All inmates are provided with opportunities to engage in pro-social activities. Additionally, administrators prioritized a jail environment that is quiet, clean and sanitary, with sufficient light and air flow. The jail captain promotes law enforcement's "broken window" concept. That is, any type of disorder, including any signs of disrepair in the physical environment such as dirt, scuff marks, or peeling paint, sends a message about carelessness and disrespect. In the Mecosta County jail, then, there is a priority on ensuring unit cleanliness so inmates spend time productively keeping their rooms and the entire facility clean.

The Patrick J. Sullivan Jr. Detention Center administrators focus on its health care program as one effort to keep the facility safe. Close working relationships have been established between the healthcare providers and security staff in the facility. Nurses act as patient advocates, so if an inmate does not show up when prescribed medications are distributed, nurses talk to the inmate to determine the reason and to help manage medication refusals. Additionally, all new detainees are provided an orientation on how to access medical services how to report sexual abuse. Officials promote an agency-wide emphasis on safety and reporting by emphasizing that all staff and inmates have a role in creating and ensuring safety in the facility.

The **Woodfield Secure Detention Facility** offers a variety of programs to youth. The process starts with a lengthy, comprehensive and structured intake procedure in which all areas of youth's life and behavior are carefully evaluated. This ensures that facility staff have adequate information about each child's needs and potential vulnerabilities, including information about family members who may visit the youth. Woodfield has implemented a formal de-escalation program for use with residents which structures the method used to intervene with youth who are experiencing problems. The agency uses Bruce Chapman's *Handle With Care*® model which prescribes a specific set of interventions, including therapeutic restraint, to manage difficult behavior while prioritizing a safe environment. *Handle With Care*® is a specific method for addressing crisis intervention, behavior management and restraint. The *Handle With Care*® core philosophy is that the least restrictive intervention should be used for children in emotional distress, and there is no dignity in allowing a child or adult to hurt himself or someone else. Use of physical restraint is considered a last resort.

At Woodfield, all residents are "kids." This vocabulary is a purposeful reflection of the intent to provide a safe, humanistic environment which ties prosocial activities to the outside community to promote successful reintegration. Toward this goal, Woodfield solicits family support, visits and other contact.

The **San Francisco County Jail** promotes rehabilitation as a major way to advance public safety. The jail has been providing inmate programming for over 15 years, and program participation is mandated in about half of the county's jail facilities. The programs and services include GED preparation and a charter school, anger management programs, vocational training, and drug and alcohol treatment. Programs include "Resolve to Stop Violence Program (RSVP)," a 16-hour a day intervention focused on violence prevention. A 2002 study showed that 80 percent of the men who participated in RSVP for four months were 80 percent less likely to be rearrested for violent crime than those who had not participated. San Francisco County Jail's RSVP was selected in 2004 from among 1000 applicants for a \$100,000 grant award from the Ash Institute for Democratic Governance and Innovation at Harvard University.

Other innovative programs include the use of a Behavioral Health Court; the Sheriff's Work Alternative Program (SWAP), a home detention/day reporting program; and the Post Release Education Program (PREP) which provides counseling and work experience for offenders. Staff report that this

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commitment to quality programs and services has enhanced jail safety and security while simultaneously providing an opportunity for offenders to achieve success upon release from incarceration.

Officials administering the **Orange County Corrections Department** have made a commitment to ascertaining and responding to inmate needs, starting at booking and continuing at each point in the incarceration experience. In addition to skill building, Orange County is exceptional for its management of inmates who have psychiatric disorders. Approximately 22% of the Orange County Corrections Department inmate population takes psychiatric medication. Orange County has initiated a number of innovative programs to effectively meet the needs of this population. Individuals with co-occurring mental illness and substance abuse disorders are linked to an Assertive Community Treatment (ACT) case management team designed to serve individuals in the criminal justice system. Also, a jail special needs unit safely houses inmates with serious mental illness. All staff in the special needs unit are trained as Crisis Intervention Team (CIT) members. Traditional law enforcement interventions are unproductive and sometimes dangerous when used with volatile individuals who are psychotic or paranoid, and the CIT program trains law enforcement officers in specific techniques to de-escalate individuals suffering from mental illness.

*Staff report that this commitment to quality programs and services has enhanced jail safety and security while simultaneously providing an opportunity for offenders to achieve success upon release from incarceration.*

In addition, there is a concerted effort by Orange County jail officials to provide true interdisciplinary management, including team rounds and meetings on high-needs inmates and with inmates in isolation. Jail management staff also collaborate with the Litigation Unit to provide information and case management support to inmates in critical situations. These practices are intended to provide appropriate services to vulnerable and volatile inmates and, consequently, minimize safety risks.

The **Shelby County Jail** contracts with a variety of providers to deliver medical, food, educational and recreational services. The jail expanded the use of volunteers and community agencies to meet the needs of inmates and to establish links with community public health, education and other service agencies to provide continuity of care for inmates when they transition back to community.

Within 30 days of intake, **STAR Academy** youths receive a comprehensive, individual assessment designed to identify the specific needs of each individual. The assessment guides programming and services for each resident and is updated regularly along with daily assessments of problem behaviors. Individual and group counseling is provided to each youth. Substance abuse programs, academic and special education and vocational training are also provided. Community agencies provide many of these services on contract, providing an opportunity for residents to receive care and continued services upon release. The program's administrators focus on "wellness" and emphasize life skills training. Administrators also provide gender-specific programs such as "Girls Circles" to assist young women in forming a positive identity, increase self esteem, improve body image, and to promote self-reflection. STAR staff collaborate with other state agencies who assist in providing specialized mental health, medical, substance abuse services to residents.

**Springfield Academy** uses a structured cognitive-behavioral program consisting of a pre-orientation phase followed by a progressive four-level program that focuses on youth responsibility. The program emphasizes seven core thinking errors that affect behavior, and youth are expected to learn how their thoughts affect their behavior. All programming, including the education classes, incorporates discussions about thinking errors and are designed to consistently assist youth in learning new and healthy thinking patterns. Advancement in the program is based upon staff ratings of each youth, which are behaviorally specific, documented, and reviewed by staff

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peers and supervisors. Privileges and advancement in levels are tied to resident behavior.

Springfield has a strong special education component with an emphasis on job and life-skill readiness for residents. Springfield offers eight program components, including academic education, vocational education, school/work, restitution, community service, life skills, vocational employment and chemical dependency counseling and support. Since residents will ultimately be returning to the community, each program in the facility has a strong community orientation and some include community service. A structured staff intervention model uses seven progressive levels of intervention to manage resident behavior problems. There is an emphasis on positive peer intervention but if a need arises to intervene in a physical manner, all staff are trained and use Bruce Chapman's *Handle With Care*® model (described briefly above) to ensure safe and humane physical intervention.

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## **8. An objective classification system used to facilitate institutional safety for inmates and staff**

Objective jail classification (OJC) is the process of assessing every jail inmate's custody and program needs and is considered one of the most important management tools available to jail administrators and criminal justice system planners, according to Austin (1998). An effective system of inmate classification will reduce escapes and escape attempts, suicides and suicide attempts, and inmate assaults (Austin, 1998). Classification systems are a specific set of objective criteria that measure offense history, previous confinement experience, substance abuse history and other characteristics to determine risk, housing assignment and level of security, and programming needs (Austin, 1992; Higgins et al., 1992).

Point- or score-based classification methodologies are the key to avoiding over- and under-classification and improving reliability of decision making across intake staff. OJC can reduce escape attempts, institutional violence, inmate manipulation of housing and, as a consequence of improved management, OJC can reduce staff costs (Austin, 1998, 1994; Clements, 1996). Austin (1998) posits that standardized, objective classification instruments need to be valid (assign custody level which accurately reflects an offender's true risk for violent, disruptive behavior), reliable (provide consistency in classification decisions for all comparable inmates no matter who is assessing the information), equitable (decision making is fair, nondiscriminatory and consistent with accepted social values) and utilitarian (a system which is efficient, easy to understand and use). It is also imperative that correctional agencies regularly evaluate and update their classification systems (Dallou, 1997).

Objective classification was an essential safety protocol in the study sites. Table 7 provides a description of the objective classification procedures undertaken by the study sites.

**Table 7. Description of classification procedures across study sites**

<b>San Francisco County Jail</b>	<b>Orange County Corrections Department</b>	<b>Mecosta County Jail</b>	<b>Shelby County Jail</b>	<b>Patrick J. Sullivan, Jr. Detention Facility</b>
<ul style="list-style-type: none"> <li>• Specialized selection and training of classification staff</li> <li>• Intake interview focuses on prior incarcerations, gang affiliation, and whether bookee has enemies in the jail.</li> <li>• Intake interviews may last 60 minutes</li> <li>• Classification focus is vulnerability of inmate</li> <li>• Interviewers have access to state rap sheets and NCIC.</li> <li>• Interviewers access state rap sheets, NCIC, and phone bay area jails and DOC.</li> <li>• Emphasis placed on continual reclassification based on behavior in the facility</li> </ul>	<ul style="list-style-type: none"> <li>• Objective assessment of inmate needs and risks</li> <li>• Mental Health Screening with “Do Not House Alone” Designation</li> <li>• Perpetrators classified at high security</li> <li>• Conduct staffing to determine management and housing strategies for victim/perpetrator</li> <li>• Consistent focus on inmates with mental illness and their safety needs</li> </ul>	<ul style="list-style-type: none"> <li>• Effective classification recognized as essential to good management</li> <li>• National Institute of Corrections provided assistance in implementing classification protocol</li> <li>• On-going re-assessment and classification using information obtained by officers working in the pod</li> </ul>	<ul style="list-style-type: none"> <li>• Detailed intake screening process</li> <li>• Intake information supplemented by medical and mental health evaluations.</li> <li>• Low-risk and high-risk inmates assigned to different floors of the jail</li> <li>• Supervision management strategies vary by risk level</li> </ul>	<ul style="list-style-type: none"> <li>• Strong classification system to properly screen and assign inmates to appropriate housing</li> <li>• All classification officers are trained in social work</li> <li>• Inmates asked at three different intake points if they have been sexual assault victim or predator</li> <li>• All staff alerted to the vulnerability of certain inmates and to predatory inmate behavior</li> </ul>

**San Francisco County Jail** classification system is designed to sort inmates on the basis of their potential vulnerability to attack. The comprehensive system, based on training materials developed by the National Institute of Corrections (NIC), uses a triage process at the jail's Admissions Unit to immediately identify offenders with medical or mental health problems that require special attention. The next step is an extensive classification interview that screens for risk of suicide, details of the current crime and criminal history, and determines past and potential vulnerabilities or aggression regarding violence and sexual assault. The interview focuses on prior incarcerations, whether the inmate is affiliated with a gang, and whether he or she has enemies in the jail.

Interviews with individuals who have been in the jail before may take only ten minutes: "Is there anything new since you were last here? You were suicidal—how are you now?" The jail's computer system provides information on prior classification interviews and details from prior jail incarcerations. Interviewers also have access to records from disciplinary actions, incident reports and administrative segregation placements.

Intake interviews with unknown offenders entering the San Francisco County Jail may last 45-60 minutes, with staff probing to obtain additional information. The interviewer will ask the inmate about time served in state prison and problems the inmate may have encountered there. Interviewers have access to state rap sheets and NCIC. When an inmate has been incarcerated in another jail, the interviewer will contact intake officers at neighboring jails to obtain information on the inmate's adjustment.

Although the interview includes standard screening questions, classification personnel are trained to ask follow-up questions in an open-ended format to maximize the information obtained. Inmates are not asked directly whether they were previously sexually victimized while incarcerated, but if they disclose this information, they are housed in a safe place while the information is verified. The jail's social work unit is notified of all sexual assaults that may have occurred prior to incarceration. To explore the question of gang affiliation, staff assesses tattoos and asks inmates directly about potential problems since gang members often state that they cannot be housed with a certain type of person or gang member. If there are any indications of gang affiliation and inmates are reluctant to discuss it, further investigation is undertaken with Bay Area jails and the Department of Corrections. The Sheriff's Department separates gang members by placing them in different facilities.

Like San Francisco, intake staff at the **Orange County Corrections Department** conducts an objective assessment of inmate needs and risks upon admission and continues to examine prisoner behavior throughout the individual's stay in the jail. Supplementing the classification process is a mental health screening, which can result in a "Do Not House Alone" designation. The Orange County operations focus on the staffing necessary to provide safe management and housing strategies for victims and perpetrators, and to ensure appropriate intervention. Violent behavior results in in-house disciplinary consequences and reclassification to higher security status and more secure placement.

**Shelby County Jail** did not have a meaningful classification system prior to 2002 and the risk of inmate violence was extremely high. Consequently, according to staff interviewed during site visits, inmates with a history of violent behavior were often housed with inmates who were likely to be sexually victimized. Implementation of an objective classification system reduced inmate-on-inmate violence, and today a detailed screening process is undertaken during booking and is supplemented by medical and mental health evaluations. Low-risk and high-risk inmates are assigned to different floors of the jail, where an appropriate level of supervision can be provided.

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At the *Patrick J. Sullivan Jr. Detention Center* inmates are asked at three different points in the admissions process—initial intake, nursing evaluation and classification hearing—if they have ever been a sexual assault victim or predator. Victims are encouraged to seek appropriate support and assistance. All staff are trained to be alert to the vulnerability of certain inmates and to predatory inmate behavior. Most importantly, all agency classification officers at the Patrick J. Sullivan Jr. Detention Center are trained in psychology and social work to ensure proper understanding of inmate needs, and they continually evaluate and make appropriate housing adjustments to ensure safety.

*All agency classification officers at the Patrick J. Sullivan Jr. Detention Center are trained in psychology and social work to ensure proper understanding of inmate needs, and they continually evaluate and make appropriate housing adjustments to ensure safety.*

## **9. A comprehensive and independent investigation process that emphasizes the following:**

- **training security, investigation (see Appendix B) and medical staff (see Appendix C) in responding appropriately to victims (see Appendix D), effective investigation techniques, and promoting cross-training**
- **responding immediately to all reports of sexual assault**
- **investigating all incidents of sexual assault (see Appendix B)**
- **sensitively responding to victims (see Appendix D)**
- **prosecuting criminal behavior when appropriate**

A hallmark of the jail facilities in this study was the clearly stated intent to prosecute perpetrators of sexual assault, both inmates and staff. Administrators reported during interviews that prosecution requires building a case that can be successful in court, and this requires a fair, objective, comprehensive, and *independent* investigation process. The focus on prosecution begins with the following policy and practice: *All reports of sexual assault are taken seriously by all staff and are carefully investigated according to strict agency protocols.*

A major finding of this study was the detailed, consistent and standardized approach to conducting investigations of incidents of sexual assault. The investigation effort was intended to demonstrate to inmates that they could report incidents and not be subjected to threats and intimidation. Officials strived to create a “reporting culture;” they understood that obtaining a report is a necessary first step in a comprehensive investigative process. Table 8 provides a description of the investigative processes in selected study sites, including Jefferson County Jail, the subject of a case study that is documented in Appendix B.

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**Table 8. Description of sexual assault investigation procedures in five facilities**

San Francisco County Jail	Orange County Corrections Department	Jefferson County Sheriff's Office (See Appendix B)	Patrick J. Sullivan, Jr. Detention Facility	Springfield Academy
<ul style="list-style-type: none"> <li>• Investigators developed relationship with prosecutors</li> <li>• Written policy documents process to verify suspected sexual assault, secure crime scene, begin investigation</li> <li>• Upon report, secure crime scene immediately</li> <li>• Isolate victim, witnesses, perpetrator</li> <li>• Provide immediate medical assistance</li> <li>• Refer victim to SF Rape Treatment Center for forensic evidence collection</li> <li>• Videotape all interviews</li> <li>• Mentor to improve staff reports/documentation</li> <li>• Feedback to classification unit for documentation in the records of alleged victim and perpetrator</li> <li>• Housing re-assignment when victim returns to secure area</li> <li>• Case outcome information provided by investigators to reporting officers and active probation/parole officer</li> </ul>	<ul style="list-style-type: none"> <li>• All involved individuals isolated</li> <li>• Secure crime scene</li> <li>• Provide medical and mental health evaluations</li> <li>• Transport victim to outside medical facility to collect a rape kit</li> <li>• Call Sheriff's Office to initiate investigation, even if staff have reason to question validity of report</li> <li>• Complete critical incident report</li> <li>• Sheriff's investigators specially trained</li> <li>• Perpetrator housed in segregation</li> <li>• Housing of victim and perpetrator is always kept separate throughout incarceration whatever the outcome of the process</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure victim's safety</li> <li>• Transport victim to hospital for SANE (sexual assault nurse examiner) examination and forensic evidence collection</li> <li>• Secure crime scene and collect physical evidence from the area assault occurred; include notes, phone logs, videotapes,</li> <li>• Interview all individuals involved in situation, including former cellmates and deputies who supervised victims/perpetrators</li> <li>• See Appendix B for 12 traits of successful investigators, and specific traits, selection and training</li> <li>• Protocol includes examining gaps and failures for better response in future</li> </ul> <p data-bbox="898 1154 1228 1385"><i>Note that the Jefferson County Jail was the subject of two roundtable discussions hosted by researchers to provide details about a specific sexual assault case investigation that resulted in a life sentence for the perpetrator. Please see Appendix B which describes the investigation and provides summaries of best practices.</i></p>	<ul style="list-style-type: none"> <li>• Move victim to safe location and immediately provide necessary medical care</li> <li>• Crime scene secured</li> <li>• Victim taken to local hospital for forensic evidence collection</li> <li>• Once returned to facility, victim interviewed by classification staff to determine safe housing placement</li> <li>• Victim provided services by jail victim advocate</li> <li>• If necessary, victim advocate helps negotiate additional psychological and psychiatric care to victims.</li> <li>• Perpetrator always separated from victim</li> </ul>	<ul style="list-style-type: none"> <li>• Emphasis on staff boundaries; all concerns reviewed and investigated</li> <li>• Immediate attention to resident's safety, followed by health and mental health examination and treatment</li> <li>• Criminal incident referred to external law enforcement agencies for investigation and prosecution</li> <li>• Provide medical and mental health services, social and family support, and victim protection</li> <li>• Preserve crime scene</li> <li>• Collect forensic evidence and witness statements</li> <li>• All incidents--suspicion or concern--reported to facility administrators, South Dakota Department of Social Services, and referral agency</li> </ul>

Each of the study sites prioritized these practices:

- Protecting the victim from harm and retribution,
- Securing the crime scene, and
- Facilitating collection of forensic evidence.

The **San Francisco County Jail** has an independent Investigations Services Unit (ISU) for crimes that occur in the facilities. All members of the unit have expertise in investigation of sexual assault gained through California P.O.S.T. (Police Officer Standards and Training) and additional training from the local hospital's rape trauma unit. If a sexual assault incident is suspected, the watch commander calls in the ISU, and a series of well developed procedures are initiated, including the following:

- securing the crime scene;
- identifying and safely isolating the victim, witnesses and perpetrator;
- providing immediate medical aid to the victim, and negotiating emergency medical care as necessary;
- videotaping all interviews.

If the report occurs within 72 hours of the incident, the victim is referred to the San Francisco Rape Treatment Center for a forensic medical examination of the victim. The San Francisco Sheriff's Department Sexual Assault Policy could be considered a model jail response to sexual assault, and is concisely summarized in Appendix E *Building Blocks for Institutional Safety Bulletin*, pp. 7-8.

All rumored, threatened, or reported sexual assault incidents in the San Francisco County Jail are completely investigated, even though about 60 percent of the incidents cannot be verified. Officials reported that inmates with mental illness are among those most likely to report a sexual assault. As with all reports, allegations from inmates with mental illness are carefully investigated because officials and staff recognize that this population is particularly vulnerable to victimization. Additionally, staff stated during interviews that these inmates may experience the emotional impact of the assault, whether or not it actually occurred. Providing adequate services, then, remains an essential part of the jail's response to these reports.

Once the immediate interventions are completed, the Classification Unit is informed of the allegations so that the incident can be permanently recorded and immediately available when the victim returns to the institution following the medical examination. Intake officers will have this information available should the involved inmates return to jail in the future. This procedure reflects the emphasis placed by facility leadership on safe classification and housing.

Deputies are invited to observe the investigator's interviews with victims (when the victim agrees) to increase their repertoire of skills. Investigators also work closely with jail medical staff to encourage communication, complete incident reporting, and appropriate interventions.

An important aspect of the investigation process in San Francisco is the emphasis on communication and feedback. As mentioned above, the Classification Unit is notified of all incidents and this information is entered into the jail's intake database for current and future use in making housing decisions. Additionally, feedback about report writing, the initial response, and case outcome is later provided to deputies involved in the incidents so they can be reinforced for good documentation and other activities that they did well. This process also allows investigators to suggest improvements to deputies. After the case has closed, investigators tell deputies about outcome to acknowledge and encourage their active participation and investment in the investigation and prosecution

***All rumored, threatened, or reported sexual assault incidents in the San Francisco County Jail are completely investigated, even though about 60 percent of the incidents cannot be verified. Officials reported that inmates with mental illness are among those most likely to report a sexual assault. As with all reports, allegations from inmates with mental illness are carefully investigated because officials and staff recognize that this population is particularly vulnerable to victimization. Additionally, staff stated during interviews that these inmates may experience the emotional impact of the assault, whether or not it actually occurred.***



process. Investigators provide case outcome information to probation or parole officers when involved individuals are under community supervision.

Efforts by the Investigation Services Unit to enhance communication with deputies are believed to have increased reporting of sexual assault incidents. In 2000, approximately 150 criminal cases were reported to ISU increasing to 256 in 2004.

***The jail's sexual assault procedures focus on sensitivity to victims' needs, including removing them from the assault area and placing them in a safe environment. Deputies are trained to discuss with the victim the importance of getting help, the services available, and when victims agree to services, the deputies are charged with making those arrangements.***

***Deputies are told that they can be held liable if they know an assault has occurred and they do not inform anyone or protect the victim. If investigators determine that staff knew about an incident and did nothing, they follow-up with an internal investigation.***

***--San Francisco County Jail Administrator***

Officials at the **Orange County Corrections Department** ensure that all individuals involved in a sexual assault allegation are immediately isolated, and the crime scene is secured. The victim is provided a medical and mental health evaluation and is transported to an outside medical facility for evidence collection. As in San Francisco, the Orange County Sheriff's Office sexual assault procedures require staff to initiate an investigation upon notification of an incident, even when officers have reason to question validity of the report.

When an incident is reported, staff complete a critical incident report, and specially trained investigators conduct the investigation. The alleged victim and perpetrator are separated throughout their incarceration regardless of the outcome of the investigation process. The perpetrator is housed in segregation and, if the allegation is substantiated, the perpetrator is subject to criminal prosecution, in-house discipline and reclassification.

The **Jefferson County Sheriff's Office** officials reported that the agency focuses on three components to assist in successful sexual assault investigations:

1. An institutional culture that facilitates incident reports and investigations,
2. Sexual assault policies that support the preservation of the crime scene, and
3. Effective practices for conducting a thorough investigation.

Investigators may collect often overlooked physical evidence, including inmate handwritten notes, library books, phone logs, cellblock videotapes and, in one case, "everything but the [cell] walls" (please see Appendix B). The victim is transported to the hospital for a Sexual Assault Nurse Examiner (SANE) examination and the forensic evidence collection. Interviews are conducted by the investigation staff with all individuals involved in the situation, including former cellmates and deputies who currently and formerly supervised both the victim and the perpetrator.

Researchers assembled a roundtable to document the investigation of a sexual assault in the Jefferson County Jail that resulted in a life sentence for the perpetrator. The roundtable included four jail investigators, a former undersheriff, and an assistant district attorney. The group identified critical components of a successful sexual assault investigation, described in Appendix B, and the following twelve characteristics of successful sexual assault investigators:

1. Flexible
1. Thorough and detailed
2. Intuitive,
3. Patient,
4. Dependable,
5. Tenacious,
6. Open-minded,
7. Impartial,
8. Confident,
9. Empathic,
10. Skilled communicators, and
11. Able to work well with others

These many characteristics reflect the need for jail officials to carefully recruit and hire extremely competent investigators and provide appropriate training that will enhance and expand natural skills. Once the team is in place, vigilantly reviewing the policies, procedures and investigative techniques is critical: the Jefferson County team continually analyzes the gaps in the system and investigation-related failures to ensure a better response in the future. Please refer to Appendix B for an example of an investigation completed in Jefferson County.

Jail staff must immediately take control of the situation until the investigator is on-site and able to take charge. The following practices are recommended for deputies arriving on the scene of a reported crime:

- Place the alleged victim under protective custody and notify medical staff. The victim and the perpetrator should be taken to separate holding cells. Someone should accompany the suspected perpetrator, and someone should be with the alleged victim.
- Isolate all inmates and instruct them not to talk to each other.
- Secure the areas where the assault allegedly occurred, and treat them as a crime scene.
- If the assault took place within the last 72 hours, officers should make it clear that neither the suspect nor the victim should wash hands, go to the bathroom, change clothes, get a drink of water, or do anything that might compromise the crime scene (including the victim's body, the suspect's body, and the location where the incident took place).
- Contact facility medical staff; write up a referral for an exam by a Sexual Assault Nurse Examiner (SANE). (See Appendix C for more medical information)
- Ask the victim to sign a medical release immediately; a delay makes it more likely that a victim will change his/her mind and recant.
- Ask the perpetrator if he will voluntarily sign a statement to give samples (i.e., hair samples, swabs). If not, you can get a court order with a judge's signature for a search warrant.
- Escort the alleged victim to a hospital where a SANE nurse will conduct an examination and save all clothing and medical evidence.
- Record in a log exactly what happened from the time of the assault on; this log becomes evidence.
- Listen to the alleged victim and perpetrator, but refrain from asking questions; this is the job of the investigator.
- Take note of any inmate exhibiting unusual or uncharacteristic behavior, and observe all conditions, events, and remarks. Record these for the criminal report.

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- 3. Intuitive,***
- 4. Patient,***
- 5. Dependable,***
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- 7. Open-minded,***
- 8. Impartial,***
- 9. Confident,***
- 10. Empathic,***
- 11. Skilled communicators, and***
- 12. Able to work well with others***

Administrators of the **Patrick J. Sullivan Jr. Detention Center** have worked diligently to establish a jail environment that facilitates reporting of sexual assault incidents. Officials told researchers that the immediate response to a sexual assault report is threefold:

1. move the victim to a safe location,
2. immediately provide necessary medical care, and
3. secure the crime scene

In Arapahoe County, the next step, per medical advice, is to transport the victim to the local hospital for evidence collection. Once returned to the facility, the victim is interviewed by classification staff for placement in safe housing. Next, the victim is immediately seen by a jail victim advocate who helps determine the need for additional services.

Staff are trained to encourage and support inmates coming forward to report victimization, jail officials recognize that many victims will not. All staff are trained to look for subtle changes in behavior that may indicate that an inmate was sexually victimized, including refusing to leave the cell for meals or showers, avoiding contact with other inmates, and refusing to participate in programming.

***The Arapahoe County Sheriff's Office is committed to emphasizing a zero tolerance of the sexual assault of inmates, either by staff or other inmates. Inmates at risk for sexual victimization or a history of sexually assaultive behavior are identified, monitored, and counseled.***

***--Arapahoe County Sheriff's Office PREA Policy***

Like the agencies described above, **Springfield Academy** in South Dakota immediately prioritizes protection of the youth. The next step is the preservation of crime scene, including collection of forensic evidence and witness statements. Incidents are reported to facility administrators, to South Dakota Department of Social Services, and to the referral agency. Criminal incidents are immediately referred to external law enforcement for investigation. **STAR Academy** and **Woodfield Detention Center** also have multiple levels of investigations and oversight involving the state child protective services agency and local law enforcement agencies. At STAR Academy, the Juvenile Corrections Monitor provides additional, independent oversight and transparency. These juvenile agencies promoted a reporting culture and trained residents and staff on the importance of adequate and timely response to allegations and suspicions of sexual assault.

## **10. A system of data collection, analysis, and incident tracking system that enables effective, data-driven decision making**

Given the specific requirements of the Prison Rape Elimination Act of 2003, correctional agencies must develop multiple data collection efforts to provide information to federal agencies and, hopefully, provide meaningful information that can be used to improve facility operations. Best practices regarding data-related activities include the following:

1. Regular and systematic review of agency performance measures;
2. Adoption of the Bureau of Justice Statistics (BJS) reporting requirements and definitions;
3. Development of safety-related analytical reports;
4. Development of a process to track actual victims and perpetrators in an Inmate Management System;

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***At STAR Academy, the Juvenile Corrections Monitor provides additional, independent oversight and transparency.***

5. Development of the ability to identify inmates “at risk” of both sexual assault victimization and perpetration, using scientifically valid criteria, and
6. Developing an assessment of operations related specifically to facility safety.

Many of the facilities in this study recognized the importance of sound data collection as integral to effective operational management. Table 9 describes the data collection, analysis, case tracking and decision making procedures among selected facilities.

**Table 9. Summary of data collection, analysis and data-driven decision making**

Orange County Corrections Department	Shelby County Jail	Jefferson County Sheriff's Office	STAR Academy	Springfield Academy
<ul style="list-style-type: none"> <li>• Monthly Primary Indicators Report (PIR) includes violence, health, injury, and inmate management indicators</li> <li>• PIR data stratified by shift and tracked over time</li> <li>• Data system revised to allow staff to enter and receive PIP data on computers in each unit</li> <li>• PIR incorporated by managers and staff into culture of accountability</li> <li>• Data on use of force incidents used to reduce incidents</li> </ul>	<ul style="list-style-type: none"> <li>• Jail Report Card is a management tool developed to analyze and track conditions in jail, include safety</li> <li>• Monthly senior manager meetings review JRC; use information to make administrative decisions</li> <li>• Weekly incident tracking by shift and location</li> <li>• Inmate grievances locked box; results reviewed and reported</li> <li>• Tracking information used to reduce jail population</li> </ul>	<ul style="list-style-type: none"> <li>• Anonymous questionnaires on inmate well-being</li> <li>• Data on sexual assault incidents, outcomes both criminal and administrative</li> <li>• Track data on reported sexual assaults: allegations, founded/unfounded, convictions, sanctions to ascertain facility culture and ensure safety</li> <li>• Confidential system of reporting grievances and issues of concern</li> </ul>	<ul style="list-style-type: none"> <li>• Use of Performance-Based Standards (PbS) to create transparency and accountability</li> <li>• Five sets of data are collected twice annually               <ul style="list-style-type: none"> <li>- administrative reports,</li> <li>- file reviews,</li> <li>- direct interviews,</li> <li>- reviews of incident reports, and</li> <li>- reintegration</li> </ul> </li> <li>• Information above reported to governor and legislature</li> <li>• Data compared to national data</li> <li>• Monthly metric system brief of assaults, use of force, and staff turnover prepared and used by managers</li> <li>• Computerized juvenile offender tracking system to integrate data on offenders</li> </ul>	<ul style="list-style-type: none"> <li>• Staff score residents twice daily on Youth Rating Scale to provide immediate behavioral feedback to residents</li> <li>• Youth Ratings are included in individual performance reviews and reviews of each unit and entire facility</li> <li>• Ratings used to document skills and to assign youth's program level</li> <li>• Aggregate scores reviewed for staff scoring biases</li> <li>• Ratings aggregated by unit to provide a "snapshot" of climate and for pre-emptive intervention</li> </ul>

The **Orange County Corrections Department** was selected as a study site because of its exceptional data management system which offers an example of an agency that uses internally generated information to improve jail safety. Statistician Patrick Jablonksi developed a method to track problems identified by the Jail Oversight Commission in 2002. Dr. Jablonksi's effort resulted in the jail's 100-page Primary Indicators Report (PIR) is specific to individual employees and inmates, and can reflect issues related to overcrowding or a lack of inmate programming, for example. Once problems are identified, managers are expected to take immediate steps to remedy them. Staff performance ratings are based on the data in the monthly reports, promoting a culture of accountability and safety. The regular review of data allows for quick responses to issues and ensures systematic monitoring and compliance with safety-related performance measures. The PIR tracks the following events in each residential unit in the counties four facilities:

*The Orange County Corrections Department was selected as a study site because of its exceptional data management system which offers an example of an agency that uses internally generated information to improve jail safety.*

- Violence indicators
  - Inmate battery
  - Battery on Staff
  - Use of force
  - Use of pepper spray
- Health and injury indicators
  - Inmate injuries
  - Staff injuries
- Inmate management indicators
  - Contraband
  - Drug-related incidents
  - Grievances--all
  - Grievances--substantiated
  - Disciplinary infractions

The system allows staff to enter and receive PIR data anytime on computers in each unit. Information on the monthly PIR is stratified by shift and facility location. It serves as a "report card" for each of the county's four jails, and each jail unit. For example, between 2000 and 2005, PIR data showed that many jail safety indicators improved. Comparing information over that period, the PIR system provided the following information:

*Compared to 2000, in 2005 there were*

- 14% fewer inmate batteries,
- 22% fewer inmate fights,
- 22% fewer inmate injuries,
- 28% fewer use-of-force incidents,
- 53% fewer batteries on staff, and
- 71% fewer staff injuries.

These results in Orange County provide evidence that the systematic and empirical identification of problems can improve facility safety and promote an institutional culture of accountability. This data-driven process also allows for the documentation and validation of institutional change.

Officials at the **Shelby County Jail** recognized that data was essential to responding to the Federal Court's oversight of jail security operations. Based on the New York City Police Department's COMPSTAT (computer statistics) model, Shelby County Jail administrators developed a Jail Report Card to

*Shelby County Jail administrators developed a Jail Report Card to track and analyze conditions in the jail. The model focuses on five security-related areas: accurate/timely intelligence, rapid deployment of staff, effective intervention tactics, adequate and consistent follow-up and assessment, and results-oriented accountability. An Incident Tracking System generates reports of incidents by shift and facility location. It is the center of a weekly Intelligence Meeting when each manager reviews the critical statistics on his/her unit.*

track and analyze conditions in the jail. The model focuses on five security-related areas: accurate/timely intelligence, rapid deployment of staff, effective intervention tactics, adequate and consistent follow-up and assessment, and results-oriented accountability. An Incident Tracking System generates reports of incidents by shift and facility location. It is the center of a weekly Intelligence Meeting when each manager reviews the critical statistics on his/her unit. The meeting provides an opportunity for feedback and suggestions for improvement.

Once a month, a management meeting attended by the sheriff, the chief information officer, and all of the jail's management staff focuses on the Jail Report Card and its results. Attendees also review other data related to the jail population, inmate classification, recidivism rates, inmates' prior incarcerations, average length of stay, housing, jail programs, jail offenses, inmate discipline, inmate grievances, and jail gang information, enabling the group to recognize changes so that they can more effectively manage their environment. In addition, this information is used by senior managers to make administrative decisions and reduce the jail population.

In addition, Shelby County Jail officials have placed inmate grievances locked boxes in each housing unit. Inmates can use the box to address safety issues such as inmate-on-inmate sexual assault and verbal and physical mistreatment by staff. Officials told researchers that the use of these two effective data collection strategies has increased staff cohesiveness, performance and professionalism.

***Data helps us answer the question: How do we make this a better place?  
Without data, you're responding and reacting to individual situations. With  
data, you can look for trends.***

***--Shelby County Jail Manager***

The ***Jefferson County Sheriff's Department*** systematically tracks sexual assault incidents and investigation outcomes. Administrators stated that they must track data on reported sexual assaults to ensure safety and constantly evaluate the facility culture regarding safety. To this end, jail officials analyze the extent to which sexual assault reports are founded or not, whether a case was filed with prosecutors and, if so, the case outcome.

Jefferson County Jail surveys inmates using anonymous questionnaires that are intended to measure inmate safety and health concerns. Similar to Shelby County Jail, Jefferson County Jail also has a confidential system of reporting grievances and other issues of concern.

The commitment to transparency and accountability by ***STAR Academy*** involves its use of *Performance-based Standards (PbS)*. Five sets of data are collected twice a year: (1) administrative reports, (2) file reviews, (3) direct interviews, (4) reviews of incident reports, and (5) client community reintegration efforts and outcomes. The information is compared to national data from other *PbS* member agencies. This information is reported to both the governor's office and the legislature.

In addition, STAR Academy officials use a Monthly Metric System Brief that tracks assaults, use of force, staff turnover and other indicators. This information is prepared and used by facility managers. Real time data provides a means for the agency to identify and respond to problems in a timely manner. In addition, STAR administrators developed a Computerized Juvenile Offender Tracking System to integrate data on offenders. Both central office and institutional management use this data to guide changes in policy, procedures and staffing patterns. According to interviews with staff and administrators, this on-going use of real time data has reduced all incidents of violence, including sexual assault.

***Springfield Academy*** staff use Youth Ratings to provide immediate feedback to residents. These ratings document youths' skills and monitor individual performance, and are used to assign programming consistent with assessed needs. Although this process is fundamentally an individualized behavior management system, the Youth Rating Scores are aggregated by unit to provide a "snapshot" of youth characteristics and programming needs. Staff use the scores to provide pre-emptive intervention when necessary since aggregate scores can reveal social tension and underlying conflict. Officials believe that this empirical tool empowers Springfield Academy staff to identify issues early, promoting a more effective response.

*The Youth Ratings are program management system that is derivative of an individual youth evaluation process. It is designed to take the guesswork out of what is going on the floor. Local administrators receive weekly summaries and I receive monthly summaries tracking the evaluations and progress of every single kid, the collective group performances of every single unit and a facility summary. This process is called Strategic Program Design.*

*--Youth Services International Clinical Director Jon McCain*

## 11. Officials who are committed to (a) learning from litigation, (b) detecting and correcting mistakes, and (c) transparency of operation

Court scrutiny, federal lawsuits, and contempt citations were major catalysts for change in three of the jails in this study. Jail administrators recognized the facility deficiencies and worked strategically and collaboratively to remedy and improve staff skills, policies, programs and services. Officials demonstrated a strong commitment to safety and security, and transforming problematic institutions into exemplary and outstanding examples of correctional practice. Table 10 provides a summary of reforms resulting from external scrutiny San Francisco County Jail, the Orange County Corrections Department and the Shelby County Jail.

**Table 10. Summary of reforms resulting from outside scrutiny**

<b>San Francisco County Jail</b>	<b>Orange County Corrections Department</b>	<b>Shelby County Jail</b>
<ul style="list-style-type: none"> <li>• Series of lawsuits resulted in new policies</li> <li>• Sheriff leveraged law suits to obtain county resources to build two jails to relieve overcrowding and close antiquated linear facility</li> <li>• Current sheriff was inmate lawyer advocate at time of lawsuit; worked with professor at Golden Gate University Law School on sexual assault lawsuit</li> </ul>	<ul style="list-style-type: none"> <li>• Litigation Unit conducts regular risk-management investigations and seeks to resolve issues thru policy/procedural changes</li> <li>• Litigation Unit works collaboratively with opposing attorneys to proactively improve jail conditions</li> <li>• Effort results in policy changes and staff training</li> </ul>	<ul style="list-style-type: none"> <li>• Numerous lawsuits resulted in extensive federal scrutiny and consent decrees</li> <li>• Contempt of court and additional federal lawsuit threatened</li> <li>• Shelby County sheriff and county commissioners held personally responsible</li> <li>• New sheriff obtained technical assistance from National Institute of Corrections</li> </ul>



The **San Francisco County Jail** was transformed in part due to two law suits in the 1970s and 1980s. Prior to becoming the sheriff, Michael Hennessey founded Prisoner Legal Services, a non-profit funded by the Bar Association of San Francisco to assist prisoners with legal concerns unrelated to their criminal cases, and was working in the San Francisco County jails. In the late 1970s, Hennessey contacted Golden Gate University School of Law professor Mort Cohen who a long history of undertaking prisoner rights' cases dating back to the Attica prison riots. This contact resulted in the first significant lawsuit, *Stone v. City and County of San Francisco*, which was filed in federal court in 1978. The suit focused on overcrowding, substandard medical care, and lack of inmate safety in County Jail #1.

The *Stone* lawsuit resulted in a 1982 case consent decree limiting the size of the inmate population. However, the City and County of San Francisco, including the board of supervisors, was found in contempt because of its inability to limit the population. Consequently, funding was provided to build two direct supervision jails, County Jails 7 and 8. County Jail 8 has become a national model for program-oriented prisoner rehabilitation. Today, approximately 400 inmates participate in G.E.D., English as a Second Language programs, alcohol and drug abuse counseling, and family reunification.

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*Besk v. City and County of San Francisco* was also an important case that involved inmate rape. This case originated in the mid-1980s and involved the rape of a 19-year old inmate. The victim was a first-time offender and the perpetrator had a criminal history in another state that the jail staff was unaware of and, as a result, the victim and perpetrator were housed in the same unit. A public defender became aware of the rape and contacted Mort Cohen. Jail officials worked closely with Mort Cohen throughout the case. Although *Besk* began as an inmate rape case, it eventually became a class action lawsuit related to overcrowding. The federal court eventually approved a settlement agreement between the plaintiffs and the City and County of San Francisco in which the plaintiffs agreed to dismissal of the case based on the City's promise to build a replacement for County Jail #3. In keeping with the settlement agreement, the board of supervisors and the mayor approved funding for a replacement jail. That jail, County Jail #5, opened in August 2006.

**Orange County Corrections Department** established a Litigation Unit to conduct risk management investigations and resolve issues by changing policies and procedures rather than lawsuits. Risk management investigations are initiated after an "intent to sue" notifications is filed. The investigation can include interviews with staff, a review of incidents two weeks prior to the named event, reviews of log books from the time the inmate was booked in the jail, and interviews with trustees where the event took place. The information obtained from the investigation is protected from discovery in the impending lawsuit. Orange County Corrections officials use the risk management information with opposing attorneys to proactively improve jail conditions. This process has resulted in increased training, operational changes, and modifications to staffing patterns. Using this approach, the agency has positioned itself to "learn from its mistakes" and make the necessary reforms.

**Shelby County Jail** was the subject of numerous lawsuits charging dangerous conditions. One case involved an inmate who was severely beaten by ten other inmates; the group also attempted to sexually assault him (*Pulliam v Shelby County*, 1994). In another case, a lieutenant organized a group of officers to beat selected juvenile detainees. This case resulted in criminal indictments against seven officers and, ultimately, three convictions (*United States v. Marshall*, 1993). The pivotal case that led to radical changes at the jail was *Little v. Shelby County*, 1996. Inmate Darius Little was raped over a period of several days by three gang members at the jail.

Shelby County Jail officially admitted its liability four months after the filing of the *Little* case, and entered into a consent decree in which the county was required to take specific steps to address issues such as classification, housing, inmate supervision, record-keeping of violent incidents, and use of overtime. In 1998, the *Little* case was certified as a class action suit after being consolidated with two other civil rights cases under the Eighth Amendment. As a result, the U.S. district court required Shelby County Jail to address 14 areas requiring corrective. Despite two consent decrees, the county failed to take adequate steps to remedy the poor conditions at the jail.

In 2000, Shelby County was found in contempt of court for failing to meet the major provisions of the 1997 consent decree, including inadequate supervision of inmates and failure to stop inmate-on-inmate violence. The Shelby County sheriff and the county commissioners would be held personally responsible. Shelby County officials then initiated a number of important processes to address the problem, including contacting the National Institute of Corrections (NIC) for assistance, and contracting with national jail experts to assess and respond to the problem. Shelby County Jail's transformation occurred as it engaged in the following initiatives:

- Hiring visionary leaders;
- Improving staff hiring, retention and training;
- Initiating data collection; and
- Seeking professional accreditation.

## CONCLUSION

This report describes eleven promising practices to prevent and respond to inmate-on-inmate and resident-on-resident sexual assault. Exceptional leadership, communication, hiring and recruitment, staff training, use of direct supervision, classification, sexual assault investigation, data collection and reporting systems, and responses to litigation created organizational cultures that promoted respectful treatment of others. Consistently treating others with respect created positive correctional environments, and safety breaches—including but not limited to sexual assault—were considered unacceptable.

Zero tolerance philosophies were reinforced daily with operational mechanisms, strong organizational leadership, and high expectations of staff. Multiple approaches, from intake to housing and from recruitment to ongoing training, provided staff with skills to prevent, investigate, document, and systematically and empirically track myriad incidents that threaten the safety of staff and inmates. These efforts also prevent sexual assaults. Administrators in the study sites were consistently vigilant about facility safety, and they were committed to providing staff with the necessary tools, through training and mentoring, to advance facility safety.

These approaches have been documented here to encourage replication of promising practices in adult and juvenile correctional facilities across the country. In addition, the documentation of promising practices provided in this report is the first step in understanding policies and procedures that contribute to sexual assault prevention and intervention in jails and juvenile facilities. The strategies described here require further study to better measure how each practice contributes to facility safety.

The appendices that follow are an integral part of this report. Appendix A is a comprehensive literature review; Appendix B details an extraordinary investigation of a sexual assault that resulted in a life sentence for the perpetrator. Appendix C and Appendix D describe the appropriate medical and victim response, respectively. Appendix E uses research bulletins disseminated during the study to detail the response policies and procedures at Woodfield Cottage Secure Detention Facility in New York, the San Francisco County Jail, and the Orange County (Florida) Detention Facility's use of data to prevent sex crimes. Logic models are provided in the research bulletins to clarify activities that theoretically contributed to the outcomes, and may be helpful in both replication and future research. Finally, the National Institute of Corrections' Jail and the Division the Council of Juvenile Correctional Administrators continues to provide excellent guidance to the nation's correctional administrators who want to improve facility operations. We recommend that administrators consult these resources and work with experienced program evaluators in their efforts to improve facility safety and effectively prevent and respond to institutional sexual assault.

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- ***Seeking professional accreditation.***

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## REFERENCES

- Austin, J. (1998). *Objective jail classification systems: A guide for jail administrators*. Longmont, CO: National Institute of Corrections.
- Austin, J. (1994). Objective offender classification is key to proper housing decisions. *Corrections Today*, 59(4): 94-96.
- Austin, J. (1983). Assessing the new generation of prison classification models. *Crime and Delinquency*, 29(4): 561-576.
- Babbie, E. (1995). *The practice of social research, 7<sup>th</sup> Edition*. Belmont, CA: Wadsworth.
- Bayens, G.J., Williams, J.J. & Smykla, J.O. (1997). Jail type and inmate behavior: A longitudinal analysis. *Federal Probation*, 61, September 1997: 54-62.
- Beck, A.J. & Harrison, P.M. (2008). *Bureau of Justice Statistics Special Report: Prison Rape Elimination Act of 2003 – Sexual victimization in local jails reported by inmates, 2007*. NCJ221946. Washington, D.C.: United States Department of Justice, Office of Justice Programs.
- Beck, A.J. & Harrison, P.M. (2007). *Bureau of Justice Statistics Special Report: Prison Rape Elimination Act of 2003 – Sexual victimization in state and federal prisons reported by inmates, 2007*. NCJ219414. Washington, D.C.: United States Department of Justice, Office of Justice Programs.
- Beck, A.J., Harrison, P.M. & Adams, D.B. (2007). *Bureau of Justice Statistics Special Report: Prison Rape Elimination Act of 2003 – Sexual violence reported by correctional authorities 2006*. NCJ218914 Washington, D.C.: United States Department of Justice, Office of Justice Programs.
- Bennis, W. & Nanus, B. (1985). *Leaders: The strategies for taking charge*. New York: Harper & Row.
- Bergman, L.W. (1994). Corrections as a holistic profession? *The Keeper's Voice*, 15(1):42.
- Blaire, R. & Kratcoski, P.C. (1992). Professionalism among correctional officers: A longitudinal analysis of individual and structural determinants. In P.J. Benekos and A.V. Merlo, (Eds.), *Corrections: Dilemmas and Directions*. Cincinnati, OH: Anderson Publishing Company.
- Bogard, D., Hutchinson, V. A., & Persons, V. (2010). *Direct supervision jails: The role of the administrator*. Washington, D.C.: National Institute of Corrections, U.S. Department of Justice. Accession Number 024192.
- Campbell, N. (2006). *Correctional leadership competencies for the 21<sup>st</sup> Century: Manager and supervisor levels*. Washington, D.C.: National Institute of Corrections, U.S. Department of Justice. Accession Number 020475.
- Cheek, F. E. & DiStefano Miller, M. (1983). A new look at officers' role ambiguity. *Correctional officers: Power, pressure and responsibility*. Lanham, MD: American Correctional Association.
- Cheek, F. E. & DiStefano Miller, M. (1983). The experience of stress for corrections officers: A double-bind theory of correctional stress. *Journal of Criminal Justice*, 11(2): 105-120.
- Clem, C., Krauth, B., Wenger, P. (2000). *Recruitment, Hiring, and Retention: Current Practices in U.S. Jails*. Washington, D.C. National Institute of Corrections, U.S. Department of Justice.
- Clements, C.B. (1996). Offender classification: Two decades of progress, *Criminal Justice and Behavior*, 23(1): 139.

- Cohen, S.B. (1991). Never forget...Behind every good security system stand the people who make it work. *Corrections Today*, 53(4): 86-88.
- Dallou, M. (1997, June). Keeping classification current: Old systems must adjust to changing times, *Corrections Today*, 59(4): 88-89.
- Damanti, J. & Stinchcomb, J.B. (1990). Moving toward professionalism: The preservice approach to entry-level training. *Journal of Correctional Training*, Summer 1990: 9-10.
- Dilulio Jr., J.J. (1990). *No escape: The future of American prisons*. New York: Basic Books.
- Fewell, C. (1998). Integrating healthcare and security functions. *Corrections Today*, 1988, February, 2-3.
- Fleisher, M.S. & Krienert, J.I. (2006). *The culture of prison sexual violence*, final report submitted to the National Institute of Justice, November 2006 (NCJ 216515). Case Western Reserve University. Available at: <http://www.ncjrs.gov/pdffiles1/nij/grants/216515.pdf>.
- Forbes Farmer, J. (1988). A case study in regaining control of a violent state prison. *Federal Probation*, 55: 41-47.
- French, S.A. & P. Gendreau, P. (2006) Reducing Prison Misconducts: What Works! *Criminal Justice and Behavior* 33(2): 185 - 218.
- Fugua, J.W. (1991). New generation jails – Old generation management. *American Jails*, March/April: 80-83.
- Gettinger, S.H. (1984). *New generation jails: An innovative approach to an age-old problem*. Washington, D.C.: U.S. Department of Justice, National Institute of Corrections.
- Haar, R. (2001). The making of a community police officer: The impact of basic training and occupational socialization on police recruits. *Police Quarterly*, 4(4): 401-433.
- Hepburn, J.R. (1989). Prison guards as agents of social control. In L. Goodstein & D.L. MacKenzie, (Eds.), *The American prison: Issues in research and policy*. New York: Plenum Press.
- Heil, P., Harrison, L., English, K., & Ahlmeyer, S. (2009). Is prison sexual offending indicative of community risk? *Criminal Justice and Behavior*, 36: 896-902.
- Henderson, J.D., Rauch, W.H., & Phillips, R.L. (1987). *Guidelines for the development of a security program*. Lanham, MD: American Correctional Association.
- Higgins, C. A., Duxbury, L. E. & Irving, R. H. (1992). Work-family conflict in the dual-career family. *Organizational Behavior and Human Decision Processes*, 51:51-75.
- Hodgetts, R.W. & Kroeck, R.G. (1992). *Personnel and human resource management*. Forth Worth, TX: Dryden Press.
- Honnold, J.A. & Stinchcomb, J.B. (1985). Officer stress: Costs, causes, and cures. *Corrections Today*, 47(7): 49-50.
- Huggins, M.W. & Kehoe, C.J. (1992). Accreditation benefits nation's jails, juvenile detention centers. *Corrections Today*, 54(3): 40-44.
- Hutchinsen, V., Keller, K., and Reid, T. (2009). *Inmate behavior management: The key to a safe and secure jail*. Washington, D.C.: National Institute of Corrections, U.S. Department of Corrections. NIC Accession Number 023882.
- Innes, C.A. & Verdeyen, V.D. (1997). Conceptualizing the management of violent inmates. *Corrections Management Quarterly*, 1:1-9.

- Jackson, P.G. (1992). *Detention in transition: Sonoma County's new generation jail*. Washington, D.C.: National Institute of Corrections.
- Johnson, A. & Luthans, F. (1990). The relationship between leadership and management: An empirical assessment, *Journal of Managerial Issues*, Spring 1990: 13-25.
- Johnson, B. (1994). Exploring direct supervision: A research note. *American Jails*, March/April 1994: 63-64.
- Johnson, R. (1987). *Hard time: Understanding and reforming the prison*. Monterey, CA: Brooks/Cole Publishing Company.
- Kalichman, D.B. & Pitcher, T. (1984). *Surviving in corrections*. Springfield, IL: Charles C. Thomas.
- Kemball, T. (1991). Cultivating our people: The art of leadership, *American Jails*, 5(1): 90.
- Kilpatrick, D., C. Edmunds, and A. Seymour. (1992). *Rape in America: A report to the nation*. Charleston: Medical University of South Carolina, National Victim Center and Crime Victims Research and Treatment Center.
- Lombardo, L.X. (1989). *Guards imprisoned: Correctional officers at work*. 2<sup>nd</sup> Edition. Cincinnati, OH: Anderson Publishing Company, p. 64.
- Lovrich, N. & Zupan, L.L. (1987). *Podular/direct supervision in detention facilities: Challenges for human resource development*. Boulder, CO: National Institute of Corrections.
- Luthans, F., Hodgetts, R.M., & Rosenkrantz, S.A. (1988). *Real managers*. Cambridge, MA: Ballinger.
- Maahs, J & Pratt, T. (2001). Uncovering the predictors of correctional officers attitudes and behaviors: A meta-analysis. *Corrections Management Quarterly*, 5(2): 17.
- McEntee, G.W. & Lucy, W. (1980). *Prisoners of Life: A study of occupational stress among state corrections officers*. Washington, D.C.: American Federation of State, County, and Municipal Employees.
- Mariner, J. (2001). *No Escape: Male Rape in U.S. Prisons*. New York: Human Rights Watch.
- Nagel, W.G. (1973). *The new red barn: A critical look at the modern American prison*. New York: Walker.
- National Institute of Corrections. (2007). *Building Culture Strategically, A Team Approach to Corrections*. Washington, D.C.: National Institute of Corrections, U.S. Department of Justice. NIC accession Number 021749.
- National Institute of Corrections. (1993). *Podular, direct supervision jails information packet*. Longmont, CO: National Institute of Corrections, Jails Division.
- National Institute of Corrections. (1992). *Jail classification system development: A review of the literature*. Longmont, CO: National Institute of Corrections, Jails Division.
- Nelson, W.R. (1986). Changing concepts in jail design and management. In D.B. Kalichman and J. Klofas. (Eds.). *Sneaking inmates down the alley: Problems and prospects in jail management*. Springfield, IL: Charles C. Thomas Publisher.
- Nelson, W.R. (1988). Cost savings in new generation jails: The direct supervision approach. *National Institute of Justice Construction Bulletin*. Washington, D.C.: National Institute of Corrections, U.S. Department of Justice
- Nelson, W.R. & Davis, R.M. (1995). Podular direct supervision: The first twenty years. *American Jails*, July/August: 16-22.

- O'Connell, P.E. & Straub, F. (1999). Why the city jails didn't explode. *City Journal*, 9(2): 28-37.
- Owen, B.A. (1988). *The reproduction of social control: A study of prison workers at San Quentin*. Westport: CN: Praeger.
- Patenaude, A.L. (2001). Analysis of issues affecting correctional officer retention within the Arkansas Department of Correction. *Corrections Management Quarterly*, 5(2): 59.
- Reeves, I.S.K. (1991). Soothing shades: Color and its effect on inmate behavior. *Corrections Today*, 54(2), pp. 128-130.
- Robbins, S.P. (1984). *Management: Concepts and practices*. Englewood Cliffs, NJ: Prentice-Hall.
- Schafer, N.E. (1994). State-operated jails: How and why. *American Jails*, September/October: 35-44.
- Schein, E. H. (1987). *Process consultation volume II: lessons for managers and consultants*. California: Addison-Wesley.
- Schein, E. (1985). *Organizational psychology*. Englewood Cliffs, NJ: Prentice-Hall.
- Scheel, M.D. & Eustace, C. (2002). *Model protocols on the treatment of transgender persons by San Francisco County Jail*. San Francisco: CA: National Lawyers Guild and City and County of San Francisco.
- Schwartz, J. (2005). *A review of Shelby County Jail: Report to the Judge McCalla in 384 F. Supp. 2d*.
- Scrivner, E. (2006). *Innovations in police recruitment and hiring: Hiring in the spirit of service*. Washington, D.C.: National Institute of Corrections, U.S. Department of Justice. Accession number 021282.
- Sellin, T. & Wolfgang, M. (1964). *The Measurement of Delinquency*. New York: Wiley.
- Senese, J.D. (1997). Evaluating jail reform: A comparative analysis of podular/direct and linear jail inmate infractions. *Journal of Criminal Justice*, 25(1): 61-73.
- Senese, J.D., Wilson, J., Evans, A., Aguirre, R., & Kalinich, D. (1992). Evaluating jail reform: Inmate infractions and disciplinary response in a traditional and podular/direct supervision jail. *American Jails*, September/October 1992: 14-23.
- Sigurdson, H.R. (1987). *Latimer County detention center: A study of podular direct supervision*. Washington, D.C.: National Institute of Corrections, U.S. Department of Justice.
- Sigurdson, H.R. (1987). *Pima County detention center: A study of podular direct supervision*. Washington, D.C.: National Institute of Corrections, U.S. Department of Justice.
- Slate, R.N., Vogel, R.E., & Johnson, W.W. (2001). To quit or not to quit: Perceptions of participation in correctional decision-making and the impact of organizational stress. *Corrections Management Quarterly*, 5(2): 74-75.
- South Dakota Department of Corrections. (2010). *Performance Based Standards (PbS) Report: Data from October 2008 to April 2009*. Accessed June 7, 2010 at <http://doc.sd.gov/juvenile/documents/2009PbSReport.pdf>.
- Spears, L. & Taylor, D. (1990). Coping with out jam-packed jails. *Corrections Today*, 52, June 1990, p. 20.
- Stinchcomb, J.B. (1985). Why not the best? Using assessment centers for officer selection. *Corrections Today*, 47(3): 120-124.

- Stinchcomb, J.B. (1986). Correctional officer stress: Is training missing the target? *Issues in Correctional Training and Casework*, October 1986: 19-23.
- Stinchcomb, J.B. (1999). Jails and academe: A partnership made on Wall Street. *American Jails*, May/June, pp. 85-86.
- Stinchcomb, J.B. (2004). Police stress: Could organizational culture be the culprit? *Law Enforcement Executive Forum*, p. 155.
- Stohr, M.K., Lovnich, N.P. & Menke, B. (1994). Staff management of correctional institutions: Comparing Dilulio's 'Control Model' and 'Employee Investment Model' outcomes in 5 jails. *Justice Quarterly*, 11(3): 471-497.
- Stohr, M.K., Self, R.F. & Lovrich, N.P. (1992). Staff turnover in new generation jails: An investigation of its causes and prevention. *Journal of Criminal Justice*, 26(5): 455-578.
- Stohr-Gillmore, M.K., Stohr-Gillmore, M.W. & Lovrich, N.P. (1990). Sifting the gold from the pebbles: Using situational interviews to select correctional officers for direct supervision jails. *American Jails*, 3(4): 29-34.
- Tartaro, C. (2003). Survey: Direct supervision jails. *American Jails*, May/June: 77-79.
- Toch, H. (1977). *Living in prison: The ecology of survival*. New York: The Free Press.
- Toch, H. (1978). Is a 'correctional officer' by any other name, a 'screw'? *Criminal Justice Review*, 3(2): 19-35.
- Toch, H. (1985). Social climate and prison violence. In M. Braswell, S. Dillingham and R. Montgomery (Eds.). *Prison violence in America*. Cincinnati, OH: Anderson Publishing Company.
- Toch, H. (1992). Functional unit management: An unsung achievement. *Federal Prisons Journal*, 2(4): 15-16.
- U.S. Merit Systems Protection Board. (2009). Managing for engagement: Communication, Connection, and Courage. A report to the President and the Congress of the United States. Washington, D.C.: U.S. Merit Systems Protection Board. Accessed June 7, 2010 at [http://www.doi.gov/hrm/MSPB\\_Response.pdf](http://www.doi.gov/hrm/MSPB_Response.pdf).
- Wener, R. (1995). Evaluating the design of direct-supervision jails. *Progressive Architecture*, 2: 79.
- Wener, R. (2006). Effectiveness of the direct supervision system of correctional design and management: A review of the literature. *Criminal Justice and Behavior*, 33(3): 392 – 410.
- Wener, R., Frazier, F.W., & Fabrstein, J. (1985). Three generations of evaluation and design of correctional facilities. *Environment and Behavior*, 17: 71-95.
- Wener, R., Frazier, F.W., & Farbstein, J. (1987). Building better jails. *Psychology Today*, 21(6), June 1987, p. 42.
- Wener, R., Frazier, F.W., & Farbstein, J. (1991). Direct supervision of correctional institutions, in *Podular, direct supervision jails*. Boulder, CO: National Institute of Corrections.
- Williams, J.L., Roeheaver, D.C., & Huggins, D.W. (1999). A comparative evaluation of a new generation jail. *American Journal of Criminal Justice*, 23(2), Spring 1999: 223-246.
- Wright, K.N., Saylor, W.G., Gilman, E., & Camp, S. (1997). Job control and occupational outcomes among prison worker. *Justice Quarterly*, 14(3): 525.
- Yocum, R., Anderson, J., DaVigo, T., & Lee, S. (2006). Direct-supervision and remote-supervision jails: A comparative study of psychosocial factors. *Journal of Applied Social Psychology*, 36(7): 1790-1812.



Zupan, L.L. (1991). *Jails: Reform and the new generation philosophy*. Cincinnati, OH: Anderson Publishing Company, p. 160.

Zupan, L.L. (1993). The need for research on direct inmate supervision. *American Jails*, 7: 21-22.

Zweig, J.M., Naser, R.L., Blackmore, J., & Schaffer, M. (2006). *Addressing sexual violence in prisons: A national snapshot of approaches and highlights of innovative strategies*. Washington, D.C.: Urban Institute, Justice Policy Center. Available at: [http://www.urban.org/UploadedPDF/411367\\_psv\\_programs.pdf](http://www.urban.org/UploadedPDF/411367_psv_programs.pdf).

# APPENDICES



# **Appendix A: Literature Review**



## Literature Review – A Review of the Past – What Have We Known About Sexual Violence in Correctional Settings?

Robert W. Dumond

In order to understand the complex dynamics of prisoner sexual violence, it is essential to review the research which has emerged over the centuries. Toward this goal, the following review of the salient literature is presented.

**19<sup>th</sup> Century:** The problem of prisoner sexual violence has been a feature of life in incarceration, and was first reported at the dawn of the penitentiary movement in the United States. Over a two-year period (1824-1826), the Rev. Louis Dwight investigated state prison conditions from Massachusetts through Georgia and:

*“found melancholy testimony to establish one general fact...that boys are Prostituted to the Lust of old Convicts.....the Sin of Sodom is the Vice of Prisoners, and Boys are the Favorite Prostitutes. Sodomy is said to be practiced constantly among them. When a boy was sent to Prison, who was of a fair countenance, there many times seemed to be quite a strife. (Katz, 1976: 27)*

The revelation was punctuated, however, with the a description of the institutional culture, which affected the ability of a victim to report the assaults, and to seek assistance. As noted by the Rev. Dwight:

*....I will only add to this testimony, the following conversation which I had with a boy in the Penitentiary: `Was the crime ever committed upon you?—Yes, Sir!-- -Why did you submit?—He choked me! He was stronger than I!—Why did you not complain?—I did, in the room! But they said if I told of it, they would punish me!—Who said so?—They all said, I must not tell any thing out of the room!— Nature and humanity cry aloud for redemption from this dreadful degradation.” (Katz, 1976: 27)*

As Director of the Boston Discipline Society from 1825-1854, the Rev. Louis Dwight is considered the best source of information about American correctional facilities of this time period (Allen & Simonsen, 1998). Yet, his admonitions went largely unheeded in American corrections, only to reappear nearly one hundred years later.

**20<sup>th</sup> Century:** Joseph F. Fishman, a Federal Inspector of Prisons who visited 1,500 jails and prisons in the United States before 1920 (Freidman, 1993, p. 310), exposed that the problem largely continued unabated as a large number of boys and young men “*made homosexual, either temporarily or permanently,*” (Fishman, 1934: p. 5) in America’s jails and prisons. While this observation reflects a lack of our contemporary understanding about sexual orientation, Fishman continued to raise the alarm about these issues. Fishman also observed a stratification of prisoners, where passive, weaker individuals

were consigned to lower rungs on the hierarchy, making them target for sexual assault and other indignities.

Interestingly, Fishman described the subtle grooming process engaged by offenders – there is a “*friendly offer to protect the newcomer and see that his life in prison is made as easy as possible for him*”, followed by the “*giving of small presents,*” leading to the new inmate slipping into “*helpless dependency...on a protector*” and if the inmate “*resists [sexual advances], he is very often threatened with physical harm*” (Fishman, 1984: p. 84). ‘courting’

A number of conditions contributed to such behavior (lack of women, enforced idleness, close proximity of other men, breakdown of social relations, presence of homosexual ‘wolves’), Fishman (1934) opined, but, even more appalling, was his observation that many prison officials “*turned a blind eye to sexual abuses.*” In fact, some inmate predators responsible for these crimes were often ignored and even cajoled by correctional officers. Fishman was also one of the first to identify that there is an inmate code against “snitching”, which made it extremely difficult for victims to report (Hensley, Struckman-Johnson & Eigenberg, 2000).

#### **Mid-20<sup>th</sup> Century: Jails and Prisons as Total Institutions Which Depersonalize and Brutalize.**

The appearance of aggression and sexual victimization in corrections is intertwined with the culture of incarceration – any attempt to recognize and address the problem must consider the indelible and devastating effect this culture has upon the environment and its inhabitants, and those who work within these environs. Three now classic examinations of life in American corrections underscore the relevance of this view.

Donald Clemmer (1940/1958) identified the crushing effect of incarceration known as the “*prisonization ordeal*” in which an inmate takes “*on in greater or less degree the folkways, mores, customs and general culture of the penitentiary*” (Clemmer, 1958: p. 8). In order to survive, a prisoner adopts the prevailing ethos of the prison, becoming grounded in the criminal mentality, language, dress and activity. The longer a person is incarcerated, the more difficult it is for the person to consider pro-social values, as depersonalization and an inflexible routine infect every aspect of the prisoner’s life, making involvement in treatment and adjustment to the community difficult (Adams, 1993; Clemmer, 1971; Faulkner & Faulkner, 1997). Clemmer further argued that “*everyone in the prison environment is affected in varying degrees by the influence of [sex]*” (Clemmer, 1940: 249) as prisoners are cast in a hierarchy of vulnerability and violence. Inadvertently, this negative subculture also affects correctional staff and the climate of the correctional institution as a whole.

After conducting an extensive period of observation of life at the New Jersey State Maximum Security Prison in Trenton, sociologist Graham Sykes (1958) noted the “*pains of imprisonment*” - those deprivations, e.g., liberty, goods & services, heterosexual relationships, autonomy and security which substantially impact on the prisoner’s “self-worth.” In describing these, Sykes (1958) noted with alarm

*the destruction of the psyche is no less fearful than bodily afflictions... we must explore the way in which the deprivations and frustrations pose profound threats to the inmate's personality or sense of personal worth. (p. 64)*

Sykes (1958) also identified the infantilization of prisoners by prison rules which become a

*"profound threat to the prisoner's self-image, because they reduce the prisoner to the weak, helpless, dependent status of childhood. (p. 71-72).*

Prisoners respond to these deprivations individually, but also collectively. In fact, Sykes (1958) argued that the fact that normal heterosexual activities are not allowed encourages prisoners, who are deprived of traditional means of physical and sexual expressions and gratifications, to engage in homosexual behavior. In order to react to the pains of imprisonment, an inmate social structure, which demands solidarity and conformity to the inmate code, is a necessary response (Sykes, 1958, Sykes and Messenger, 1977, 1960). Sykes (1958) identified a three-tier hierarchy in prisons that is directly related to one's role, one's sexual orientation, and one's perceived vulnerability, that was confirmed by other researchers as well (Donaldson, 1993; Kirkham, 1971; & Sagarin, 1976).

<u>Top Tier:</u> [highest]	Prisoners who play active, aggressive (male) role in homosexual relations have been referred to as " <b>wolves</b> ", " <b>voluntary aggressors</b> ," or " <b>daddies</b> ."
<u>Second Tier:</u>	Prisoners who were "natural" homosexuals ("born that way") are known as " <b>fags</b> ", " <b>queens</b> ," " <b>effeminates</b> ." This person is known by exaggerated mannerisms, wearing makeup & female clothing
<u>Third Tier:</u> [lowest]	Prisoners who initially engaged in homosexual behavior through coercion. This person (known as " <b>punk</b> ") is viewed as a coward who is morally weak and unable to defend himself, and is viewed as having lost their masculinity as a result of having submitted to a more aggressive male. These individuals are virtual slaves, who are treated by " <b>wolves</b> " as nothing more than a commodity.

To protect himself, an inmate must learn to fight back to avoid victimization. Sykes (1958) notes that

*Sooner or later he will be 'tested' – that someone will 'push' him to see how far they can go and that he must be prepared to fight for the safety of his person and his possessions. If he should fail, he will thereafter be an object of contempt, constantly in danger of being attacked by other inmates who view him as an obvious victim. (Sykes, 1958: pp. 77-78).*

If he cannot, however, he will be cast as a "**punk**" - once consigned to this status, "**punks**" (who are often younger, inexperienced prisoners) are continually victimized and abused.



Victims of sexual assault, in particular, experience a loss of masculinity which is overwhelming and devastating. Sykes (1958) also outlines the five universal aspects of the inmate code which structures life of prisoners in incarceration, which include: (1) Don't interfere with inmate interests; (2) Don't fight with other inmates; (3) Don't exploit other inmates; (4) Be strong/maintain yourself; and whose last tenant (5) "***don't trust the guards [staff] and the things they stand for***" is a legacy which still infects correctional environments, and significantly impacts upon lack of reporting.

In a similar fashion, in his analysis of prisons and mental institutions, Irving Goffman (1961) promoted the notion that these facilities are *total institutions*, where every aspect of a resident's life (meals, dress, schedule, movement, activity, behavior and choices) is regulated, regimented, and controlled. Whereas these facilities are self-contained environments with little to no contact with the external world, prisoners or patients living in such environments learn ways of coping in these isolated settings through their association with other residents and staff. Goffman (1961) also identifies that there is a great partition between the 'keepers' and 'the kept', each of whom adopt very narrow stereotypes of behavior.

### **Reports of Aggression and Violence Not Confined to Adult Corrections:**

Unfortunately, descriptions of the rigid hierarchy, inmate code, and inmate social structure are also well documented in juvenile institutions around the same time. Ironically, Jack Ward (1958) identified the same terms and process in boy's training schools: new boys ("*punks*") were sexually coerced by "*wolves*" when they first entered the institution; after a period of time, however, they avoided further victimization by becoming "*wolves*" themselves, preying upon new admissions to the institution ("*fish*"). Bullying and aggressive behavior, in fact, became associated with masculinity, while submission and dependence became associated with femininity. Similar to adult corrections (Fishman, 1934; Sykes, 1958) boys who were unable to adopt the "masculine" stance continued to be sexually victimized.

Sethard Fisher (1961) found a similar pattern of victimization, involving physical attacks, agitation, and exploitation at the boy's institution for delinquents at Lomo, California. Boys who were weak, physically small, and inept fighters were subjected to all kinds of abuse (including unwanted sexual activity), by more aggressive residents, who staff tended to support. The "*turning of a blind eye*" noted by Fishman (1934) continued in this setting because staff and aggressive residents colluded together in keeping order and creating a quiet institution at the expense of more vulnerable residents.

The twin themes of predatory victimization along an institutional hierarchy and staff collusion in supporting aggressors in juvenile institutions are identified in other studies of juvenile institutions of the same period as well. In *Cottage Six*, a study of a small therapeutic cottage for delinquents, Howard Polsky (1962) outlines that experienced, aggressive residents would victimize new residents and those who were social isolates, and threaten to cause trouble in the cottage if the houseparent staff intervened. The psychological mechanisms used were insidious and effective: threat-gestures (quick motions feigning potential assault), ranking (constant reminders of subservient status as

“punks”) and scapegoating. The social structure was reinforced, and the vulnerable residents would continue to be victimized and abused throughout their stay in the institution unless they responded in kind, and demonstrated aggression; those that could not, would receive no assistance from staff. Similar observations were noted by Rubenfield and Stafford (1963) in a larger, more traditional custodial juvenile facility, noting a rigid hierarchy, with aggressive youth enjoying privilege and favor, and weak, vulnerable youth being consistently violated and abused, with little assistance from staff to intervene.

**Female Correctional Institutions:** J.F. Fishman, who had presented the first comprehensive view of male sexual assault (1934), also had identified that “*homosexuality was a real problem in every prison*” (Fishman, 1923/1968: 102), including female prisons, in an earlier investigation of America’s jails and prisons, although there is no mention of coercion. While conducting one of the first studies on homosexual behavior in a correctional institution for adolescent girls, Halleck & Hersko (1962) found that there were females who attempted to change their grooming, appearance and attire to be more masculine, (known as “*butches*”), who were held in high status and popularity among other adolescent females [which mirrored the reported hierarchy of men’s correctional settings].

Several now classic studies of female institutions at the Frontera Correctional Institution in California (Ward & Kassebaum, 1964, 1965) and the Alderson Federal Penitentiary in West Virginia (Giallombardo, 1966), both noted that homosexual behavior was likely to be consensual, and reported on a similar hierarchy of female prisoners, with dominant, aggressive women assuming the masculine role, and submissive women assuming the feminine role. Both studies, however, commented upon the potential for violence and aggression when new lovers were introduced and jealousies ignited.

**First Systematic Empirically Based Study of Prisoner Sexual Violence:** Although reports of prisoner sexual violence abounded in examinations of corrections, the first systematic study was conducted by Chief Assistant District Attorney Alan J. Davis (1968) who studied sexual assaults in sheriff’s vans and three facilities of the Philadelphia Jail over a 26-month period [June 1966 – July 1968] in conjunction with Philadelphia Police Commissioner Frank Rizzo. Davis and his team conducted face-to-face interviews of 3,304 inmates and 561 custodial staff, reviewed prison records, and conducted witness polygraphs of selected inmates and staff. Ironically, this comprehensive approach to examining prisoner sexual violence, employing a variety of sophisticated techniques, has yet to be replicated, even until the present. Prior to the passage of Public Law 108-79, was the only published empirical study of prisoner sexual violence in a jail setting. As a result of these techniques, Davis was able to verify 156 (4.7%) incidents of sexual assault, 149 in prison and 7 in sheriff’s vans, involving 97 different victims and 176 aggressors. Of 60,000 inmates passing through the Philadelphia jail system during this period, 3.3% of the population was sexually assaulted, with two-thirds of the incidents being considered rape [82 incidents of anal sex (buggery), 19 incidents of oral sex (fellatio), and 55 sexual attempts and coercive solicitations]. Davis believed that concluded that numbers reported were the “*tip of the*

*iceberg*” (Davis, 1968: p. 11) and concluded that more than 60% of those interviewed had actually been victimized, but failed to report it. In effect, he concluded that this was a “*conservative estimate...that the true number of assaults in the 26-month period was about 2,000.*” (Davis, 1968: 13)

Davis also noted the “*disproportionate number of black aggressors and white victims*” [56% black-on-white; 29% black-on-black and 15% white-on-white sexual assaults] (Davis, 1968: 15). He opined that the sexual assaults are “*expressions of anger and aggression prompted by the same basic frustrations that exist in the community, and which very probably were significant factors in producing the rapes, robberies, and other violent offenses for which the bulk of aggressors were convicted*” (Davis, 1968: 11).

Of significant concern to Davis was the disproportionate number of incidents actually reported to prison authorities and investigated by the police. Inmates reported to Davis (1968) that officers failed to properly supervise inmates, urged them not to press charges, and would realistically not protect them from retaliation, but instead place them in protective custody. Only 96 incidents were actually reported to prison authorities by victims, and, of these, only 64 were actually documented in the inmate’s prison record. In 40 of the 64 documented cases, disciplinary action was taken against the perpetrator, and only 26 of the 64 documented incidents were actually reported to the police for prosecution. Davis (1968) identified that victims were small, young, and most white, and that many homosexual liaisons occurred after prisoners were either threatened with or actually gang-raped. Prison officials, he noted, are “*took quick to label such activity as “consensual”*” (Davis, 1968: p. 70). Davis (1968) argued that sexual assaults can only be addressed by recognition and response, and he encouraged correctional authorities to address the causal factors which promoted such behavior – inadequate facilities, lack of supervision, gangs of aggressors, and staff indifference.

**1970s Investigations:** A number of investigations in juvenile and adult correctional settings in the 1970s, with varying degrees of scientific precision, continued to identify and underscore the severity of the problem, and the impact upon its victims and institutions.

“*Stanford Mock Prison Experiment*” – 1971: After accepting a tenured position as professor of psychology at Stanford University, Philip Zimbardo (Haney, Banks, & Zimbardo, 1973; Zimbardo, 1971; Zimbardo, Banks, Haney & Jaffy, 1973) conducted the now infamous Stanford prison experiment which provided a unique insight into the nature of staff-prisoner dynamics. Twenty-four (24) normal college students (ascertained by psychological testing) were randomly assigned to be “prisoners” or “guards” in a mock prison located in the basement of the psychology building at Stanford. Very quickly, the students rapidly adapted to their roles, and the experiment devolved to a psychologically damaging situation. The subjects who played “guards” became sadistic and abusive, while the subjects who played “prisoners” become frightened, submissive, demonstrating depression and extreme passivity. One-third of the “guards” were judged to have exhibited “genuine” sadistic tendencies, and many prisoners became emotionally traumatized and two had to be removed from the experiment early. The reactions of

both groups were so intense, in fact, that the experiment, which was to have lasted for two weeks, was concluded after six days.

*At the end of only six days, we had to close down our mock prison because what we saw was frightening. It was no longer apparent to most of the subjects (or to us) where reality and their roles began. The majority had indeed become prisoners or guards, no longer able to clearly differentiate between role-playing and self. There were dramatic changes in virtually every aspect of their behavior, thinking, and feeling. In less than a week, the experience of imprisonment undid (temporarily) a lifetime of learning: human values were suspended, self-concepts were challenged, and the ugliest, most base, pathological side of human nature surfaced. We were horrified because we saw some boys (guards) treat others as if they were despicable animals, taking pleasure in cruelty, while other boys (prisoners) became servile, dehumanized robots who thought only of escape, of their own individual survival, and of their mounting hatred for guards.....*

*The consultant for our prison...[was] an ex-convict with sixteen years of imprisonment...[He] would get so depressed and furious each time he visited our prison, because of its psychological similarities to his experiences, that he would have to leave. A Catholic priest who was a former prison chaplain...talked to our prisoners after four days and said they were just like other first-timers he had seen.*  
(Zimbardo, 1972: )

Though the experiment has been criticized for a number of methodological and ethical difficulties (many questioning its scientific validity), it did provide strong evidence of the effect and impact of a situation on the behavior of individuals without previous malice or malintent. The study demonstrated that many people can be made to do almost anything by the strength of the situation they are put in, regardless of their morals, personal convictions, and values (Haney et al, 1973; Zimbardo et al., 1973), and may have important insights on the issue of prisoner sexual violence and staff sexual misconduct. Shortly after the study had been completed, there were bloody riots at Attica and San Quentin, and Zimbardo (1971) reported the findings of the experiment to the U.S. House Committee on the Judiciary.

#### ***Adult Correctional Institutions:***

Peter Buffum (1972) developed a comprehensive review of homosexuality in prisons and made a distinction between true homosexuals and individuals in “*situational homosexuality*.” Aggressive men – rapists (“*jockers*”) enjoy power, control and avoid stigma, while victims were “*made*” homosexual – effeminate men who became stigmatized and continually abused. Buffum questioned the viability of inmates being expected to avoid sexual behavior in prison, and actually suggested the deprivation of sexual relationships is related to homosexual behavior in prisons. He opines:

*[The present pattern of homosexuality in prisons] means that as long as the prison is an environment which is largely devoid of situations where legitimate affectional ties can be established, there will be a tendency for the formation of homosexual relationships, especially among those person serving long sentences who have*

*concomitantly lost contact with meaningful persons in the free community. If, in addition, the prison does not allow legitimate attempts of the inmates to control their own lives and does not give opportunity for expressions of masculinity and self-assertion that are meaningful among men at this social level, there will be homosexual relationships created to fulfill this need.* (Buffum, 1972: p. 28)

Al Ibrahim (1974) posited that certain environmental influences contributed to same-sex sexual activities in prisons. Prisons are single-sex societies with no opportunity for sexual heterosexual gratification, and they accept/tolerate this behavior, even though it is generally restricted by policy. Three conditions contributed to this tolerance: (1) creation of status roles, in which strong inmates control weaker ones, (2) it is a way for correctional officials to exercise control (allowing inmates to release their tensions), and (3) exposure could foster negative public attitudes. Like Davis (1968), Ibrahim (1974) also identified other correctional features (lack of sufficient work opportunities, overcrowding, inadequate classification, and community isolation) as contributing factors.

*Rape Trauma Syndrome Identified (1974)*: Emergency Room Nurses Ann Burgess and Linda Holmstrom (1974a, 1974b, 1975) developed the first working model to understand the physical and psychological annihilation of sexual assault, following their observations of women presenting themselves for treatment to ERs following victimization. They identified a cluster of symptoms with specific manifestations which they termed the “Rape Trauma Syndrome” (RTS), with specific phases of impact upon victims: acute phase/disorganization, re-organization and resolution phases. Rape trauma syndrome is important for several reasons – it was the first, systematic classification of a distinct pattern of response to sexual assault trauma, and it was introduced prior to the formulation of posttraumatic stress disorder (PTSD). PTSD first appeared as a formal psychiatric diagnosis in 1980 in *the Diagnostic and Statistical Manual of the American Psychiatric Association – 2<sup>nd</sup> Edition (DSM-II)* (APA, 1980). RTS has since been adopted as a nursing diagnosis by the Fourth National Conference on the Classification of Nursing Diagnoses (Burgess, 1985), and is regularly used by nurses, sexual assault nurse examiners (SANE) and sexual assault treatment and advocacy groups. The sequelae of sexual victimization has physical, cognitive, social, behavioral, and psychological components, which in incarceration, has an additional effects upon victims. The understanding of this diagnostic formulation, as well as that of PTSD, was an important adjunct to understanding the impact upon sexual assault victims in general, and victims of prisoner sexual violence in particular, and most important in improving the response of practitioners in treating victims/survivors.

Journalists Carl Weiss and David James Friar (1974) wrote a book-length expose on prison rape aimed primarily at a popular rather than an academic audience, which provided startling evidence of the terror and humiliation especially for new and weak prisoners. Weiss and Friar (1974) proffered that “*prison rape is the first thing you fear as an inmate*” and is “*the extra punishment anyone sentenced to prison can expect*” (Weiss

& Friar, 1974: p. 4). They argued that “*more men than women are raped every year in American – they are raped in prison*” and proffered (without any scientific basis or explanation) that 10 million of the 47 million Americans who would be arrested at some point in their lives would be raped in prison (Weiss & Friar, 1974: p. 61). They also observed that no age group is immune from prison rape, but it is particularly devastating for young people. Most importantly, they identified that the policies and attitudes of prison administrators contribute to the problem, in addition to the fact that correctional staff may perpetuate these assaults by either ignoring problems, or even taking an active role in assaults. Weiss and Friar (1974) also documented the social stratification which occurs in prisons and its devastating impact upon vulnerable prisoners. Interestingly, such ascribed roles and identities were adopted even in the pseudo-prison of the Stanford Prison Experiment (Zimbardo et al., 1973).

Leo Carroll (1974) observed a small Eastern penitentiary (Rhode Island) and identified the manipulative calculus of psychological victimization, in which new prisoners (“*fish*”) are targeted, threatened and coerced into sexual victimization by experienced “*wolves*.” Carroll (1974) identified that prisoners have different patterns of association while incarcerated – some choose to associate with only a few close friends, while others associate along radial or ‘professional’ (crime types & interests, etc.) lines. In a later analysis of this prison housing 200 inmates, Carroll (1977) estimated that there were at least 40 sexual assaults which occurred there, and estimated that “*75% or more of the sexual assaults involved black aggressors and white victims*” (Carroll, 1977: p. 420). In particular, Carroll (1977: pp. 418–430) noted racial hostility underlying these assaults, and argued that black-on-white assaults were retaliation for years of oppression by a white-dominant society.

Susan Brownmiller (1975) wrote one of the most compelling arguments about the global impact of rape upon women in society [*Against Our Will*], outlining that the use, threats and cultural acceptance of rape serves to intimidate all women. In her analysis, Brownmiller (1975) identified the intimidation and trauma also faced by male prisoners – in discussing the findings of Assistant District Attorney Alan Davis in Philadelphia, Brownmiller (1975) proffered that

*“homosexual rape in the Philadelphia prisons turned out to be a microcosm of the female experience with heterosexual rape manhood by acting as the dominant sexual party, that is, by being the inserter.”* (p. 102).

Brownmiller (1975) also cited the case of Robert A. Martin, Jr., a Navy veteran, and Quaker anti-war protestor who was brutally gang-raped while being held in jail pending a \$10 bail. Martin, Jr., who is better known as Stephen Donaldson (1946-1996), went on to be a co-founder of the human rights organization, Stop Prisoner Rape, and a tireless advocate against sexual assault in jails and prisons.

David Jones (1975) conducted inmate interviews at the Tennessee State Penitentiary from 1972 – 1973, and provided insight into the level of violence, including murder and

stabblings which occurred there. Prisoners reported numerous reasons for stabblings and murder, including punishment for being a “*snitch*” or failure to pay a debt, the result of homosexual liaisons, or situations that got out of hand. Jones included questions about rapes which prisoners may have known about at the institution. 75% of the respondents reported at least one (1) rape per month; while 30% of the prisoners reported rapes at least one (1) weekly, and more. Although the study / not construct a scientific baseline, since no specific prisoner was asked about his own experience, Jones (1975) documented the high rate of rape for prisoners especially under age 25 years, and concluded the “continuous commission of homosexual rapes at the Tennessee State Penitentiary (156).

Anthony M. Scacco, a psychologist in a Connecticut reform school, authored *Rape in Prison* (1975) and reiterated many themes which had been previously identified: young men, with no prior prison experience are particularly vulnerable to sexual assault and are more frequently victims, as are individuals with “*feminine*” characteristics. Scacco interviewed both victims and aggressors, noting “*active*” and “*passive*” homosexual roles among prisoners, and also, reported, that “*there are definite socioracial overtones in the act of sexual victimization*” (Scacco, 1975: 48).

To address the tensions that exist in correctional settings, and which would increase as prison populations increased, Scacco (1975: 99-116) offered a number of steps to address and respond to the problem (some of which may seem inappropriate/untenable today), including:

- (1) Staff need to openly discuss their views on sexuality, especially if they are to provide assistance to prisoners in their care;
- (2) Allow prisoners to masturbate to relieve their sexual tension, not deny it;
- (3) Classify new prisoners at Reception and Orientation Centers in such a manner as to keep sexually different and attractive men from mixing with rest of the population, and keeping younger and weaker prisoners from older predators;
- (4) Conjugal visits to reduce recidivism and homosexuality (which Sagarin believed preferable to rape);
- (5) Implement furlough programs to allow prisoners to maintain normal sexual relations;
- (6) Expand the development of co-educational correctional institutions (correctional institutions with a singular institutional administration in which female and male inmates have daily opportunities for interaction), and reduce the remaining 30% of the inmate population that requires confinement.

Edward Sagarin and Donald E.J. McNamara (1975) examined the experience of the homosexual as victim, arguing that the disempowered position of homosexuals in society created significant barriers for victims to come forward and articulate their victimization. In correctional settings, however, they posited that prison rapes seem *unlikely* “*without the connivance, or at least deliberate inattention, or prison authorities*” (Sagarin & McNamara, 1975: p. 21). One year later, Sagarin (1976) reinforced the notion of situational homosexuality in jails and prisons, reaffirmed the hierarchy first noted by Sykes (1958).

In the last quarter of 1975, Dan Fuller and Thomas Orsage (1977) conducted inmate interviews from a stratified sample of 400 inmates in 6 different North Carolina state prisons. In addition, they interviewed prison supervisors, and conducted a records review of disciplinary hearings at 10 different prisons regarding 126 assaultive events. Based upon the offense report documents, Fuller & Orsage (1977) estimated a victimization rate of 6 inmates/1,000 inmates per quarter year, for a total annual rate of 2.4% of inmates having been sexually assaulted per year. In addition, the reported rate of victimization varied by race, age and institution.

Psychologist Hans Toch (1977) provided an insightful view of the ecology of correctional environments in *Living in Prison*, helping to articulate how individual prisoners cope with the inevitable stressors of a dangerous climate. He conducted a random sampling of inmates at five maximum security facilities, yielding 418 completed inmate interviews. Although Toch (1977) identified that black inmates were more likely to be aggressors and white inmates victims, the most important attribute for sexual victimization and vulnerability was related to an inmate's strength or weakness, regardless of race. Toch provides an insightful and frightening look at the process:

*Targets of victimization are chosen because they are deemed unmanly, and they are viewed as unmanly because they show fear or resourcelessness. A man loses his target attributes if he provides demonstration of fearlessness, or if he sports stigmata of manliness. Violence works because it points to a misdiagnosis of the target. Violence also works because aggressors are not as sure of themselves as they pretend. A victim who reacts nonfearfully becomes an uninviting arena for proving one's manliness. He is uninviting because the confrontation can misfire into a demonstration of unmanliness. It is safer to seek other fish in the sea whose reactions are dependably fearful.*  
(Toch, 1977: p 162).

Toch identified a number of concerns which are essential to prisoners, and to which correctional administrators should pay attention: safety, privacy, structure (environmental stability), support (through prison programs), activity, feedback to the "outside" and freedom. Most importantly, Toch (1977) argued that the stress of the correctional environment can be more effectively managed by administrators with directed, targeted interventions, and by also matching prisoners to the proper correctional setting.

*Sexual Violence Related to Prison Homicides and Other Violence:* One of the most important observations was the recognition of the association of sexual violence to prison homicides and other forms of violence which erupt in correctional facilities (Naccci, 1978; Sylvester, Reed & Nelson, 1977). Peter Nacci (1978) of the Federal Bureau of Prisons issued a Technical Report about the problem following reports of prison homicide at the United States Penitentiary [USP] in Lewisburg, PA. Between March 1974 and May 1976, there were eight (8) inmate homicides, five (5) of which were motivated by homosexual activity, including unrequited love, jealousy, and pressuring for



sex. At the Federal Correctional Institute [FCI] in Tallahassee, three (3) out of every ten (10) inmates released from that facility in the early 1970s reported having been propositioned for sex. Although not all propositions resulted in a forced sexual experience, Nacci (1978) noted that sexual ‘*pressure*’ in prison appeared to be pervasive, and that these situations were facilitated by the fact that prisons were environments of overcrowding, regimentation and boredom. Nacci (1978) also recognized that sexual assault is influenced by staff attitudes about homosexuality and prison environmental features (such as location and architecture), and he advocated the use of scientific methods to predict “*the combination of prisoner and prison characteristics*”.

*First Study of Offenders:* C. Scott Moss, Roy E. Hosford, & William Anderson (1979) conducted a records review of federal prison rapists over a year long period of time. Of 1,100 inmates reviewed, 12 prisoners (7 African American, 5 Chicano) were identified and segregated for raping other inmates. All of the rapists identified were minority individuals; all but two of the victims were white; and all the identified victims were a different race than their offenders. Moss et al. (1979) estimated an annual rate of 0.5% - 3.0% based upon their review. Though the rate of sexual assault in federal prisons “*may not be a frequent problem,*” Moss et al. (1977) argued that the “*racial compositions of the assaulters and victims*” might be (Moss et al., 1979: p. 823). The study revealed several variables most highly correlated with being a rapist: (1) age at time of commitment (younger more likely to be rapist); (2) number of disciplinary reports (prisoners with greater number more likely to be a rapist); and (3) prisoners with median or lower SAT scores more likely to be rapist. Importantly, Moss et al. (1979) postulated that it might be possible to identify sexually aggressive inmates with information gleaned from prisoner files, and that this should be undertaken.

*Typology of the Rapist – A. Nicholas Groth (1979):* A. Nicholas Groth, Ph.D., who had served as the Director of the Sex Offender Treatment Program in the Connecticut Department of Corrections, significantly expanded our knowledge about the motivation for sexual assault for all sexual offenders, offering a typology of offending which is useful in characterizing the motivation of the offender. Having worked alongside the founders of rape trauma syndrome, Emergency Room Nurses Anne Burgess & Linda Holmstrom (Groth, Burgess, & Holmstrom, 1977), Dr. Groth used his then 15 years of extensive clinical experience in advancing our understanding of the histories and lifestyles and motivations of sexual offenders. Groth (1979) argued that rape is a pseudo-sexual act which is “*always and foremost an aggressive act*” (p.12) and challenged the notion that all sexual offenders are the same. Groth (1979) opined that

*In every act of rape, both aggression and sexuality are involved, but it is clear that sexuality becomes the means of expressing the aggressive needs and feelings that operate in the offender and underlie his assault. (Groth, 1979: p. 13)*

Using a sample of twenty offenders and seven victims who participated in rapes in prison, Groth (1979) provided insight into differentiating between characteristics of community versus institutional sexual assault of males. All of the offenders who

committed sexual acts in prison reported they either forced the victim to perform oral sex and/or penetrated the victim both orally and anally. Most importantly, 80% of the rapes in prison were gang rapes, as opposed to the number in the community (32% of all community rapes). Groth and his colleagues (Groth et al., 1977; Groth, 1979) also provided insight into the major psychological components used by perpetrators to engage victims: (1) conquest and control; (2) revenge and retaliation; (3) sadism and denigration; (4) conflict and counteraction; and (5) status and affiliation. Groth (1979) provides the sobering example of a 25 year-old Puerto Rican prisoner who raped a younger (23 year old) prisoner out of the need for retaliation:

*He was talking about my race, calling me a Puerto Rican pig and a punk. He made comments about my mother. I told him I'd get him when I had the chance....I cornered him in the showers....He was real scared...I told him, 'You're going to give me some ass,' and I fucked him. It wasn't for sex. I was mad. I wanted to prove who I was and what he was. (Groth, 1979: pp. 127-128).*

Understanding these dynamics, particularly in correctional settings, is vital to comprehending the seductive and manipulative nature of the “grooming” process, and is a key preventative strategy to be communicated to potential prisoner victims (Dumond & Dumond, 2000a). To help understand the complexity of rape, Groth (1979) developed a three-tier typology of sexual offenders based upon their motivations (Anger, Power, & Sadistic) which provides a useful model to conceptualize the motivations of sexual offending behavior.

Collectively, the 1970s Investigations of Adult Corrections proved to be very useful and informative. Studies again cited institutional, environmental and programming factors as important – i.e. insufficient work opportunities, prison overcrowding, inadequate/non-existent classification, withdrawal of surveillance (Carroll, 1977; Fuller & Orshagh, 1977; Ibrahim, 1974; Jones, 1975; Scacco, 1975; Weiss & Friar, 1975), and noted the critical association of prisoner sexual violence with institutional disorders, homicides and other forms of violence (Nacci, 1978; Toch, 1977; Sylvester, Reed & Nelson, 1977). Scientific methods could be used to respond more appropriately, and there was a critical need to reduce the sexual harassment of vulnerable victims, to use “niches” (safe environments) for individuals, and protective custody as appropriate (Nacci, 1978). In general, the consensus which emerged was that prison administrators have a duty to recognize prevalence of prisoner sexual violence and to exercise preventative responsibility to eradicate it and to reduce sexual harassment of vulnerable victims, use niches & P.C. (SIC, 1977; Toch, 1977)

***Juvenile Correctional Institutions in the 1970s:*** One of the most striking observations about this decade is the number of exposes about physical and sexual violence rampant in U.S. juvenile institutions, which precipitated insidious and devastating effects upon juvenile offenders and the culture of juvenile institutions. Several dramatic examples in a number of jurisdictions throughout the United States provide sobering testimony to the difficulties experienced by juveniles, at the hands of other juveniles and even staff.

*Massachusetts:* Like most states in the country at this time, Massachusetts held most of its juvenile offenders in training school facilities, many of which were antiquated and originally built in the 19<sup>th</sup> century. In addition to inadequate conditions tantamount to warehousing, some juveniles also experienced physical and sexual abuse at the hands of other juveniles (Coates, Miller, & Ohlin, 1978; Moore, 1995). In response to these conditions in 1971-1972, Dr. Jerome Miller, then a recently appointed Commissioner of the Massachusetts Department of Youth Services, transformed the delivery of services by *de-institutionalization* - removing nearly all youth from these training school institutions and closing these institutions. In its stead, Miller created a community-based model of care focused on rehabilitation, with differing levels of care [intensive tracking, foster-care, therapeutic communities], but all characterized by care in smaller facilities, either staffed by state (DYS) employees or managed by private, non-profit vendors (Coates, Miller, & Ohlin, 1978; Miller, 1991). Though at the time this bold move was considered quixotic, a number of other states have subsequently followed suit and the results of de-institutionalization in Massachusetts, particularly in regards to recidivism, has been extremely promising and worthy of examination (Greenwood, 1996).

In 1972, Larry Cole published his findings of interviews of juveniles in selected juvenile centers, training schools, and reform schools throughout the United States, in what can be termed an indictment of the system of care in juvenile facilities nationwide. Citing institutions in Colorado, Louisiana, and New York, Cole (1972) criticized solitary confinement practices, facility conditions, and noted other cruel and unusual punishments which existed, and which could not continue to be ignored. Cole (1972) documents six incidents of staff sexual misconduct in his study, and cites a particularly startling incident of a staff person forcing a juvenile to engage in sexual activity with another prisoner, following an assault, for the amusement of staff example. *“They get a kick out of somebody going through it –then they make fun of him in front of everybody else”* (Cole, 1972: 8).

Rose Giallombardo (1972) replicated her earlier study of a West Virginia Federal prison (Giallombardo, 1966) in three institutions for adolescent girls, and found aspects similar to what had been earlier reported in an adult correctional facility, noting that exploitation and social control served to keep order in the institution. Pseudo-families emerged in female juvenile facilities as well, providing protection for family members. Giallombardo (1972) does note the use of gift giving and verbal pressure as part of the process of seducing young women into lesbian relationships.

*Major Federal Juvenile Legislation:* In 1974, Public Law 93-415, the *Juvenile Justice and Delinquency Prevention Act of 1974* (88 Stat. 1109) was passed into federal law and was the first major federal legislation to shape the content of state policy on the juvenile court system provided. P.L. 93-415 provided, for the first time, a unified national program to deal with juvenile delinquency prevention and control within the context of total law enforcement and criminal justice effort. The Act created federal standards for the treatment of juvenile offenders and provided financial incentives for state systems to comply with those standards.

JJDPA was enacted in response to sustained criticism of the juvenile court system identified in several key Supreme Court decisions in the late 1960s and early 1970s, and was predicated upon the recognition that large scale facilities were often insufficient to meet the needs. Within the text of the law itself (42 U.S.C. 5601 Sec. 101), Congress found that:

- (4) understaffed, overcrowded juvenile courts, prosecutorial and public defender offices, probation services, and correctional facilities and inadequately trained staff in such courts, services, and facilities are not able to provide individualized justice or effective help;*
- (1) present juvenile courts, foster and protective care programs, and shelter facilities are inadequate to meet the needs of children, who, because of this failure to provide effective services, may become delinquents;*
- (2) existing programs have not adequately responded to the particular problems of the increasing numbers of young people who are addicted to or who abuse alcohol and other drugs, particularly nonopiate or polydrug abusers;*

This legislation, and its subsequent re-authorizations, has created the framework for the juvenile justice system currently operational in the United States, and for the establishment of several juvenile federal agencies, notably the Office of Juvenile Justice and Delinquency Prevention.

*Illinois:* The same year as the passage of P.L. 93-415, the John Howard Association (1974) published a report about conditions at the Illinois Youth Centers at St. Charles and Geneva, in response to complaints of treatment of youth at those facilities. Interviews of staff and juveniles were conducted using standardized questionnaires, and the results revealed poor physical conditions, extensive corporal punishment, significant violence, extortion, theft and homosexuality among juvenile residents. Numerous instances of staff brutalization of juveniles, and widespread incidents of fighting and physical aggression between juveniles (often in the presence of and allowed by staff) were identified. Most distressingly, the Association noted rampant incidents of homosexual activity between juveniles, often coerced by physical intimidation – assaults were so common, in fact, that the lights were kept on in the centers' dormitories every evening to discourage the behavior, often to no avail. In response, John Howard Association (1974) recommended several remedies to rectify the problems, including improved evaluation of the facilities, increased supervision of activities and development of improved treatment programs.

*Ohio:* Clemens Bartollas, Stuart Miller and Simon Dinitz (1976) conducted the most extensive study of victimization in juvenile facilities to date, studying the Ohio Institution for Boys, a facility rated to hold seriously delinquent youth. They described circumstances startlingly similar to earlier reports in adult and juvenile institutions. New admissions, who are often fearful, are tested by “*booty bandits*,” who exploit and harass new juveniles. The terror experienced by the new youth escalates, and, if left unchecked, will proceed to further indignities and assaults, finally leading up to the youth assuming a “female” role in coercive sexual activity. Once this has occurred, the youth is marked for continued victimization of all sorts. Importantly, Bartollas et al. (1976) noted that perpetrators read “fear” in potential juvenile victims, and identify specific characteristics which mark them as vulnerable, including tone of voice, facial expression, posture and confidence. The resultant and continuing indignities experienced are advertised to the

general population, so much so that the victim becomes an outcast, and finally adopts the role of scapegoat.

An interesting variant in this research was the recognition that the response by juveniles to institutionalization may actually differ by race. Black juveniles, especially during the middle part of their confinement, appeared to have adopted normative inmate code, different from white juveniles, which reinforced the inherent racism which exists (e.g.: “*exploit whites*”, “*no forcing sex on blacks*”, “*staff favor whites*”, “*defend your brother*”).

Bartollas et al. (1976) also noted that some youth fight their way out of the lower status by being aggressive and fighting. In examining the population at this Ohio institution, they found that the stratification was not discreet: 19% of the juveniles were pure exploiters; 34% exploited others but also were exploited by other juveniles; 21% of the youth were occasionally exploited; 17% were commonly exploited and 10% remained aloof. Bartollas et al. (1976) found that victimization of vulnerable youth was aided by other factors, such as the architecture of the institution, and staff complacency and fear. The architecture of the institution, which was an older, linear facility, provided numerous places (i.e., single rooms, showers, recreation and educational areas) where sexual abuse could occur, because of poor visibility, lack of line of sight, and inadequate supervision by staff. Some staff members were found to directly or tacitly support the juvenile hierarchy and actually encourage victimization in three ways: (1) by catering to “*heavies*” (more powerful juveniles) who assisted in controlling the institution; (2) by being noticeably absent (staying in their offices and/or taking naps), thereby allowing strong juveniles to victimize the weak; or (3) even discriminating against scapegoated juveniles (rarely talking to them, assigning them menial work, or allowing other youth to openly victimize them), which only exacerbated the problem (Bartollas et al., 1976: pp. 207-209).

Additionally, Bartollas et al. (1976) examined the dynamics of staff-on-juvenile sexual misconduct, providing insight into the process of victimization. Staff employ subtle grooming techniques to get juveniles to engage in sexual activity, offering rewards and inducements (i.e., getting out early and special privileges), so that the juvenile is manipulated into the activity without the staff uttering any direct, incriminating statements or over threats which could be used against them.

That same year, Kenneth Wooden (1976) published another scathing indictment of America’s juvenile justice system, gleaned from having visited correctional facilities in thirty states from 1972 through 1975. Of great concern, Wooden (1976) identified a significantly high number of brutal staff assaults on juveniles in custody, including incidents of emotional, physical and sexual abuse of youth, torture and commercial exploitation by staff. What made these incidents more devastating was the fact that many of the juveniles in institutions were not criminals, but had committed status offenses, were runaways, or were mentally disabled.

*Massachusetts:* Barry Feld (1977) published his examination of 10 juvenile institutions in the Massachusetts Department of Youth Services to identify ways in which to reduce inmate violence. Feld (1977) utilized participant-observation, examination of field reports, and interviews of staff and juveniles at 10 cottage-oriented facilities, with differing treatment goals and techniques. The expressed intent was to assess the extent to which inmate subculture is subject to organizational influences and modifications, and, in particular, to identify factors and subcultural influences affecting inmate behavior, social structure, violence and aggression. Interestingly, in cottages that were treatment oriented, there were fewer instances of juvenile victimization and no instances of sexual exploitation reported.

On the other hand, in custody-oriented cottages, Feld (1977) noted widespread violence, scapegoating and victimization, with subcultural aspects consistent with adult correctional institutions. An inmate code was operative, with strong prohibitions against “snitching,” and victims who reported to staff suffered grave physical and social consequences for contravening the code, and most certainly continued and increasingly brutal victimization. His description of the escalating violence is chilling:

*.....for those inmates who become targets of assaults and rapes, the loss of physical integrity is the ultimate victimization. These victims, apart from the physical pain, are without recourse or remedy, and the ensuing feelings of helplessness and futility can only have damaging consequences. Victims can either resist and become involved in an escalating cycle of violence, or they can acquiesce and thereby further assure their exploitation and the internalizing of their ‘loser’ status. (Feld, 1977: 199).*

Interestingly, Feld (1977) also had the opportunity to examine the female juvenile facility at Lancaster, and his observations provide unique comparisons and contrasts to the male juvenile facilities. Conditions at the girls facility at Lancaster were as vicious and humiliating at the other male juvenile facilities, with a similar system of social stratification. Higher-status girls reinforced their superior position through verbal aggression/threats, physical abuse and violence, selecting targets who were unlikely to fight back. Female leaders derided lower-status girls by imputing they were homosexual (“lessies”), and similar to boys’ institutions, those on the bottom of the inmate hierarchy could only avoid victimization and abuse by continuing to fight until they achieved respect enough to be left alone.

The most important finding of Feld’s (1977) study was the recognition that juvenile correctional institutions which are democratic in structure, which use using consistency in responding to difficulties, which discourage staff-inflicted violence, and which offer diverse programs and services are overall less violent.

*New York:* Robert Johnson (1978), in a follow up to a three-year study of self-mutilation and attempted suicide in New York penal and pre-trial detention facilities (Johnson, 1976), studied a New York correctional institution for delinquent boys, and cited numerous case examples of juveniles experiencing threats, intimidation, physical

and sexual abuse at the hands of other juveniles.

### **1980s – Legislative Investigations, Systematic Studies, Crises, and Legal Interventions.**

The 1980s saw the continuation of sound, well developed studies which significantly advanced knowledge and understanding about prisoner sexual violence and the remedies to address these issues. The decade also saw legislative investigations and court cases, articulating the grave concerns about prison sexual violence and increasing the accountability for correctional administrators to respond.

*1980 Legislative Investigation of Florida Prisons:* The Florida Senate Corrections, Probation and Parole Committee (1980) conducted an investigation into prison conditions in the state, which was commissioned in response to incidents of prison violence. The results revealed widespread incidents of what were called “homosexual rapes” (a term which is a misnomer, and no longer in use) in correctional facilities, which were an issue of grave concern. Mirroring some earlier research, the report suggested that the problem of prisoner sexual violence was a reaction to the racial discrimination of black inmates by white [correctional] officer, and it sought to examine ways to remedy the situation.

*Similarities and Differences of Male and Female Sexual Assault – Groth & Burgess (1980):* Groth and Burgess (1980) published a study of male rape in forensic mental health units and correctional institutions, and discussed the similarities and differences between male and female rape victims. In addition to the crisis and short-term reactions faced by women, males reported a loss of status in the prison community, experienced concerns about their masculinity, and expressed concern and fear of reprisals and continued victimization, which many inmates experienced.

*Study of New York Prisons – Lockwood (1978, 1980):* As part of his doctoral dissertation between 1974-1975, Daniel Lockwood (1978, 1980) performed inmate interviews (which were transcribed) of “targets” of sexual assault at 3 New York prisons and also conducted a review of inmate historical data at 6 New York prisons. A “target” was defined as a prisoner who were thought to have been intimidated, threatened, or to have been previously sexually assaulted while in prison. In total, Lockwood (1980) interviewed 107 inmates from 3 prisons, 1/3 of whom were selected by staff, 1/3 were from protective custody, and the remaining were from a random sample of the entire population. 28% of target sample (N=107) had been victims of 152 incidents of sexual aggression, often carried out by gangs who circumvented prison security. “Sexual aggression” defined as physical abuse, threats or insults, or threatening propositions. The most common form of sexual behavior was verbal – propositions, insults and threats. At least 2 out of 10 inmates were targets of sexual assault, and only 1 inmate reported he was “forced to participate in oral or anal sex”.

Lockwood (1980) found that inmate targets of sexual aggression tended to be young (under the age of 21 years), of slight build, significantly lighter in body weight (on average, 15 pounds lighter than an aggressor), non-violent, and attractive physical appearance. In a later analysis, Lockwood (1985) provided the testimony of an

aggressor about the characteristics he sought in a target:

*“The way he walk. The size of his ass. His facial expressions, his ways and actions. If his face looks like a women, they is going to think he is a woman. The psychological thing about it is that any dude – white or black dude or any Puerto Rican – come in here looking like a woman. And you say, ‘Damn, Man, that man looks like a woman.’ He had to be squeeze in a certain institution.”*  
(Lockwood, 1985: 32).

For aggressors, Lockwood (1980) found had statistically significant differences in age, ethnicity, violent disciplinary infractions and juvenile record in comparison with their victims and targets: many of the aggressors themselves could be considered ‘violent’ inmates – 84% of the sexual aggressors identified had been incarcerated for crimes in which force or the threat of force was utilized. In addition, for the sexual aggressors identified, 80% were black, 14% were Hispanic and less than 6% were white. Target victims, on the other hand, were 83% white, 16% black and only 2% were Hispanic. This finding of a racial element in prisoner sexual violence was identified by earlier researchers (Davis, 1968; Carroll, 1977; Moss et al., 1979) [and would later be echoed by Wooden & Parker, 1982]. The racial component of prisoner sexual violence found during this era was troubling, and various hypotheses for the phenomenon have been advanced “pay-back” for perceived white repression (Carroll, 1977); ii) inter-racial victimization is tied to racial solidarity; iii) sexual victimization in general is tied to a subculture of violence among prisoners (Bowker, 1980; Lockwood, 1982).

Lockwood (1980) also examined the timing, duration and location of incidents reported by targets. Over one-half of the incidents were single events, which lasted less than two hours; others were a combination of propositions accompanied by verbal abuse, which could last up to two days. In one-quarter of the incidents, the pressuring, verbal abuse and cajoling lasted two days or longer, which suggests a pattern of harassment of vulnerable targets over-time. Most incidents took place within first 16 weeks of the offender’s incarceration; Lockwood (1980) found that the incidents occurred most often in the living areas of the targets, but also occurred in other areas (i.e., schools, vocational areas), that were supervised by staff, but sometimes less so.

Lockwood (1978, 1980) noted that the effects of sexual assault on victims could be severe: victims reported high rates of fear, anxiety, suicidal thoughts, social disruption and attitudinal change. In particular, victims manifested higher rates of psychological disturbances and suicidal ideation than non-victims, and most indicated that they were fearful of the stigma associated with the sexual assault and of being revictimized.

Prison rapes occur when gangs of assailants bypass existing security mechanisms and then subsequently dominate their victims. Lockwood (1978, 1980) posited that correctional staff knew about the sexual violence and worked hard to control it, but that their efforts were thwarted by combination of factors. protocols In particular, two issues threaten institutional security: (1) Once an inmate is known to be vulnerable or weak, he



is likely to be repeatedly targeted and (2) the violence committed by targets/victims following incidents was even greater than that of sexual aggressors. The correctional environment plays crucial role in encouraging sexual aggression, especially in “*dorms, cottages and indefensible spaces*” (Lockwood, 1982: p. 25). Lockwood (1980: 149-150) opines that prisoner sexual violence will actually never be eliminated until the “*violent subculture of severe poverty*” from which many prisoners emerge is eliminated; we may have to tolerate it, but we must do our best to eliminate it.

To effectively respond, Lockwood (1982) prescribed that correctional institutions must employ educational strategies to teach violent offenders how to challenge these impulses and more successfully cope with institutional life. In particular, Lockwood (1982) proffers that “*Programs aimed at reducing violence can train participants to respond assertively to unwanted approaches in ways that diminish subsequent escalation*” (Lockwood, 1982: p. 259). Lockwood (1982) suggests the use of human relations training and human relations training, guided by responsible staff, and programs like *Alternatives to Violence* (AVP), (Lockwood, 1980: 150-154), which focuses on communication, community, conflict-resolution and problem solving. Such programs can empower prisoners with substantive coping skills which can avoid the over-reliance on aggression in responding to threats. He also provided insightful assessments of living in protective custody, and characteristics of targets of sexual aggression (previously discussed) which should be incorporated (Lockwood, 1982).

*Prison Victimization in Correctional Environments*: Lee Bowker (1980) published a classic text, *Prison Victimization*, which stated that prisons are places of “*officially sanctioned victimization*” (Bowker, 1980: p. 149). Correctional officers are involved in sexual aggression in 3 ways: (1) they fail to adequately carry out their custodial responsibilities, or passive participation, which Bowker felt was most common; (2) they permit sexual aggression in their presence; or (3) they carry out sexual aggression themselves. In particular, Bowker (1980) argued that passive participation could be addressed by sound correctional management and training.

Bowker (1980) further identified a taxonomy of six (6) major causes which contributed to the problem. (1) *General Importation Causes* (i.e., the subculture of violence, gender-role definition, racism, fears associated with homosexuality) are “imported” by prisoners and staff from the free world into corrections, and these help to shape the internal prison culture. (2) *Individual Background* characteristics, such as age, criminal career (pre-institutional violence), drug culture participation and previous experience in correctional institutions, are factors which have increased violence in correctional settings. (3) *Subcultural Institutional Factors* (i.e., the struggle for political dominance, victimization in the ‘sub rosa’ economic system, prisoner militancy, and victimization arising from staff subcultures) may contribute to supporting and/or encouraging violence and victimization in correctional settings. (4) *Situational Variables* related to how victimization occurs, the decision making process of aggressors also contribute to the potential for victimization. (5) *Structural Institutional Factors* are those factors which originate in the organization, and which directly impact upon the culture and environment of correctional settings. These include: undertrained, mistrained and

undereducated correctional officers; inadequate architecture and ecology; inadequate classification procedures; prison deprivations; institutional climate; corruption of prisoner authority by staff members; administrative disorganization; and conflict among staff members, each of which can have a devastating impact in supporting/encouraging prison violence. (6) *General Policy Factors*, i.e. understaffing, underfunding, over institutionalization, overcrowding, and misplaced emphasis on rehabilitation, may significantly contribute to violence and victimization in correctional settings. In order to address these barriers, Bowker (1980) argued that everyone (both within corrections and in the community) was responsible to remedy the causes. Bowker (1980) emphasized a number of scientific management principles – improved data collection, strategic staff deployment, increased staffing & security, minor structural modifications, improved classification, and unit management, which substantially improve conditions in correctional environments.

In a later analysis, Bowker (1982) identified five (5) major factors which contribute to prison violence: (1) inadequate supervision by staff members; (2) architectural designs that promote rather than inhibit victimization; (3) easy availability of deadly weapons; (4) housing violence-prone inmates near to defenseless inmates and (5) high level of tension exacerbated by close quarters. To address these, Bowker (1982) refined these recommendations into 13 specific structural interventions, of which several are especially important. Clearly identifying the most aggressive and violent prisoners through an effective case management system would empower administrators to better deploy manpower and resources to effectively manage these inmates, while implementing an adequate classification system scored by victim potential would more appropriately house prisoners in institutions. Improving economic opportunities for prisoners would diminish the strength of illegal contraband, and redefining the role of correctional officers to a more “*therapeutic service delivery*” (Bowker, 1982: p. 73) would reduce violence and improve the correctional culture. Implementing minor structural modifications, increasing security and staffing, improving unit management, and decreasing incarceration rates would assist correctional institutions in more effectively managing and responding to prisoner violence.

*Male Rape - A Casebook on Sexual Aggression: Scacco, 1982:* Psychologist Anthony Scacco edited a collection of 26 articles on sexual aggression, with particular emphasis on male rape and sexual violence, which occurs in nearly all types of institutions. Scacco provides a sobering account of the problem: “*young rape old, blacks rape whites, whites rape blacks, juveniles rape juveniles, men rape men and boys*” (Scacco, 1982: p. 4). In correctional settings, typical male victims tend to be young, white prisoners, with slight build who are first-time offenders. The sexual violence which emerges, especially in correctional settings, is supported by a culture which legitimizes deviant norms, in which one’s identity is enhanced by the victimization of others, with rape being the ultimate test of one’s strength. Other counter-cultural norms are encouraged in jails and prisons, such as the domination of the strong over the weak; the acceptance of victimization of others as a means of protecting one’s honor, and the use of ‘penetrative’ homosexual acts as a method of reinforcing and asserting one’s masculinity. It was one of the most comprehensive collections of discussions on the issue to date, and opened an

important dialogue into a difficult area of inquiry.

Examination of California Medium Security Men's Prison – Wooden & Parker (1982): Between 1979-1980, Wayne S. Wooden and Jay Parker conducted a study of sexual exploitation of male prisoners in a California medium security prisons using anonymous questionnaires. This facility had an overrepresentation of “effeminate homosexuals” and “vulnerable heterosexual youngsters” (Wooden & Parker, 1982: p. 9). 200 questionnaires were completed out of a random sample of 607 prisoners, representing at 10% of the prison population. Wooden & Parker (1982) found that two types of exploitation (forced exploitation and mutual exploitation)

*involve the use of sex as a means of release....Overriding these patterns in both of these manipulative situations is the convict prison code, shaped by the lower class subculture's emphasis on masculinity and machismo which results in the pattern of extreme dichotomy of sexual scripts. (Wooden & Parker, 1982: 44)*

Four (4) “scripts” appeared to be predominant, reminiscent of the tiers identified by Sykes (1958):

#### **Four (4) Sexual Scripts Identified by Wooden & Parker (1982)**

- (1) “*Kid*”/“*Punk*”: Prisoner forced into sexual encounter (“turned out”) – violence used to get sexual satisfaction
- (2) “*Jocker*” or “*Stud*”: Though he has sexual relations with known homosexuals or “punks”, this prisoner does NOT view himself as homosexual. This individual adopts the ‘penetrative’ role, and sees this as a normal expression of manhood and masculinity.
- (3) “*Queen*” or “*Sissy*” : Homosexual prisoner who assumes effeminate mannerisms and style of a female, and who adopts a submissive (‘receptive’) sexual role, providing sexual services for payment or a fee. This prisoner is often subject of much conflict and violence over ‘ownership’ & access.
- (4) “*Homosexual*” or “*Gay*”: Combination role in which the individual assumes diverse sexual scripts, and may assume both active and passive roles in prison sexual encounters.

Wooden & Parker (1982) found that there were wide disparities of the sexual experiences of prisoners, primarily dependent upon the identified sexual orientation of the respondents: 55% of the professed heterosexuals reported some type of prison sex, whereas 100% of the stated homosexual and bi-sexual prisoners reported some type of prison sex, with heterosexual respondents primarily reporting engaging in dominant (‘penetrative’)

behaviors (e.g., being orally copulated and/or performing anal penetration). There were also differing degrees in sexual behaviors depending upon the race and ethnicity of the prisoners, with fewer white inmates reporting being involved in prison sex than black inmates, and with noticeable subcultural differences with Mexican prisoners.

Of particular note, Wooden & Parker (1982) identified that 14% of the prisoners sampled had been forced to participate in either oral or anal sex against their will, and 52% of the respondents indicated that they had been pressured into having sex. Sexual aggressors established and increased their dominance and status within the prison hierarchy through sexual conquests of weaker, more vulnerable prisoners. Prison sexual aggressors used psychological victimization and often gained gratification from the suffering of the victim. Certain individual factors, such as a prisoner's race, age, size and sexual orientation would contribute to increased vulnerability for continued victimization. For example, of the 80 self-identified homosexuals in the sample, 40% indicated that they had been forced to have sex while they were incarcerated. If a prisoner subjected to sexual victimization was not moved from general population, he would be marked as a "*punk*" and continue to be victimized by sexual aggressors, or forced to select a "protective pairing" relationship (also known as "*hooking up*"), which would become virtual sexual slavery. Some targets of sexual aggression responded with the characteristic violence supported by the institutional culture, manifesting (as previously noted by Lockwood, 1980) extreme savagery in return: "*A newly arrived homosexual, using a razor, slashed the face of a black jockey who had been intimidating him*" (Wooden & Parker, 1982: p. 42).

A small number of staff (N = 7) were interviewed, and the team found that staff tended to be lenient about homosexuality, while inmate respondents reported staff insensitivity to the protecting homosexual prisoners. Wooden and Parker (1982) also noted the devastating impact of the prison subculture which discourages and often prevents prisoners from reporting their victimization:

*The prison subcultural norms and codes of conduct are rigid and traditional. Based primarily on power and dominance with the physically strong preying upon the weak, the convicts settle their own disputes and handle their own social problems. The guards and prison officials encourage this rule....Patterns of intimidation, exploitation, and even sexual assault are likely not brought to attention of guards.* (Wooden & Parker, 1982: p. 33).

Those prisoners who are victimized suffer substantial physical and emotional injuries, which can become terrifying and devastating. Wooden & Parker (1982: 227) opined that "*sexual exploitation in prison is an actuality*" – for many prisoners – incarceration becomes "*a criminal act itself*" (Wooden & Parker, 1982: p. 227). Inmate respondents told the team staff attitudes and administrative regulations must change as a means of "*humanizing the plight of sexual assault victims*" (Wooden & Parker, 1982, p. 120). To effectively manage this situation, Wooden & Parker (1982) advocated a number of

strategies [adopting many of the recommendations proffered by Bowker (1982)], including: heightened security; increased and enhanced staff training; improved screening; better prisoner placement, and segregation of vulnerable inmates in the appropriate security level.

*Responding to Prison Rape – A Systematic Blueprint for Action: Cotton & Groth (1982, 1984)*: Psychologists Donald J. Cotton and A. Nicholas Groth (1982) highlighted the risks of sexual victimization among males in correctional facilities, which they called “*the most serious and devastating of non-lethal offenses which can occur in corrections*” (Cotton & Groth, 1982; p. 47). In their initial (Cotton & Groth, 1982) and expanded analysis (Cotton & Groth, 1984), the team identified three (3) types of non-consensual activity present in jails and prisons: sexual harassment, sexual extortion, and sexual assault. The trauma experienced by the male sexual assault victim, though similar to female victims, has the additional components of devaluing the two primary sources of male identity sexuality and aggression. The outcome of sexual assault wreaks untold havoc and trauma upon its victims, especially because victims are often confined to the same institution with their perpetrator. Like their counterparts in the community, prison sexual assault victims are likely to *experience “physical, emotional, cognitive, psychological, social, and sexual problems”* (Cotton & Groth, 1982: p. 51) with devastating results.

In their later, expanded analysis, Cotton and Groth (1984) noted that victims have no good options in responding to sexual assaults. Reporting the crime creates a “*no-win*” situation: whatever a prisoner victim does has serious consequences which only exacerbate the victim’s suffering and trauma. If they fight back, they risk greater physical injury. If they submit, they may be labeled as vulnerable. If they go into protective segregation, they cut themselves off from many inmate services. If they say or do nothing, the abuse continues.

Cotton & Groth (1982, 1984) noted that as prisons become overcrowded, the problem increases and correctional managers face increased liability for failure to act as a result. They further opined that “*available statistics must be regarded as very conservative at best, since discovery and documentation of this behavior are compromised by the nature or prison conditions, inmate codes and subculture and staff attitudes*” (Cotton & Groth, 1982: p. 48). Staff must know about the incidence of sexual assault in their facilities, and have specific information about prison sexuality, victim responses, the dynamics of inmate rape, and the trauma associated with sexual violence. Especially helpful is the sexual assault service delivery protocol flow chart and San Francisco Jail crisis intervention protocol (Cotton & Groth, 1984, which provides a detailed intervention protocol to address a victim’s medical, psychological, legal, social and protective needs, including crisis intervention, medical assessment, examination and treatment, investigation, follow-up and post-release referral.

In addition to specific programs and services to meet the needs of victims and to secure appropriate evidence for prosecution, Cotton & Groth (1982, 1984) developed an innovative three-tier approach, emphasizing **intervention, prosecution and prevention,**

which continues to retain its currency and applicability. Prevention should be a key ingredient to any approach, and should include increased surveillance in high risk areas, such as “*transportation vans, holding tanks, shower rooms, stairways and storage areas*” (Cotton & Groth, 1982: p. 54), recreation rooms, and dorms. In addition, enhanced staff training and sound, comprehensive administrative policies and procedures are key ingredients to successfully managing this problem.

*Study of Federal Bureau of Prisons – Nacci & Kane, 1982, 1983, 1984(a,b)*: Peter L. Nacci and Thomas R. Kane conducted an extensive survey of inmates and staff at 17 federal prison institutions within the federal Bureau of Prisons. Using anonymous surveys, the team examined 330 male inmates (with an average time served of 20 months) and 500 BOP correctional officers from a stratified random sample from the 17 federal facilities. 30% of the inmate sample reported having experienced homosexual experiences while incarcerated, 12% of these incidents taking place at their current institution. 29% of the federal inmates sample reported having been sexually propositioned while in prison, and 11% reported being “*targets of sexual aggression*”, whose definition was very narrowly defined by the use of violence. Seven percent of the respondents indicated that they were pressured into sex through seduction (offering of gifts or favors), and one subject indicated he was a ‘willing participant’ in order to avoid a violent assault (which is a misnomer, because he consent to avoid violence). Of 330 inmates surveyed, two inmates (0.6%) reported having been forced to perform a sex act (either fellatio or other) and one inmate reported being forcibly sodomized. Using this data, Nacci & Kane (1983, 1984 a) estimated that there were 2 sexual assaults per month in 1983 in the Federal Bureau of Prisons, a system of 31,000 inmates.

Unlike previous studies (e.g., Carroll, 1977; Davis, 1968; Moss et al., 1979; Wooden & Parker, 1982), where racial conflict was seen as a motivating factor, Nacci & Kane (1983) found three major social/interpersonal causes as to why sexual assault and prison aggression/violence took place: (1) *systemic factors* (poor supervision, untrained staff, poor programming); (2) *group factors* (homosexual activity, gang membership, drug trafficking, racial tensions, and gambling; and (3) *individual factors* (personal social needs, impress peers, build reputation, and avoid exploitation). Additional factors affecting the manifest sexually assaultive behavior included prisoners’ criminal history, prison staff & prisoners’ family taboos, and prisoners’ and peer’s moral beliefs. Interestingly, inmates reported feeling safer and less at risk for rape when officers were satisfied with their jobs (Nacci & Kane, 1983: p. 49).

To remedy the situation, Nacci and Kane (1982, 1983, 1984 a, b) advocated a number of important solutions, many previously identified by others researchers. These include: central data collection about assaults organized by motives (which would help correctional administrators identify actual incidence and plan effective countermeasures); improved prison architecture; increased surveillance; accreditation; information sharing; improved inmate risk-assessment processes; and investigative/forensic evidence procedures (such as the use of standardized ‘rape kits’ to collect forensic evidence from alleged victims and assailants). Noteworthy innovations include “*target hardening*” plans (adapted from community crime prevention techniques) by which prisoners are

warned of the possible mannerisms that attract aggressors in correctional environments (attitudes, facial expressions, styles of clothing, and tones of speech attracted to sexually aggressive prisoners) (Nacci & Kane, 1984(a): 52). This is particularly interesting, based on an innovative study which looked at the precision of an assailant in evaluating vulnerability in crime selection process in the community. Grayson and Stein (1981) found that predators “read” people and their potential to be manipulated, coerced, exploited, and intimidated, focusing on a number of non-verbal cues, which indicated ease of victimization, such as

- stride (victims had exaggerated stride – short or long – e.g., shuffling, not lifting feet);
- rate (victims walked differently – either too slow or too fast, seen as nervousness/fear);
- fluidity (victims tended to have awkward body movements);
- wholeness (victim’s arms and body movement were not ‘centered’), and
- posture and gaze (victim’s had slumped posture and downward gaze)

Most importantly, Nacci & Kane (1984a,b) advocated comprehensive staff training to promote an understanding dynamics of prison sexuality and profiles of targets and aggressors. Staff must be provided with specific knowledge about aggressors’ cues, target profiles, how to help targets handle pressuring, and given tools to systematically respond to suspected and actual sexual assault incidents through programmatic and individual intervention. Correctional officers were found to be more willing to protect heterosexual inmates from rape, and were less likely to deter homosexuality, which was often tacitly condoned. As such, they advocated that staff need to *recognize “that sexual aggression & homosexual activity will not be tolerated”* (Nacci & Kane, 1984(a): p. 51) and set a new moral tone to address the problem.

Continued Revelations About Juvenile Institutions - Bartollas & Sieverdes, 1983a, b:  
Clemens Bartollas and Christopher Sieverdes studied juvenile training schools in the southeast United States through the use of self-administered questionnaires, with startling results about the extent of sexual victimization in juvenile facilities. Out of an original sample of 561 residents (age 7 - 17 yrs.), 327 male and female residents of 6 training schools responded, and 70% of the respondents felt unsafe at some time in their setting. 54% claimed that someone had taken advantage of them during their stay, and 51 (9.1%) of the residents reported sexual victimization, with equal percentages of males, females, blacks and whites. Black residents outnumbered white residents two to one in these facilities, and a higher incidence of sexual victimization. Interestingly, age and physical size was found not as important as correlates to sexual assault as the length of the current stay and cumulative time spent in correctional facilities – juveniles who were newer to the facility, or had less experience, were more often targeted and sexually victimized. As previously noted by other studies, one third (1/3) of the sexual victims admitted to exploiting other residents, in an attempt to gain/improve their social status. Most of the sexual assault victims reported that they did not feel close to staff and found their experience in juvenile institutions to be painful – in fact, most victims reported engaging in manipulative behavior towards staff. Bartollas and Sieverdes (1983a, b) concluded overall that juvenile institutions do not provide protection and care for their residents.

Advocating Environmental Approach to Managing Violence and Assaults in Corrections – Toch, 1985:

Hans Toch (1985) expanded on his earlier analysis of the ecology of survival, and continued the rationale of a scientific process to manage correctional environments more appropriately. The ‘social climate’ – the ‘contextual makeup’ of prisons significantly affect how prisoners behave and react. In essence, elements of the social climate influence inmates differently; not all of the elements of prison structure will be well received by inmates, and inmate behavior is motivated by both positive and negative features of the environment (Toch, 1985: p. 39). In fact, certain prison environments may actually promote inmate violence, because that violence may actually have certain benefits to inmates, providing them: (1) *Payoffs* – inmates gain status for being aggressive; (2) *Immunity or Protection* – inmate ‘code of silence’ is pervasive – “*Don’t be a rat*” is a cardinal rule, and few inmates wish to be labeled as such; (3) *Opportunities* – prisons are extreme places, where violence is more possible, especially through the predictability of staff and inmates; (4) *Temptation, Challenges, and Provocations* – there are continual ‘tests of one’s manhood’ which must be met and engaged; and (5) *Justification* – if a prisoner is not violent, he is not a ‘*real man*’ (Toch, 1985: pp. 41-42).

To address these issues, Toch (1985: pp. 43-45) offer specific remedies, which include:

- (1) Recognition of the correctional institution’s ‘hot spots’ for violence [where violence occurs regularly] and ‘low-violence environments [where violent acts are rare], which are monitored and tracked;
- (2) Formal program to help both inmates and staff in high violence areas to address their own violence issues;



- (3) Active programming to provide support systems for victims/potential victims to reduce violence and replace it with prosocial activities;
- (4) Deploy 'crisis intervention teams' while violent acts are still 'hot' in the institution to de-escalate and process animosity and latent issues (and thus avoid future conflicts/violence);
- (5) Assemble useful information on violence in the institution, and use it constructively in staff training and 'inmate indoctrination'.

*Increasing Legal Liability And Attention to Prisoner Sexual Violence:* Increasing legal attention emerged about prisoner sexual assault in which the Courts began to exert increasing pressure upon correctional agencies. Several cases raised the legal consequences for correctional agencies, beginning with *Redmond v. Baxley*, 475 F.Supp. 1111 (E.D.Mich.1979). Plaintiff prisoner Redmond brought a § 1983 action for damages resulting from a rape which occurred in a Michigan prison infirmary. In this case, a correctional nurse-supervisor and the director of the Michigan Department of Corrections failed to provide an adequate response to a victim of prisoner sexual assault (though they were aware of the severity of the risk of sexual assault), and the jury awarded the incarcerated victim \$130,000 in damages.

In *Smith v. Wade*, 461 U.S. 30 (1983), inmate Daniel R. Wade brought suit under 42 U.S.C. § 1983 in Federal District Court against correctional officer William H. Smith and four other officers and correctional officials at the Algoa Reformatory, a Missouri reformatory for youthful first offenders, after being harassed, beaten, and sexually assaulted by his two cellmates in 1976. Inmate Wade had voluntarily checked into Algoa's protective custody unit in the summer of 1976. Because of disciplinary violations during his stay in PC, Inmate Wade was transferred to administrative segregation. That evening, Wade was placed in a cell with another inmate, then Officer Smith added a second inmate, even though another cell was available, which precipitated the brutal assault and sexual victimization. Because of Smith's position as a correctional officer, he had qualified immunity; as such, the judge instructed the jury that respondent Wade could recover only if petitioner Smith was guilty of "*gross negligence*" or "*egregious failure to protect*" respondent. The judge also charged the jury that it could award punitive damages in addition to actual damages if petitioner's conduct was shown to be "*a reckless or callous disregard of, or indifference to, the rights or safety of others.*" The jury found Officer Smith liable, and awarded \$25,000 in compensatory damages and \$5,000 in punitive damages to Wade. The District Court entered judgment on a verdict finding petitioner liable and awarding both compensatory and punitive damages, which was later affirmed by the U.S. Court of Appeals and the U.S. Supreme Court, and Officer Smith was responsible for his failure to act responsibly.

Incidents at the Glades Correctional Institution (GCI) at Belle Glade, Florida in the early-mid 1980s revealed patterns of inmate sexual abuse that were virtually ignored by prison officials. In 1982, inmate Anthony LaMarca alleged that he had been harassed and threatened for sexual favors in a federal suit. U.S. Magistrate Peter Nimkoff initiated an investigation, which revealed that at least ten inmates had experienced significant assaults (being beaten, smashed and stabbed), including five inmates who were also raped,

usually by several inmates with knives (Mainlander, 1990a). In 1987, adopting the report prepared by Nimkoff, U.S. District Court Judge James C. Paine ordered former GCI Superintendent to pay eight inmates \$178,500, the highest judgment ever against a state prison warden, for deliberately ignoring “knowledge - indices of rape that a prudent administrator would discern” [See *Lamarca v. Turner*, 662 F. Supp. 647 (S.D. Fla, 1987)].

Defendants appealed, and the U.S. Court of Appeals for the Eleventh Circuit dismissed the appeal without opinion [*LaMarca v. Turner*, 861 F.2d 724 (11th Cir. 1988)]. The district court issued further injunctive relief, and the defendants appealed. On July 7, 1993, the Eleventh Circuit (Judge Gerald Bard Tjoflat) partially affirmed and partially vacated the district court's injunction, holding that the court had applied the wrong test in finding liability. The court held that the overall grant of injunctive relief was proper, but that portions of it unnecessarily interfered with the operation of the prison. [*LaMarca v. Turner*, 995 F.2d 1526 (11th Cir. 1993)]. Nonetheless, the stage was set for further action to legal action to address the injustices of prisoner sexual violence, and, more importantly, put correctional officials on notice that failure to address prisoner sexual violence affirmatively could have serious consequences.

*Youth in Adult and Juveniles Institutions – Forst, Fagan, & Vivona (1989)*: Forst, Fagan and Vivona (1989) interviewed 59 chronic juvenile offenders in State training schools and compared them with 81 comparable youth in adult prisons and examined the perceptions of their experiences. Overall, youth in juvenile institutions had more positive evaluations of the services, programs and treatment as compared to youth in adult correctional institutions, who were more likely to be victims of crime and prison violence, both from other inmates and staff. In security oriented facilities, in particular, there was strong socialization of youth into the culture of crime and violence – youth in adult prisons were five times more likely to be sexually assaulted than youth in training schools. These dire findings had significant implications for the placement of juveniles in adult correctional facilities, especially the repeating of this violence by youth upon their release to the community.

*1989 Prison Journal: A Substantive Look at Prisoner Sexual Violence*: The editors of the *Prison Journal* published a two-part special issue (Volume 69, 1 & 2) on prison sexuality which significantly advanced the understanding of the problem of prisoner sexual violence in correctional settings.

*Richard S. Jones and Thomas J. Schmid (1989)* conducted participant-observation over a ten month period at a maximum security prison for men, with repeated contacts with about 50 inmates and focused interviews with other prisoners. The fear of rape becomes a central, defining characteristic for new, first-time inmates, which shapes his adaptation and self-definition. Over time, the shock-value of rape, suicides and murders diminish, and become perceived as a normal component of correctional culture. Jones and Schmid (1989) offer that correctional staff could minimize and reduce the apprehension and uncertainty faced by new, first-time inmates by establishing improved inmate orientation programs and by creating housing options that recognize and

accommodate an inmate's potential to be vulnerable, to be able to successfully cope with incarceration, or to most likely victimize others.

In 1988, *Richard Tewksbury (1989 a, b)* conducted research at the Lebanon Correctional Institute in Lebanon, Ohio using anonymous questionnaires distributed to 150 inmates, resulting in 137 completed surveys. The study focused on a variety of sexual situations, including reports of sexual assaults, forceful sexual approaches and sexual propositions. Although 19.4% reported sexual contact with at least one inmate in the last year, 92.6% of the respondents reported that they were never approached with coercion or threats for sex and no inmate of those surveyed reported having been the victim of rape. Despite these findings, respondents estimated that about 14% of inmates were raped. The study found that the rate & frequency of homosexual activity lower than expected. An individual inmate's height and weight were the only variables significant in attempting to predict individual fear: the level of fear decreased with height and increased with weight. The fear of sexual assault was greater than the actual incidence of such assaults, and was probably greater than reflected in the results of the questionnaire.

*Nobuhle P. Chonco (1989)* conducted a descriptive case study of 40 male violent and non-violent offenders at a pre-release center in a large Midwestern state to determine the characteristics of predators, victims, and targets in prison sexual assaults. Chonco's findings are particularly helpful for correctional authorities. Race did not appear to be a particularly salient factor in victimization. Predatory inmates were described as being overfriendly and 'too nice', doing favors for and giving things for other inmates, and likely to make sexual remarks and touch inmates, and tend to be older than their victims, but younger than the general population of their institution. Victims, who are usually first-time inmates, were generally younger than predators, and were perceived as weak and scared, talking too much, having feminine features, and accepting gifts from other inmates. Those prisoners who avoided victimization, on the other hand, often had reputations as fighters, and were found to do their own time, mind their business, make a point to not accept gifts from other inmates, and to associate with few prisoners.

The victimization process involves a number of several stages: inmates participate as a "set-up team," in which there is active collusion by inmates who play key roles, such as "observers, contacts, turners, and pointmen" (Chonco, 1989: p. 75) in which a potential target is observed, selected, tested, approached, and, if vulnerable, ultimately victimized. "The pointman stands guard and watches whether the target does sexual favors for other inmates or whether he has a record of being sexually assaulted by other inmates" (Chonco, 1989: p. 76). The sexual assaults themselves are carried out in areas ("trouble spots", such as bathrooms, showers, cells and gymnasiums) which may be unsupervised and where officers are unlikely to be watching or intervening.

Chonco (1989) reiterates the notion that to avoid sexual victimization, an inmate has to fight back, as poignantly described during an inmate interview:

*If an inmate has to survive in prison, he has to learn to fight or else he will be a faggot until he leaves the joint. The image of a faggot is not a good*

*one because if he leaves the joint still chickening out to fight, if he comes back again he will be a victim....*

*[A guy] told me that if any guy wants to fuck me or fucks with me I must stick him up. 'If you do so,' this guy says, 'no son of a bitch will bother you.' I took his advice and no guys ever bothered me again. (Chonco, 1989: p. 78).*

Sexual assaults in prison “*are mostly used to acquire status, to make other inmates stay away from others, for revenge, to dominate other inmates, and to release pent-up tension*” (Chonco, 1989: pp. 78-79); Chonco (1989) further argues that, on the whole, correctional institutions are ineffective in responding to incidents of sexual victimization. Correctional staff, who are vastly outnumbered by prisoners, are often late on the scene of an assault, or may be unaware that an assault took place, or may fear for their own safety and may overlook such assaults for their own purposes. To adequately respond, correctional authorities must work to undermine the prison economy, develop new, effective options to protect vulnerable inmates, protect victims and segregate violent offenders.

*Norman E. Smith and Mary Ellen Batiuk (1989)* examined the social climate of correctional institutions, expanding on Bowker’s (1980) earlier assertion that “*homosexual rape impacts all prisoners and fundamentally alters [correctional institutions’] social climate* (Bowker, 1980: p. 1). Interviewing 66 inmates at a single institution, Smith & Batiuk (1989) articulated a culture in which inmates were constantly observed by other inmates, and had to ‘*perform*’ appropriately in order to survive. Inmates’ fears and perceptions of sexual assault dominate prison life; the resultant social interactions which emerge contribute to the underreporting of sexual violence. To survive in prison, an inmate must adopt of a ‘*front*’ to avoid any suspicion or appearance of vulnerability of weakness. Typically, the inmate’s ‘*performance*’ must accentuate hypermasculine characteristics which emphasize strength and avoid those characteristics which are considered weak or feminine – “*The new inmate learns quickly there are wide range of behaviors and emotions which he must not communicate*” (Smith & Batiuk, 1989: p. 32)

Smith and Batiuk (1989) captured the discussion of two inmates who vividly describe this stance:

*You can’t show any fear, they pick up on that. You gotta show strength. You gotta say it in a strong way and look ‘em in the eye. Never look down, like you’re afraid to look ‘em in the eye. That’s a sign of weakness....If you show people that you care about them or are Mr. Niceguy, that will get you in trouble. They will come after you with whatever you got, like vultures swooping in. Another thing is to never show fear or any kind of weakness. You gotta be a man all the time, and a man according to the standards in here. (Smith & Batiuk, 1989: p. 33)*

Concluding that although the actual incidence was low, Smith and Batiuk (1989) offered that the fear is pervasive and paralyzing to all inmates. The harm is not confined simply to those directly victimized – all who live in jails and prisons are ultimately affected. To adequately address the problem, the prison system must be looked at ‘*holistically*’ because the “*threat of sexual victimization becomes the dominant metaphor in terms of which almost every other aspect of ‘prison reality’ is interpreted*” (Smith & Batiuk, 1989: p. 30).

*Helen M. Eigenberg (1989) and Study of Correctional Officer Attitudes:* Eigenberg, a former correctional officer who served in the federal Bureau of Prisons, conducted an exploratory study to examine how attitudes of correctional officers affect the manner in which they will respond to males who have been raped in prisons, and her results provided important insights with dramatic implications for correctional agencies. In October 1988, Eigenberg sent out anonymous questionnaires to 400 correctional officers employed by the Texas Department of Corrections (TDC), and 166 surveys were returned to the researcher, for an impressive response rate of 41.6%. A majority of respondents (73%) believed that inmates would be unwilling to report sexual victimization to correctional authorities and nearly all of the officers (97%) believed that they should try to prevent rape.

Eigenberg (1989) found certain beliefs among correctional respondents that were especially troubling. About one sixth (14.9%) of the respondents believed that male rape victims are homosexuals and one-third (33.7%) believed that rape victims are weak; most startling, nearly one-half (46.4%) of officers responding engaged in victim blaming, believing that some inmates deserved to be raped, especially if they participated in prior consensual acts. Ironically, although most officers (87%) believed that rape and consensual sexual acts were common events (“not rare”), only 48% indicated that they should talk to new inmates about the risks of being sexually assaulted. Eigenberg (1989) concluded that staff attitudes influenced both the reporting of sexual assault by inmate victims reporting and the effectiveness of intervention in responding to victims of prison rape.

In this and a subsequent expanded analysis (1994), Eigenberg (1989, 1994) proffered several solutions to address the problem and argued that correctional officers need to be proactive in responding to prison rape. In a vein similar to Nacci & Kane (1984a), she posited that “*correctional administrators can encourage officers to respond to all types of sexual acts because it is frequently difficult (if not impossible) to distinguish consensual acts from coercive acts, merely by observing two inmates engaging in sexual behavior*” (Eigenberg, 1994: p. 158). She adroitly cautions against, however, a “*second victimization by the prison disciplinary system*” (p. 159), especially if inmate victims are not believed. Eigenberg (1989, 1994) also recommends in-depth staff training, similar to sensitivity programs developed for police departments, to provide correctional staff with the ability to recognize symptoms of rape trauma, to respond compassionately, and to provide appropriate crisis intervention and medical treatment following a sexual assault.

*Anthropological View of Federal Prison – Mark Fleisher, 1989:* Anthropologist Mark Fleisher conducted a year-long participant-observation ethnographic analysis of the United States Penitentiary at Lompoc, California. His research did not address prevalence, but did provide an interesting view of the prison hierarchy and argot roles, identifying four dominant argot roles at this maximum-security institution. Two types of roles claimed homosexuality and engaged in female sex-roles: “*Fuck-boys*” and “*fags*,” who were distinctive in their effeminate hair, dress, speech from “*fuck-boys*”. On the other hand “*straights*” and “*turnouts*” were individuals who did not consider themselves to be homosexual and who assumed male sex-roles. “*Straights*” ‘used’ “*fags*” for sex, but also developed sexual relationships with other straights (which were kept private), while “*turnouts*” seduced inmates with gifts and commissary. The definition of these terms differed from other researchers, but the conceptualizations and descriptions of a culture of ever-present potential of violence were useful to consider.

### **Renewed Calls for Reform: Concerns About Prisoner Sexual Violence & Staff Sexual Misconduct, New Legal Cases, and New Research**

Although research of the 1980s and early 1990s “failed to adequately address the policy (and theoretical) needs of corrections” (Tewksbury & West, 2000: p. 377), the 1990s brought a renewed examination of prisoner sexual violence in correctional settings, and set the stage for a national discussion about prisoner sexual violence. Three (3) movements came together to create the “tipping point” for national discussion – renewed concerns about prisoner sexual violence and staff sexual misconduct, new legal cases, and new research.

*Male Rape in Incarcerated Settings – Dumond, 1992:* Robert W. Dumond (1992), a psychologist in the Massachusetts Department of Correction, published a comprehensive review of the extant literature on male rape, examining the epidemiology of sexual victimization of males in prison from this body of knowledge, and nine key studies on the effects of sexual assault upon males. There is an indelible impact of social status and sexual behavior in jails and prisons: to assist correctional authorities to understand these dynamics and possibly changing the culture, Dumond (1992) provided a proposed inmate hierarchy (see Table 2, p. 139), drawn from previous research. “*Prison slang defines sexual habits and inmates’ status simultaneously, using homosexuality as a means of placing individuals in inmate caste system*”, which unfortunately, “*help to define the treatment which an inmate is likely to receive from other inmates and corrections officers*” (Dumond, 1992: p. 128).

Graphic representations can be helpful to conceptualizing a problem, and Dumond (1992) provided two especially useful models to consider. Because prison sexual assault is as crisis whose impact affects not only the individual victim, but also the correctional community and the larger society as a whole (which is often overlooked) the *Cycles of Victimization* (Figure I, p. 45) is presented, outlining the primary, secondary and tertiary effects of prisoner sexual violence. Dumond exhorted correctional managers to adopt the three-tiered systemic model initially presented by Cotton & Groth (1982, 1984) and provided a concise graphic representation (see Figure 2, p. 149), with specific activities and services to be employed.

In addition, Dumond (1992) advocated six (6) key strategies for adoption by correctional authorities:

- 1) *Accurately identify in a scientific manner the national incidence of prisoner sexual violence*, using inmate/victim surveys, staff/officer interviews and direct observation;
- 2) *Establish and implement comprehensive crisis intervention for inmate victims following assaults*;
- 3) *Provide on-going training and attitudinal development for correctional staff, encouraging a more humane and professional response to victims*, to improve the skills of staff and build agency capacity;
- 4) *Provide adequate short and long term strategies for victims to manage the resultant trauma over time*;
- 5) *Mandate reporting of any incident of sexual assault, particularly as a means of determining potential offenders and ensuring compliance of policy by staff*;
- 6) *Provide a more efficient, timely and swifter response toward prosecution of such offenses*.

Only through systematic and responsive strategies could this scandal be recognized and adequately addressed.

*Training for Correctional Authorities – Donaldson, 1993.* Following his harrowing prison victimization experience, Stephen Donaldson, (formerly Robert A. Martin) transformed his trauma into social action, championing the cause of prisoner sexual violence through his work with the advocacy group, Stop Prisoner Rape. In 1993, Donaldson (1993/1997) partnered with the Safer Society Program and Press and developed the *Prison Rape Education Program: Overview for Administrators and Staff* providing a comprehensive manual of interventions and audio taped presentations for staff and inmates to be properly oriented and informed about the dangers of sexual assault. Because of the uniform lack of administrative attention in most correctional agencies, Donaldson (1993: p. 7) argued that “*in reality, prisoner rape is more effectively prevented and controlled by prisoners themselves. In the absence of administrative attention, it is the prisoners who tolerate sexual assaults, fail to protect their peers, and fail to protect themselves.*” Donaldson (1993) provided a number of strategies to inmates directly in this primarily prisoner-oriented manual.

*U.S. Supreme Court Decision Farmer v. Brennan, 511 U.S. 825 (1994):* The case of a preoperative transsexual with feminine characteristics, Dee Farmer, who was a prisoner in the federal prison system and who had been subsequently beaten and raped raised new awareness on the issue of prisoner sexual violence. Although incarcerated with other males in the federal prison system in general population, most often Farmer served time in segregation, and the assault and raped occurred after Farmer was transferred from a federal correctional institute to a U.S. penitentiary (a higher security facility with more difficult inmates). Farmer sued federal officials for “*deliberate indifference*” in failing to protect from harm. The U.S. Supreme Court agreed and asserted that “*being violently sexually assaulted is ‘not part of the penalty’ ...and serves no penological objectives*” and, more importantly, noted that correctional officials have an “*affirmative duty ...to*

*provide for safety of inmates.”* The stage was then set for continued national attention on this important issue, fueled by widespread reports of sexual abuse of women prisoners.

**Staff Sexual Misconduct Against Women Prisoners in the U.S. – An International Scandal:** Beginning in the 1990s, numerous allegations of widespread abuse of female inmates in America’s jails and prisons began to emerge (Siegal, 1999). Several cases are particularly noteworthy in their impact and significance. In 1992, lawyers working on a class action conditions of confinement case against the Georgia Department of Corrections, *Cason v. Seckinger*, was amended to include allegations of sexual abuse of female prisoners that had taken place over a period of fourteen years at the Georgia Women's Correctional Facility in Milledgeville and the nearby camp, Colony Farm. The alleged activities included rape, criminal sexual contact, leering, and abusive catcalling of inmates. Seventeen staff members were indicted, however none were convicted, though several were dismissed from their jobs as a result of the lawsuit. In this case, however, federal court orders were issued requiring the department to rectify many of its practices, and spurred a national debate about the issue. (Siegal, 1999). That same year, the Michigan Woman’s Commission identified the problem of staff sexual misconduct in Michigan’s prisons, which led to a US Department of Justice investigation two years later (1994).

In 1993, the National Women's Law Center and a District of Columbia law firm filed a class-action suit, *Women Prisoners vs. District of Columbia Department of Corrections*, [Women Prisoners I, 877 F.Supp. 634(D.D.C. 1994)] in the U.S. District Court. The suit alleged discrimination and widespread abuse against female prisoners at three Washington, D.C. facilities [Washington, D.C. Jail, the Correctional Treatment Facility, and the Lorton Minimum Security Annex, a D.C. facility in Lorton, Virginia]. The District Court in this case found that widespread abuses against women prisoners were occurring on a regular basis, including lack of privacy, vulgar sexual remarks, inappropriate touching, sex for food and goods, and sexual assault, by correctional staff and male inmates. The Court further argued that this created a “sexualized environment” where the boundaries of expectations of behavior were not clear, and which were in violation of the 8<sup>th</sup> Amendment (Smith, 2003; *Women Prisoners 1*, 877 F.Supp.at 639).

These two suits and the subsequent criminal prosecutions, were first major legal attempts to address this issue (Siegal, 1999), and led to national investigations by prominent human rights and advocacy groups. Donaldson, Dumond, Knopp, Struckman-Johnson and Thompson (1995) postulated that women prisoners are more likely than male prisoners to be sexually abused by correctional staff. Human Rights Watch (1996) issued a 347-page report *entitled All Too Familiar: Sexual Abuse of Women in U.S. Prisons*, identifying significant problems in California, Georgia, Michigan, New York and the District of Columbia. The report outlined horrific sexual abuse against women, including oral, anal, and vaginal rape, by male correctional staff, who used physical force, threats, privileges, gifts and their positions of authority to coerce and abuse women. Two years later, Human Rights Watch (1998) issued a follow-up report which outlined significant physical and sexual abuse and retaliation against women prisoners in the Michigan Department of Corrections.



Other national and international investigations emerged. In 1998, the United Nations sent a special rapporteur, Radhika Coomaraswamy to investigate these allegations of sexual misconduct in women's prisons. Publishing her report in January 1999, Coomaraswamy (1999) found widespread abuses in many U.S. correctional facilities, but some states (notably Georgia) were addressing the problem substantively, while others (e.g., California and Michigan) were doing little to address the problem. Amnesty International (1999) joined the debate with its report, *'Not Part of My Sentence': Violations of the Human Rights of Women in Custody*," and found that "*Many women inmates are subjected to sexual abuse by prison officials, including: sexually offensive language, observation by male officers while showering and dressing, groping during daily pat-down searches, and rape.*" Amnesty (1999) identified problems in a number of states, notably Illinois, Massachusetts, New Hampshire, Texas, West Virginia, and Wyoming, and continued to call upon national lawmakers to address the problems substantively.

*New Study of Female Prison Subcultures – Owen (1998)*: Barbara Owen (1998) conducted ethnographic research at the Central California Women's Facility, the world's largest female facility, and provided additional insights into the complex relationships which women form while incarcerated. There are substantive differences between the ethos of male prisons (marked by violence, degradation and predatory behavior) and those of female prisons, where women engaged in non-sexual friendships and play ("pseudo") families which had been earlier described by Giallombardo (1966) and Ward and Kassenbaum (1964, 1965). Three (3) behaviors in particular were found to cause problems for female prisoners in "*the mix*" described as "*any behavior that can bring trouble and conflict with staff and other prisoners*" (Owen, 1998: p. 179): homosexuality ('playing around'), drugs and fighting. Women involved in these negative activities also engaged in exploitative relationships, both economically and emotionally; the women prisoners interviewed by Owen recommended avoidance of these behaviors to avoid conflict.

***New Data on Sexual Assault in U.S. Corrections – Conflicting Studies with Huge Implications:*** While data was emerging about staff sexual misconduct, two studies directly examined prisoner sexual violence, with conflicting results.

*Saum, Surratt, Inciardi, & Bennett (1995)*: In March-April 1994, Christine A. Saum, Hilary L. Surratt, James A. Inciardi and Richard E. Bennett conducted face-to-face interviews with 101 inmates residing in a therapeutic community within a medium-security Delaware prison. The sample was largely African-American (92%), with 5% White and 3% Hispanic prisoners, whose average number of incarcerations was 3.6. From the sample interviews, 24.8% of the respondents witnessed consensual sex at least one time in last year, 33.7% heard of rape and only 4% saw a rape in last year. In total, one (1) inmate reported completed rape in his lifetime of incarceration, and five (5) inmates reported attempted rape, two (2) of which had occurred within the last year. In general, the inmates interviewed, contrary to their direct experiences, estimated much higher rates of sexual victimization: 15.9% every day. Saum et al. (1995) concluded that most sexual activity in prison is not rape but actually consensual but that inmates endorse

the “*myth of pervasive sex.*” Saum et al. (1995) did, however, note that a number of factors (e.g. number and type of inmates, security level, single vs. multiple cells, and amount of free time) “*either facilitate or discourage sexual activity*” (Saum et al., 1995: p. 429) in prisons.

In discussing the disparities in reporting, Saum et al. (1995) argue that disparities in reporting prisoner sexual assault may be due to differences in methodologies, the types of correctional facilities examined and the different definitions of sexual assault. It may also be suggested that the conclusions yielded by Saum et al. (1995) may not be suspect in part because of fact that the researchers used face-to-face interviews and the respondent population was largely African-American, many of whom might be unlikely to share their own victimization experiences due to cultural variations. Nonetheless, this research called into question the actual incidence of the problem. This was to change significantly, however, with another study of Nebraska prison facilities.

*Struckman-Johnson, Struckman-Johnson, Rucker, Bumby, & Donaldson (1996):* In the spring of 1994, Cindy Struckman-Johnson, David Struckman-Johnson, Lila Rucker, Kurt Bumby, and Stephen Donaldson conducted anonymous surveys of four (4) Nebraska prisons, three men’s facilities (2 medium-security and 1 minimum-security) and one woman’s facility, with a total inmate population of 1,801 – 1,708 men and 93 women. The result of this study, published in 1996 (Struckman-Johnson et al., 1996), were startling in their implications, and yielded serious concerns about prisoner sexual assault in prison settings. This was also one of the first systematic studies of prisoner sexual violence in female institutions.

In total, there were 516 usable inmate surveys returned (30% return rate), and of a total staff of 714 in the four prison settings, there were 264 staff surveys returned. Of prisoner respondents, 104 inmates (20%) of the total number of respondents - 101 (22%) of the male prisoners and 3 (7%) of the female prisoners had been “*pressured or forced to have sexual contact (touching of genitals, oral, anal or vaginal sex)*” against their will while incarcerated, with more than one-quarter (29%) of the incidents qualifying as “*gang rapes*” (two or more offenders). Alarming, 4% of the respondents reported having been the victim of sexual assault between fifty-one and 100 times. These results were confirmed by the separate survey of 714 correctional staff, including correctional officers, unit managers, administrators and treatment staff, whose reported incidence varied by facility type.

50% of all targets had completed oral/genital intercourse, and 52% of the male targets were forced to engage in anal sex. For those targeted for sexual victimization, 75% reported at least one force tactic. There were differences noted, however, between male and female prisoners: for men, the two most common tactics employed were threat of harm and physical intimidation – of the male respondents indicating sexual assault, 33% reported being restrained, 30% reported being physically injured, in 25% of the incidents, a weapon was employed by the perpetrator. On the other hand, for female offenders, the incidents were less severe – two women reported genital touching incidents, and one woman reported an attempted rape. Additionally, in a manner different that their male

counterparts, the female prisoners estimated that the actual rate of coerced sex was lower (3%) than the actual rate reported (7%).

For those respondents who were targets of sexual assault, they reported an average of nine (9) incidents. Unexpectedly, staff were reported to be sexual perpetrators in 18% of the incidents reported. The majority of targeted inmates experienced profound negative reactions, including depression and 36% suicidal ideation (36%). Struckman-Johnson et al. (1996) also found, however, that less than one-third (29%) of all sexual targets actually reported their victimization to prison staff, which is a concern because without reporting, target victims may continue to be victimized, and cannot receive the proper care and treatment for their sexual assault(s). Struckman-Johnson et al. (1996) recommended comprehensive treatment for inmate victims, better management of HIV/AIDS and other diseases which can result and challenged correctional administrators to address this problem systematically. More importantly, this study raised the alarm as to how serious and prevalent prisoner sexual violence was in correctional settings, and set the stage for continued examination.

Increased attention on the issue of prisoner sexual assault caused a number of correctional agencies to take note and respond. In the Commonwealth of Massachusetts, the first state-level hearings on prisoner rape took place in May 1994 in response to a series of articles which appeared about rape in Massachusetts prisons which appeared in the *Boston Globe* (Senott, 1994). As a result, the Massachusetts Department of Correction developed a sexual assault prevention curriculum for correctional staff, both for pre-service and in-service training (Dumond, 1994), and initiated a pro-active intervention policy for inmate rape (Massachusetts Department of Correction, 1995). In 1995, the Federal Bureau of Prisons initiated a program statement entitled “*Inmate Sexual Assault Prevention/Intervention Programs*” which became one of the most comprehensive correctional policies, PS5324.04 (Federal Bureau of Prisons, 1997). The two largest correctional accreditation agencies also took up the cause. The American Correctional Association [ACA] highlighted an article in *Corrections Today* entitled “Fighting prison rape: How to make your facility safer” (Dallou, 1996), placing the problem front and center to the larger U.S. correctional community, and provided a number of substantive recommendations and resources to assist correctional agencies to respond. The National Commission on Correctional Health Care [NCCHC] highlighted an important article on clinical intervention strategies for managing male inmates of sexual assault (Fagan, Wennerstrom, & Miller, 1996) in their *Journal of Correctional Health Care*, drawing from the extant body of knowledge.

**The Twenty-First Century: The Dawn of a New Era:** At the turn of the century, concern about prisoner sexual violence continued to be raised in a number of venues, and led to considerable expansion of knowledge about the problem. Beginning in December 2000, the editors of *The Prison Journal* [Vol. 80, No. 4] again tackled the issue of prisoner sexual violence and showcased a number of important studies about the problem, which continued national public focus on this important issue. Hensley, Struckman-Johnson and Eigenberg (2000) examined the history of prison sex research, highlighting the research in female and male correctional facilities in the 1960s – 1990s,

and Tewksbury and West (2000) examined the research on sex in prison during the late 1980s and early 1990s.

*New Study of Seven Midwestern Prisons – Struckman-Johnson & Struckman-Johnson (2000)*: In the Spring 1998, Cindy and David Struckman-Johnson continued to systematically examine prison settings by conducting anonymous surveys of inmates and staff from seven different prisons in four Midwestern departments of corrections (Struckman-Johnson & Struckman-Johnson, 2000). This sample was substantially larger than their earlier study (Struckman-Johnson et al., 1996), and the response rate was 25% for both staff and inmates – of a total of 7,032 male inmates, 1,788 (25%) inmates responded; of 1,936 security staff, 425 (25%) staff responded.

375 (21%) of the inmates responding reported at least one (1) incident of “pressured or forced sex” while imprisoned, with wide variation (4%-21%) by institutions - 285 (16%) of these inmates reported being sexually assaulted in their current setting. Of these, 131 (7%) incidents of rape (oral/genital) used force tactics and 67 (40%) of the rape incidents occurred between 1996-1998. Both inmates and staff generally agreed on level of protection at each facility - larger men’s prisons were given low rating of protection. Again, this new study revealed continuing incidence of staff sexual misconduct - 20% of the inmates from larger prisons stated a male or female staff had participated in the “*worst-case sexual coercion*” act. Interestingly, when inmates were asked to identify how frequent they thought sexual assaults were occurring, they had a tendency to overestimate the amount of sexual coercion than was actually recorded. The high sexual coercion rates found in these correctional institutions were specifically correlated with five (5) factors: 1) use of barracks housing, 2) racial conflicts, 3) lax security, 4) prison inmate population over 1,000 and 5) larger inmate population with crimes against persons. The team proffered that “*the presence of a sufficient number of motivated security staff and tight security measures appeared to limit sexual coercion among inmates*” and also noted that “*a facility that used lockdown procedures had a zero rape level*” (Struckman-Johnson & Struckman-Johnson, 2000: p. 389).

*Qualitative Study of Sexual Coercion in One Southern Female Correctional Facility – Alarid (2000)*: Leanne F. Alarid conducted an innovative examination of a woman’s correctional facility through three different methods: initial surveys of women in a large Southern urban jail, followed by follow-up information from a random group of 25 women who responded to the initial survey, and content analysis of weekly prison letters sent by one women offender over a period of five years, as she transferred to four or five different female units at this facility. The letter writer, Velmarine, was a 41 year old African American mother of three children, serving a 25-year prison term for a third felony conviction who acknowledged being “in the mix” and vividly described both her own experience of sexual coercion and rape and those of other women in this facility.

The results of this study provide intriguing insight into women’s correctional facilities. Four (4) main themes emerged: “(a) *apathy toward sexual coercion and sexual assault*, (b) *the ‘jailhouse turnout femme’ as the sexual aggressor*’, (c) *insight into one rape*”

situation and (d) institutional factors contributing to sexual assault” (Alarid, 2000: p. 395). In general, sexual harassment and pressuring occurred more often than sexual assaults, which often went unreported to correctional authorities. In particular, Velmarine’s insights are crucial: *“If it were not for the fact that most female inmates capitulate with coercion, there would be more forced sex act or threats of violence, thereby causing recognizable rapes to be a more common occurrence among women prisoners”* (Alarid, 2000: p. 395), which Alarid concludes that more passive women reluctantly submit to a sexual relationship rather than fight. Women prisoners who engaged in homosexual relations were most vulnerable to sexual aggression, particularly those women who adopted the masculine role of stud. In general, while rape occurred less often in female prisons, when it did, women were likely to be victimized by multiple perpetrators.

Alarid (2000: p. 401) notes that two main institutional factors contributed to sexual coercion and assault of women prisoners: *“(a) open dormitory-style housing and (b) correctional staff ignoring or encouraging offender sexual behavior”* and suggested a number strategies to manage this problem. Correctional staff need to focus on identifying and curbing sexual coercion, to preempt more aggressive incidents, and need consistent training to understand the dynamics of female sexual coercion, and to hold women accountable for sexual infractions. Alarid (2000) also suggests the use of cameras in vulnerable areas, such as restriction dorms, and inmate orientation to new prisoners, advising them of how to avoid becoming a target, and what assistance is available (legal, medical, psychological) if they are targeted.

*Inmate Sexual Assault: The Plague Which Persists – Dumond, 2000:* Dumond (2000) continued his analysis of U.S. corrections and opined that *“although the problem of inmate sexual assault has been known and examined for the past 30 years, the body of evidence has failed to be translated into effective intervention strategies for treating inmate victims and for ensuring improved correctional practices and management”* (Dumond, 2000: p. 407). Drawing from this pool of research, Dumond (2000: p. 408) consolidated the groups of inmates which appeared to be more vulnerable to sexual victimization, including (a) young, inexperienced; (b) physically small or weak; (c) inmates suffering from mental illness and/or developmental disabilities; (d) middle-class, not ‘tough’ or ‘streetwise’; (e) not gang affiliated; (f) known to be homosexual or overtly effeminate (if male); (g) convicted of sexual crimes; (h) violated the ‘code of silence’ or ‘rats’; (i) disliked by staff/other inmates; (j) previously sexually assaulted” which correctional staff could consider in classification and placement decisions. Dumond (2000) noted with alarm that staff sexual misconduct is often ignored in corrections, and he continued to advocate for comprehensive staff training, strong administrative policies and procedures, and sound treatment interventions for victims of sexual assault to meet individual needs and to ensure institutional safety and security.

*Study of Correctional Officers Attitudes of Homosexuality, Rape, and Prostitution in Male Prisons – Eigenberg (2000a):* Helen Eigenberg followed up on her previous research in Texas (Eigenberg, 1988) by administering surveys to 391 correctional officers in a mid-western State Department of Correction. 209 surveys were returned (response

rate of 53%) and examined correctional officer attitudes on homosexuality, rape, and prostitution. Nearly all of the officers (96%) reported “*that it was sometimes difficult to tell whether inmates were being forced to participate in sexual acts or if they were willing partners in consensual sexual activities*” (Eigenberg, 2000a: p. 425). While most officers in the study collectively indicated they would respond to both consensual sexual acts and rape, they were “*consistently less apt to endorse proactive responses to consensual homosexuality than to rape*” (Eigenberg, 2000a: p. 425), which is a major problem because “*it may be impossible for officers to determine whether inmates are engaged in consensual or coercive acts merely by observing a sexual interaction.....it may be an act of rape even if the victim does not have a knife to his throat*” (Eigenberg, 2000a: p. 430). Similar to her earlier Texas study (Eigenberg, 1988), Eigenberg (2000a) found that a large majority of officers were unwilling to talk to inmates about rape and sexuality in prison as a means of preparing them for this possibility. In response, she advocates that it is essential for officers to talk to inmates about rape and prison sexuality, and that “*good training programs could provide officers with a ‘script’ that conveys messages that are consistent with the administration’s approach to prison sexuality*” (Eigenberg, 2000a: p. 430).

In an expanded analysis of this data in another journal, Eigenberg (2000b) amplified on these findings, and described the confusion coercion. When an inmate was physically overpowered or threatened with bodily harm, most correctional officers believed an inmate had been raped; however, they were generally less sure about this when coercion was used, and were less willing to define acts of rape when victims were identified as informants.

The special edition of *The Prison Journal* (December, 2000) concluded with an exploratory study of attitudes toward homosexuality in male and female prisons (Hensley, 2000) and an interesting look at the changing nature of relationships in women’s prisons by Kimberly Greer (2000). Following in depth, semi-structured interviews of 35 women incarcerated in the Midwest in the fall of 1997, Greer (2000) identified that the previously identified culture and ethos of women’s prisons may be changing from the stable, familial type of relationships previously identified (Giallombardo, 1966; Ward & Kassenbaum, 1965). Women respondents reported fears of forming close relationships and general mistrust – “*‘Doing time’ was perceived as being a solitary process, especially if one wanted to avoid as many problems as possible*” (Greer, 2000: p. 462) and economic manipulation was seen as the primary motivation why women engage in sexual relationships. She recommends the use of gender-responsive services and “*designing institutional programs and environments that address the unique gender and cultural needs of women*” confined in correctional institutions (Greer, 2000: p. 465).

**National Study on Male Rape by Human Rights Watch – No Escape (Mariner, 2001):** Joanne Mariner, Esquire of Human Rights Watch conducted the first national study of prisoner sexual violence through research conducted from 1996 through 1999, involving surveys of all 50 state departments of correction and the federal Bureau of Prisons, and information collected from over 200 prisoners in 37 states. Though the prisoners

consulted were self-selected and do not constitute a random sample, their insights about their own sexual victimization, their observations about others' experience, and the descriptions of several prisoners involved in sexually assaulting others were particularly salient. The report also provides an extensive review of the case law relevant to prison rape, and vividly documents the serious physical and psychological consequences of prisoner sexual assault for its victims.

Of the corrections departments surveyed, only 23 of 46 corrections departments responding maintained distinct statistical information on inmate sexual assault, and only six (6) correctional departments (Arizona, Illinois, Massachusetts, New Hampshire, North Carolina and Virginia and the federal Bureau of Prisons) actually conducted training on prisoner sexual violence (as of 2001). For the most part, criminal prosecution of reported incidents of prisoner sexual violence were virtually non-existent in most jurisdictions.

The report outlined a number of deficiencies nationwide: a failure of most correctional agencies in recognizing the reality of prisoner rape and in providing substantive intervention, as well improper classification procedures, negligent double-celling, understaffing and in general, an inadequate response to complaints of sexual assault when prisoners come forward. The report provided a number of detailed, substantive recommendations for Federal and State governments to adopt (improved prisoner orientation, adoption of preventative measures, development and initiation of comprehensive intervention strategies for victims, investigation and prosecution of perpetrators, and improved mechanisms to redress legal issues, to name but a few), and set the stage for the national debate to continue.

**First National Conference – “Not Part of the Penalty: Ending Prisoner Rape” – October 19-20, 2001:** In the fall of 2001, the National Prison Project of the American Civil Liberties Union joined with Human Rights Watch and Stop Prisoner Rape to engage a national discussion on prisoner rape through an innovative conference at American University in Washington, DC. The conference brought together a number of key researchers to examine the problem, and advanced the discussion about the issue, and set the stage for national legislation to be considered.

**Prison Sex: Practice and Policy – Edited by C. Hensley (2002):** In 2002, a contemporary examination on the subject of prison sex was published by Lynne Rienner, under the editorial guidance of Christopher Hensley, and brought together a number of important observations about consensual and nonconsensual sex in prison. Many of the chapters in this text are worthy of note, and have particular applicability in helping correctional administrators manage prison sexual violence.

**Argot Roles and Prison Sexual Hierarchy (Castle, Hensley, & Tewksbury, 2002):** The language of prisoners, known as prison argot, provides insight into the social and cultural milieu of prisons. This chapter emphasized that correctional administrators and staff must learn how to identify the sexual status and associated ascribed roles to minimize the number of sexual assaults in their institutions.

*Nonconsensual Sexual Behavior – Kunselman, Tewksbury, Dumond & Dumond (2002)*: This chapter reviewed the history and dynamics of sexual assault research in both male and female prisons, and provides a detailed examination of the major findings from researchers since 1930, and documents the disparities in reporting and lack of definitional consensus. Characteristics of victims and perpetrators are well known, however, and the physical and psychological consequences to victims can be catastrophic, both of which are presented. Scholars need “to produce valid and reliable research on nonconsensual sex in prisons” (Kunselman et al, 2002: p. 46) and correctional authorities need to promote two (2) major policy initiatives to prevent prisoner sexual assaults: (1) a social service component of prevention, intervention, and victim services; and (2) an administrative component of education, training, and facility rule development and enforcement.

*Prison Staff and Male Rape – Eigenberg (2002)*: Helen Eigenberg (2002) summarizes research on the responses of correctional officers to male rape, and how they are uncomfortable or unwilling to take a proactive response in responding. She posits that there is the need for better administrative responses and increased training for officers, especially in understanding the dynamics of prison sexual assault, and “to recognize the physical, behavioral, and emotional symptoms of rape” (Eigenberg, 2002: p. 64).

*Treatment of Sexual Assault Victims – Dumond & Dumond (2002a)*: This chapter reviews the effective management and treatment of inmate sexual assault victims through a detailed examination of the prison subculture, effects of sexual assault victimization in prison, male sexual victimization, the disclosure of assault, and treatment and interdisciplinary management. The unique structure of incarceration and the prison subculture often exacerbates the impact of victimization and complicates victim recovery. The first priority for medical intervention in sexual victimization incidents is to treat imminent injuries and minimize life-threatening events and, when appropriate, to collect forensic evidence from victims. Dumond & Dumond (2002a) present the major mental health issues to consider following inmate sexual assault, including: suicide, post-traumatic stress disorder or rape trauma syndrome, and other psychiatric disorders. Particularly helpful are the tables which provide key medical and psychological interventions (see Table 5.1, pp. 77-78) and key correctional and classification interventions (see Table 5.2, p. 86).

To be effective, Dumond and Dumond (2002a) advocate that the management of inmate sexual assault must be interdisciplinary in order to ensure the safety and security of inmate victims. By utilizing empirical data, encouraging state-of-the-art interventions, establishing clear and concise protocols, and increasing staff training and communication, they proffer that there is a chance to effectively respond to the crisis of inmate sexual assault.

*Training Staff on Inmate Sexual Assault – Dumond & Dumond, (2002b)*: Sexual assault training for correctional staff is viewed as the cornerstone to building an effective response to this complex problem that threatens the safety and security of all correctional institutions. This chapter examined the range of issues related to correctional staff



training regarding inmate sexual assault. Sexual assault training should address staff sexual misconduct, relationships occurring between staff and inmates, and the liabilities and penalties for failure to respond. Failure to respond definitely threatens the safety and security of correctional institutions and compromises staff. Dumond and Dumond (2002b) argue that correctional staff must become familiar with those inmates at-risk, must understand prison sexuality, and develop a proper attitude to respond effectively, and utilize investigative techniques to collect, maintain, and record evidence for prosecution. Correctional staff must be trained to comprehend the dangers in order to prevent sexual violence from occurring.

*Inmates with HIV/AIDS: A Growing Concern – Gido (2002)*: Rosemary Gido (2002) examines the New York State Commission of Correction's (SCOC) inability to deal with HIV and its reflection on most correctional systems throughout the United States. Gido (2002) argues that after 22 years of AIDS, HIV/AIDS correctional populations in both New York State and the United States continue to be marginalized. In general, most correctional systems have yet to adopt major strategies of humane treatment, education, and prevention. She also describes a report issued by the Correctional Association of New York that reviewed services at 22 New York correctional facilities which indicated uneven clinical management; extensive variations in HIV testing support services, and education; vagueness among staff physicians about critical HIV/AIDS issues; and an absence of prevention measures, such as access to condoms, clean needles and syringes and dental dams.

*New Study of Sexual Violence in Women's Prison - Struckman-Johnson & Struckman-Johnson, 2002*: Reporting on anonymous surveys conducted in the spring of 1998 from three (3) Midwestern prisons, Cindy and David Struckman-Johnson (2002) significantly expanded the knowledge about prisoner sexual violence in women's correctional facilities. Of a total population in the three (3) facilities of 468 female inmates and 130 correctional staff, 263 usable inmate surveys and 43 staff surveys were returned. Three (3) settings were examined of differing size and population: one maximum-minimum (J), one medium-minimum (K) and one maximum-medium (L). The surveys from these three settings revealed variable diversity in victimization, with greater incidence in the larger setting (J) versus the smaller settings (K,L).

The maximum-minimum setting (J) had an older inmate population, with greater racial and sexual diversity and a larger population (295 inmates). In this setting, 27% of the respondents reported pressured/forced sexual incidents at any facility (with 19% at the current facility), whereas in the other facilities, there were few incidents reported: K prison – 5 incidents of sexual touching; L prison – 2 incidents of sexual touching and no incidents rape at either of these facilities (K-L).

In the larger J facility, there were 26 sexual incidents noted, including 7 rapes (26%). For those victimized at this facility, 33% of the targets had been physically restrained and 11% were physically harmed. 14 incidents (52%) involved two (2) or more perpetrators, and 50% of the cases involved an inmate perpetrator, 45% a male staff perpetrator. In general, similar to their previous studies (Struckman-Johnson et al., 1996; Struckman-

Johnson & Struckman-Johnson, 2000), there was a low reporting rate (30%) to prison officials, and targets of sexual assault reported a significant and profound psychological impact, including 52% of victims reporting depression and 15% suicidal ideation.

Struckman-Johnson & Struckman-Johnson (2002) concluded that sexual abuse does occur in women's prisons, but that the rate is differential and is impacted by population size and racial diversity. The highest rates of sexual coercion appeared to occur in larger institutions with greater racial diversity, and more barracks and dormitory style housing. Individual assessments of women's prisons are necessary to determine prevalence and impact. Sexual coercion of female inmates is done by both female inmates and prison staff, not staff alone. Struckman-Johnson and Struckman-Johnson (2002) recommend several strategies to address sexual coercion in female institutions, including increased accountability, use of single cells, better inmate screening/placement, separating victims and punishing offenders, enhanced staff supervision (especially in vulnerable areas) and increased staff training.

*Additional Smaller Studies of Prison Sexual Violence in Male & Female Facilities: Hensley, Tewksbury and Castle (2003), Hensley, Castle and Tewksbury (2003) and Hensley, Kocheski and Tewksbury (2005).* Hensley, Tewksbury and Castle (2003) conducted face-to-face interviews in 1998-1999 with 174 inmates in three Oklahoma prisons (one minimum, one medium and one maximum facility). Of the total sample, 52 inmates in the minimum security prison, and 61 inmates in each of the medium and maximum security prisons were interviewed. 24 (13.8%) inmates reported having "been sexually threatened." Targets of sexual aggression were mostly white (58.3%) or African American (29.2%); one (1) victim was threatened twice, and two (2) victims were threatened three or more times.

Two (2) inmates (1.1%) reported having "*sexually threatened someone*" and one inmate (0.6%) reported having "*raped someone*." Of the two perpetrators, one perpetrator reported having threatened and assaulted a victim 35 times, and raping a victim 12 times. Two (2) inmates reported a completed rape: one rape occurred in the maximum security facility, the other in a medium security facility. Both rape victims (who were small framed, white and bisexual) found "protectors" after the rape incident and became victims of "sexual extortion", providing services for protection [protective pairing or "*hooking up*"].

*Study of Southern Female Correctional Facility:* Hensley, Castle and Tewksbury (2003) conducted anonymous surveys of 245 female inmates in one Southern correctional facility. Approximately one in 20 female inmates (4.5%) reported incidents of sexual coercion, and 2% of the female inmates admitted to perpetrating incidents of sexual coercion against other women prisoners. Compared to three previous studies in female prisons previously discussed (Alarid, 2000; Struckman-Johnson et al., 1996; Struckman-Johnson & Struckman-Johnson, 2002), the rate of sexual coercion seen in this facility was relatively low.

*Examination of Southern Maximum Security Prison:* Hensley, Koscheski and Tewksbury (2005) conducted anonymous surveys in March 2000 at a Southern maximum security male prison; of a total of 800 inmates in the population, 142 inmates agreed to participate. In this particular sample, African American inmates were under-represented in comparison to the prison population, while “other” (American Indian, Asian & Hispanic) were over-represented in sample. 26 inmates (18.3%) reported have been sexual targets and 12 inmates (8.5%) reported having been victims of sexual assault during their incarceration. Sexual targets were mostly white (73.1%) or African American (23.1%), while the perpetrators were reported as 75% African American and 25% white. The majority (92.3%) of targets reported being threatened only once, with two inmates reporting two sexual threats. Roughly 50% of the sexual targets described themselves as heterosexual prior to incarceration. However, individuals identifying themselves as bi-sexual prior to incarceration (though only 15.5% of the sample population), made up 38.% of sexual targets. Targeted inmates were approached in a sexually threatening manner after having been incarcerated an average of only two months. Hensley et al. (2005) concluded that inmates who are not heterosexual should be provided with a variety of resources to avoid and resist the sexual threats to which they will be exposed.

In many respects, these three (3) small studies reaffirm many of the findings of previous studies, and reinforce that correctional authorities need to be aware of particular vulnerabilities, especially for homosexual and bisexual inmates.

***Passage of Public Law 108-79: the Prison Rape Elimination Act – A Milestone:*** Under the leadership of Michael Horowitz, Esquire, Senior Fellow and Director of Hudson Institute’s Project for Civil Justice Reform and Project for International Religious Liberty, concern about prisoner sexual violence was transformed into national legislation. In the summer of 2003, both houses of Congress unanimously passed the *Prison Rape Elimination Act of 2003*, which was signed into federal law as Public Law 108-79 in September 2003 (Dumond, 2003). The Act demanded a “zero tolerance” standard, and focused on prevention as a top priority, and established a number of important priorities for correctional agencies nationwide, including: preventing, deterring and detecting incidents of prisoner sexual violence; identifying and treating victims; identifying, investigating and prosecuting perpetrators, whether inmate or staff; collecting and reporting data about prisoner sexual violence to the Bureau of Justice Statistics [BSJ]; establishing comprehensive training to correctional staff; developing national standards, and ensuring compliance one the standards are promulgated; and creating safety for staff, inmates and society. Most importantly, Public Law 108-79 assembled the resources of a host of federal agencies to study, address and manage this problem.

### **NEW DATA COLLECTION BY THE BUREAU OF JUSTICE STATISTICS**

**[BJS]:** The Bureau of Justice Statistics was charged with the daunting challenge of collecting and assembling a national sample of the prevalence of incidents of prisoner sexual violence in all federal and state corrections departments and a random sample of jail and juvenile facilities nationwide from 2004 through 2010. The process involved several important strategies, including most importantly the development of four (4)

standardized, behaviorally specific definitions of prisoner sexual violence. These include two inmate-on-inmate definitions {“*non-consensual sexual acts*” – essentially acts of penetration, considered rape in most jurisdictions, and “*abusive sexual contacts*” – any other sexually assaultive behavior without penetration} and two staff-on-inmate {“*staff sexual misconduct*” – any sexual contact between a staff and inmate and “*staff sexual harassment*”}. By creating a consistency in identifying what actually constitutes prisoner sexual violence, and mandating that all correctional agencies employ the same definition, BJS can begin to assemble a consistent national portrait of the phenomenon.

Of all crime categories, rape and sexual violence are known to be the most *underreported*, making an accurate assessment of its occurrence difficult. In the community, there are three major methods to report crime: (1) *Administrative Records* of crimes reported to law enforcement agencies (e.g. Uniform Crime Reports), (2) *Victimization Surveys* (e.g. National Crime Victimization Survey) and (3) *Self-Report studies* (Bartol & Bartol, 2004). In a similar fashion, BJS developed three (3) main methods of collecting data about prisoner sexual violence: (1) administrative records collections known as the *Survey of Sexual Violence*, in which all federal and state corrections departments and a 10% random sample of jails and juvenile facilities must document formal reports by inmates, prisoners, detainees, and juveniles using the four (4) definitions of prisoner sexual violence noted above; (2) anonymous self-reports by inmates in adult correctional settings and juveniles in juvenile settings using audio computer assisted self-interview (audio-CASI) formats; and (3) anonymous self-reports of soon-to-be released jail inmates and former state prisoners using both paper and pencil inventories (PAPI) and computer-assisted interview (CAI) surveys.

The results have provided enormous insight into the prevalence of prisoner sexual assault, which has substantially advanced our knowledge. To date, there have been four (4) reports documenting the administrative records collections (formal reports by inmates, prisoners, detainees and juveniles to correctional authorities): Beck and Hughes (2005), documenting administrative records collection in adult and juvenile facilities in 2004; Beck and Harrison (2006) and Beck, Harrison, and Adams (2007), documenting administrative records collection in adult jails and prison in 2005 and 2006 respectively; and Beck, Adams, and Guerino (2008) documenting administrative records collection in juvenile facilities 2005-2006. Results of the anonymous self-reports, using the audio-CASI format as part of the National Inmate Survey - 2007, have been published for federal and state prisoners in 2007 (Beck & Harrison, 2007) and local jail inmates in 2007 (Beck & Harrison, 2008). In January 2010, the results of the first National Survey of Youth In Custody – 2008-2009 were published (Beck, Harrison, & Guerino, 2010)

**Results of Administrative Records Collections 2004 – 2006:** In order to provide comparisons between correctional settings, and to demonstrate the differing prevalence of prisoner sexual violence as reported by the Bureau of Justice Statistics, the following tables may be particularly illustrative. Table I provides a comparison of the national estimates of the allegations of prisoner sexual violence in the administrative records collections from 2004 through 2006 (Beck & Harrison, 2006; Beck & Hughes, 2005; Beck, Harrison, & Adams, 2007).

**Table I. National Estimates of Prisoner Sexual Violence Allegations & Substantiated (Number & Allegations Per 1,000 Jail Inmates) in Federal & State Prisons, Local Public Jails and Local Private Jails 2004 – 2006**

	<b>2004</b> (Beck & Hughes, 2005)				<b>2005</b> (Beck & Harrison, 2006)				<b>2006</b> (Beck, Harrison, & Adams, 2007)			
	<b>Number of Facilities Surveyed: 2,730*</b> <b>Population Covered: 1,754,092</b>				<b>Number of Facilities Surveyed: 1,867</b> <b>Population Covered: 1,718,641</b>				<b>Number of Facilities Surveyed: 2,730</b> <b>Population Covered: 1,754,092</b>			
	<b>Number of National Estimate Allegations</b>	<b>Allegations Rate per 1,000 Inmates</b>	<b>Number of Incidents Substantiated</b>	<b>Substantiated Rate per 1,000 Inmates</b>	<b>Number of National Estimate Allegations</b>	<b>Allegations Rate per 1,000 Inmates</b>	<b>Number of Incidents Substantiated</b>	<b>Substantiated Rate per 1,000 Inmates</b>	<b>Number of National Estimate Allegations</b>	<b>Allegations Rate per 1,000 Inmates</b>	<b>Number of Incidents Substantiated</b>	<b>Substantiated Rate per 1,000 Inmates</b>
<b>All U.S. Adult Corrections</b>	5,386	2.46	2,090* includes juvenile	0.94	6,241	2.83	885	0.40	6,528	2.91	967	0.43
<b>Federal Prison System</b>	284		47	0.31	268	1.71	41	0.26	242	1.50	5	0.03
<b>State Prisons System</b>	3,172		611	0.52	4,341	3.68	458	0.39	4,516	3.75	549	0.46
<b>Local Public Jails</b>	1,700		210	0.63	1,384	1.86	336	0.45	1,521	2.05	385	0.52
<b>Local Private Jails</b>	-	-	-	-	22	1.33	13	0.78	12	0.72	8	0.48

\* In 2004, all U.S. correctional facilities, both juvenile and adult, were included. Calculation of National Estimate of Substantiated Cases included substantiated incidents in State juvenile systems (N=212) and local/private juvenile systems (N=108), which was then calculated into the overall rate per 1,000. In subsequent years (2005 – 2006), the national estimate and substantiated incidents only included U.S. adult correctional facilities.

As can be readily seen, for each of the three (3) years reported, although the number of estimated allegations of prisoner sexual assault in local public jails was less than those in Federal and state prisons, the number of *substantiated* incidents per 1,000 inmates was **greater** in local public jails than in federal and state prison systems.

When examining the specific allegations of prisoner sexual violence (i.e., *non-consensual sexual acts, abusive sexual contacts, staff sexual misconduct and staff sexual harassment*), there are also important comparisons which can be made between federal and state prisons and local public jails. Table II provides data on the actual allegations and number substantiated for federal and state prisons inmates, 2004 – 2006, and Table III provides data on the actual allegations and number substantiated for local jail inmates, 2004 – 2006.

**Table II. Actual Allegations and Number Substantiated of Sexual Violence for Federal & State Prison Inmates 2004 – 2006**

	<b>2004</b> (Beck & Hughes, 2005)		<b>2005</b> (Beck & Harrison, 2006)		<b>2006</b> (Beck, Harrison, & Adams, 2007)	
	<b>Number of Allegations</b>	<b>Number Substantiated*</b>	<b>Number of Allegations</b>	<b>Number Substantiated</b>	<b>Number of Allegations</b>	<b>Number Substantiated</b>
<b>Non Consensual Sexual Acts</b>	<b>1,246</b>	<b>152* (12%)</b>	<b>1,443</b>	<b>163 (11%)</b>	<b>1,390</b>	<b>147 (10.5%)</b>
<b>Abusive Sexual Contacts</b>	<b>287</b>	<b>57* (20%)</b>	<b>423</b>	<b>103 (24%)</b>	<b>707</b>	<b>125 (18%)</b>
<b>Staff Sexual Misconduct</b>	<b>1,506</b>	<b>321* (21%)</b>	<b>1,829</b>	<b>195 (11%)</b>	<b>1,677</b>	<b>235 (14%)</b>
<b>Staff Sexual Harassment</b>	<b>417</b>	<b>81* (19%)</b>	<b>914</b>	<b>39 (4%)</b>	<b>984</b>	<b>47 (5%)</b>

- Includes information ONLY State Prison Systems, as comparable data for inmate-on-inmate sexual violence unavailable for FBOP.

**Table III. Actual Allegations and Number Substantiated of Sexual Violence for Local Jail Inmates 2004 – 2006**

	<b>2004</b> (Beck & Hughes, 2005)		<b>2005</b> (Beck & Harrison, 2006)		<b>2006</b> (Beck, Harrison, & Adams, 2007)	
	<b>Number of Allegations</b>	<b>Number Substantiated</b>	<b>Number of Allegations</b>	<b>Number Substantiated</b>	<b>Number of Allegations</b>	<b>Number Substantiated</b>
<b>Non Consensual Sexual Acts</b>	322	73 (22%)	263	32 (12%)	725	111 (15%)
<b>Abusive Sexual Contacts</b>	65	22 (34%)	57	12 (21%)	116	31 (27%)
<b>Staff Sexual Misconduct</b>	225	81 (36%)	184	53 (29%)	575	22 (4%)
<b>Staff Sexual Harassment</b>	87	34 (39%)	39	3 (8%)	105	15 (14%)



Table II identifies that, generally speaking, of the reported allegations of non-consensual sexual acts (essentially acts of inmate-on-inmate rape) in federal and state prisons 2004 – 2006, a relatively small percentage of these incidents (between 10.5% - 12%) were actually substantiated, whereas in local public jails (see Table III), a much higher percentage of these incidents were substantiated in 2004 (23% local jails vs. 12% federal and state prisons) and in 2006 (15% local jails vs. 10.5% federal and state prisons). In the remaining categories of prisoner sexual violence, with few exceptions (staff sexual misconduct in jails in 2006), the percentage substantiated in local public jails was substantially higher than in federal and state prisons for all three years (see comparisons as noted in Tables II and III). It is not clear if the generally increased rate of substantiation represents better investigations in local public jails versus federal and state prisons; future comparisons and analyses may be revealing in this regard.

For juveniles, the formal reports of allegations of sexual violence, as documented in the administrative records collection (Beck & Hughes, 2006; Beck, Adams, & Guerino, 2008) is substantially higher than in adult jails and prisons. Table IV provides a comparison of the national estimate of reported allegations and the allegations rate per 1,000 juvenile residents 2004 – 2006 (Beck & Hughes, 2005; Beck, Adams, & Guerino, 2008).

**Table IV. National Estimates of Prisoner Sexual Violence Allegations in State Juvenile Systems & Local/Private Juvenile Facilities and Rate per 1,000 Juvenile Residents, 2004 - 2006**

	<b>2004</b> (Beck & Hughes, 2005)		<b>2005</b> (Beck, Adams, & Guerino, 2008)		<b>2006</b> (Beck, Adams, & Guerino, 2008)	
	<b>National Estimate of Allegations</b>	<b>Allegations Rate per 1,000 Juvenile Residents</b>	<b>National Estimate of Allegations</b>	<b>Allegations Rate per 1,000 Juvenile Residents</b>	<b>National Estimate of Allegations</b>	<b>Allegations Rate per 1,000 Juvenile Residents</b>
<b>All Juvenile Facilities</b>	<b>2,821</b>	-	<b>2,047</b>	<b>16.7/1,000</b>	<b>2,025</b>	<b>16.8/1,000</b>
<b>State Operated Juvenile Facilities</b>	<b>931</b>	-	<b>771</b>	<b>19.2/1,000</b>	<b>786</b>	<b>20.04/1,000</b>
<b>Local or Private Juvenile Facility</b>	<b>1,890</b>	-	<b>1,276</b>	<b>15.4/1,000</b>	<b>1,239</b>	<b>15.1/1,000</b>

When compared to the national estimate of allegations and the allegations rates per 1,000 prisoners in all categories of adult correctional facilities – federal and state prisons, and local jails (see Table I), the rates in juvenile facilities are extraordinarily higher. Clearly, the fact that there has been mandatory reporting of any incident of child abuse since the mid-1970s in the United States, as well as a greater willingness on the part of both staff and youth to report incidents of sexual abuse may explain these dramatic differences. The numbers, however, are of great concern, and require further analysis. Table V provides an analysis of the number of substantiated incidents of juvenile sexual violence in all juvenile facilities, and comparisons with state operated and local/private facilities 2004 – 2006 (Beck & Hughes, 2005; Beck, Adams, & Guerino, 2008) and reveals equally compelling data.

**Table V. Number of Allegations of Juvenile Sexual Violence Substantiated and Rate Per 1,000 Juvenile Residents, by Type of Facility 2004 – 2006**

	<b>2004</b> (Beck & Hughes, 2005)			<b>2005-2006</b> (Beck, Adams, & Guerino, 2008)		
	<b>Number of Substantiated Incidents for All Juvenile Facilities &amp; Rate per 1,000 Juveniles</b>	<b>Number of Substantiated Incidents for Juveniles in State Operated Facilities &amp; Rate per 1,000 Juveniles</b>	<b>Number of Substantiated Incidents for Juveniles in Local/Private Facilities &amp; Rate per 1,000 Juveniles</b>	<b>Number of Substantiated Incidents for All Juvenile Facilities &amp; Rate per 1,000 Juveniles</b>	<b>Number of Substantiated Incidents for Juveniles in State Operated Facilities &amp; Rate per 1,000 Juveniles</b>	<b>Number of Substantiated Incidents for Juveniles in Local/Private Juvenile Facilities &amp; Rate per 1,000 Juveniles</b>
<b>Youth-on-Youth Sexual Violence</b> (Non Consensual Sexual Acts & Abusive Sexual Contacts)	<b>218</b> <b>Rate per 1,000 Juveniles Not Calculated</b>	<b>127</b> <b>Rate per 1,000 Juveniles Not Calculated</b>	<b>91</b> <b>Rate per 1,000 Juveniles Not Calculated</b>	<b>437</b> <b>1.8/1,000 Juveniles</b>	<b>189</b> <b>2.41/1,000 Juveniles</b>	<b>248</b> <b>1.51/1,000 Juveniles</b>
<b>Staff-on-Youth Sexual Violence</b> (Staff Sexual Misconduct & Staff Sexual Harassment)	<b>102</b> <b>Rate per 1,000 Juveniles Not Calculated</b>	<b>85</b> <b>Rate per 1,000 Juveniles Not Calculated</b>	<b>17</b> <b>Rate per 1,000 Juveniles Not Calculated</b>	<b>295</b> <b>1.2/1,000 Juveniles</b>	<b>99</b> <b>1.3/1,000 Juveniles</b>	<b>196</b> <b>1.21/1,000 Juveniles</b>
<b>Total Number of All Substantiated Incidents of Juvenile Sexual Violence</b>	<b>320</b> <b>5.06/1,000 Juveniles</b>	<b>212</b> <b>5.15/1,000 Juveniles</b>	<b>108</b> <b>4.97/1,000 Juveniles</b>	<b>732</b> <b>3.0/1,000 Juveniles</b>	<b>288</b> <b>3.7/1,000 Juveniles</b>	<b>444</b> <b>2.7/1,000 Juveniles</b>

In general, Table V demonstrates that in all categories of juvenile sexual violence (youth-on-youth and staff-on-youth) reported 2004-2006, the number of substantiated incidents and the rate per 1,000 juveniles was higher in state operated facilities than in local/private juvenile facilities. This may reflect better investigative resources in state operated juvenile facilities than in the local/private facilities – continuing examination of this in future years’ analyses will be revealing. In comparison to the rate of substantiated incidents in all categories of adult correctional facilities 2004-2006 (see Table I), the rate per 1,000 juveniles is substantially higher in all three years than the corresponding rate in adult correctional facilities, which may be a function of the fact that generally in juvenile facilities, there are multiple investigations which may occur simultaneously (by external law enforcement, internal agency staff and child protective agency staff) when incidents of juvenile sexual abuse are reported.

**Results of Anonymous Self-Reports using Audio-CASI in Federal and State Prisons and Local Jails, 2007:** The results from the National Inmate Survey - 2007, using the audio-CASI format, provide equally interesting comparisons for examination. It was anticipated that, similar to reporting of sexual assaults in the community, formal reports to correctional authorities about incidents of sexual violence would be substantially less than anonymous reports of sexual victimization. This can be dramatically seen in community samples – for example, in 2006, there were 92,455 forcible rapes formally reported to law enforcement (as identified in the Uniform Crime Reports – 2006) as compared to 272,350 sexual assaults reported in the National Crime Victimization Survey that same year (Rand & Catalona, 2007). In a similar fashion, analyses of the anonymous reports of prisoner sexual violence in the National Inmate Surveys, 2007 (Beck & Harrison, 2007; Beck & Harrison, 2008) *reveal substantially higher reporting of incidents of prisoner sexual violence* than those formally reported in the administrative records collection (Beck & Hughes, 2005; Beck & Harrison, 2006; Beck, Harrison, & Adams, 2007).

Table VI provides an examination of the national estimate of state and federal inmates reporting sexual victimization in the National Inmate Survey, 2007, using the audio-CASI format (Beck & Harrison, 2007), and the results provide a stunning comparison. 23,398 prisoners were surveyed in the sample of 146 state and federal prison facilities, and the results provide a sobering view of sexual victimization.

**Table VI. National Estimate of State & Federal Inmates Reporting Sexual Victimization, National Inmate Survey, 2007 (Beck & Harrison, 2007)**

<b>Type</b>	<b>Number of Incidents – National Estimate</b>	<b>Percent of Total Prison Population</b>
<b>TOTAL</b>	<b>60,500</b>	<b>4.5%</b>
<b>INMATE-ON-INMATE</b>	<b>27,500</b>	<b>2.1%</b>
<b>Nonconsensual sexual acts</b>	<b>16,800</b>	<b>1.3%</b>
<b>Abusive sexual contacts only</b>	<b>10,600</b>	<b>0.8%</b>
<b>STAFF SEXUAL MISCONDUCT</b>	<b>38,600</b>	<b>2.9%</b>
<b>Unwilling Activity (a)</b>	<b>22,600</b>	<b>1.7 %</b>
<b>Excluding Touching</b>	<b>16,900</b>	<b>1.3%</b>
<b>Touching Only</b>	<b>5,700</b>	<b>0.4%</b>
<b>Willing Activity (b)</b>	<b>22,700</b>	<b>1.5 %</b>
<b>Excluding Touching</b>	<b>20,600</b>	<b>1.5%</b>
<b>Touching Only</b>	<b>2,100</b>	<b>0.2%</b>

(a) **Unwilling activity** – incidents of unwanted sexual contacts with another inmate or staff

(b) **Willing activity** – incidents of willing sexual contacts with staff. These contacts are characterized by the reporting inmate as willing; however, all sexual contacts between inmates and staff are legally nonconsensual.

Among the 23,389 prisoners participating in the 2007 prison survey, 1,109 inmates reported one or more incidents of sexual victimization. Whereas in the administrative records collection of 2006 (Beck, Harrison, & Adams, 2007) [see [Table I](#)], the national average was 6,528 allegations of all forms of prisoner sexual violence, in the corresponding anonymous self-reports (Beck & Harrison, 2007) [see [Table VII](#)], an estimated **60,500 prisoners (4.5% of all U.S. prisoners in federal and state prisons) experienced one or more incidents of sexual victimization in the last 12 months or since admission to their facility.** Of these, there were 27,500 estimated inmate-on-inmate assaults (2.1% of the total U.S. prison population) and 38,600 estimated incidents of staff sexual misconduct (2.9% of the total U.S. prison population). More dramatically, of the estimated 60,500 prisoners being sexually assaulted in the last 12 months (or since admission), there was estimated to be **165,400 incidents of prisoner sexual violence,** confirming the finding of most earlier studies that most prison sexual assault victims are repeatedly sexually victimized. Perhaps most startling of all is how this compares to the community. Whereas, according to the most recent National Crime Victimization Survey (Rand & Catalano, 2006), the average rate of sexual victimization in the community is 1.1 per 1,000 U.S. citizens, in federal and state prisons, **the average rate of sexual victimization is 123 per 1,000 U.S. prisoners** (Beck & Harrison, 2007), which is a stunning revelation! In addition, there were startling revelations about federal and state prisons: 10 facilities of the 146 surveyed had prevalence rates of 9.3% or greater, and 11 facilities had rates of non-consensual sexual acts of greater than 300 per 1,000 prisoners.

[Table VII](#) provides the result of the anonymous self-reports for jail inmates (Beck & Harrison, 2008):

**Table VII. National Estimate of Local Jail Inmates Reporting Sexual Victimization, National Inmate Survey, 2007**  
(Beck & Harrison, 2008)

<b>Type</b>	<b>Number of Incidents – National Estimate</b>	<b>Percent of Total Jail Population</b>
<b>TOTAL</b>	<b>24,700</b>	<b>3.2%</b>
<b>INMATE-ON-INMATE</b>	<b>12,100</b>	<b>1.6%</b>
<b><u>Nonconsensual sexual acts</u></b>	<b>5,200</b>	<b>0.7%</b>
<b>Abusive sexual contacts only</b>	<b>6,900</b>	<b>0.9%</b>
<b>STAFF SEXUAL MISCONDUCT</b>	<b>15,200</b>	<b>2.0%</b>
<b><u>Unwilling Activity (a)</u></b>	<b>10,400</b>	<b>1.3%</b>
<b>Excluding Touching</b>	<b>8,300</b>	<b>1.1%</b>
<b>Touching Only</b>	<b>2,100</b>	<b>0.3%</b>
<b>Willing Activity (b)</b>	<b>8,400</b>	<b>1.1%</b>
<b>Excluding Touching</b>	<b>7,100</b>	<b>0.9%</b>
<b>Touching Only</b>	<b>1,200</b>	<b>0.2%</b>

(a) **Unwilling activity** – incidents of unwanted sexual contacts with another inmate or staff

(b) **Willing activity** – incidents of willing sexual contacts with staff. These contacts are characterized by the reporting inmate as willing; however, all sexual contacts between inmates and staff are legally nonconsensual.



In this sample, 40,419 jail inmates were surveyed in the sample of 282 local jails nationwide. Of the 40,419 jail inmates surveyed, 1,330 inmates reported one or more incident of sexual violence. As can be seen in [Table VII](#), this results in a national estimate of 24,700 jail inmates (or 3.2% of the U.S. jail population) reporting some type of prisoner sexual violence in the last six months or since admission to the facility, with 12,100 estimated incidents of inmate-on-inmate sexual violence (1.6% of the total U.S. jail population) and 15,200 estimated incidents of staff sexual misconduct (2.0% of the total U.S. jail population). Also, of the 282 jails surveyed, 18 jails had prevalence rates of at least two times the national average of 3.2%, with a range of 6.4% - 13.4%.

Important additional findings were identified in this study (Beck & Harrison, 2008): the largest differences in sexual victimization were found among inmates based on their sexual preference and past sexual history. Inmates with a sexual orientation other than heterosexual reported significantly higher rates of sexual victimization. 18.5% of homosexual inmates and 9.8% of bi-sexual (or 'other') inmates reported sexual victimization in comparison to 2.7% of heterosexual inmates. In addition, inmates who had experienced a prior sexual assault were six times more likely to be sexually victimized (11.8%) than those who had not been victimized (1.9%), and of those inmates reporting sexual victimization at other correctional facilities, one third reported being sexually victimized in their current facility. These findings absolutely confirm the findings of many of the previous studies noted. Taken as a whole, these findings portend grave concerns for the safety and well being of America's prisoners in jails and prisons, and persuasively argues for the need to respond affirmatively.

Interestingly, the findings about vulnerability noted in the jail sample (Beck & Harrison, 2008) had actually been found in a prison sample from an empirical study of sexual assault in six (6) California prison facilities conducted by Jenness, Maxson, Matsuda and Macy Summer (2007). The study had been commissioned by the California Department of Corrections and Rehabilitation following the passage of the *Sexual Abuse in Detention Elimination Act of 2005* – California's state-wide legislation comparable to the federal *Prison Rape Elimination Act of 2003*. The study gathered data from a random sample of adult male inmates residing in six (6) California state prisons and a purposive sample of adult transgender inmates housed in a single California prisons, and provided extremely useful insights into both prevalence and victimization, remarkably consistent with the BJS studies. Slightly more than 4% of the 322 randomly selected inmates reported being sexually assaulted in a California correctional facility (similar to the 4.5% rate found in the U.S. national sample of Beck & Harrison, 2007). However, sexual assault was 13 times more prevalent among transgender inmates, with 59% reporting having been sexually assaulted in a California correctional facility.

Results of Anonymous Self-Reports using Audio-CASI in Juvenile Facilities Through the National Survey of Youth in Custody, 2008-2009. In January 2010, BJS published the findings of the first National Survey of Youth in Custody (NSYC), 2008-2009 (Beck, Harrison, & Guerino, 2010), representing approximately 26,550 adjudicated youth held nationwide in state operated and large locally or privately operated juvenile facilities. The results of this report have raised concerns about sexual victimization in confinement facilities for the youngest and most vulnerable in the United States.

Table VIII provides an examination of the national estimate of sexual victimization among these adjudicated youth. Of 10,263 adjudicated youth participating in the survey, 9,198 adjudicated youth were interviewed using the survey of sexual victimization in 195 juvenile facilities nationwide, including 166 state-owned or operated facilities and 29 locally or privately operated facilities.

**Table VIII. National Estimate of Adjudicated Youth (Juvenile Residents) Reporting Sexual Victimization, National Survey of Youth in Custody, 2008-2009** (Beck, Harrison, & Guerino, 2010)

Table 1 (Beck, Harrison, & Guerino, 2010: 3)

<b>Sexual Victimization Type</b>	<b>Number of Incidents – National Estimate (a)</b>	<b>Percent of Total Population of Adjudicated Youth</b>
<b>U.S. TOTAL</b>	<b>3,220</b>	<b>12.1%</b>
<b>YOUTH-ON-YOUTH (b, c)</b>	<b>700</b>	<b>2.6%</b>
<b>Nonconsensual sexual acts (d)</b>	<b>530</b>	<b>2.0%</b>
<b>Abusive sexual contacts only (e)</b>	<b>140</b>	<b>0.5%</b>
<b>STAFF SEXUAL MISCONDUCT</b>	<b>2,730</b>	<b>10.3%</b>
<b>Force reported (c, f)</b>	<b>1,150</b>	<b>4.3%</b>
<b>Excluding Touching (d)</b>	<b>1,030</b>	<b>3.9%</b>
<b>Other sexual contacts only (e)</b>	<b>90</b>	<b>0.3%</b>
<b>No report of force</b>	<b>1,710</b>	<b>6.4%</b>
<b>Excluding Touching (d)</b>	<b>1,560</b>	<b>5.9%</b>
<b>Other sexual contacts only (e)</b>	<b>150</b>	<b>0.6%</b>

- (a) Estimates based on reports from 9,198 adjudicated youth interviewed in 195 juvenile facilities and weighted to represent the number of adjudicated youth held in the nation.
- (b) Excludes acts for which there was no report of force.
- (c) Detail does not sum to total due to item non-response.
- (d) Includes contact between the penis and the vagina or the penis and the anus, contact between the mouth and the penis, vagina, or anus; penetration of the anal or vaginal opening of another person by a hand, finger, or other object; and rubbing of another person's penis or vagina by hand.
- (e) Includes kissing on the lips or other parts of the body, looking at private body parts, showing something sexual like pictures or a movie, and engaging in some other sexual contact that did not involve touching.
- (f) Includes physical force, threat of force, other force or pressure, and other forms of coercion, such as being given money, favors, protections, or special treatment.

In the juvenile facilities holding adjudicated youth in the United States at the time of this report (Beck et al., 2010), 91% of the youth in these facilities were male and 9% were female.

Among the 9,198 youth participating in the NYSC 2008-2009 survey (Beck et al., 2010), 1,199 youth reported experiencing one or more incidents of sexual victimization. When calculated utilizing the statistical methodology to provide a national average, ***an estimated 3,220, or 12.1% of the 26,551 estimated adjudicated youth held in U.S. state-operated or large non-state juvenile facilities experienced one or more incidents of sexual victimization in the past 12 months or since admission to the facility.*** When compared to the corresponding anonymous self reports for U.S. prisons (Beck & Harrison, 2007) [see Table VIII, which identified 4.5% of all U.S. prisoners in federal and state prisons reporting some type of sexual victimization], and U.S. jails (Beck & Harrison, 2008) [see Table IX, which identified 3.2% of the U.S. jail population reporting some type of sexual victimization], the reported rate for adjudicated youth is staggering in its implications.

Of these, an estimated 700 youth (2.6% of the total U.S. adjudicated youth population) reported an incident involving another youth, and an estimated 2,730 youth (10.3% of the total U.S. adjudicated population) reported an incident involving facility staff. An estimated 0.8% (approximately 214) of the adjudicated youth reported sexual victimization by both another youth and facility staff. Of the estimated 700 youth reporting some type of youth-on-youth sexual victimization, 530 (2.0% of all adjudicated youth) reported some type of non-consensual sexual act (an act involving oral/anal satisfaction and or penetration, which is considered rape in most U.S. jurisdictions), while 140 (0.5% of all adjudicated youth) reported one or more other unwilling sexual contact without penetration, including looking, kissing, or unwanted touching in a sexual manner.

Of the estimated 2,730 adjudicated youth reporting having been sexually victimized by staff, 1,150 youth (4.3% of all adjudicated youth) reported having sex or other sexual contact with facility staff as a result of some type of force, while the remaining 1,710 youth (6.4% of all adjudicated youth) reported some type of sexual contact with facility staff without any force, threat, or other explicit form of coercion. Such findings portend grave concerns about staff who are employed in working with juveniles in confinement facilities. Even more startling, was the revelation that 95% of all youth reporting staff sexual misconduct stated that they had been victimized by female staff, who, in 2008, represented less than half (42%) of all staff in state juvenile facilities.

Beck et al. (2010) also noted that there were thirteen of the 195 juvenile facilities surveyed who were characterized as “high rate” based on the lower bound of 95% confidence level of at least 35% higher than the average rate among facilities by type of consent. Six facilities had victimization rates of 30% or more; 4 had rates between 25% and 30%, and 3 had rates between 20% and 25%, which, when compared with the results reported in National Inmate Survey - 2007 for U.S. prisons (Beck & Harrison, 2007) and jails (Beck & Harrison, 2008) are substantially higher than even the prison and jail facilities with the highest reported rates of sexual victimization.

Additional analyses of sexual victimization reported in this study revealed that rates of sexual victimization varied among youth – 9.1% of females and 2.0% of males reported unwanted sexual activity with other youth, while 10.8% of males and 4.7% of females reported sexual activity with facility staff. Additionally, as noted in a number of other studies (Beck & Harrison, 2008; Jenness et al., 2007), youth with a sexual orientation other than heterosexual reported significantly higher rates of sexual victimization by another youth (12.5%) compared to heterosexual youth (1.3%). Another important finding was that youth who had experienced any prior sexual assault were more than twice as likely to report sexual victimization in the current facility (24.1%) compared with those with no sexual assault history (10.1%).

All of these findings have important and noteworthy implications about risk factors and issues which juvenile authorities and agencies must consider when managing juveniles in their care.

### **RESPONSE BY THE NATIONAL INSTITUTE OF JUSTICE (NIJ) TO UNDERSTAND SEXUAL VICTIMIZATION IN CONFINEMENT SETTINGS SUBSEQUENT TO PREA.**

As part of its statutory obligations to Public Law 108-79, the National Institute of Justice [NIJ] has played a crucial role, along with its federal partners within the United States Department of Justice (National Institute of Corrections; Bureau of Justice Statistics; Bureau of Justice Assistance), in helping advance knowledge and understanding about prisoner sexual victimization in U.S. confinement facilities (National Institute of Justice, 2006). Soon after the passage of Public Law 108-79 (PREA), NIJ promulgated a working paper - a review of the literature (Gaes & Goldberg, 2004), to help guide the research into this phenomenon, and then funded a number of outstanding and well developed studies which have substantially increased our knowledge and understanding on how to best address prisoner sexual violence. NIJ funded ten (10) PREA projects, of which, at the time of the promulgation of this study (February 2010), four (4) Final Reports have been published (Goldberg & Wells, 2009). These include a study of the nature of prison sexual violence in Texas, the nation's third largest prison system (Austin, Fabelo, Gunter, & McGinnis, 2006); an anthropological study of inmate culture in maximum security prisons for men and women throughout the United States (Fleisher & Krienert, 2006); a project to identify effective prevention programs which exist in U.S. prisons (Zweig, Nasser, Blackmore, and Schaffer, 2006); a study investigating the context of gendered violence and safety in women's correctional facilities (Owen, Wells, Pollack, Muscat, & Torres, 2008); and a review of strategies to prevent prison rape by changing the correctional culture (Zweig & Blackmore, 2008). As noted by Kaufman (2008: 25), "NIJ's work under PREA has yielded important research-based evidence to improve knowledge, practice, and policy to address sexual violence in prison." Each of these will be briefly reviewed.

**Nature of Prison Sexual Violence – Study of Texas Prison System:** James Austin and colleagues (Austin et al., 2006) studied the third largest prison system in the United States, the Texas Department of Criminal Justice, relying on official reports of sexual victimization during the period 2002-2005, in an attempt to develop a profile of inmates

most likely to become victims or predators, and to identify environmental factors and facility design features of importance to consider. The findings have been revealing. Regarding inmate profiles, Austin and colleagues (2006) identified that:

- White inmates are attacked more than any other race – 60% of the sustained incidents – those proven to be true (N=43) involved a white victim;
- Victims are generally younger than their assailants by an average of 3 years;
- Mentally ill or intellectually impaired inmates are more likely to be victimized – although only 12% of the allegation involved a mentally ill or intellectually impaired inmate, this was 8 times the proportion of inmates when compared to the general prisoner population (1.6%).

Interestingly, these findings continued to confirm findings from earlier examinations noted in this review. Regarding facility design, cellblocks with solid fronts may contribute to sexual assaults, by limiting visual observation by staff and reducing sound to determine what is occurring in the cell.

As a result of this study, Austin and colleagues (2006) recommended a number of important strategies, including (1) providing more structured opportunities for inmates to report sexual victimization; (2) closely monitoring inmates implicated in prison sexual incidents (both victims and assailants); (3) recommending a better system of categorizing victims and assailants; and (4) developing and utilizing a “checklist” for correctional officials to help identify potential victims and assailants.

**Anthropological – Socio-cultural Study of Prison Sexual Violence in Men’s and Women’s High Security Prisons Across the United States:** Mark Fleisher and Jessie Kreinert interviewed 566 inmates (408 males and 156 females) in 30 prisons across 10 states in an effort to understand the “prisoner’s view” of prisoner sexual violence. The study revealed some interesting attitudes and perceptions among prisoners:

- Inmate culture has a complex system of norms regarding sexual contact. Interpretation of what constitutes sexual assault differs and varies by context and perception – an act of sexual violence may be interpreted differently, depending upon the victim’s pre-assault behavior and inmate’s perception;
- Within the inmate culture, there is NO consensus on the meaning of sexual violence and rape – the response of a victim toward an aggressor following an act of sexual violence plays a key role in the interpretation of that violence.
- Inmates maintain protective relationships to provide safety from physical and sexual abuse, and “self-police” against unwanted sexual predators;
- The social order is damaged by prison rape – the prison community is affected, and prison rapists are unwelcome.

Fleisher and Kreinert (2006) recommend several strategies to correctional officials: (1) increasing and improving observation of inmate behavior, including with the prisoners whom specific prisoners associate, prisoners who are fearful of using the shower; (2)

providing clear orientation to new inmates about the actual potential of sexual assault and other types of violence while incarcerated, and (3) improving the means by which victims can report sexual victimization.

**Innovative Programs and Practices to Manage Sexual Violence in U.S. Prisons:** The Urban Institute, in collaboration with Hart Research Associates, the Association of State Correctional Administrators and John Jay College of Criminal Justice (Zweig et al., 2006) provided a snapshot of U.S. Departments of Corrections initiatives that were particularly promising in responding to sexual violence. The study conducted written and telephone surveys of 45 state departments of corrections and case studies/site visits to eleven (11) states (Connecticut, Idaho, Kansas, Maine, Massachusetts, Minnesota, Ohio, Oregon, Pennsylvania, Texas, and Utah) from November 2004 to September 2005 to identify those practices with particular promise in responding to prisoner sexual violence. The study identified eight (8) major themes: 1) developing policies; 2) prevention efforts; 3) investigation and prosecution; 4) victim services; 5) staff training; 6) documenting incidents of sexual assault; 7) collaborating to address sexual violence, and 8) funding to address sexual violence, and presented concrete, substantive examples and suggestions for states to emulate and replicate.

The innovative programs of a number of states received recognition and highlighting, including the enhancing of policies in the Ohio Department of Corrections and Rehabilitation (ODCR), the Safe Prisons Project of the Texas Department of Criminal Justice (TDCJ), prosecution efforts in the Pennsylvania Department of Corrections, staff training at the Maine Correction Center, the multiple-strategic efforts by the Oregon Department of Corrections and the Massachusetts Department of Correction, to name but a few. This study also identified the barriers that many state department of corrections encountered, and recommended strategies to confront these more effectively.

**Investigating Gendered Violence and Safety in Women’s Correctional Facilities:** Barbara Owen and colleagues (Owen, Wells, Pollack, Muscat, & Torres, 2008) utilized a multi-method approach, including focus groups and surveys to examine the hypothesis that sexual violence is embedded in a broader context of violence and safety in women’s correctional facilities which is gender-based. Violence in women’s prisons and jails is not a dominant characteristic of daily life, but one which stems from features of overlapping individual, relational, institutional, and societal factors.

Prevention and intervention are primary strategies to comply with PREA, and the study recommends a number of strategies, including inmate programs and education, staff training, and other operational practices. The recommendations focus on three domains of prison life: 1) the interaction of individual, relational, community, and societal factors; 2) the prevention of escalating conflict, particularly regarding sexual violence in relationships; and 3) psychological, physical, social, and moral forms of safety.

Owen et al. (2008) argue that safety and violence have different meanings for female and male inmates, and that while many individual-level risk factors can be addressed with

individual-level treatment, aspects of place, policy, and practice contribute to sexual violence. To eliminate sexual violence, the approach of correctional agencies must be “beyond counting, investigations, and sanctions” (Owen et al., 2008: xiv) and include broader components of safety for female offenders, and investing in programs, education, and treatment that address interpersonal violence and its collateral damage. The study provides a number of strategies for correctional authorities to consider and emulate.

### **Review of Strategies to Prevent Prison Rape by Changing the Correctional Culture:**

The Urban Institute and the Association of State Correctional Administrators expanded their original presentation to provide a review of strategies of promising initiatives and practices in 11 states to prevent prison rape by changing the correctional culture (Zweig & Blackmore, 2008). The study noted that many inmates are fearful of reporting sexual violence, and they often felt that they would not be taken seriously. The greatest challenge to changing the institutional culture was resistance to change, which can only be addressed by strong leadership and demanding zero tolerance for sexual violence. Interestingly, our study (English et al., 2010) substantiated many of these same observations.

A number of recommendations were advanced by correctional administrators, including:

- *Developing a department wide strategy*, including specific policies and programs for inmate education, investigation, prosecution, victim services, and documenting sexual assaults;
- *Changing correctional culture and recognizing that leadership matters* - Cultivating management staff and inmate buy-in to the strategy;
- *Staff Training*: Showing staff how to create safer prisons by developing staff in-service training programs that address rape and which ensure that staff are protected from false allegations;
- *Inmate Education*: Helping inmates to protect themselves by developing inmate education programs which explain an inmate’s rights, how to avoid sexual assault, and the agency’s policies and practices regarding sexual assault.

### **Continued Advances and Increased Knowledge About Sexual Violence in**

**Confinement in the Literature:** In the wake of the *Prison Rape Elimination Act of 2003*, in addition to the large scale research projects advanced by the National Institute of Justice, there has continued to be considerable work advanced to address a wide variety of issues related to sexual violence in confinement. The National Institute of Corrections [NIC] established two (2) cooperative agreements to assist in advancing training and knowledge about PREA, one with American University-Washington College of Law, and the other with The Moss Group, Inc. Both agencies have been outstanding resources for correctional practitioners to consult. Law Professor and NPREC Commissioner Brenda Smith directs the **American University-Washington College of Law NIC Project on Addressing Prison Rape**. In addition to her own individual research, examining the issues of incarcerated women (Smith, 2006a, 2006b, 2003), as well as the health concerns of incarcerated women (Smith, Simonian, & Yarussi, 2006), Professor Smith has



assembled an impressive array of resources on their website, at <http://www.wcl.american.edu/nic> which can be easily accessed and reviewed.

Andie Moss, President of **The Moss Group, Inc.** has provided over 200 NIC Technical Assistance training and consultation to state, local, and juvenile correctional agencies nationwide, in addition to producing a number of important print and media resources addressing policy review (National Institute of Corrections and the Moss Group, 2006b), focus group interviews from prison and jail administrators (NIC/Moss Group, 2006a) and from women's prisons and jails (NIC/Moss Group, 2009), investigations (NIC/Moss Group, 2007), and an innovative on-line training module (NIC/Moss Group, 2008). Additionally, they have promulgated professional quality, well-developed training films and accompanying materials on video, CD and DVD which have become a staple of correctional staff training nationwide, addressing PREA and how best to respond to sexual assault incidents (NIC/Moss Group 2005a, 2004), conducting inmate education and orientation for male (NIC/Moss Group, 2005b) and female (NIC/Moss Group, 2005c) inmates, and juveniles (NIC/Moss Group, 2007).

The international human rights organization, **Just Detention International [JDI]** (formerly Stop Prisoner Rape) has continued to be at the forefront of substantive change and advancing the cause of the elimination of sexual violence in confinement. A key player in the many discussions with all of the federal partners (the National Prison Rape Elimination Commission, BJS, BJA, NIC), they have continued to advance concerns about safety in correctional settings, including ground breaking work on violence in U.S. detention facilities (Stop Prisoner Rape, 2006), an innovative guide to help survivors cope (Just Detention International, 2009a), a call to protect the rights of lesbian, gay, bisexual, transgendered, and questioning individuals (Just Detention International, 2009b), as well as timely, well researched *Action Updates*. JDI maintains a plethora of resources on their website (<http://www.justdetention.org>), which all correctional practitioners and those interested in eliminating sexual violence should avail themselves of.

In addition, a number of commentators have advanced important information for consideration and improvement of correctional practice: the challenges of implementing PREA were examined by Dumond (2006); the investigative process for correctional investigators was carefully described by Gerlicher and Shorba (2007); creating more comprehensive correctional healthcare responses was advanced by Dumond and Dumond (2007), and confronting the problem in juvenile settings was examined by Asbridge (2007) and Pihl-Buckley (2008). Each of these examinations provides important and timely information for improving correctional practice.

### **FINDINGS OF THE NATIONAL PRISON RAPE ELIMINATION COMMISSION [NPREC].**

Most importantly, one of the major processes of the Prison Rape Elimination Act of 2003 included the establishment of the National Prison Rape Elimination Commission [NPREC] to conduct an exhaustive and thorough analysis of prisoner sexual violence in the United States, to study the causes and consequences of sexual abuse in confinement,

and to develop standards nationwide to eliminate prison rape. The Commission realized its goals in June 2009, producing a comprehensive national report on prisoner sexual violence – *The National Prison Rape Elimination Commission Report* (NPREC, 2009a), as well as accompanying *Standards for the Prevention, Detection, Response, and Monitoring of Sexual Abuse in Adult Prisons and Jails* (NPREC, 2009b); *Community Corrections* (NPREC, 2009c); *Juvenile Facilities* (NPREC, 2009d); and *Lockups* (NPREC, 2009e), all of which are available for downloading in .pdf format from the National Criminal Justice Reference Service (<http://www.ncjrs.org>). Collectively, these documents represent the collective work of the Commission during the years of its existence (2003-2009), and provide a comprehensive roadmap and template for substantial change in U.S. correctional practice. In many respects, the findings of the Commission mirror the wisdom of the studies identified in this Literature Review, but, they also have culled the reflections of sexual assault victim/survivors, correctional, medical, mental health practitioners, researchers and administrators. No serious examination of the extant knowledge to date could avoid serious examination and study of this comprehensive document.

*Nine Major Findings of the National Prison Rape Elimination Commission:* In its careful deliberations, the Commission articulated nine major findings about sexual assault in U.S. confinement facilities:

- Finding 1: Protecting prisoners from sexual abuse remains a challenge in correctional facilities across the country. Too often, in what should be secure environments, men, women, and children are raped or abused by other incarcerated individuals and corrections staff.
- Finding 2: Sexual abuse is not an inevitable feature of incarceration. Leadership matters because corrections administrators can create a culture within facilities that promotes safety instead of one that tolerates abuse.
- Finding 3: Certain individuals are more at risk of sexual abuse than others. Corrections administrators must routinely do more to identify those who are vulnerable and protect them in ways that do not leave them isolated and without access to rehabilitative programming.
- Finding 4: Few correctional facilities are subject to the kind of rigorous internal monitoring and external oversight that would reveal why abuse occurs and how to prevent it. Dramatic reductions in sexual abuse depend on both.
- Finding 5: Many victims cannot safely and easily report sexual abuse, and those who speak out often do so to no avail. Reporting procedures must be improved to instill confidence and protect individuals from retaliation without relying on isolation. Investigations must be thorough and competent. Perpetrators must be held accountable through administrative sanctions and criminal prosecution.

- Finding 6: Victims are unlikely to receive the treatment and support known to minimize the trauma of abuse. Correctional facilities need to ensure immediate and ongoing access to medical and mental health care and supportive services.
- Finding 7: Juveniles in confinement are much more likely than incarcerated adults to be sexually abused, and they are particularly at risk when confined with adults. To be effective, sexual abuse prevention, investigation, and treatment must be tailored to the developmental capacities and needs of youth.
- Finding 8: Individuals under correctional supervision in the community, who outnumber prisoners by more than two to one, are at risk of sexual abuse. The nature and consequences of the abuse are no less severe, and it jeopardizes the likelihood of their successful reentry.
- Finding 9: A large and growing number of detained immigrants are at risk of sexual abuse. Their heightened vulnerability and unusual circumstances require special interventions.

*National Standards*: As part of the Commission’s responsibility under PREA, it promulgated a number of documents for adult prisons and jails, community corrections, juvenile facilities, and police lockups, which have been advanced to the United States Attorney General, who will issue a final set of national standards some time in 2011. The organization of the standards promulgated considered four major themes:

- (I) **PREVENTION AND RESPONSE PLANNING** – including specific standards related to *Prevention Planning* [i.e., zero tolerance; limits to cross-gender viewing and searches; contracting with other entities; hiring and promotion decisions; assessment and use of monitoring technology] and *Response Planning* [i.e., evidence protocol and forensic medical exams; agreements with outside public entities and community service providers, outside law enforcement agencies and prosecuting authorities];
- (II) **PREVENTION** - including specific standards related to *Training and Education* [i.e., employee training; volunteer and contract training; inmate education; specialized training for investigations and medical and mental health care], *Screening for Risk of Sexual Victimization and Abusiveness* [i.e., screening protocols and the use of screening information];
- (III) **DETECTION AND RESPONSE** – including specific standards related to *Reporting* [i.e., inmate reporting; exhaustion of administrative remedies; inmate access to outside confidential support services; and third party reporting], *Official Response Following an Inmate Report* [i.e., staff and facility head reporting duties; reporting to other confinement facilities; staff

first responder duties; coordinated response; agency protection against retaliation]; *Investigations* [i.e., duty to investigate; criminal and administrative agency investigations; evidence standard for administrative investigations]; *Discipline* [i.e. disciplinary sanctions for staff; disciplinary sanctions for inmates]; and *Medical and Mental Health Care* [i.e., medical and mental health screenings – history of sexual abuse; access to emergency medical and mental health services; ongoing medical and mental health care for sexual abuse victims and abusers];

- (IV) **MONITORING** – including specific standards related to *Data Collection and Review* [i.e., sexual abuse incident review; data collection; data review for corrective action; data storage, publication, and destruction], and *Audits of Standards*.

Interestingly, as one considers the specific attributes of the study sites examined in this report, it will be evident that many of the aforementioned recommended standards and practices are an integral part of the facilities, policies and programs examined.

### **WHAT WORKS IN REDUCING PRISON SEXUAL VIOLENCE?**

When considered as a whole, there are a number of strategies gleaned from the extant literature which are likely to reduce incidents of prisoner sexual violence. They include:

- Increased surveillance and supervision of the correctional environment, by redesigning the correctional facility and improving the ability to observe prisoners, ensuring that all areas can be properly supervised and observed and reducing blind-spots;
- Increasing the size and racial diversity and communication skills of custody staff;
- Improved inmate classification – separating the violence-prone prisoners from the general population;
- Comprehensive staff training to increase understanding of the dynamics of prisoner sexual assault, recognize the signs of victimization, adequately respond to prison sexual assault victims;
- Utilizing unit management to improve supervision of inmates;
- The use of scientific management principles to collect data efficiently and make rational correctional decisions;
- Manifesting the leadership and vision to create safety, security and positive change in the correctional environment.

In large measure, these are the characteristics manifest in all of the sites selected for examination by the Colorado Department of Public Safety in their selection of best/promising practices to eradicate sexual violence in jails and juvenile facilities nationwide.

## **DIFFERENCES IN CORRECTIONAL INSTITUTIONAL SETTINGS**

There are major differences in correctional facilities which significantly impact on the potential for prisoner sexual assault. *The Prison Rape Elimination Act of 2003* identifies four (4) types of correctional facilities: lockups, prisons, jails, and juvenile facilities.

**Lockup:** Lockups are the most common types of correctional facilities, which are temporary holding facility of a Federal, State, or local law enforcement agency to hold inmates pending bail or transport to jail; inebriates until ready for release; or juveniles pending parental custody or shelter placement. [From definition defined in the *Prison Rape Elimination Act*, Section 10, Definitions, 42 USC 15609]. Most individuals are housed in such facilities for less than 48 hours. Local police departments (approximately 30%) typically operate at least one adult lock-up facility, with differing numbers of individuals in custody at any one time. In small jurisdictions [less than 10,000 residents], lock-ups typically house about 3 persons, while in large jurisdictions [over 500,000 residents], lock ups can detain up to 70 individuals (Reaves & Goldberg, 2000).

**Prison:** A prison is “any confinement facility, of a Federal, State, or local government, whether administered by such government or by a private organization on behalf of such government, and includes (A) any local jail or police lockup; and (B) any juvenile facility used for the custody or care of juvenile inmates.” [From definition defined in the *Prison Rape Elimination Act*, Section 10, Definitions, 42 USC 15609]. The Federal Government operates prisons through the Federal Bureau of Prisons (84 facilities), Military operated facilities (59 facilities) and Immigration and Customs Enforcement (14 facilities) (Beck & Harrison, 2006). Fifty State Departments of Correction operate 1,320 adult correctional facilities, and an additional 319 private prisons are operated under contract with various governmental agencies. (Beck & Harrison, 2006). Prison systems can range widely in population.

**Jail/Detention Facilities:** The *Prison Rape Elimination Act* defines a jail as a “confinement facility of a Federal, State, or local law enforcement agency to hold (A) persons pending adjudication of criminal charges; (B) persons committed to confinement after adjudication of criminal charges for sentences of 1 year or less.” In 2005, there were 3,356 jails in the U.S. (Beck & Harrison, 2006b) which housed 766,010 individuals mid-year 2005 (Sabol, Couture, & Harrison, 2007). There are an additional 135 other correctional facilities [Indian country, military, & ICE] (Beck & Harrison, 2006b), which housed 33,376 prisoners at year end 2006 (Sabol, Couture, Harrison, 2007). Jails and detention facilities range in size from extremely small venues in rural areas, to large facilities typically located in or near urban areas. Table II provides a concise examination of the major differences and characteristics of prisons and jails.

**Table II: Major Differences and Demographics of Correctional Settings**

<b>Jails and Detention Centers</b>	<b>Prisons</b>
<p>Jails and detention centers house diverse groups of Individuals for a wide variety of reasons. During the adjudication process (arraignment, criminal court, Grand Jury, hearings, trial, sentencing), an individual residing in such a facility is known as a “detainee”, because he/she has yet to be sentenced. Jails also confine individuals convicted of misdemeanors or minor felonies who have been sentenced for short-term incarceration (usually 1 year of less).</p> <p>Jails also serve as holding facilities for:</p> <ul style="list-style-type: none"> <li>• probation/parole violators,</li> <li>• those violating bail conditions,</li> <li>• those absconding from court/community programs,</li> <li>• juveniles awaiting transfer to juvenile or adult facilities,</li> <li>• inmates awaiting transfer to local, state, or federal facilities,</li> <li>• inmates transferred from other overcrowded prison facilities (local, state, or federal),</li> <li>• individuals detained by the military,</li> <li>• those held in protective custody,</li> <li>• people being punished for contempt,</li> <li>• witnesses detained by the court,</li> <li>• people with mental illness pending transfer to appropriate mental health facilities.</li> </ul> <p><u>Number of Facilities &amp; Census:</u></p> <p>There are 3,356 jails in the U.S. (Beck &amp; Harrison, 2006b) which housed 766,010 individuals mid year 2005 (Sabol, Minton &amp; Harrison, 2007). There are an additional 135 other correctional facilities [Indian country, military, &amp; ICE] (Beck &amp; Harrison, 2006b).</p> <p>Jails and detention facilities range in size from extremely small venues in rural areas, to large facilities typically located in or near urban areas. The sociodynamics of jails vary by size and often reflect the community composition of its location. Typically, prisoners reside in these types of facilities short-term – an individual could remain in such a setting a few hours, several days or a weekend, or up to several years. The jail &amp; detention prisoner population is usually highly mobile and ever changing. Annually, about 12.5 million people cycle through these types of facilities, which may be public or private. Jails are the “front-line” providers of psychiatric services in the US because of growing lack of resources.</p>	<p>Prisons are facilities that house individuals who have been convicted of felonies and more serious crimes, and who are serving longer periods of time (1 year or longer). These offenders have often committed serious or repeated crimes. Prisons also vary in size, but they are unique in that they are separated by function and inmate classification. Types of prisons include:</p> <ul style="list-style-type: none"> <li>• <i>Intake facilities</i> (reception &amp; classification centers or processing centers for inmates receiving orientation, medical examination, and psychological assessment);</li> <li>• <i>Community facilities</i> (half-way houses, work farms, prerelease centers, transitional living facilities)</li> <li>• <i>Minimum security prisons</i> (often with dormitory style housing for inmates classified as lowest risk levels or serving relatively short sentences for non-violent crimes);</li> <li>• <i>Medium security prisons</i> (higher security risks such as those with history of violence, or who are new to prison incarceration);</li> <li>• <i>Maximum security prisons</i> (most restrictive prisons for violent inmates &amp; those w. highest security risk);</li> <li>• <i>Multi-use prisons</i> (inmates of different security classifications generally used by States with smaller prison populations);</li> <li>• <i>Specialty prisons</i> (for inmates with special needs, such as people with mental illness, physical disabilities, or HIV/AIDS)</li> </ul> <p><u>Number of Facilities &amp; Census:</u></p> <p>There are 1,320 State prisons and 319 private prisons (Beck &amp; Harrison, 2006b) who housed 1,365,438 prisoners at mid-year 2006 (Sabol, Minton &amp; Harrison, 2007). There are 84 Federal prisons (Beck &amp; Harrison, 2006b) who housed 191,080 prisoners at mid-year 2006 (Sabol, Minton &amp; Harrison, 2007).</p> <p>Prison facilities also vary in size, but, they tend to be larger, with a broad diversity of population. Prisoners may or may not be from the community where the facility is located, and the sociodynamics may be substantially different. On the whole, individuals reside in such facilities much longer than jail settings, and could be incarcerated for life. Annually, about 606,000 inmates enter prisons, and about 625,000 prisoners leave these facilities. There is an increasing number of aging inmates in prisons, with increasing medical problems &amp; chronic illness and a substantial number of prisoners w. mental health disorders &amp; co-occurring disorders.</p>

There are also great variations in the size and population of jail institutions in the United States. The number of prisoners served by these facilities can vary enormously, from extremely small to venues which exceed smaller state departments of corrections. In the United States, the majority (71%) of the jails are facilities who house 50 inmates or less. In small, rural jails in particular, there are significant challenges in simply segregating those groups who obviously need to be separated [e.g.: male vs. female; young vs. old; felons vs. misdemeanants] (Keller & Parker, 2003).

On the other hand, 9% of the nation's jails house 47% of the total number of jails inmates (Stephan, 2001). In these systems, especially those which house more than 100 inmates, there are crowded conditions which portend major concerns. On a daily basis, the Los Angeles County Sheriff's Department operates a jail system of eight facilities which house over 18,000 inmates. One of their facilities, the Men's Central Jail, with a capacity of 6,800 inmates, is the largest jail in the free world (LACSD, 2007). Riker's Island is home to 10 facilities operated by the New York City Department of Corrections whose average daily population in 2006 was 13,497 (NYCDOC, 2007). However, at least half of the extant jails in the United States hold 50 prisoners or less (Hughes, 2005), and, in smaller jurisdictions, the population can be 10 prisoners, or less. As a result, the available staffing, services and programmatic resources can vary considerably.

*Jails Are Often Inadequate:* Jails have been called the “*stepchild of the criminal justice system*” (McCarthy, 1989: p. 241) in part, because they often have inadequate facilities, fewer financial, staffing and program resources to perform their important function to generally house offenders prior to trial or following trial. Jails have also been called the “*shame of the criminal justice system – many are old, overcrowded, poorly funded, scantily staffed by underpaid and poorly trained employees, and given low priority on local budgets.*” (Frank Schmallegger, in Allen & Simonsen, 1995: p. 259). Unfortunately, because the conditions which exist in many U.S. jails are poor, jail administrators and staff are faced with enormous challenges. In a 1988 survey (National Institute of Justice, 1988), jail administrators were asked about the most important conditions which required immediate attention – their results, presented in rank-order, highest to lowest, provide a sobering look at the problems they face: (1) Space for separation in housing [74%]; (2) Program space [72%]; (3) Surveillance of jail cells [65%]; (4) Booking-intake space [61%]; (5) Room for lawyers and visitors [54%] and (6) Audiovisual surveillance equipment [50%].

*Management/Administration:* Jails and detention facilities are primarily financed, operated and controlled by local governments. There are two (2) primary models of jail administration: (1) *Sheriffs* – Elected officials who are often responsible for both enforcing the law and administering the jail in a particular jurisdiction (often organized by counties within the state, but larger municipalities also operate and manage jail facilities ) and (2) *County Commissioners/Board of Commissioners* - In this model a Police Chief and Jail Director/Administrator is appointed by the County Commissioners or Board to manage and supervise the jail facility. Because in most jurisdictions Sheriffs are also responsible for law enforcement functions (which often take priority), jails often get fewer resources (Guynes, Grieser, & Robinson, 1983). In six (6) states (Alaska,

Connecticut, Delaware, Hawaii, Rhode Island, and Vermont), jails are the responsibility of state-level government and actually represent a unified, state-level correctional system (Schafer, 1994).

*Who Inhabit Jails?* Jails and detention facilities centers house diverse groups of individuals for a wide variety of reasons. America's jails have become the "nation's dumping ground" (Goldfarb, 1975: p. 2), the citadels for forgotten and forlorn – the "rabble," those individuals who, according to criminologist John Irwin, are "mostly detached and disreputable persons who are arrested more because they are offensive than because they have committed crimes" [e.g.: public nuisances, derelicts, drunk and disorderly, vagrants, individuals with mental illness] (Irwin, 1986: p. xiii). In fact, policy makers have noted that the most favored goal of jails is to meet the need of people with mental health and alcohol/drug abuse problems (Applegate et al., 2003). However, even though most jail inmates are pre-trial detainees, jails are a mixture of dangerous, violent individuals merged in with marginalized individuals, who represent the full spectrum of individuals: felons & misdemeanants; guilty & innocent; accused & convicted; adults & juveniles; criminals, those with mental illness, chronic alcoholism or substance abuse, those requiring protective custody. The list of those who could inhabit jails is both impressive and daunting, and can be clustered into four (4) broad categories:

- (1) *Accused*: Individuals pending arraignment, awaiting trial, awaiting conviction, awaiting sentencing
- (2) *Readmitted*: Bond violators, probation violators, parole violators;
- (3) *Transferees*: Individuals awaiting transfer to Federal, state, other local correctional and/or detention facilities, Immigration & Customs Enforcement facilities, Military facilities, juvenile facilities;
- (4) *Detained Individuals*: Juveniles awaiting transfer; chronic alcoholics needed to be temporarily detained; individuals needing protective custody; mentally ill persons awaiting transfer; individual held in contempt; witnesses needing temporary detention, etc.

In these types of facilities, a prisoner could remain in such a setting a few hours, several days or a weekend, or up to several years. The jail & detention prisoner population is usually highly mobile and ever changing. Annually, about 12.5 million people cycle through these types of facilities, which may be public or private (Harrison, 2002; Harrison & Karberg, 2002; Tucker, 2003). Jails are the "front-line" providers of psychiatric services in the US because of growing lack of resources.

In some jurisdictions (like the Commonwealth of Massachusetts), there is another type of confinement facility known as a House of Correction, for managing offenders sentenced for misdemeanors and minor felonies. Because the 14<sup>th</sup> Amendment imposes specific legal requirements for pre-trial detainees, there is a clear distinction in the "jail" function versus confinement of adjudicated prisoners.

Another factor is important to note regarding jails and lockups is the similarities which may exist among staff and prisoners. Since these correctional institutions are often



managed at the local, community level, it is not uncommon, particularly in small jurisdictions, for correctional staff and prisoners to know each other, to have lived in the same neighborhoods, attended the same schools, and have shared similar values and experiences. This is generally not the case, however, with prisons, and correctional staff from rural environments may manage prisoners from inner city, urban environments, with whom they have had little prior social contact, and whose values and experiences may be radically different from the correctional staff person's.

***How Else Do Jails and Prisons Differ?*** Nationally, the population of jails substantially differ substantially from prisons – in actuality, the majority of individuals [60%] incarcerated in jails are unconvicted (Harrison & Karberg, 2003). And the population of jails and prisons move through enormously quickly.

*Revolving Door Syndrome, Especially in Jails:* A comparison may be useful to consider: whereas it takes the prison population in the United States two years to turn over once, the jail population of the United States turns over 20 to 25 times each year (U.S. Department of Justice, 2000) – this has enormous implications for jail management, programs and services and inmate supervision.

*Overcrowding* has huge implications in jail facilities. In many jail facilities, jail capacity and jail occupancy are nearly equivalent, which puts great strain on scarce resources. Due to the great diversity of problems and issues faced by jail admissions, jail staff and institutions are faced with the gargantuan task of managing individuals with a overwhelming variety of personal, social, intellectual, emotional, medical/mental health challenges that would strain resources in the best of venues. In smaller jail venues, in particular, it is virtually impossible to provide the necessary staff training, programs, services and treatment to the variety of individuals who inhabit jails (Weeden, 2003).

In addition, because jails are venues who cannot “turn away” their constituents, many U.S. jails are faced with huge problems of overcrowding, which significantly impact the flexibility of jail staff in classification and housing, particularly in facilities which are at 90% capacity (Busher, 1983; National Advisory Commission on Criminal Justice, 1973; Welsh, 1995). In fact, jails have little control over the two primary determinants of jail population – the number of bookings and the average length of stay (Cunniff, 2001; National Institute of Corrections, 1995).

There are also specific issues faced by jail admissions which make these environments enormously difficult to manage. Jails, by their design and processing, actually precipitate crises for many admissions. Following arrest, individuals, some of whom may be detoxing from alcohol and/or drugs, or emotionally unstable, may be placed in a ‘holding tank’, whereupon the loss of freedom, panic, and vulnerability become ever-present. Irwin (1985: p.51) describes the problems faced by jail inmates as they enter the new incarceration environment:

- (1) *Disintegration* – the loss of property, social ties, and the ability to ‘take care of business’;

- (2) *Disorientation* – the ‘holding tank’ and subsequent placement promote self-disorganization, in which alienation and powerlessness are common;
- (3) *Degradation* – new admissions experience strip search, and may experience verbal harassment and insults from staff and other inmates alike;
- (4) *Preparation* – new admissions finally adapts and accepts the ‘rabble’, adopts the values and attitudes of the jail in order to survive, and then prepare for the future – whether release to the community, court, etc.

For some the experience of incarceration is overwhelming – they may feel that the only way to cope is to commit suicide, which has been deemed the “*crisis behind bars*” (Danto, 1983). In U.S. jails, in particular, suicide is an enormous concern for new admissions, as confirmed by a number of national studies on jail suicide (Haycock, 1991; Holly et al., 1995; Hayes, 1983, 1989, 1995 a & b; Hayes & Rohan, 1988). As a result, jail staff must be particularly vigilant in their identification and management of potentially suicidal inmates. (Hayes, 1995 a, b; Hayes & Rohan, 1988). Sadly, though a September 2005 BJS survey reports a decline nationally in both homicides and suicides in U.S. correctional environments (Mumola, 2005), the suicide rate in local jails (47 per 100,000) inmates was three times the rate in State prisons (14 per 100,000) and was 4.5 times the rate in the community (11 per 100,000).

**Juvenile Correctional Facilities:** Lastly, there are juvenile facilities operated by public governmental agencies and private entities with whom they contract, which can be generally organized by two (2) major types: (1) *Non-Secure* [foster homes, shelters, group homes, camps and ranches and (2) *Secure* [detention and training schools] (Finckenaer, 1984: pp. 151-154). Most juvenile facilities have been retrofitted from other types of institutions; many are overcrowded, and often more focused on security than on treatment. Juvenile facilities differ vastly from one another – some have dorms and/or cells; fixed furniture, often a dreary environment.

*What Is a Juvenile?* Each state defines the age under which a young person can be classified as a juvenile, and then be subject to the Juvenile Court. In most jurisdictions, a child between the age of 7 years and 17-18 years would be considered a juvenile [although an increasing number of states have outlined conditions under which a juvenile who commits a heinous crime could be tried as an adult and subject to adult sanctions/incarceration]. Juvenile facilities are fundamentally different in their mission and organization. Legally, individuals who are juveniles are adjudicated, not convicted, and the goal of the juvenile justice system is to provide an opportunity for the juvenile to receive care, treatment and rehabilitation to manage the unlawful behavior manifested by these young persons.

*Juvenile Corrections Models Differ:* Juvenile corrections are operated under different models nationally. In some jurisdictions, juvenile corrections are a division of the State Department of Corrections [usually organized in a Public Safety Secretariat], while in other jurisdictions, the juvenile systems is managed by a separate and distinct State agency, which is often administratively organized in a Health and Human Services Secretariat. Since the mission of this system is geared toward rehabilitation and

treatment, these types of facilities can also range widely in their format, from the more traditional training schools (which appear like adult correctional institutional settings) to residential treatment programs, group homes, foster care, specialized treatment and community based settings.

*How Many Youth are Housed in Juvenile Correctional Facilities?* In United States, there are approximately 96,655 juveniles [detention & committed] (Snyder & Sickmund, 2006) housed in 3,470 juvenile correctional facilities: 34% in 510 Public - State juvenile facilities, 25% in 685 Public - Local juvenile facilities and 28% in 2,275 Private juvenile facilities (non- profit & profit), which tend to be smaller (Beck & Hughes, 2005).

*Juveniles in Adult Jails and Prisons:* There continues to be a concern about the number of juveniles (typically those individuals under 18 years) who are incarcerated in adult correctional facilities. Austin, Dedel Johnson and Gregoriou (2000) found that there were approximately 14,500 juveniles housed in adult facilities, approximately 9,100 youth in local jails and 5,400 youth housed in adult prisons. In this national assessment, it was also noted that “*actual number of youth who experience incarceration in adult prison is much higher than the number shown by a 1-day count, with an estimated 13,876 juvenile prison admissions in 1997. There are no current estimates of the number of youth admitted to jails each year*” (Austin et al., 2000: p. x). The Campaign for Youth Justice (2007) recently issued a report indicating that every day in America, an average of 75,000 youth are incarcerated in adult jails, extrapolating data from the Bureau of Justice Statistics, leading Mariam Wright Edelman (2008) to reiterate that “*juveniles don’t belong in adult prisons.*” Unfortunately, jails are sometimes way-stations for juveniles who are awaiting transfer, or who have been apprehended for serious crimes. This is particularly troubling, because “*jails lack adequate physical plant facilities, adequate numbers of appropriately trained staff members, as well as adequate health, recreational, and other programs to meet the minimum standards of juvenile confinement*” (Schwartz, 1989: p. 82).

***Classification of Juvenile Facilities by Term of Stay and Environment:*** In addition to the major categories (non-secure/secure), juvenile facilities can be organized by terms of stay and environments as noted below:

<u><b>Term of Stay</b></u>	<u><b>Environments</b></u>
<ul style="list-style-type: none"> <li>• <i>Short-Term Facilities:</i> Youth are awaiting adjudication or disposition</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Institutional:</i> Facilities where there are greater restraints on movement and access to the community (e.g., detention, training schools, ranches, etc.)</li> </ul>
<ul style="list-style-type: none"> <li>• <i>Long-Term Facilities:</i> Hold youth who are adjudicated or committed for custody</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Open:</i> Facilities where there is greater movement and access to the community (e.g., shelters, half-way houses, group homes, etc.)</li> </ul>

*Who Inhabits Juvenile Correctional Institutions?* There are essentially three types of juveniles who are served by juvenile institutions (LeBlanc & Biron, 1980; Logan & Rausch, 1985):

- (1) *Children allegedly committing an offense which if committed by an adult would be a crime;*
- (2) *Status offenders* – juveniles violating regulations which only apply to juveniles (curfews, truancy), etc.;
- (3) *Incorrigible juveniles* – youth who have been declared ‘unmanageable’ – also known as “*persons in need of supervision*” [PINS] or “*minors in need of supervision*” [MINS].

Like jails, juvenile institutions also serve youth who have yet to have received a formal disposition by a court. In fact, youth may be placed in detention if they are a threat to the community, at risk if they are returned to the community, or at risk of failing to appear at an upcoming hearing (Snyder & Sickmund, 1999). A 2004 Congressional Report (U.S. House of Representatives, 2004) identified that two-thirds of the juvenile detention facilities held youth waiting for community mental health treatment, some children as young as 7 years old. A juvenile administrator who testified before this body made this startling revelation:

*“We are overwhelmed by the sheer number of mentally challenged youth[s] that we must deal with. We have become the depository for all acting out, behaviorally challenged, developmentally disable [youths] when other don’t know how to handle them.”* (U.S. House of Representatives, 2004: p. 7)

Juvenile institutions, by design, include special programs and rehabilitation services. These institutions often house, however, youth who are unstable, who are hardened, or are difficult to treat – essentially juveniles for whom other forms of community supervision has failed.

*Juvenile Facilities Are Often Lacking in Programs and Resources:* There are varying assessments of the conditions of confinement of juvenile facilities nationally. Overall, juvenile facilities have been found to be “*generally adequate*” in food, clothing, hygiene, recreation and living accommodations, but found to have “*substantial and widespread deficiencies*” in crowding, security, suicide prevention, and health screenings and appraisal (Parent, 1993: pp. 2-7). In fact, especially in crowded juvenile facilities, residents spend most of their time in lockdown, staff focus primarily on safety and security, and program quality suffers, compromising the effectiveness of intervention and treatment (Roush & McMillan, 2000). Most troubling, the lack of security of most juvenile institutions minimizes their ability to “*separate victims from predators*” (Parent, 1993: p. 5), which has huge implications for sexual violence in juvenile correctional facilities.

*'Adultification' of Juvenile Corrections:* Unfortunately, there has been a shift in many juvenile justice agencies to focus more on security and criminality rather than treatment and rehabilitation – the *'adultification'* of the juvenile justice system is not simply occurring with the transfer of juveniles who commit heinous crimes to adult criminal prosecution, but also a modification of the juvenile correctional environment itself. What juvenile institutionalization accomplishes, may, in fact, defeat its intended mission – youth are separated from their families, familiar environment and social support, and thrust into a system of where negative values are reinforced, and other peer support and encourage hostility. Especially for new youth, the weak are preyed upon by the strong: *"The weaker juvenile who is sentenced to detention may be subject to violent acts, victimized by extortion, and emotionally scarred"* (Smith, 1991: p. 59) by their experience in a juvenile correctional facility. There is significant irony in the recognition of the fact that the fundamental mission of the juvenile justice system is the care, treatment and rehabilitation of youth who have come before the juvenile court. The inherent, stated objective is to provide necessary treatment and rehabilitation and to deter youth from continued, on-going criminal behavior, and subsequent involvement in adult crime. Yet, for a whole host of reasons, many juvenile correctional facilities are overtaxed and dangerous environments for both youth and staff (Sickmund, Synder, & Poe-Yamagata, 1999).

*Lack of Accreditation in Juvenile Correctional Facilities:* One of the ways to demonstrate effectiveness is through accreditation, which focuses on a number of key ingredients: administration and management, physical plant and institutional operations, facility concerns and juvenile services. Unfortunately, only 20% of the public and private juvenile facilities are accredited (McKenzie, 2003) as opposed to 70% of adult correctional facilities (Graham Camp, 2003).

*Juvenile Detention Facilities – A Missed Opportunity:* Detention is the *"temporary care of children in physically restricted facilities pending court disposition or transfer to another jurisdiction or agency"* (National Council on Crime and Delinquency, 1961: p. 3). As a way-station for youth, juvenile detention facilities should meet four (4) basic objectives (National Council on Crime and Delinquency, 1991):

- (1) Secure custody with good physical care in manner offsetting damaging effects of confinement;
- (2) Constructive programs of activities to help youth develop and recognize strengths to help him/her find socially acceptable ways of gaining satisfaction;
- (3) Individual and group guidance to help child use detention experience positively;
- (4) Observations and study to provide screening for undetected mental or emotional illness and a diagnosis to develop an appropriate treatment plan.

Given the reality of the current juvenile justice system, however, there is wide disparity in the care and treatment of youth who are managed in this environment, despite the best of intentions. Sadly, the stark reality of life in a juvenile correctional facility articulated by the U.S. Supreme Court in the *Gault* decision, which helped to shape the legal rights

of juveniles, still, unfortunately exists, in many juvenile correctional facilities in the United States:

*Ultimately, however, we confront the reality....A boy is charged with misconduct. The boy is committed to an institution where he may be restrained of liberty for years....The fact of the matter is that, however euphemistic the title, a "receiving home" or an "industrial school" for juveniles in an institution of confinement in which the child is incarcerated for a greater or lesser time. His world become 'a building with whitewashed walls, regimented routine, and institutional hours...' Instead of mother or father and sisters and brothers and friends and classmates, his world is peopled by guards, custodians, state employees, and delinquents confined with him for anything from waywardness to rape and homicide. (In re. Gault, 387 U.S. 1, 27 (U.S.))*

***A Summary Examination of Violence in Correctional Settings:*** Prior to presenting concrete solutions to the problem of sexual violence and to more effectively managing correctional environments, it is important to summarize what is known about violence in correctional institutions. The extant literature posits three (3) main causes of prison violence – (1) violent inmates; (2) a social climate of violence and (3) connection between violence and overcrowding, and suggests three (3) main approaches to managing prison violence: (1) *Institutional Response*; (2) *Environmental-Change Approach* and (3) *Societal-Cultural Model*.

The *Institutional Response* approach advocates strong central; administration and a well-run prison bureaucracy. Direct action can and will reduce prison violence. It has been argued that many administrators, in fact, hide-behind the correctional culture instead of taking responsibility. DiIulio (1987: p. 33) argues: "*Prison managers can hide behind the 'hidden causes' [sociological explanations] to deflect blame for rapes, assaults, murders, and riots that might otherwise be credited to their own managerial shortcomings.*" In studies of prison riots in the U.S., Useem and Kimball (1989: p. 219) argue that tight formal controls, coupled with adequate program, work, cell space and other necessities which make correctional environments livable for prisoners and staff are essential to sound management of prisons. In fact, they argue the "*breakdown*" hypothesis – riots (such as those at Attica and Santa Fe) were the result of lapses in security which escalated in poorly managed and inadequate prisons. Violence will be less likely to occur in institutions that are maintained by a well-disciplined security system, overseen by direct, administrative control.

The *Environmental-Change Approach* seeks to alter the prison environment so as to reduce the likelihood prison violence will occur. Toch (1977), Bowker (1980) and Johnson (1987) have all offered concrete solutions to help manage the environment more successfully and decrease violence, many of which have been previously articulated. The

*Societal-Cultural Model* recognizes the impact of the culture at large, and its impact upon inmates, and therefore change must be effected in the ethos of violence in the larger community – Lockwood (1980) advocates many of these with his models of Alternatives to Violence Program. In sum, there are a number of sound approaches which research has found to be effective in reducing violence in correctional settings:

- (1) Improved Classification – separate the violence-prone prisoner from the general population;
- (2) For fearful inmates, create opportunities to get staff help;
- (3) Increase the size, racial diversity, and training of custody staff;
- (4) Redesign correctional facilities – all areas should be supervised and able to be surveyed adequately, and ensure that there are no “blind spots” – use smaller institutions;
- (5) Augment the reward system for inmates to reduce the ‘*pains of incarceration*’.

Interestingly, many of these findings were, in fact, central ingredients to the correctional sites selected and case studies performed by the Colorado Division of Criminal Justice.

*Effect of Overcrowding and Prison Violence:* Though the contemporary belief is that there is an association between prison size and violence, the evidence is inconclusive. In a study of English prisons, Farrington and Nuttall (1985) found no conclusive evidence prison size influences inmate behavior – however, overcrowding is associated with inmate violence. Gaes and McGuire (1985) studied 19 federal prisons and found that in every violent institution, the level of overcrowding in the institution was the strongest predictor of prison violence. Consequently, overcrowding does appear to be a salient factor of concern for correctional administrators.

## References

- Accoa, L. & Dedel, K. (1998). *No place to hide: Understanding and meeting the needs of girls in the California juvenile justice system*. San Francisco: CA: National Council on Crime and Delinquency.
- Adams, K. (1993). Adjusting to prison life. In M. Tonry (Ed.), *Crime and justice: A review of research*. Chicago: University of Chicago Press.
- Allen, H. E. & Simonsen, C.E. (1998). *Corrections in America: An introduction*. 8<sup>th</sup> Ed. Upper Saddle River, NJ: Prentice Hall.
- Allen, T.E. (1969). Psychiatric observations on an adolescent inmate social system – A psychological account. *Psychiatry*, 26: 241-256.
- Alexander, J. & Austin, J. (1992). *Handbook for evaluating objective prison classification systems*. Washington, D.C.: U.S. Department of Justice, National Institute of Corrections.
- American Correctional Association. (2008). *Standards and Accreditation*. Alexandria, VA: Author. Available at <http://www.aca.org/standards/benefits.asp>
- Amnesty International. (1999). *Not part of my sentence: Violations of the human rights in custody*. New York: Author.
- Amnesty International. (2000). *Custodial sexual misconduct: Survey of all 50 states, D.C. and the Federal Bureau of Prisons*. New York: Author.
- Amnesty International. (2001). *Broken bodies, shattered minds: Torture and ill-treatment of women*. New York: Author.
- Andrews, D. & Bonta, J. (1995). *The Level of Supervision Inventory-Revised (LSI-R)*. North Tonawanda, NY: Multi-Health Systems.
- Andrews, D., Bonta, J. & Hoge, R. (1990). Classification for effective rehabilitation: Rediscovering psychology. *Criminal Justice and Behavior*, 17: 19-52.
- Applegate, B.K. et al. (2003). The multifunction jail: Policy makers' views of the goals of local incarceration. *Criminal Justice Policy Review*, 14(2): 164.
- Asbridge, C.S. (2007). Sexual assault in juvenile corrections: A preventable tragedy. *Corrections Today*, 69(5), October 2007, 80, 81, 84, 85.



Austin, J. & Steele, P.A. (1989). *Unlocking juvenile corrections: Evaluating the Massachusetts Department of Youth Services*. San Francisco: National Council on Crime and Delinquency.

Austin, J., Dedel Johnson, & Gregoriou, M. (1996). *Juveniles in adult prisons and jails: A national assessment*. Washington, D.C.: Institute on Crime, Justice, and Corrections, George Washington University, and National Council on Crime and Delinquency, p. xi.

Austin, J., Dedel Johnson, & Gregoriou, M. (2000). *Juveniles in adult prisons and jails: A national assessment*. October 2000. NCJ182503. Washington, D.C.: Institute on Crime, Justice, and Corrections, George Washington University, and National Council on Crime and Delinquency.

Austin, J., Fabelo, T., Gunter, A., & McGinnis, K. (2006). *Sexual violence in the Texas prison system*, final report submitted to the National Institute of Justice, September 2006 (NCJ 215774), available at [www.ncjrs.gov/pdffiles1/nij/grants/215774.pdf](http://www.ncjrs.gov/pdffiles1/nij/grants/215774.pdf).

Barol, A.L. (1997). Spheres of consent: An analysis of the sexual abuse and sexual exploitation of women incarcerated in the state of Hawaii. *Women & Criminal Justice*, 8: 61-84.

Bartollas, C., Miller, S. & Dinitz, S. (1974). The "booty bandit": A social role in a juvenile institution. *Journal of Homosexuality*, 1: 203-212.

Bartollas, C., Miller, S., & Dinitz, S. (1974). Becoming a scapegoat: Study of a deviant career. *Sociological Symposium II*: 84-97.

Bartollas, C., Miller, S. & Dinitz, S. (1976). The exploitation matrix in a juvenile institution. *International Journal of Criminology and Penology*, 4: 257-270.

Bartollas, C., Miller, S. & Dinitz, S. (1976). *Juvenile victimization: The institutional paradox*. New York: Wiley.

Bartollas, C. & Sieveides, C.M. (1983a). The sexual victim in a coeducational juvenile correctional institution. *The Prison Journal*, 58(1): 80-90.

Bartollas, C. & Sieveides, C.M. (1983b). Coeducational training schools: Are they a panacea for juvenile corrections? *Juvenile & Family Court Journal*, 34(3): 15-20.

Beck, A.J & Harrison, P.M. (2006). *Bureau of Justice Statistics Bulletin: Prison and jail inmates at mid-year 2005*. NCJ213133. May 2006. Washington, D.C.: United States Department of Justice, Office of Justice Programs.

Beck, A.J. & Maruschak, L.M. (2001). *Bureau of Justice Statistics Special Report: Mental health treatment in State prisons, 2000*. NCJ 188215. Washington, D.C.: US Department of Justice, Office of Justice Programs.

Behn, R.W. (1976). Closing the Massachusetts public training schools. *Policy Sciences*, (2): 151-171.

Bennis, W. (1989a). *On becoming a leader*. Reading, MA: Addison-Wesley.

Bennis, W. (1989b). *Why Leaders Can't Lead: The Unconscious Conspiracy Continues*. San Francisco, CA: Josey-Bass Publishers.

Bennis, W. (1989c). Managing the dream: Leadership in the 21<sup>st</sup> century. *Journal of Organizational Change Management*, 2(1): 1 – 29.

Blackmore, J. & Zweig, J. (2008). Developing state prison policies to respond to sexual violence. *Corrections Today*, August 2008, 70(4): 78-81.

Bowker, L.H. (1980). *Prison victimization*. New York: Elsevier North Holland.

Bowker, L.H. (1982). Victimizers and victims in American correctional institutions. In R. Johnson & H. Toch (Eds.), *The pains of imprisonment*. Beverly Hills, CA: Sage Publications, pp. 63-76.

Braxton-Mintz, R. & Pinson, M. (2000). Personnel: Your most important resource. *Corrections Today*, 62(6): 96.

Brennan, T. & Wells, D. (1992). The importance of inmate classification in small jails. *American Jails*, May/June 1992.

Brownmiller, S. (1975). *Against our will: Men, women and rape*. New York: Bantam Books.

Buffum, P. (1972). *Homosexuality in prisons*. Washington, D.C.: U.S. Department of Justice.

Burgess, A.W. & Holmstrom, L. (1974a). Rape syndrome. *American Journal of Psychiatry*, 131(9): 981-986.

Burgess, A.W. & Holmstrom, L. (1974b). Crisis and counseling request of rape victims. *Nursing Research*, 23: 196-202.

Burgess, A.W. & Holmstrom, L.L. (1975). Sexual assault: Signs and symptoms. *Journal of Emergency Nursing*, 1(2): 1115.

Burgess, A.W. & Holmstrom, L.L. (1979). *Rape: Crisis and recovery*, 2<sup>nd</sup> Edition. Bowie, MD: Brady.

Burton, D. Erdman, E., Hamilton, G. et al. (1999). *Women in prison: Sexual misconduct by correctional staff*. Washington, D.C.: U.S. General Accounting Office, General Governments Division.

Busher, W. (1983). *Jail overcrowding: Identifying causes and planning for solutions*. Washington, D.C.: U.S. Department of Justice.

Campaign for Youth Justice. (2007). *Jailing juveniles: The dangers of incarcerating youth in adult jails in America*. November 2007 Washington, D.C.: Author.

Carroll, L. (1974). *Hacks, blacks, and cons: Race relations in a maximum security prison*. Lexington, MA: D.C. Heath.

Carroll, L. (1977). Humanitarian reform and biracial sexual assault in a maximum security prison. *Urban Life*, 5(4): 417-437.

Carp, S.V. & Davis, J.A. (1991). Planning and designing a facility for a special needs population. *Corrections Today*, 53(2): 102.

Castle, T., Hensley, C. & Tewksbury, R. (2002). Argot roles and prison sexual hierarchy. In C. Hensley (Ed.). *Prison sex: Practice & policy*. Boulder, CO: Lynne Rienner Publishers, Chapter 2, 13-26.

Chandler Halford, S. (1992). Thoughts on jail management. *American Jails*, V(6): 11-13.

Chesney-Lind, M. & Sheldon, R.G. (1998). *Girls, delinquency, and juvenile justice*. National Council on Crime and Delinquency.

Clear, T. (1988). Statistical prediction in corrections. *Research in Corrections*, 1: 1-39.

Clements, C.B. (1982). The relationship of offender classification to the problems of prison overcrowding. *Crime and Delinquency*, 28: 68-89.

Clemmer, D. (1971). The process of prisonization. In L. Radzinowicz and M. Wolfgang (Eds.), *The criminal in confinement*. New York: Basic Books, pp. 89-115.

Clemmer, D. (1940/1958). *The prison community* New York: Holt, Rinehart, and Winston.

Christensen, G.E., Lifrak, S.T., & Callisto, A. (2003). Twenty-first century outcomes: Organizational assessment and officer hiring. *American Jails*, November/December: 25-31.

Coates, R., Miller, H. & Ohlin, L. (1978). *Diversity in a youth correctional system: Handling delinquents in Massachusetts*. Cambridge, MA: Ballinger.

- Coid, J., Wilkins, J., Coid, B. et al. (1992). Self-mutilation in female remanded prisoners. *Criminal Behavior and Mental Health*, 2(1): 1-14.
- Cole, L. (1972). *Our children's keepers: Inside America's kids prisons*. New York: Grossman.
- Coomaraswamy, R. (1999). *Report of the mission of the United States of America on the issue of violence against women in state and federal prisons*. (E/CN.4/1999/68/Add.2). Geneva, Switzerland: United Nations High Commissioner.
- Corrections Compendium. (2000). Officer training programs: Survey summary. *Corrections Compendium*, 25(5): 9.
- Covey, S.R.W. (1989). *The seven habits of highly effective people*. New York: Free Press.
- Crouch, B.M. & Marquat, J.W. (1980). *The keepers*. Springfield, IL: Charles C. Thomas Publishers.
- Cunniff, M.A. (2001). *Jail crowding: Understanding jail population dynamics*. Washington, D.C.: National Institute of Corrections.
- Danto, B. (1981). *Crisis behind bars: The Suicidal Inmate. A book for police and correctional officers*. Warren, MI: Dale Corporation.
- Davis, A.J. (1968). Sexual assaults in the Philadelphia prison system and sheriff's vans. *Trans-Action*, 6(2): 8-16.
- Dennis, G.L. (1998). Here today, gone tomorrow: How management style affects job satisfaction and, in turn, employee turnover. *Corrections Today*, 60(3): 96-101.
- DeWitt, C. (1986). *Florida sets example with the use of concrete modules, new construction methods for correctional facilities*. Washington, D.C.: U.S. Department of Justice.
- Donaldson, S. (1993). A million jockers, punks, and queens: Sex among male prisoners and its implications for concepts of sexual orientation. Lecture delivered at Columbia University Seminar on Homosexualities. Retrieved from: <http://www.igc.apc.org/spr/docs/prison-sex-lecture.html>
- Donaldson, S., Dumond, R.W., Knopp, H.F., Struckman-Johson, C. & Thompson, L. (1995). Can we put an end to inmate rape? *USA Today*, May 1995. [Available On-Line at Stop Prisoner Rape web site as: "Training Americans to rape: The role of our jails, prisons and reformatories," <http://www.spr.org/en/sprnews/pre2002/050195.html>].

- Dumond, R.W. & Dumond, D.A. (2007). Correctional health care since the passage of the Prison Rape Elimination Act of 2003: Where are we now? *Corrections Today*, October 2007, 65(9): 76-79.
- Dumond, R.W. (2006). The Impact of Prisoner Sexual Violence: Challenges of Implementing Public Law 108-79: The Prison Rape Elimination Act of 2003. *Notre Dame Journal of Law and Legislation*, 32:142-164.
- Dumond, R.W. & Dumond, D.A. (2005). Depression: The prisoner's plight. In S. Stojkovic, (Ed.). *Managing Special Populations in Jails and Prisons*. New Jersey: Civic Research Institute, Chapter 8: 8-1 – 8-51.
- Dumond, R.W. (2003). Confronting America's most ignored crime problem: The Prison Rape Elimination Act of 2003. *Journal of the American Academy of Psychiatry and the Law*, 31(3): 354-360.
- Dumond, R.W. (2002). *The Prison Rape Reduction Act of 2002*. Washington, D.C.: United States Senate, Committee on the Judiciary. [On-Line] [http://www.senate.gov/~judiciary/testimony.cfm?id=339&wit\\_id=802](http://www.senate.gov/~judiciary/testimony.cfm?id=339&wit_id=802).
- Dumond, R.W. (2000). Inmate sexual assault: The plague that persists, *The Prison Journal*, 80(4): 407-414. (December 2000). {May be accessed at <http://www.spr.org/en/Dumond2.pdf>}.
- Dumond, R.W. (1994). *Rape awareness – Training curriculum for correctional staff*. Medfield, MA: Massachusetts Department of Correction, Division of Staff Development.
- Dumond, R.W. (1993). Guidelines for Correctional Administrators; Guidelines for Mental Health and Medical Staff; and *Contributing Author to Donaldson, S. (1993). The prisoner rape education project*. Brandon, Vermont: The Safer Society Program & Press. [Second Edition, 1997].
- Dumond, Robert W. (1992). The sexual assault of male inmates in incarcerated settings. *International Journal of the Sociology of Law*, 20(2): 135 - 157.
- Dumond, R.W. & Dumond, D.A. (2007). Correctional health care since the passage of the Prison Rape Elimination Act of 2003: Where are we now? *Corrections Today*, October 2007, pp. 76-79.
- Dumond, R.W. & Dumond, D.A. (2002a). The treatment of sexual assault victims. In C. Hensley (Ed.). *Prison sex: Practice & policy*. Boulder, CO: Lynne Rienner Publishers, Chapter 5, 67-88.
- Dumond, R.W. & Dumond, D.A. (2002b). Training staff on inmate sexual assault. In C. Hensley (Ed.). *Prison sex: Practice & policy*. Boulder, CO: Lynne Rienner Publishers, Chapter 6, 89-100.

Eigenberg, H.M. (1989). Male rape: An empirical examination of correctional officers' attitudes toward male rape in prison. *The Prison Journal*, 68(2): 39-56.

Eigenberg, H.M. (1994). Male rape in prisons: Examining the relationship between correctional officers' attitudes toward male rape and their willingness to respond to acts of rape. In M.C. Braswell, R.H. Montgomery, Jr., & L.X. Lombardo (Eds.) *Prison violence in America*, 2<sup>nd</sup> Edition. Cincinnati: Henderson.

Eigenberg, H.M. (2000a). Correctional officers and their perceptions of homosexuality, rape, and prostitution in male prisons. *The Prison Journal*, 80(4): 415-433.

Eigenberg, H.M. (2000b). Correctional officers' definitions of rape in male prisons. *Journal of Criminal Justice Review*, 28(5): 435-449.

English, K., Heil, P., & Dumond, R.W. (2010). *Sexual assault in jail and juvenile facilities: Promising practices for prevention and response*. Final Report submitted to the National Institute of Justice. Denver, CO: Colorado Division of Criminal Justice.

Etzioni, A. (1961). *A comparative analysis of complex organizations*. New York: Free Press.

Fagan, T.J., Wennerstrom, D., & Miller, J. (1996). Sexual assault of male inmates: Prevention, identification and intervention. *Journal of Correctional Health Care*, 3(1): 49-65.

Farrington, D. & Nutall, C. (1985). Prison size, overcrowding, prison violence, and recidivism. In M. Braswell, S. Dillingham, and R. Montgomery, Jr. (Eds.). *Prison violence in America*. Cincinnati, OH: Anderson Publishing Company.

Faulkner, P. & Faulkner, W. (1997). Effects of organizational change on inmate status and the inmate code of conduct. *Journal of Crime and Justice*, 20(1): 55-72.

Federal Bureau of Prisons. (1997). *PS5324.04 Sexual abuse/assault prevention and intervention programs*. Washington, DC: United States Department of Justice, Federal Bureau of Prisons.

Feld, B.C. (1977). *Neutralizing inmate violence: Juvenile offenders in institutions*. Cambridge, MA: Ballinger Publishing Company.

Finckenaer, J.O. (1984). *Juvenile delinquency: The gap between theory and practice*. Orlando, FL: The Academic Press and Harcourt, Brace & Javanovich.

Fisher, S. (1965). Social organization in a correctional residence, *Pacific Sociological Review*, 4: 87-93.

Fishman, J.F. (1923/1968). *Crucibles of crime: The shocking story of the American jail*. Montclair, N.J.: Patterson Smith.

Fishman, J.F. (1934). *Sex in prison: Revealing sex conditions in America's prisons*. New York: National Library Press.

Fishman, J.F. (1968). *Crucibles of crime: The shocking story of the American jail*. Montclair, NJ: Patterson Smith.

Fleischer, M. (1989). *Warehousing violence*. Newbury Park, CA: Sage Publications.

Forst, M., Fagan, J.V., Vivona, T.S. (1989). Youth in prisons and training schools: Perceptions and consequences of the treatment-custody dichotomy. *Juvenile and Family Court Journal*, 40(1): 1-14.

Fox, V. (1983). *Correctional institutions*. Englewood Cliffs, NJ: Prentice-Hall. (p. 61).

Frazier, C.E. & Bishop, D.M. (1990) Jailing juveniles in Florida: The dynamics of compliance with a sluggish Federal reform initiative. *Crime and Delinquency*, 35(): 427-428.

Fuller, D.A. & Orsagh, T. (1977). Violence and victimization within a state prison system. *Criminal Justice Review*, 2(2): 35-55.

Gaes, G.G. (1985). The effects of overcrowding in prison. In M. Tonry & N. Morris, (Eds.). *Crime and justice: An annual review of the research, Vol. 6*. Chicago: University of Chicago Press.

Gaes, G.G. & Goldberg, A.L. (2004). *Prison rape: A critical review of the literature*, working paper submitted to the National of Justice, March 2004. NCJ 213365. Washington, D.C.: U.S. Department of Justice, National Institute of Justice. Available at: <http://www.nicic.org/Downloads/PDF/2004/019813.pdf>.

Gaes, G. & McGuire, W. (1985). Prison violence: The contribution of crowding and other determinants of prison assault rates. *Journal of Research in Crime and Delinquency*, 22(1): 41-65.

Gendreau, P. & Ross, R. (1987). Revivification of rehabilitation: Evidence from the 1980s. *Justice Quarterly*, 4: 349-409.

Gerlicher, C. & Shorba, J. (2007). PREA and the investigative process. *Corrections Today*, 69(5), October 2007, 70-75.

Giallombordo, R. (1966). *Society of women*. New York: Wiley.

Gido, R.L. (2002). Inmates with HIV/AIDS: A growing concern. In C. Hensley (Ed.). *Prison sex: Practice & policy*. Boulder, CO: Lynne Rienner Publishers, Chapter 7, 101-110.

- Goldberg, A.L. & Wells, D. (2009). NIJ Update: NIJ's response to the Prison Rape Elimination Act. *Corrections Today*, 71(3), June 2009: 91-92, 94.
- Goldman, M. (2003). *Jail design review handbook*. July 2003. NIC Ascension Number 018443. Washington, D.C.: U.S. Department of Justice, National Institute of Corrections.
- Graham Camp, C. (Ed.). *The 2002 Corrections yearbook: Adult corrections*. Middletown, CN: Criminal Justice Institute, p. 90.
- Greenwood, P.W. (1996). Responding to juvenile crime: Lessons learned in the Juvenile Court. *The Juvenile Court*, 6(3): 76-85.
- Greer, K.R. (2000). The changing nature of interpersonal relationships in a women's prison. *The Prison Journal*, 80(4): 442-468.
- Groth, A.N. (1979). *Men who rape: The psychology of the offender*. New York: Plenum Publishing Company.
- Groth, A.N. & Burgess, A.W. (1980). Male rape: Offenders and victims. *American Journal of Psychiatry*, 137(7): 806-819.
- Groth, A.N., Burgess, A.W., & Holmstrom, L.L. (1977). Rape: Power, rage and sexuality. *American Journal of Psychiatry*, 134(11): 1239-1243.
- Guynes, R., Grieser, R.C., & Robinson, H.E. (1983). *The organization and management of county jails*. Alexandria, VA: Institute for Economic and Policy Studies.
- Haines, J. et al. (1995). The psycho-physiology of self-mutilation. *Journal of Abnormal Psychology*, 104: 471-489.
- Halleck, S.L. & Hersko, M. (1962). Homosexual behavior in a correctional institution for adolescent girls. *American Journal of Orthopsychiatry*, 32: 911-917.
- Haney, C., Banks, C. & Zimbardo, P.G. (1973). Interpersonal dynamics in a simulated prison. *International Journal of Criminology & Penology*, 1(1): 69-97.
- Harris, R. & Russell, D. (1995). Podular direct supervision: The first twenty years. *American Jails*, 9(3): 11-12.
- Harrison, P.M. & Karberg, J.C. (2003). *Bureau of Justice Statistic Bulletin: Prison and jail inmates at midyear 2002*. Washington, D.C.: U.S. Department of Justice, April 2003, p. 8.
- Haycock, J. (1991). Capital crimes: Suicide in jail. *Death Studies*, 15(4): 417-433.



Hayes, L.M. (1995). Controversial issues in jail suicide prevention, part 2: Use of inmates to conduct suicide watch. *Crisis*, 16(4): 151-153.

Hayes, L.M. (1989). National study of jail suicides: Seven years later, *Psychiatric Quarterly*, 60(1): 7-29.

Hayes, L.M. (1983). And darkness closes in. *Criminal Justice and Behavior*, 10(4): 461-484.

Hayes, L.M. & Rowan, J.R. (1988). *National study of jail suicides: seven years later*. Alexandria, VA: National Center on Institutions and Alternatives.

Heburn, J. (1985). The exercise of power in coercive organizations: A study of prison guards. *Criminology*, 23(1): 145-164.

Heffernan, E. (1972). *Making it in prison: The square, the cool, and the life*. New York: John Wiley & Sons, Inc.

Hensley, C. (2000). Attitudes toward homosexuality in a male and female prison: An exploratory study. *The Prison Journal*, 80(4): 434-441.

Hensley, C., Castle, T., & Tewksbury, R. (2003). Inmate-to-inmate sexual coercion in a prison for women. *Journal of Offender Rehabilitation*, 32: 67-77.

Hensley, C., Dumond, R. W., Tewksbury, R., & Dumond, D.A. (2002). Possible solutions for preventing inmate sexual assault: Examining wardens' beliefs. *American Journal of Criminal Justice*. 27(1): 19-33

Hensley, C., Koscheski, M., & Tewksbury, R. (2005). Examining the characteristics of male sexual assault targets in a Southern maximum security prison. *Journal of Interpersonal Violence*, March 2004 (To Appear).

Hensley, C., Struckman-Johnson, C., & Eigenberg, H.M. (2000). The history of prison sex research. *The Prison Journal*, 80(4): 360-367.

Hensley, C., Tewksbury, R., & Castle, T. (2003). Characteristics of prison sexual assault targets in male Oklahoma correctional facilities. *Journal of Interpersonal Violence*, 18: 595-606.

Holly, H., Arboldea, J., Love, F., & Love, E. (1995). Lifetime prevalence of prior suicide attempts in remanded population and relationship to current mental illness. *International Journal of Offender Therapy and Comparative Criminology*, 39(3): 191-220.

Hughes, D.G. (2003). The new generation jail: Ten years after. *American Jails*, May/June 2003: 44.

Ibrahim, A. (1974). Deviant sexual behavior in men's prisons. *Crime and Delinquency*, 20(1): 38-44.

Ingram-Fogel, C. (1991). Health problems and needs of incarcerated women. *Journal of Prison and Jail Health*, 10(1): 43-57.

Irwin, J. (1986). *The jail: Managing the underclass in American society*. Berkeley, CA: University of California Press.

Ivancevich, J.M. & Matteson, M.T. (1993). *Organizational behavior and management*. 3<sup>rd</sup> Edition. Homewood, IL: Irwin.

Jenness, V., Maxson, C.L., Matsuda, K.N., & Macy Summer, J. (2007). *Violence in California correctional facilities: An empirical examination of sexual assault*. Irvine, CA: University of California, Center for Evidence Based Corrections.

John Howard Association. (1974). *Illinois Youth Centers at St. Charles and Geneva – Survey Report*. Chicago: Author.

Johnson, R. (1976). *Culture and crisis in confinement*. Lexington, MA: D.C. Heath.

Johnson, R. (1978). Youth in crisis: Dimensions of self-destructive conduct among adolescent prisoners. *Adolescence*, 13: 461-482.

Johnson, R. (1996). *Hard time: Understanding and reforming the prison*. Belmont, CA: Wadsworth Publishing, p. 262.

Jones, D.A. (1976). *The health risks of imprisonment*. Lexington, MA: D.C. Heath.

Jones, R. & Schmid, T. (1989). Inmates' conceptions of prison sexual assault. *The Prison Journal*, 69(1): 53-61.

Jurik, N.C. & Winn, R. (1987). Describing correctional-security dropouts and rejects – An individual and organizational profile. *Criminal Justice and Behavior*, 14: 5-25.

Just Detention International. (2009a). *Hope for healing: Information for survivors of sexual assault in detention*. Los Angeles, CA: Just Detention International.

Just Detention International. (2009b). *Call for change: Protecting the rights of LGBTQ detainees*. Los Angeles, CA: Just Detention International.

Kanunog, R.M. & Misra, S. (1992). Managerial resourcefulness: A reconceptualization of management skills. *Human Relations*, December 1992, pp. 1311-1332.

Katz, J. (Ed.). (1976). *Gay American history*. New York: Thomas Cromwell.

Kaufman, P. (2008). Prison rape: Research explores prevalence, prevention. *NIJ Journal*, 259, March 2008, 24-29.

Kaup, D.E. (1992). Attitude change. *American Jails*, 6(5): 28-42.

Kellar, M. & Parker, S. (2003). Operating a small jail in Texas: An administrative challenge. *American Jails*, September/October 2003, p. 19-23.

Keve, P.W. (1974). *Prison life and human worth*. Minneapolis, MN: University of Minnesota Press. (p. 67).

Kimme, D.A., Bowker, G.M., Deichman, R.G., Bostwick, D.E., & Rowenhorst, J.R. (1998). *Jail design guide: A resource for small and medium sized jails*. Champaign, IL: Kimme & Associates.

Kirkham, G.L. (1971). Homosexuality in prison. In J.M. Henslin (Ed.), *Studies in the sociology of sex*. New York: Appleton Century Crofts.

Klofas, J., Smith, S., & Meister, E. (1986). Harnessing human resources in local jails: Toward a new generation of planners. In D.B. Kalinich and J. Klofas. (Eds.). *Sneaking inmates down the alley: Problems and prospects in jail management*. Springfield, IL: Charles C. Thomas Publisher.

Krisberg, B. (2006, June 1). *Stopping sexual assault in juvenile corrections facilities: A case study of the California Division of Juvenile Justice*. Testimony before the National Prison Rape Elimination Commission, Boston, MA, June 1, 2006.

Krisberg, B. (1992). *Excellence in adolescent care: The Thomas O'Farrell Youth Culture*. Oakland, CA: The National Council on Crime and Delinquency.

Kunselman, J., Tewksbury, R., Dumond, R.W. & Dumond, D.A. (2002). Nonconsensual same-sex sexual behavior. In C. Hensley (Ed.). *Prison sex: Practice & policy*. Boulder, CO: Lynne Rienner Publishers, Chapter 3, 27-48.

Lancaster, L.C. & Stillman, D. (2000). *When generations collide: Who are they, why they clash, how to solve the generational puzzle at work*. New York: Harper Collins, p. 30-31.

LeBlanc, M. & Biron, L. (1980). Status offenses: A legal term without meaning. *Journal of Research in Crime and Delinquency*, 17 (January 1980): 114-125.

Lederman, C.S. (1999). The juvenile court: Putting research to work for prevention. *Juvenile Justice*, 6(2): 24.

Levinson, R.B. (1999). *Unit management in prisons and jails*. Lanham, MD: American Correctional Association, p. 10.

- Levinson, R. (1988). Development in the classification process. *Criminal Justice and Behavior*, 15: 24-38.
- Libolt, A.L. (1991). Technology cannot be a replacement for creative planning and programming. *Corrections Today*, 53(4): 21.
- Lickert, R. (1967) *The human organization*. New York: McGraw-Hill.
- Lickert, R. (1961). *New patterns in management*. New York: McGraw-Hill.
- LIS, Inc. (1987). *New generation jails*. Boulder, CO: National Institute of Corrections, Library Information Specialists, Inc.
- LIS, Inc. (2000). *Sexual misconduct in prisons: Law, agency response, and prevention*. Longmont, CO: National Institute of Corrections.
- Lockwood, D. (1978). *Sexual aggression among male prisoners*. (Doctoral dissertation, SUNY at Albany, 1978). Ann Arbor, MI: University Microfilms International.
- Lockwood, D. (1980). *Prison Sexual Violence*. New York: Elsevia/Thomond Books.
- Lockwood, D. (1982a). Contribution of sexual harassment to stress and coping in confinement. In N. Parisi (Ed.) *Coping with imprisonment*. Beverly Hills, CA: Sage Publications, pp. 141-154.
- Lockwood, D. (1982b). Reducing prison sexual violence. In J. Robert & H. Toch (Eds.), *The pains of imprisonment*. Newbury Park, CA: Sage Publications.
- Lockwood, D. (1985). Issues in prison sexual violence. In M. Braswell, S. Dillingham and R. Montgomery, Jr. (Eds.) *Prison violence in America*. Cincinnati, OH: Anderson Publishing Company.
- Logan, C. (1993). Criminal justice performance measures for prisons. *Performance measures for the criminal justice system*. Washington, D.C.: U.S. Government Printing Office.
- Logan, C. & Rausch, S. (1985). Why deinstitutionalizing status offenders is pointless. *Crime and Delinquency*, 31: 501-517.
- Lommel, J. (2004). Turning around turnover. *Corrections Today*, 66(5): 55.
- Lovell, R. (1988). Research utilization in complex organizations: A case study in corrections. *Justice Quarterly*, 5(2): 257-280.
- Mainlander, J. (1990a, May 6). GCI changes: "Purgatory compared to hell." *Palm Beach Post*. 1A, 10A.

Mainlander, J. (1990b, May 1). GCI inmates to get rape protection. *Palm Beach Post*. 1A, 8A.

Mariner, J. (2001). *No escape: Male rape in U.S. prisons*. New York: Human Rights Watch.

Marquart, M.J. & Engel, D.W. (1993). HRD competencies for a shrinking world. *Training and Development*, May 1993: pp. 62-64.

Massachusetts Department of Correction. (1995). *103 DOC 520: Inmate sexual assault response plan*. Boston, MA: Author.

McCarthy, B.R. (1989). The use of jail confinement in the disposition of felony arrests. *Journal of Criminal Justice*, 17(4): 241.

McCoy, V., Inciardi, J., & Metch, L. (1995). Women, crack and crime. *Contemporary Drug Issues*, 22(3): 435-451.

McKenzie, G.E. (2004). ACA Accreditation for juvenile corrections, *Corrections Today*, 66(1): 53.

Miller, J. (1991). *Last one over the wall: The Massachusetts experiment in closing reform schools*. Columbus, OH: Ohio State University Press.

Miller, R. (1992). Standards and the courts: An evolving relationship. *Corrections Today*, 54(3): 59-61.

Moore, M.H. (1995). *Creating public value: strategic management in government*. Cambridge, MA: Harvard University Press.

Moss, C.S., Hosford, R.E. & Anderson, W. (1979). "Sexual assault in prison". *Psychological Reports*, 44: 823 - 828.

Mumola, C.J. (2007). *Bureau of Justice Statistics Report: Medical cause of death in State prisons, 2001-2004*. NCJ216340. Washington, D.C.: US Department of Justice, Office of Justice Programs.

Nacci, P.L. (1978). Sexual assault in prisons. *American Journal of Corrections*, 40: 30-31.

Nacci, P.L. & Kane, T.R. (1982). *Sex and sexual aggression in Federal prisons*. Washington, D.C.: United States Federal Prison System.

Nacci, P.L. & Kane, T.R. (1983). The incidence of sex and sexual aggression in Federal prisons. *Federal Probation*, 47(4): 31-36.

Nacci, P.L. & Kane, T.R. (1984a). Sex and sexual aggression in Federal prisons: inmate involvement and employee impact. *Federal Probation*, **48**(1): 46-53.

Nacci, P.L. & Kane, T.R. (1984b). Inmate sexual aggression: Some evolving propositions, empirical findings, and mitigating counter-forces. *Journal of Offender Counseling, Services and Rehabilitation*. **9**(1-2): 1-20.

National Advisory Commission on Criminal Justice Standards and Goals. (1973). *Corrections*. Washington, D.C.: U.S. Government Printing Office.

National Council on Crime and Delinquency. (1961). *Standards and guidelines for detention of children and youth*. Parmus, N.J.: Author.

National Council on Crime and Delinquency. (1991). *Juvenile justice policy statement*. San Francisco: Author.

National Institute of Corrections and The Moss Group. (2008). *Your Role: Responding to sexual abuse*. Online training program (PREA Learning Center). Washington, DC: US Department of Justice, National Institute of Corrections, available at: <http://www.nicic.gov/Training/PREA>.

National Institute of Corrections and The Moss Group. (2009). *Sexual violence in women's prisons and jails: Results from focus group interviews*. Volume 3 (March 2009), Staff Perspectives: Sexual Violence in Adult Prisons and Jails. Washington, DC: U.S. Department of Justice, National Institute of Corrections. NIC Accession Number 023084.

National Institute of Corrections and The Moss Group. (2008). *Your Role: Responding to sexual abuse*. Online training program (PREA Learning Center). Washington, DC: U.S. Department of Justice, National Institute of Corrections, available at: <http://www.nicic.gov/Training/PREA>.

National Institute of Corrections and The Moss Group. (2007). *Investigating sexual assaults in correctional facilities*. Volume 2 (July 2007), Staff Perspectives: Sexual Violence in Adult Prisons and Jails. Washington, DC: U.S. Department of Justice, National Institute of Corrections. NIC Accession Number 022101, available at: <http://www.nicicorg/Library/022101>.

National Institute of Corrections and The Moss Group. (2006a). *Trends from focus group interviews*. Volume 1 (June 2006), Staff Perspectives: Sexual Violence in Adult Prisons and Jails. Washington, DC: U.S. Department of Justice, National Institute of Corrections. NIC Accession Number 021619, available at: <http://www.nicicorg/Library/021619>.

National Institute of Corrections and The Moss Group. (2006b). *Prison Rape Elimination Act (PREA): Considerations for policy review*. Washington, DC: U.S. Department of

Justice, National Institute of Corrections. NIC Accession Number 021512, available at: <http://www.nicicorg/Library/021512>.

National Institute of Corrections and The Moss Group. (2007). *Keeping our kids safe: The Prison Rape Elimination Act and juvenile justice*. Washington, DC: U.S. Department of Justice, National Institute of Corrections. CD/DVD and accompanying Tool Kit.

National Institute of Corrections and The Moss Group. (2005a). *Responding to prison rape: Part 2. The 2003 Prison Rape Elimination Act*. Washington, DC: U.S. Department of Justice, National Institute of Corrections. CD/DVD and accompanying Tool Kit.

National Institute of Corrections and The Moss Group. (2005b). *Speaking Up: Discussing prison sexual assault. Male Version*. Washington, DC: U.S. Department of Justice, National Institute of Corrections. CD/DVD and accompanying Tool Kit.

National Institute of Corrections and The Moss Group. (2005c). *Speaking Up: Discussing prison sexual assault. Female Version*. Washington, DC: U.S. Department of Justice, National Institute of Corrections. CD/DVD and accompanying Tool Kit.

National Institute of Corrections and The Moss Group. (2004). *Facing prison rape: Part 1. The 2003 Prison Rape Elimination Act*. Washington, DC: U.S. Department of Justice, National Institute of Corrections. CD/DVD and accompanying Tool Kit.

National Institute of Corrections and The Moss Group. (2005). *Speaking Up: Discussing prison sexual assault*. Washington, DC: U.S. Department of Justice, National Institute of Corrections. CD/DVD.

National Institute of Corrections and The Moss Group. (2005). *Speaking Up: Discussing prison sexual assault*. Washington, DC: U.S. Department of Justice, National Institute of Corrections. CD/DVD.

National Institute of Justice. (2006). NIJ Update: NIJ's response to the Prison Rape Elimination Act. *Corrections Today*, 64(1): 60-61.

National Institute of Justice. (1988). *Jail managers assess their problems*. Washington, D.C.: U.S. Department of Justice.

National Prison Rape Elimination Commission. (2009a). *National Prison Rape Elimination Commission Report*. NCJ226680. June 2009. Washington, D.C.: National Prison Rape Elimination Commission.

National Prison Rape Elimination Commission. (2009b). *Standards for the prevention, detection, response, and monitoring of sexual abuse in adult prisons and jails*. NCJ22682. June 2009. Washington, D.C.: National Prison Rape Elimination Commission.

National Prison Rape Elimination Commission. (2009c). *Standards for the prevention, detection, response, and monitoring of sexual abuse in community corrections*. NCJ22683. June 2009. Washington, D.C.: National Prison Rape Elimination Commission.

National Prison Rape Elimination Commission. (2009d). *Standards for the prevention, detection, response, and monitoring of sexual abuse in juvenile facilities*. NCJ22684. June 2009. Washington, D.C.: National Prison Rape Elimination Commission.

National Prison Rape Elimination Commission. (2009e). *Standards for the prevention, detection, response, and monitoring of sexual abuse in lockups*. NCJ22685. June 2009. Washington, D.C.: National Prison Rape Elimination Commission.

Osborn, R., Huint, J.G., & Jauch, L. (1984). *Organizational theory: Integrated text and cases*. Melbourne, FL: Krieger).

Owen, B.A. (1998). *In the mix: Struggle and survival in a women's prison*. Albany, NY: State University of New York Press.

Owen, B.A., Wells, J., Pollack, J., Muscat, B., & Torres, S. (2008). *Gendered violence and safety: A contextual approach to improving security in women's facilities*. NCJ225368. Fresno, CA: California State University.

Parent, D.G. (1993). Conditions of confinement. *Juvenile Justice*, 1(1): 2-7.

Parrish, D.M. (2000). The evolution of direct supervision in the design and operations of jails. *Corrections Today*, 65(6), October 2000, p. 127.

Perroncello, P. (1989). The role of the jail supervisor: Proactive or reactive? *American Jails*, 3(3): 74-76.

Pihl-Buckley, H. (2007). Tailoring the Prison Rape Elimination Act to a juvenile setting. *Corrections Today*, 70(1), February 2008, 44-46.

Pisciotta, A.W. (1994). *Benevolent repression: Social control and the American reformatory-prison movement*. New York: New York University Press.

Pogrebin, M.R. & Poole, E.D. (1997). The sexualized work environment: A look at women jail officers. *The Prison Journal*, 77 (March 1997): 41-57.

Polsky, H. (1962). *Cottage Six*. New York: Wiley.

Poole, E.D. & Pogrebin, M.R. (1988). Deputy sheriffs as jail guards: A study of correctional policy orientations and career phases. *Criminal Justice and Behavior*, 15(2): 190-209.



- Quay, H. (1984). *Managing adult inmates: Classification for housing and program assignments*. College Park, MD: American Correctional Association.
- Quay, H. (1983). *Technical manual for the behavioral classification system for adult offenders*. Washington, D.C.: U.S. Department of Justice.
- Rand, M. & Catalano, S. (2007). *Bureau of Justice Statistics Bulletin: Criminal Victimization, 2006*. NCJ219413. December 2007. Washington, D.C.: US Department of Justice, Office of Justice Programs.
- Reaves, B.A. & Goldberg, A.L. (2000). *Bureau of Justice Statistics Report: Local Police Departments 1997*. NCJ 173429. February 2000. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs.
- Roberts, J.W. (1995). Yesterday and tomorrow – Prison technology in 1900 and 2000. *Corrections Today*, 57(4): 114-120.
- Roush, D.W. (2008). Staff sexual misconduct in juvenile justice facilities: Implications for work force training. *Corrections Today*, 70(1): 32-34, 52.
- Sabol, W.J., Couture, H. & Harrison, P.M. *Bureau of Justice Statistics Bulletin: Prisoner in 2006*. December 2007. NCJ 219416. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs.
- Sabol, W.J., Minton, T.D. & Harrison, P.M. *Bureau of Justice Statistics Bulletin: Prison and jail inmates at midyear 2006*. June 2007. NCJ 217675. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs. Available at: <http://www.ojp.usdoj.gov/bjs/pub/pdf/pjim06.pdf>
- Sagarin, E. (1976). Prison homosexuality and its effect on post-prison behavior. *Psychiatry*, 39(3): 245-257.
- Sagarin, E. & McNamara, D. (1975). The homosexual as crime victim. *International Journal of Criminology and Penology*, 3(1): 13-25.
- Saum, C., Surratt, H., Inciardi, J., & Bennett, R. (1995). Sex in prison: Exploring the myths and realities. *The Prison Journal*, 75(4): 413-430.
- Schaffer, J.S. (2003). Vulnerability analysis in the correctional environment. *Corrections Today*, 65(7): 120.
- Siegal, N. (1999, April). Stopping abuse in prison – widespread sexual abuse of women prisoners. *The Progressive*. Available at: [http://findarticles.com/p/articles/mi\\_m1295/is\\_4\\_63/ai\\_54246113/pg\\_2?tag=artBody;col](http://findarticles.com/p/articles/mi_m1295/is_4_63/ai_54246113/pg_2?tag=artBody;col)

- Scacco, A.M. (1975). *Rape in prison*. Springfield, IL: Charles C. Thomas.
- Scacco, A.M. (Ed.). (1982). *Male rape: A casebook of sexual aggression*. New York: AMS Press.
- Schafer, N.E. (1994). State-operated jails: How and why. *American Jails*, September/October: 35-44.
- Schermerhorn, Jr., J.R., Hunt, J.G., & Osborn, R.N. (1988). *Managing organizational behavior*. 3<sup>rd</sup> Edition. New York: John Wiley & Sons.
- Schmid, T.J. & Jones, R. S. (1989). Inmates' conceptions of prison sexual assault. *The Prison Journal*, 69(1): 62-71.
- Schwartz, I.M. (1989). *Justice for juveniles*. Lexington, MA: Lexington Books, (p. 82).
- Sennott, C.M. (1994, May 17). Poll finds wide concern about prison rape. *Boston Globe*, 22.
- Sickmnd, M., Snyder, H.N., & Poe-Yamagata, E. (1999).
- Sickmund, M., Snyder, H.N., & Poe-Yamagata, E. (1997). *Juvenile offenders an victims: 1997 update on violence*. Pittsburgh, PA: National Center for Juvenile Justice.
- Sims, B. (2001). Surveying the correctional environment: A review of the literature. *Corrections Management Quarterly*, 5(2): 4.
- Sipple, W. (1992). Direct supervision. *American Jails*, 5(3): 68-70.
- Smith, B. V. (2003). Watching you, watching me. *Yale Journal of Law and Feminism*, 15(2), 225–291 [Online]. Available at [http://www.wcl.american.edu/nic/Articles\\_Publications/Watching\\_You\\_Watching\\_Me.pdf?rd=1](http://www.wcl.american.edu/nic/Articles_Publications/Watching_You_Watching_Me.pdf?rd=1).
- Smith, B. V. (2006a, Spring). Analyzing prison sex: Reconciling self expression with safety. *American University, Washington College of Law Human Rights Brief*, 13(3), 17–22.
- Smith, B. V. (2006b). Sexual abuse of women in United States prisons: A modern corollary of slavery. *Fordham Urban Law Journal*, 33, 571–607.
- Smith, B. V., Simonian, N. M., & Yarussi, J.M. (2006, June/July). The health concerns of incarcerated women—Part 2: Communicable diseases and treatment issues. *Women Girls and Criminal Justice* 7(4), 49–56, 64.

Smith, J.S. (1991). Detention is an invaluable part of the system, but its' not the solution to all youths' problems. *Corrections Today*, 53(1): 59.

Smith, N. & Batiuk, N.E. (1989). Sexual victimization and inmate social interaction. *The Prison Journal*, 69(2): 29-38.

Smykla, J.O. (1979). *Co-corrections: A case study of a co-ed Federal prison*. Washington, D.C.: University Press of America.

Snyder, H.N. & Sickmund, M. (1995). *Juvenile offenders and victims: A national report*. Pittsburgh, PA: National Center for Juvenile Justice, (p. 141).

Snyder, H.N. & Sickmund, M. (1999). *Juvenile offenders and victims: 1999 report*. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention.

Snyder, H.N. & Sickmund, M. (2006). *Juvenile offenders and victims: 2006 national report*. Pittsburgh, PA: National Center for Juvenile Justice.

Stojkovic, S. (1990). Accounts of prison work: Corrections officers' portrayals of their work worlds. *Perspectives on Social Problems*, 2: 211-230.

Stojkovic, S., Kalinich, D., & Klofas, J. (2003). *Criminal justice organizations: Administration and Management*. Belmont, CA: Wadsworth, p. 7.

Stojkovic, S. & Lovell, R. (1992). *Corrections: An Introduction*. Cincinnati, OH: Anderson Publishing Company.

Stoltz, B.A. (1984). Decarceration in Massachusetts: A study of disjointed incrementalism. *Criminal Justice Review*, 9(2): 53-62.

Stop Prisoner Rape. (2006). *In the shadows: Sexual violence in U.S. detention facilities*. Los Angeles, CA: Stop Prisoner Rape.

Struckman-Johnson, C.J. & Struckman-Johnson, D.L. (2002). Sexual coercion reported by women in three Midwestern prisons. *The Journal of Sex Research*, 39: 217-227. [Available on-line at <http://www.spr.org/pdf/Struckman021.pdf>]

Struckman-Johnson, C.J., Struckman-Johnson, D.L. (2000). Sexual coercion rates in seven Midwestern prison facilities for men. *The Prison Journal*, 80(4): 379-390. [Available on-line at <http://www.spr.org/pdf/struckman.pdf>]

Struckman-Johnson, C.J., Struckman-Johnson, D.L., Rucker, L., Bumby, K., & Donaldson, S. (1996) Sexual coercion reported by men and women in prison. *The Journal of Sex Research*, 33(1): 67-76. [Available on-line at <http://www.spr.org/pdf/Struckman96.pdf>]

- Sylvester, S.F., Reed, J.H. & Nelson, D.O. (1977). *Prison homicides*. New York: Spectrum Publications.
- Sykes, G.M. (1958). *The society of captives: A study of a maximum security prison*. Princeton, NJ: Princeton University Press.
- Tartaro, C. (2006). Watered down. *The Prison Journal*, 86(3): 284-300.
- Tartaro, C. (2002). Examining implementation issues with new generation jails. *Criminal Justice Policy Review*, 13(3), September 2002, pp. 231, 234.
- Teplin, L.A., Abram, K.M., McClelland, G.M., Mericle, A.A., Dulcan, M.K., & Washburn, J.J. (2006). *OJJDP Bulletin: Psychiatric disorders of youth in detention*. April 2006, NCJ 210331. Rockville, MD: United States Department of Justice, Office of Juvenile Justice and Delinquency Prevention.
- Tewksbury, R. (1989a). Fear of sexual assault in prison inmates. *The Prison Journal*, 69(1): 62-71.
- Tewksbury, R. (1989b). Measures of sexual behavior in an Ohio prison. *Sociology and Social Research*, 74(1): 34-39.
- Tewksbury, R. & West, A. (2000). Research on sex in prison during the late 1980s and early 1990s. *The Prison Journal*, 80(4): 368-378.
- Thacker, S. A. (2000). A new principle, a new generation. *American Jails*, March/April 2000, pp. 43-52.
- U.S. Department of Justice. (2009). *Bureau of Justice Statistics Status Report: Prison Rape Elimination Act of 2003 – PREA Data collection activities, 2009*. NCJ227377. June 2009. Washington, D.C.: United States Department of Justice, Office of Justice Programs.
- U.S. Department of Justice. (2000). *A second look at alleviating jail crowding*. Washington, D.C.: U.S. Department of Justice, Bureau of Justice Assistance, October 2003, p. 26.
- U.S. House of Representatives. (2004). *Incarceration of youth who are waiting for community mental health services in the United States*. Washington, D.C.: U.S. House of Representatives, Committee on Government Reform, July 2004.
- Useem, B., & Kimball, B. (1989). *States of siege: U.S. prison riots, 1971-1986*. New York: Oxford University Press.
- Van Voorhis, P. (1994). *Psychological classification of the adult male prison inmate*. Albany, NY: SUNY Press.

- Van Voorhis, P. (2000). An overview of Offender Classification Systems. In P. Van Voorhis, M. Braswell, and D. Lester (Eds.). *Correctional counseling & rehabilitation*. 4<sup>th</sup> Edition. Cincinnati, OH: Anderson Publishing Company, Chapter 5: pp. 81-110.
- Waid, C. A. & Clements, C.B. (2001). Correctional facility design: Past, present, and future. *Corrections Compendium*, 25(11): 1-5; 25-29.
- Waldron, R. & Turner, A. (1995). Reinventing corrections through project management. *Journal of Contemporary Criminal Justice*, 11(3): 177-186.
- Ward, J.L. (1958). Homosexual behavior of the institutionalized delinquent, *Psychiatric Quarterly Supplement*, 3: 301-314.
- Ward, D. & Kassebaum, G. (1964). Homosexuality: A mode of adaption in a prison for women. *Social Problems*, 12(2): 59-117.
- Ward, D. & Kassebaum, G. (1965). *Women's prison, sex and social structure*. Chicago: Aldine.
- Weeden, J.R. (2003). The role of jails is growing in the community. *Corrections Today*, April 2003, p. 18.
- Weiss, C. & Friar, D. (1974). *Terror in prisons: Homosexual rape and why society condones it*. New York: Bobbs Merrill.
- Witke, L. (2000). *Planning and design guide for secure adult and juvenile facilities*. Lanham, MD: American Correctional Association.
- Wooden, WS & Parker, J. (1982). *Men behind bars: Sexual exploitation in prison*. New York: Plenum Press.
- Wright-Edelman, M. (2008, August 4). Juveniles don't belong in adult prisons. *Huffington Post*. [http://www.huffingtonpost.com/marian-wright-edelman/juveniles-dont-belong-in\\_b\\_116747.html](http://www.huffingtonpost.com/marian-wright-edelman/juveniles-dont-belong-in_b_116747.html)
- Zamble, E. & Porporino, F.J. (1988). *Coping, behavior, and adaptation in prison inmates*. New York: Springer-Verlag.
- Zimbardo, P. G. (1971). The power and pathology of imprisonment. *Congressional Record*. (Serial No. 15, [1971-10-25](#)). Hearings before Subcommittee No. 3, of the Committee on the Judiciary, House of Representatives, Ninety-Second Congress, *First Session on Corrections, Part II, Prisons, Prison Reform and Prisoner's Rights: California*. Washington, DC: U.S. Government Printing Office.
- Zimbardo, P.G. (1972). Pathology of imprisonment. *Society*, 9(2):

Zimbardo, P.G. (2008). *Stanford Prison Experiment: A simulation study of the psychology of imprisonment conducted at Stanford University*. <http://www.prisonexp.org/>

Zimbardo, P. G., Haney, C., Banks, W. C., & Jaffe, D. (1973, April 8). The mind is a formidable jailer: A Pirandellian prison. *New York Times Magazine*, Section 6, 36, ff.

Zweig, J.M. & Blackmore, J. (2008). *NIJ Research for Practice: Strategies to prevent prison rape by changing the correctional culture*. NCJ222843. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.



**Appendix B:  
Inmate-on-Inmate Sexual Assault Investigation:  
A Case Description**





# **Inmate-on-Inmate Sexual Assault Investigation: A Case Description**

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This paper presents the highlights of two roundtable discussions convened by Colorado Division of Criminal Justice in June 2007. The participants--a jail investigator, two juvenile facility investigators, an investigator of Crimes Against Persons, an assistant district attorney, and a former administrator of both a jail and a juvenile facility--shared information on sexual assault investigations in jails and juvenile facilities. Major themes of the discussion focused on:

- Institutional cultures that make reporting and investigating a challenge;
- Sexual assault policies that support preservation of the crime scene;
- Effective practices for conducting a thorough investigation.

Thank you to the roundtable participants who shared their expertise:

- Chad Bingham, Investigator, Jefferson County Sheriff's Office;
- Penny Brown, Former Director of Mount View Youth Services Center and Former Undersheriff at Adams County Sheriff's Office;
- Matt Clark, Investigator, Jefferson County Sheriff's Office;
- Kent Ferris, Investigator, Detention, Jefferson County Sheriff's Office;
- Reggie Marinelli, Investigator, Jefferson County Sheriff's Office;
- Kari Quevli, Deputy DA, Boulder District Attorney's Office.

## **A Successfully Prosecuted Case of Inmate-on-Inmate Sexual Assault**

The code of silence and inmates' fear of being labeled a snitch are primary challenges when investigating inmate-on-inmate sexual assaults.<sup>1</sup> Even when there is significant evidence to try a case, most are handled through internal disciplinary procedures or plea-bargains. Reggie Marinelli, an investigator with over 20 years of experience, typically investigated community sexual assaults; however, one of her cases involved a jail sexual assault that resulted in prosecution of the case. Following is the story of a successfully prosecuted case of inmate-on-inmate sexual assault, as told by Marinelli. The case highlights the value of investigative techniques and provides an example of an effective response to a sexual assault allegation.

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<sup>1</sup> Although the term inmate is used throughout this bulletin, it also refers to juveniles in correctional or residential facilities.

## **A Case of Inmate-on-Inmate Sexual Assault**

### ***Inmate Sexually Assaulted***

As a result of a traffic offense, an 18-year-old male was required to complete numerous hours of community service. When he failed to complete five of the hours by the mandatory date, the judge sentenced him to 30 days in jail. On the second day, the young man was transferred to a new cell. During the first 30 minutes, his new roommate asked him if he liked “dirt.” Not understanding the question, the 18-year-old asked him to repeat his question, at which point his cellmate appeared angry and told him to “just say yes.” The perpetrator then threatened to break his neck if he pushed the call button for help. Fearing for his life, the young man did as he was told and was subjected to multiple sexual assaults throughout the night and morning. When he cried out in protest, the perpetrator threatened to kill him.

In the morning, the victim waited until his cellmate had left the area and then called his parents and told them about the assault and his roommate’s threats to kill him. His mother told him to report the incident to the deputy immediately.

### ***The Initial Response***

At about 10:50 a.m., the victim approached the deputy on duty and reported that throughout the night and morning his roommate had sexually assaulted him, threatening to kill him if he cried out for help. The deputy asked the victim an important question that helped the jail staff to secure his safety: “Is the person threatening to kill you present in the module?” The victim responded that he was not but that he had connections everywhere and that they were watching him. He then cried uncontrollably.

The deputy followed the jail’s Sex Assault Protocol, including advising the victim not to eat, drink, bathe, shower, urinate, defecate, change clothes, or touch anything at the crime scene. The victim was then transported to the hospital, where a voluntary SANE (Sexual Assault Nurse Examiner) exam was conducted, and at about 12:45 p.m. an investigator interviewed him. The interview with the victim was conducted in a private setting to ensure that the victim’s needs for safety and security were addressed.

In the meantime, the deputy documented the initial interview with the victim, secured the crime scene, and locked everyone down. He also notified the sergeant, who kept the suspect isolated in the visitation booth, where he was in a meeting with his attorney. The suspect was then informed that he was a suspect in a sexual assault on his roommate and that an investigator from the sheriff’s department would be there soon to meet with him.

### ***The Investigation***

#### **Initial Interview with Suspect**

At about 1:45 p.m., Investigator Reggie Marinelli and another investigator were briefed by the deputy. At 2:15, Marinelli advised the suspect of his Miranda Rights and

interviewed him while the other investigator took notes and videotaped the interview. The suspect reported that he did have sexual intercourse with his roommate, but he claimed that their sexual encounters were consensual. He willingly signed consent forms for samples to be collected, and saliva buccal and penile swabs were taken along with blood, and pubic and head hairs. The investigators also took photos of him clothed and unclothed.

Investigator Marinelli provided the suspect with her card and telephone number in case he wanted to share any additional information:

***As an investigator, you should always make yourself available to suspects and victims. The information that the suspect later gave me in this case could not be eliminated by the defense attorney because it was the suspect who called me (Marinelli).***

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The investigator's efforts to help the suspect feel that he could trust her and to inform him that he could contact her at any time turned out to be key to the investigation (see, below, Subsequent Interview with Suspect).

#### Collection of Physical Evidence

Investigator Marinelli asked for virtually every item in the cell to be locked up as evidence:

***I told the lab, 'I want everything except the paint on the wall as evidence.' Sometimes folks don't want to process all the evidence collected. But the problem-- if people try to decide on the spot what will be used as evidence--is that information can be lost. So, we took every single thing out of the cell—hundreds of items. In this case, a pat of butter and a library book in which the victim was jotting down notes turned out to be essential pieces of evidence.***

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The lab, which had four lab technicians and a professional photographer working that day, was able to process the crime scene evidence in only 47 minutes.

#### Interviews with the Suspect's Former Cellmates

As a part of the investigation, Marinelli interviewed two of the three inmates who had roomed with the suspect before the victim was assigned to his cell.

*Roommate 1:* Marinelli was unable to interview the first roommate because the information about his residence was incorrect.

*Roommate 2:* According to the second roommate, his cellmate (the suspect) had approached him and asked him if he wanted to “put in some dirt.” The second roommate, who was 6' tall and weighed 175 pounds, said no and was left alone.

*Roommate 3:* According to the third roommate, who was 5'9" and weighed 165 pounds, his cellmate had asked him "to dig dirt." He told him that he didn't understand the question and started laughing. His roommate then threw him against the wall twice and pinned him there, threatening to "shank" him. He wrestled with his roommate and then yelled for help and pushed the buzzer. Deputies opened the cell door, and the potential victim ran out of the cell and down the stairs. He told the deputies that his cellmate had threatened him if he did not perform oral sex on him. He asked for a new cell assignment and requested protective custody. The deputies assigned him to a different part of the module and called a counselor to talk with him.

### Interviews with Deputies Who Responded to Roommate #3

The two deputies on duty when the suspect's roommate #3 cried out reported that they heard someone yelling and kicking the cell door. They opened the door, and the inmate ran down the stairs, shouting for help. After listening to the inmate's story, the deputies reassigned him to a new cell. One of the deputies then interviewed the suspect, who said that nothing had happened and that the roommate simply did not want to room with a black man. The deputies failed to document the incident.

### Interviews with Inmates Housed in the Same Module

Two deputies canvassed inmates housed in the same module as the victim. Although no one had heard any commotion on the night the 18-year-old was assaulted, a number of people had heard someone calling for help on the night that the suspect's third roommate cried out for help. Five separate inmates corroborated that they had heard yelling and banging and comments such as "get me out of here" and "he tried to get me to suck his dick." Several inmates also heard the suspect making comments about his roommate while at dinner.

### Interviews with Suspect's Former Roommates from Juvenile Facility

Before conducting the interview with the suspect, Investigator Marinelli pulled previous reports on him from the Sheriff's Office and discovered that in 1995, when he was 13 years old, he had sexually assaulted his roommate while in custody at a juvenile facility and had been convicted of Second Degree Assault.

Marinelli and another investigator tracked down and interviewed the suspect's former roommates from the juvenile facility.

***The words that the perpetrator had used when he abused the juvenile victim were the same language he used with his former cellmate, i.e., asking if they wanted to "dig dirt" [have intercourse] or "toss salad" [fellatio].***

***Phone interviews, rather than face-to-face interviews, with the victim's former juvenile facility roommates made it easier for them to talk to an investigator. They understood that they would have to***

***testify. The investigator tried to get them to empathize, to see that the victim was barely 18, in jail on a minor charge, that if he hadn't been in jail the assault never would have happened.***

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### Subsequent Interviews with Suspect

Shortly after the initial interview, the suspect made a collect call to Marinelli. He conveyed that he did not like being alone, that he wanted to be put back in with the jail population, and that the deputies were treating him rudely. He agreed to take a polygraph test.

After he took the test, the suspect requested a meeting with Marinelli. During this meeting, he wanted to talk about the polygrapher who, he claimed, tried to force him into saying he made his roommate do things he didn't want to. Marinelli pointed out some of the discrepancies between the suspect's story and the victim's story. He added that there was one detail of their sexual encounter that he had not been honest about in the previous interview, and he claimed again that everything was consensual. Marinelli asked him about previous sexual contact with other men, and he initially denied that he had ever been sexually active with other men. When she pulled out his file from the juvenile facility, he claimed that he had only been accused, not convicted, of sexual assault.

### Videotape of the Area and Proof that Roommate # 3 and Victim Never Talked

In addition to collecting and processing physical evidence, part of Marinelli's investigation included videotaping the area where the sexual assault took place. The videotaping occurred after the event but took place on exactly the same day of the week and time that the incident occurred. The videotape showed what was normally happening on the unit during the time of day when the assault occurred.

Marinelli also collected evidence that demonstrated that the suspect's roommate #3 and the 18-year-old victim had never been able to talk to each other, so there was no way that the victim was simply creating a story based on what had happened between the suspect and his former roommate.

### ***Jury Trial and Conviction***

Unlike most inmate-on-inmate sexual assault cases, this case went to trial. Moreover, the jury found the suspect guilty. He was convicted on 13 counts and sentenced to life in prison. He was denied credit for any time already served.

Prosecutors are often reluctant to prosecute, and trying such cases is very difficult. Investigators play a critical role in sexual assault cases, and their effectiveness can determine whether a case ever makes it to trial or not. As Kari Quevli, the deputy district attorney who prosecuted the case, stated:

***You have to think what the defense is going to be and counter the arguments. Talk to the cellmates and officers. Ask questions: How were they acting right before the incident happened? Be prepared for the defense's common excuses: It didn't happen; it was consensual; another inmate did it; he came on to me.***

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Investigator Marinelli suggested that investigators work very methodically, to look at every aspect of the investigation, and to build a case from all those angles. Martinelli said:

***The most important things to think about in an investigation are:***

- 1. The crime that occurred;***
- 2. The potential to be sued;***
- 3. How the jury might respond to the evidence;***
- 4. What the defense attorney will present.***

***You need to wrap the case up from these different aspects. I tried hard to make sure there were no loopholes. Because there is a 72-hour deadline for filing formal charges after an arrest has been made, I recommend that investigators delay the charges, if possible, giving them extra time to process their evidence.***

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Because the deputies who first responded to the victim and the investigators from the Sheriff's Department handled the case well, there was sufficient evidence to convict the defendant:

- The former roommate who had been sexually assaulted by the defendant when they were in a juvenile facility together was able to testify under a rule of evidence that allows for relevant conduct to be presented in a trial. In return for testifying, the DA's office paid for this earlier victim's counseling, which he had never received after being sexually assaulted.
- The second interview was requested by the suspect, and the information therefore could not be dismissed by the defense. It was used to demonstrate that the defendant was not being truthful in his original statement.
- The physical evidence from the cell and from the victim's and suspect's bodies was important. The deputies who first responded and followed the Sexual Assault Protocol were responsible for this, along with Marinelli, who saw the importance of sending all physical evidence from the cell to the lab.
- The interviews with inmates housed in the same module supported the allegations of the second roommate and showed a pattern of abuse.

- A handwritten note that Roommate #2 had written to the deputies while he was in lockdown was also presented as evidence. This note reiterated in writing what he had conveyed to the deputies after the attempted assault. This note, along with evidence that the defendant's third and fourth roommates never had the chance to communicate with each other, was used to show similarities in the pattern of assaults.
- Phone call logs recorded the time and date of the call along with its destination; therefore documenting the calls between the victim and his mother. Without this information corroborating the victim's report, the jury might question whether the assault really happened:

*The jury had a hard time understanding why the victim called his mom to tell her about the assault rather than talking to a uniformed officer who was right there. They assumed that a young boy would be embarrassed to talk to his mom, but it was his mom who talked him into telling a deputy. It was hard for the jury to realize that some inmates aren't comfortable reporting incidents to jail staff (Marinelli).*

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- The video demonstrating what happened in the area on a different day but at the same time and day of the week the assault took place was also important. The video helped to show the jury what the deputies could see, how loud the environment was, and why someone might not be able to cry out.

### ***Failures, Gaps, and Recommendations***

This case illustrates many of the issues that are involved in sexual assaults in correctional and juvenile facilities: the importance of taking inmates' claims seriously; the significance of preserving crime scene evidence; and the investigator's need to be thorough, collecting evidence from every angle. It also reveals how failure to document a past incident according to protocol can contribute to inmate-on-inmate assaults and how these gaps in information sharing can increase the risk that an inmate will be assaulted.

- The case demonstrates how critical it is for deputies to take all allegations of sexual assault seriously. If the deputies on duty when the suspect's third roommate cried out had taken the allegations seriously, investigated the claim, and documented their efforts, then the 18-year-old might never have been assaulted by his cellmate. The deputies were placed on unpaid leave as a result of their inaction. **Recommendation:** *Provide adequate training so that deputies take sexual assault allegations seriously and document them. Deputies need to recognize that they are responsible for preventing and investigating crimes.*
- On the day he raped his 18-year-old roommate, the perpetrator had just been found guilty on charges of robbery with possession of a real or simulated weapon. His assaultive behavior may have escalated because he was upset by the verdict.



**Recommendation:** *When inmates come back from a court hearing or a meeting with the parole board, deputies should pay close attention to their attitude and mental status. In some cases, it might be wise to house an inmate in a single cell and provide mental health observation and intervention.*

- This case also reveals gaps in transmitting risk information across criminal justice agencies that contribute to inaccurate classification of a high-risk inmate. If jail staff had had access to the perpetrator’s juvenile records, they would have known that he was a high-risk inmate who should not have been in a double cell.

**Recommendation:** *Make sure there is a system in place to share information among criminal justice facilities.*

- Investigator Marinelli learned from Colorado Criminal Information Center data that the suspect had previously been registered as a sexual offender as a result of his offense in the juvenile facility and that the registration was deactivated pending sentencing and his return to custody at the Department of Corrections. This information would have alerted deputies to the perpetrator’s history.

**Recommendation:** *Require that information from the sex offender registry follow an inmate into custody.*

## **Institutional Cultures that Make Reporting and Investigating a Challenge**

Sexual assaults occur in jails and juvenile facilities more often than they are reported. Institutional culture factors, both among staff and inmates, contribute to under-reporting and can also make investigating a challenge.

### ***Staff Culture***

***“They’re in jail; what do they care?” “I didn’t believe him, so I didn’t document it.” “Kids are already in treatment (juvenile), so we expect them to relapse before they ‘get well.’” “We will handle it inside.”***

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Such attitudes are pervasive in many institutions. Often, sexual assault is not viewed as a problem, and administrators may not want to admit that crimes are committed inside the facility. In juvenile facilities, in particular, staff may have concerns about reporting sexual violations because they don’t want parents or the general public to know that a youth has been assaulted under their watch. This reluctance can be compounded by the reality that staff or institutions may be held liable for such assaults.

In addition, staff, particularly officers who have become jaded or are experiencing job burn out, sometimes become complacent. As one roundtable participant noted, “If they’re there to get a paycheck, they’re there to get a paycheck.” These less ambitious and less invested officers (RODs--“retired on duty”) may find it difficult to change their approach to working with inmates. Another problem can emerge when officers stay in one spot too

long and start to form friendships with certain inmates, causing them to overlook incidents that should not have occurred.

Staff's negative attitudes toward inmates can also lead to an atmosphere where inmates do not feel safe enough to inform an officer that they have been sexually assaulted. Administrators must create an atmosphere of zero tolerance for sexual assault, which will make it more likely that allegations are taken seriously.

When staff take inmates' allegations seriously, they are more likely to follow procedures. This is critical. If deputies take statements from suspects without reading them their Miranda Rights or alter the crime scene by touching or removing pieces of physical evidence, the case can be dismissed.

### *Addressing Staff Cultural Barriers*

The following are suggestions from the roundtable participants:

- Administrators must have a zero tolerance policy toward sexual assault. This no tolerance policy must be embraced by all staff.
- Staff must take every accusation of sexual assault seriously and make sure that every allegation is investigated.
- When there is an allegation of a sexual assault, consider issuing a press release within 24 hours. This serves to protect the agency from being accused of hiding anything.

The jail administrator in the Jefferson County Sheriff's Office arranges an immediate press release on every sexual assault allegation. The response has been positive and the organization is viewed as a facility that is open and does not try to hide information.

- Staff should treat all inmates with respect. This attitude helps to create an atmosphere of mutual respect and to build an environment of trust.
- Periodically, leaders need to reassign staff to different cell blocks. There should be mandatory transfers for everyone but the sheriff and the undersheriff.
- Consider periodically reassigning staff to work different shifts. This policy can give officers a chance to take a mental break from constant interaction by working the night shift or a chance to get to know inmates better by spending time with them during the day.
- Administrators should hold staff accountable for their treatment of inmates, their work ethic, and their obligation to report assaults.

- Administrators should seek to hire some staff from other agencies rather than always hiring from within. An institution needs “new blood.”
- Staff should be given ongoing training about preventing and responding to inmate-on-inmate sexual assaults.
- Staff should be provided with clear policies that outline what to do in the case of a sexual assault, i.e., “notify superior; separate the parties; make referrals to medical and/or mental health; notify investigators” (PREA Policy Review Guide, NIC, 2006).
- Staff should be given constructive feedback after an investigation, so they know how to improve their responses next time an assault occurs.

*As a jail administrator, you absolutely need to walk around and talk to inmates, deputies, and staff in the institution. I would take one morning a week to wander around, sit down, and talk to both inmates and staff. For example, sometimes I would just watch TV with the inmates until they were comfortable enough to talk about things they were having trouble with, questions they had or information they wanted to share privately. Most of the time I would be able to bring in the deputy in charge of the pod to deal with the issue on the spot or to at least become aware of the issue. This would allow the deputy in the pod to maintain authority over his area but at the same time give me a feel for the issues both the inmates and staff were having and to get a feel for the environment of the facility that week. Many times I was given information that needed further investigation and passed this on to the facility investigator for follow-up.*

*Penny Brown, Retired Director of Mount View Youth Services Center and former Undersheriff of the Adams County Sheriff's Office*

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### ***Inmate Culture***

The “snitch factor” is perhaps the major reason why inmates do not report sexual assaults in correctional facilities. An inmate’s fear of being labeled a “snitch” can cause him or her to avoid reporting--and perhaps even go as far as intentionally concealing--even the most egregious violations.

As the following example illustrates, this code of silence also makes it difficult for investigators to get information from those who have witnessed assaults.

*After a simple fight occurred in a jail, the investigator had a perceived witness called away under the pretext of a dental appointment, attempting to protect the inmate's confidentiality. The inmate's response to questioning about the incident was simply, "I didn't see anything." Furthermore, when the inmate returned to the housing module, he announced to the other inmates: "They're talking to us now. Nobody saw noth'n, right?" The inmates' code of silence was thus invoked, closing down the possibility of an effective investigation.*

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In many instances, inmates protect fellow inmates by maintaining the code of silence because they fear retribution. Once a victim or a witness has been released, there is a greater likelihood that a jail assault will be reported, so it is very helpful for investigators to talk to the victim or witnesses after they have been released from jail.

*"My most successful interviews are with people once they're out of custody. Cooperation increases ten-fold."*

*Kent Ferris, Investigator*

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There is also a belief that sexual assaults naturally occur in jail and are just an expected event. This myth, perpetuated by prime-time television shows, can lead inmates not only to assume that the assault was to be expected—"I'm in jail. I guess this is what happens"—but also to assume that they are powerless to do anything about the violation—"I'm in jail. I don't have the right to report a crime."

However, juveniles are often reluctant to talk because they will be returning to the same community and school as the perpetrators and therefore fear retribution even after their release. A perpetrator might threaten a youth: "If you report, I know who your family is. I know where your family lives. I know where you go to school." Feelings of embarrassment are also barriers to juvenile reporting. It can be embarrassing to report a sexual assault to an officer in the pod, who essentially functions as a surrogate parent. This embarrassment can also prevent juveniles from sharing everything that happened even when they do report an assault.

Juveniles are not the only victims that withhold information. Many victims withhold information on the most embarrassing aspects of the crime or details that cast them in a negative light. In addition, they may experience critical incident amnesia as described at the end of this paper.

### ***Addressing Inmate Cultural Barriers***

- Provide all inmates/juveniles with a handbook at intake that outlines their rights and what to do in the case of a sexual assault. Inmates must recognize that they have the right to be safe in jail. Information should address prevention, self-protection, reporting sexual abuse/assault, and treatment and counseling.

- Help inmates feel safe requesting help. Create an atmosphere of respect and honesty.
- Make sure that inmates know they can send a confidential “kite” (written notice to officers) if they need to share information or talk to someone.
- When an investigator is meeting with an inmate for questioning, be sure that the purpose of the meeting is confidential. Use the pretext of a dental appointment, or some other routine meeting, to allow an inmate to leave without raising suspicion.
- If a suspected sexual assault occurs, make sure that the suspect and the victim are separated.
- At intake, ask all inmates/juveniles if they have ever been sexually assaulted. If so, recognize that this classifies the individual as being at greater risk for sexual assault while in the facility. House the person appropriately, and refer him/her for services, if appropriate.

*“The classification system is the savior of any institution. Never take someone that you know nothing about and put them in a cell with someone else.”*

*Penny Brown, Retired Director of Mount View Youth Services Center and former Undersheriff of the Adams County Sheriff's Office*

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## **A Corrections Administrator's Suggestions: What an Institution Can Do to Address Sexual Assault**

**By Penny Brown**

Retired Director of Mount View Youth Services Center and former Undersheriff of the  
Adams County Sheriff's Office

1. Work with local law enforcement, district attorney staff, mental health and medical staff to develop protocols for responding to sexual assault reports. These should contain **step-by-step instructions** on how to preserve the crime scene, what to do with the victim, what to do with the suspected perpetrator. These protocols should be written so that staff can open the book and follow procedures without having to try to remember what they were trained to do. Having a written protocol forces the community and the agency to deal with a myriad of issues *in advance*, not at the time of the emergency. It will also be the basis for training supervisors and commanders on how to respond to this type of situation. It can improve law enforcement's ability to develop a strong case and it can improve relationships and perceptions about the competence of the institutional staff.
2. Hold annual in-service training on the subject, touching on different aspects of the issue from various perspectives in the system. Use a mock sexual assault exercise to train staff, including medical and mental health staff.
3. Maintain a sense of safety in the facility. This is critical to prevent sexual assaults as well as to respond to them. Often, agency administrators/supervisors cannot get information because of the code of silence in the institution. However, anonymous questionnaires/surveys can be done with the inmates/clients to get information relating to their feelings of well being. The answers can result in better classification/housing decisions, determining what services to add, what staff training is necessary, and in getting a feel for the agency environment.
4. Inmates must know how to get information to supervisors without being exposed to other inmates. Whether by a kite system or a "suggestion" box to be opened only by watch commanders, each agency must determine what will work. It is critical that each inmate knows how to use whatever system is in place at the time of entry into the facility.
5. Administrators need to record and analyze data about reported sexual assaults, founded and unfounded allegations, charges filed, convictions, and sanctions within the institution for those who do not meet the standards for criminal filing but result in administrative sanctions. Such data can be valuable in tracking trends, both positive and negative, and reflect how safe the institution is for staff and inmates.

## **Support Both Alleged Victims & the Investigative Process through Strong Sexual Assault Response Policies**

Staff at jails or juvenile facilities usually become aware of sexual assault in the following ways:

1. There is a rumor that a suspected sexual assault has taken place.
2. Correctional staff discover a sexual assault in progress or suspect that an assault has just occurred.
3. A victim reports a sexual assault incident to a deputy or to civilian jail staff.

An institution's sexual assault policies should specifically address investigations and include provisions such as the following:

### ***Arriving on the Scene of a Sexual Assault Crime***

Because it can take a while for an investigator to arrive, it is important for the deputy or another staff member to take control of the situation until the investigator is on-site and able to take charge. The following practices are recommended for deputies arriving on the scene of a reported crime:

- Place the alleged victim under protective custody and notify medical staff. The victim and the perpetrator should be taken to separate holding cells. Someone should accompany the suspected perpetrator, and someone should be with the alleged victim.
- Isolate all inmates and instruct them not to talk to each other.
- Secure the areas where the assault allegedly occurred, and treat them as a crime scene.
- If the assault took place within the last 72 hours, officers should make it clear that neither the suspect nor the victim should wash hands, go to the bathroom, change clothes, get a drink of water, or do anything that might compromise the crime scene (including the victim's body, the suspect's body, and the location where the incident took place).
- Contact facility medical staff; write up a referral for an exam by a Sexual Assault Nurse Examiner (SANE). (See Appendix C for more medical information)
- Ask the victim to sign a medical release immediately; a delay makes it more likely that a victim will change his/her mind and recant.

- Ask the perpetrator if he will voluntarily sign a statement to give samples (i.e., hair samples, swabs). If not, you can get a court order with a judge's signature for a search warrant.
- Escort the alleged victim to a hospital where a SANE nurse will conduct an examination and save all clothing and medical evidence.
- Record in a log exactly what happened from the time of the assault on; this log becomes evidence.
- Listen to the alleged victim and perpetrator, but refrain from asking questions; this is the job of the investigator.
- Take note of any inmate exhibiting unusual or uncharacteristic behavior, and observe all conditions, events, and remarks. Record these for the criminal report.

### ***Responding to a Suspected Sexual Assault***

When there are rumors of an inmate being threatened with sexual assault or having been sexually assaulted, or when an inmate (or juvenile) discloses that he/she has been sexually assaulted in the institution, the following practices are recommended:

- Take all rumors or disclosures of sexual assault seriously.
- Be sensitive, supportive, and non-judgmental.
- Respond to early warning signs of sexual abuse, such as changes in behavior, like not eating or becoming withdrawn.
- Investigate a suspected victimization without jeopardizing the inmate's safety, identity, and confidence.
- Remove the suspected victim from the area for interviewing. Ask the suspected victim open-ended neutral questions such as: How are you doing? Are you being hassled? Would you like to be moved to another housing area?
- If there are no indications of any problems, suggest that if help is ever needed, the inmate can contact an officer, deputy, medical staff, mental health staff (or name another appropriate person).
- If the inmate/juvenile has been a victim of sexual misconduct, sexual offense, or sexual assault, the staff member who is made aware of these allegations should:
  - let the inmate know that correctional staff can help him/her;
  - advise the inmate that, if he/she is afraid of being labeled a "snitch" (informer), he/she does not have to identify the aggressor to get help;
  - determine with the victim what services he/she needs;



- make arrangement for the appropriate services, as agreed upon.
- Assess the victim's risk of suicide, and ensure that his/her ongoing safety, physical, psychological, and security needs are met.

### **Jail Rape Survivor's Suggestions for Investigators**

Do not believe the person who reports a rape, regardless of his appearance, believability, sexuality, or feelings an investigator may be harboring about the individual. A rape victim has to overcome a tremendous obstacle to be able to speak about it. The short- and long- term effects are quite devastating, and the stigma he is carrying is enormous.

Most people don't care about prisoners. Correctional officers and investigators who are dealing with inmates on a daily basis can become quite jaded after awhile, understandably. But this is a time when this human being is in great need of compassion, understanding, and tolerance. Try to provide as much empathy as you can muster.

Rape is about control and power, domination. It's about conquering another human being. It is degrading and humiliating. For heterosexual victims, they will be questioning their manhood, and for gay victims, they will be questioning their own culpability and struggling with their own homophobia. Did I deserve it, did I want it? Did God do this to me because I am the way I am?

Inmates who have been raped are in great need of feeling safe, and how the investigator responds to them personally will communicate to them on a very important level that they are being treated with dignity and respect. It will also help them feel secure enough to provide the investigators with what they will need to prosecute these cases.

## Effective Investigators: Traits and Practices

Criminal investigators face numerous challenges when it comes to investigating sexual assaults, particularly in jails and juvenile facilities. Certain personal traits and investigative practices can help them conduct thorough investigations.

### *Traits*

To accomplish their jobs effectively, investigators need strong interview skills and must be able to go directly from an interview with the victim and then, switching tactics, go into the next room to interview the suspect. Investigators need to be:

- flexible
- thorough
- intuitive
- patient
- dependable
- tenacious
- open-minded
- impartial
- confident
- empathetic
- strong communicators
- able to work well with others.

*“As an investigator, you need to be able to take your personality and form it to get what you need out of the situation.”*

*Reggie Marinelli, Sergeant, Jefferson County Sheriff's Office*

The need to be open-minded and flexible becomes very clear when an investigator receives a report of one type of crime and begins interviewing people, only to discover that what appears to be going on is not what is actually happening. For example, in a situation that looks like harassment, it might turn out that the inmates are not getting along because there was a sexual assault.

An investigator also needs the confidence to be able to take control of a crime scene. At times, this may mean telling everyone, no matter what their rank, to keep out of the crime areas. This can be particularly hard for rookie investigators.

The ability to work well with staff from other agencies is essential. Investigators can benefit from regular monthly meetings with the sheriff's office, the district attorney, the public defender, mental health professionals, medical personnel who conduct exams after a sexual assault, social services, and others. These meetings not only give participants the opportunity to address system-wide issues, they also help them learn to trust each other.

In addition to having certain personality traits, investigators can benefit from direct experience working in jails. If an investigator does not have jail experience, the staff at the jail can be very helpful in the investigation. They will know who is more likely to talk, where in the jail it is likely that incidents can happen unobserved, whose behavior has been unusual, and so forth. It is important for investigators to get to know the people who work there and to know what the reporting procedures are.

***“Be a community police officer and stop in for coffee.”***

***Kent Ferris, Investigator, Detention, Jefferson County Sheriff’s Office***

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***“You can’t be hands-off. It’s a community agency. You have to have as many people as possible working together. The main thing is to get everyone on the same page, to discuss the whole system.”***

***Chad Bingham, Investigator, Jefferson County Sheriff’s Office***

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Investigators also benefit from having specialized knowledge of this type of crime. Public misperceptions regarding sexual assaults and victim reporting issues can complicate investigations. Many victims do not react the way that people expect. Sensitivity to the victim’s plight will increase the chances that the victim will feel comfortable enough to discuss the assault. Specialized knowledge can be obtained through sexual assault investigation training in addition to experience. In-house facility investigators that have not had specialized training on sexual assault investigations can request assistance from an investigator with the required expertise.

## **Investigator's Suggestions for Training**

**By Dave Schumacher**

Former Colorado Department of Corrections Investigator,

Many staff members, including supervisors, believe that a victim will fall over themselves to report the assault. Being the victim of a sexual crime brings out a variety of emotions. Just like any PTSD type reaction, nothing is typical. There is no typical or routine reaction shown by a victim of sexual assault. Reactions can certainly vary. A person's reaction can range from fright, to anger, to humiliation, embarrassment and even minimization. If I were to pick the two areas to train people in, I'd train them in the dynamics of sex offenders (i.e., what they are about, why they recidivate and don't grow out of their tendencies, violence escalation, etc.) and techniques in interviewing victims of sex offenses. I don't care if you're a male victim or female victim, certain victim dynamics or tendencies come out. If the interviewer (case manager, medical personnel, officer, shift commander, investigator, etc.) doesn't conduct the interview properly, the victim is never going to tell you about the horrific, terrible, humiliating event that just occurred. The victim will simply clam up.

What also occurs in these types of cases, but other criminal cases as well, are staff members who will tell the victim something to the effect, "if you want me to take the report I will, but remember, there will be custody issues associated with the report." Well no kidding, there are always custody issues, and perceptions by the inmate population that we need to manage. I would never discourage a victim in reporting a crime, by simply telling the victim "If you report it, everyone will know you talked to me." There are proper and improper ways of handling that issue. I think the first step in a sexual assault investigation and interview is to legitimize the complaint and treat the reporting party as a true victim of a crime, not to minimize what happened to the individual. When we suggest to victims there will be custody issues associated with their reporting, the employee is telling the victim to "suck it up and take it." So maybe training in "victim empathy" might be in order as well.

Knowing your limitations can also be important. In the case example above, investigator Marinelli realized that she was better at perpetrator interviews than victim interviews. Therefore, she arranged to have a different investigator interview the victim while she focused on the perpetrator. This allowed them to obtain more comprehensive information for prosecution.

### ***Effective Investigation Practices Create Strong Court Cases***

The prosecution of inmate-on-inmate sexual assault is difficult for a variety of reasons. An inmate's credibility is already low when he/she goes in front of a jury. Criminal investigation television shows have led many jury members to expect substantial physical evidence available to prove that the crime took place, and they may not recognize that victim or witness testimony is also evidence. Believing that there is constant oversight of

inmates and that crying out would be easy in a jail or juvenile facility, jury members may have a difficult time believing that a sexual assault took place in an institution. If an inmate did not immediately report the sexual assault to a deputy, jury members' lack of understanding of institutional culture—including many inmates' distrust of the system and fear of retribution—might make it difficult for them to believe the victim.

Given the numerous barriers inmates face when a case of inmate-on-inmate sexual assault goes before a jury, there is a critical need for the investigation to be thorough and credible. The following practices will help an investigator to be effective in carrying out his/her role in the investigative process.

- Make sure that every possible piece of evidence (including those with DNA) from the crime scene (victim, perpetrator, location) is collected even if the investigation takes place months after the assault occurred.
- Make sure that proper protocol is followed in terms of the chain of command and handling of evidence.
- Think about the case from multiple angles: the crime itself, the institution's possible liability, the probable line of defense, and the jury's perspective.
- Make sure that any photos, sketches, telephone monitoring, and notes are accurate and clear.
- Help the alleged victim to feel comfortable, and work to gain his/her trust. Let him/her know what to expect throughout the whole process.
- Recognize that the victim may not be able to recall details immediately after the incident (see Critical Incident Amnesia defined at the end of this paper). Provide the inmate with information on how to get in touch with you: your card, telephone privileges approved by deputy, or a confidential kite.
- Check back with the victim after some time has elapsed since the crime.
- When trying to get witnesses to share information, try to get them to think about what the victim is going through and empathize with the victim. How would you feel if this happened to you? He didn't deserve that.
- Be fair to and respectful of inmates.
- Provide feedback to officers involved in writing up information related to the sexual assault.
- Provide feedback to the institution: What gaps in monitoring, communication, or initial response (i.e., crime scene management, victim/perpetrator communication) might be closed to protect inmates from sexual assault and/or to assist in a "clean" investigation that could help a case go to trial?

- Seek to improve your practices. Solicit feedback from prosecutors, asking questions such as the following: What did I do on this case that you don't want me to do in the future? Where did I fall short on this case?
- If, as an external or internal investigator, your role includes training jail and juvenile facility staff, use role plays and other interactive training methods. Along with training on sexual assaults, consider including training on issues such as how to read them their rights. Staff may benefit from a refresher in these areas that are not often reviewed after their initial training.

*“Think of the defense strategies. What will I be grilled on up on the stand? I need to have more than one way to prove that it happened. If I have a couple of ways to prove it, the DA will probably prosecute the case.”*

*Kent Ferris, Investigator, Detention, Jefferson County Sheriff's Office*

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*“When investigating, you have the crime and you have liability issues. Every case should be investigated so thoroughly that you collect information that would answer both concerns.”*

*Reggie Marinelli, Sergeant, Jefferson County Sheriff's Office*

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## Critical Incident Amnesia

The following is an excerpt from “Critical Incident Amnesia: The Physiological Basis and the Implications of Memory Loss During Extreme Survival Stress Situations” by Lt. Col. Dave Grossman & Bruce K. Siddle (citation below):

“Unfortunately, by their very nature, traumatic situations will inevitably result in memory impairment, which is referred to here as “critical incident amnesia.” The greater the stress, the greater the potential will be for these memory problems to occur.

Officers [or victims] who encounter an extremely stressful situation will consistently exhibit difficulty in transferring information into long term memory. Particular memory related phenomenon in traumatic situation include:

1. During the actual incident there is usually a ‘sensory overload’ combined with a ‘fixation’ on some particular aspect of the critical incident, often to the exclusion of all else.
2. Immediately after the incident, ‘post-incident amnesia’ will often result in a failure to remember the majority of the information observed in the incident.
3. After a healthy night’s sleep there is usually a ‘memory recovery,’ which will result in remembering the majority of what occurred, and this memory is probably the most ‘pure.’
4. Within 72 hours the final and most complete form of memory will occur, but it will be at least partially ‘reconstructed’ (and therefore somewhat ‘contaminated’) after the inevitable process of integrating available information from all other sources (media).

Critical incident amnesia is one of the ultimate horrors in a law enforcement environment. Failure to understand and address this problem can cause grave injustices. Memory failure in law enforcement officers, victims, and witnesses can result in a failure to convict or even to apprehend the guilty, or it can result in the prosecution and even the conviction of the innocent.”

**Source:** Grossman, D. & Siddle, B. K. (August, 2001). Critical incident amnesia: The physiological basis and the implications of memory loss during extreme survival stress situations. *The Firearms Instructor: The Official Journal of the International Association of Law Enforcement Firearms Instructors*, Issue 31. From <http://www.killology.com>.

## **Conclusion**

This section outlines an example of a successful prosecution and provides roundtable participants' policy suggestions for investigators and administrators. Jail and juvenile facility administrators can use this information to evaluate and further develop policies and staff training. Inmate-on-inmate sexual assault is a difficult problem to detect, let alone address. Many obstacles must be overcome to successfully investigate and prosecute these cases. Sound practices and training can improve facility staff's investigative knowledge and response. Both facility staff and inmates benefit from a no tolerance policy that is demonstrated through effectively investigating and prosecuting reported cases.





**Appendix C:  
A Guide to an Effective Medical Response to  
Prisoner Sexual Violence**



## **A Guide to an Effective Medical Response to Prisoner Sexual Violence**

Robert W. Dumond,, LCMHC, CCMHC, Diplomate CFC & Doris A. Dumond,  
M.A.

*The Prison Rape Elimination Act of 2003*, P.L. 108-79, has directed correctional agencies nationwide to provide an adequate response to prisoner sexual violence, “the most serious and devastating of non-lethal offenses which occur in corrections” (p.47).<sup>32</sup> Prisoner victims of sexual violence, like their counterparts in the community, are likely to experience a whole host of problems (physical, emotional, cognitive, psychological, social and sexual) as a result.<sup>32</sup> Concrete, systematic interventions can help mitigate the life crisis and resultant trauma of prisoner sexual violence, and help the victim to make the transition from victim to survivor then “thrivers.” A previous chapter, “*Managing Prisoner Sexual Violence: A Guide to Effective Victim Services*,”<sup>43</sup> examined the mental health issues and victim’s services perspective. This chapter provides an in-depth examination of the immediate medical response, the treatment of injuries associated with sexual violence and the forensic evidence collection process.

Throughout this chapter, the generic term “inmate” will be used – it should be recognized, however, that the principles articulated in this chapter apply to all incarcerated individuals, including inmates, prisoners, detainees and juveniles, except where specifically noted.

In beginning the discussion of effectively managing inmate sexual violence, it must be recognized that sexual assault, in all forms, is the ultimate manifestation of loss of freedom and self-determination. The victim of sexual violence is

rendered powerless to exercise control over his/her own body and well being. This most fundamental of violations creates a crisis that impacts every aspect of the victim's life. The long, complex process of healing and treatment requires an active collaboration with the victim in his or her care, which will be significantly enhanced and supported when that individual feels a return to competence, control and choice.<sup>50, 51, 64, 97</sup>

## **EFFECTIVE MANAGEMENT REQUIRES INTERVENTIONS AT KEY STAGES**

The complex needs of victims of inmate sexual violence require that correctional agencies manage the resultant **crisis** (immediate), **short-term** and **long term** effects of sexual victimization, as well as to assist the individual to make the transition from victim to survivor. There are specific, concrete, systematic interventions which can help mitigate the life crisis and resultant trauma of this devastating crime. This guide will specifically examine the management and treatment of the physical and medical trauma of inmate sexual violence, including forensic evidence collection, as the previous guide provided a detailed examination of the mental health interventions. It is to be recognized, however, that the order of interventions will be dictated by the specific needs of the victim: crisis medical and mental health issues must always supercede any other intervention, and the care and safety of the victim is paramount.

### **Responses to Suspected Sexual Assault**

Similar to sexual assaults in the community, sexual assaults in jails and juvenile facilities are seldom reported. Victims may not directly report sexual

assaults to correctional or medical staff due to shame or fear of retribution; instead they may seek out medical care for injuries without disclosing the sexual assault. Medical staff needs to remain vigilant regarding signs of victimization. Possible indicators of sexual assaults can include: explanations for injuries that are inconsistent with the injury, hemorrhoids, fissures, rectal bleeding, bruises, trauma symptoms such gastrointestinal irritability, sleep disorders, and extreme emotional reactions (i.e. depression, numbness, excitability, nervousness, unreasonable fears, panic attacks, paranoia, abrupt mood shifts, hostility and anger) (signs listed by a sexual assault survivor); anal erythema, abrasions, lacerations or fissures; penile/scrotal erythema, bruises, abrasions, lacerations and/or bites; encopresis, enuresis, dysuria, rectal patulosity or impaction, anal erythema, fissures, tears or hyperpigmentaion (Holmes & Slap, 1998); requests for HIV or other STD testing, substance abuse, and suicide attempts.

These cues should prompt medical providers to ask the inmate, “Have you ever been pressured or forced to be involved in unwanted sexual activity.” Even if the offender denies the assault, the provider can still encourage future disclosure by informing the inmate that “Medical treatment would be important if you ever were pressured or forced into sexual activity since many sexually transmitted diseases can be prevented.” If the potential victim is a female, emergency contraception information should also be included in the discussion. In cases where the provider still has concerns about the inmate’s safety, even if the inmate did not disclose a sexual assault, he/she can refer the offender to mental health for further assessment. In addition, the provider can contact security or

housing staff and, without releasing any confidential medical information, let them know that he/she has concerns about the offender's safety.

The Pennsylvania Coalition Against Rape (n.d.)<sup>100</sup> notes that in comparison to female victims, male victims are more likely to be physically injured, less likely to report sexual assault, and more likely to seek medical treatment without revealing the sexual assault. In their *Guide to Working with Survivors of Sexual Violence*, medical providers are advised to ask the following question when treating physical injuries in men. "I'm sorry this happened to you. You didn't deserve to be assaulted. I want to be as thorough as possible in checking for injuries. It is common that when a physical assault has occurred, that sexual violence also occurred. Were you forced to do something sexually?" (p. 11)

Medical staff need not wait until they suspect sexual abuse to ask about it. Screening questions can be added to routine exams. For instance, the provider can ask whether the offender has ever been pressured or forced to be involved in sexual activity as part of standard medical exam questions. This informs inmates that medical staff are responsive to the issue and can be a resource if they are assaulted during their incarceration.

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<sup>100</sup> Pennsylvania Coalition Against Rape. (n.d.). *Put down the chart, pick up the questions: A guide to working with survivors of sexual violence*. Enola, PA; Author.  
<http://www.pcar.org/resources/save/Screening%20Booklet.pdf>

The Florida Council Against Sexual Violence<sup>101</sup> recommend the SAVE screening protocol:

Screen all of your patients for sexual violence:

- “Make eye contact with the patient when you ask her about sexual violence;
- Stay calm, avoiding very emotional reactions to what she tells you;
- Never blame a patient for sexual violence she has experienced, even if she blames herself;
- Do not dismiss what she tells you even if she does. Many victims minimize what happened to them as a way of surviving the abuse.” (P. 23)

Ask the patient directly:

- Have you ever been touched sexually against your will or without your consent?
- Have you ever been forced or pressured to have sex?
- Do you feel that you have control over your sexual relationships and will be listened to if you say “no” to having sex?” (p 24)

Validate affirmative patient responses:<sup>102</sup>

- “Thank you for telling me about such a difficult experience.”
- “I’m sure that was hard for you to tell me. It is good that you told me.”
- “Rape is devastating in many ways. Let’s talk about some of the ways you need support.” (P. 4)

Evaluate, educate and refer:<sup>2</sup>

- For those that acknowledge sexual assaults, “immediately evaluate present-day level of danger, other violence, drug and alcohol use and health habits. Mention the disclosure again during another visit and ask about the patient’s needs. Request a one to two week follow-up appointment if necessary.” (P.4)
- For those that do not acknowledge sexual assaults, offer education and prevention information and provide follow-up at next visit.” (P. 4)

<sup>101</sup> Florida Council Against Sexual Violence. (2002). *How to screen your patients for sexual assault: A Guide for Health Care Professionals*. Tallahassee, Florida: Author  
[http://www.fcasy.org/2005\\_Web/Content/Guide%20for%20Health%20Care%20Prof.pdf](http://www.fcasy.org/2005_Web/Content/Guide%20for%20Health%20Care%20Prof.pdf)

<sup>102</sup> Pennsylvania Coalition Against Rape’s adapted model of the Florida Council Against Sexual Violence’s SAVE screening method.



## **Responses to Reported Sexual Assault**

**Crisis Medical Intervention:** Sexual assaults can result in lethal physical injury to the victim, especially in incarcerated settings. The first priority must be to assess (triage) the injuries sustained by the victim, and to effectively treat any imminent, life-threatening injuries.<sup>7-10, 37, 39, 41, 43, 57, 59, 75</sup> The immediate initial focus of correctional staff when managing an inmate victim must be to address the sequelae of brutal victimization, which may include bleeding, head trauma, oral/vaginal/anal tears and/or fissures, lacerations/cuts, oral gagging and/or vomiting, and shock. Emergency first-aid should be administered as necessary, and Emergency Medical Services (EMS) should be activated as soon as possible.

One of the challenges to activating EMS is the fact that each correctional institution has its own particular protocol in responding to medical emergencies which governs the action steps which will be taken. Large state prisons and jails, for example, may have well equipped and staffed medical facilities which are able to respond to medical emergencies. Smaller prisons and jails, however, may be unable to provide the level of appropriate medical care. As such, there must be clear policy, procedures and guidelines for responding to the crisis of sexual assault, and ensuring adequate, responsible care to victims post-sexual assault.

**“At least, do no harm”:** All health care interventions which are provided must be grounded in the bedrock principle “doing no harm” - staff who respond to victims of sexual violence may begin and facilitate the healing process, or they

may increase the individual's pain and suffering, and exacerbate the resultant trauma. Each and every inmate victim must be treated with dignity, respect, and human compassion. Genuine concern and appropriate empathy demonstrated by correctional staff can promote victim healing.<sup>41, 43-44</sup>

According to the Pennsylvania Coalition Against Rape (n.d.),<sup>103</sup> anal rape places pressure on the prostate which can trigger erection and orgasm, compounding the trauma of victimization. Providers should explain this physiological response; otherwise victims might confuse their body's physiological response as a sexual response, furthering doubts about their own masculinity and exacerbating self-blame.

### **What Do Victims of Sexual Violence Experience?**

In the aftermath of sexual assault, a victim may experience four (4) main categories of consequences: (1) *physical trauma* directly related to the victimization experience, (2) *medical issues*, including HIV/AIDS, sexually transmitted infections and other communicable diseases (3) pregnancy (for women) and (4) *psychological trauma*, including anxiety, depression, posttraumatic stress disorder/rape trauma syndrome, dissociative disorders and exacerbation of pre-existing psychiatric problems. This guide will exclusively focus on the first three issues, the physical trauma, medical issues, and pregnancy, since the last (psychological trauma) has been examined in a previous chapter.<sup>43</sup>

**(1). Physical Trauma Directly Related to Sexual Assault:** In the community, most victims of sexual violence do not sustain serious physical injuries as a result

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<sup>103</sup> Pennsylvania Coalition Against Rape. (n.d.). *Put down the chart, pick up the questions: A guide to working with survivors of sexual violence*. Enola, PA; Author.  
<http://www.pcar.org/resources/save/Screening%20Booklet.pdf>

of their sexual victimization. In the National Women's Study,<sup>60</sup> a three-year longitudinal study, most women victims of forcible rape reported no physical injuries, 24% reported minor physical injuries, and only 4% sustained serious physical injuries. The National Violence Against Women Survey<sup>90</sup> found that 31.5% of the women sustained some physical injuries, but less than 36% of those injured received medical treatment.

Unfortunately, there are no corresponding national surveys for inmate sexual violence. Previous smaller studies have indicated, however, that ***incarcerated victims are more often physically assaulted during sexual attacks, and, because of the situation of confinement, they may experience repetitive assaults by multiple assailants over a period of time.***<sup>54, 86-89</sup> As a result, victims may experience on-going physical and psychological trauma, terror, helplessness, and fear as the physical/sexual abuse continues. In addition, the very fact of having been victimized has enormous social consequences in correctional settings: victims routinely experience a loss of social status, and have increased vulnerability within the jail or prison.<sup>34-41, 51-52, 54, 63, 66, 79-80, 91</sup>

The most recent administrative records collection report by the Bureau of Justice Statistics<sup>2</sup> found that force/threat of force was used in 58% of all reported incidents of sexual violence and 67% of incidents of non-consensual sexual acts (those acts of inmate-on-inmate sexual violence which involve penetration, and would be considered rape in most jurisdictions). In 2006, inmate victims reported being injured in 26% of the reported non-consensual sexual incidents. The specific physical trauma which may be experienced by inmate sexual assault

victims may include head trauma, cuts, stab wounds, bruises, abrasions, bleeding, oral/anal/vaginal tears/fissures, gagging, vomiting, and bleeding.

**(2). Sexually Transmitted Infections and Other Communicable Diseases:**

Sexual assault may precipitate a wide variety of sexually transmitted infections in its victims. Sexually transmitted infections (STIs), also known as sexually transmitted diseases (STDs), are the variety of infections and diseases which are communicated through sexual contact, although in some cases, these can also be transmitted in other ways.<sup>76</sup> Two factors make the risk of contracting a sexually transmitted infection, especially in a jail or prison, more likely: (1) The United States currently has the highest rate of sexually transmitted diseases than any other industrialized nation<sup>46</sup> and (2) jails and prisons are becoming the venues in American society with the largest concentration of individuals with infectious and chronic diseases (in addition to mental illness and addictions).<sup>30, 48-</sup>

73-74

Sexual contact (consensual and non-consensual) can precipitate the transmission of four (4) major types of sexually transmitted infections, **bacterial infections, vaginal infections, viral infections,** and **ectoparasitic infections,**<sup>76</sup> which are listed in Table B.1.

It is also important to note that the Centers for Disease Control and Prevention (CDC) provides updated scientific information on all of the major sexually transmitted infections and communicable diseases which is an essential tool in understanding the prevalence and treatment of these disorders. Practitioners should regularly consult the CDC website (<http://www.cdc.gov>) and take

**TABLE B.1. MAJOR SEXUALLY TRANSMITTED INFECTIONS OF CONCERN IN CORRECTIONAL SETTINGS**

[Source: Rathus, Nevid, & Fichner-Rathus, 2008]

<b><u>BACTERIAL INFECTIONS</u></b>	<b><u>VAGINAL INFECTIONS</u></b>	<b><u>VIRAL INFECTIONS</u></b>	<b><u>ECTOPARASITIC INFECTIONS</u></b>
<p><b>GONORRHEA</b> Pathogen: <i>Gonococcus bacterium</i> (<i>Neisseria gonorrhoeae</i>)</p>	<p><b>BACTERIAL VAGINOSIS</b> Pathogen: <i>Gardnerella vaginalis</i> bacterium and others</p>	<p>HIV [Human Immunodeficiency Virus] infection/ AIDS [Acquired Immunodeficiency Syndrome] Pathogen(s): <i>human immunodeficiency virus type 1</i> (HIV-1); <i>human immunodeficiency virus Type 2</i> (HIV-2)</p>	<p><b>PEDICULOSIS</b> Pathogen: <i>Pthirus pubis</i> (pubic lice)</p>
<p><b>SYPHILIS</b> Pathogen: <i>Treponema pallidum</i></p>	<p><b>CANDIDIASIS</b> (moniliasis, thrush, “yeast infection”) Pathogen: <i>Candida albicans</i> fungus</p>	<p><b>VIRAL HEPATITIS</b> Pathogen(s): <i>hepatitis A</i> (HAV); <i>hepatitis B</i> (HBV); <i>hepatitis C</i> (HCV); <i>hepatitis D</i> (HDV)</p>	<p><b>SCABIES</b> Pathogen: <i>Sarcoptes scabiei</i></p>
<p><b>CHLAMYDIA &amp; NONGONOCOCCAL URETHRITIS [NGU]</b> Pathogen: <i>Chlamydia trachomatous</i> bacterium and <i>Ureaplasma urealyticum</i> bacterium</p>	<p><b>TRICHOMONIASIS</b> Pathogen: <i>Trichomonas vaginalis</i></p>	<p><b>HPV [Human Papilloma Virus]/GENITAL WARTS</b> Pathogen: <i>human papilloma virus</i></p> <p><b>ORAL HERPES</b> Pathogen: <i>herpes simplex virus type 1</i> (HSV-1)</p> <p><b>GENITAL HERPES</b> Pathogen: <i>herpes simplex virus type 2</i> (HSV-2)</p> <p><b>MOLLUSCUM CONTAGIOSUM</b> Pathogen: <i>molluscum contagiosum virus</i> [pox virus] infection</p>	

advantage of the wealth of resources located there, including regularly updated Fact Sheets, Treatment Guidelines and prevalence data.

**STI – Bacterial Infections:** Of seven bacterial infections which are sexually transmitted, three (3) have major implications for corrections and inmate sexual violence: **gonorrhea**, **syphilis**, and **chlamydia**.

**Gonorrhea** [*N. gonorrhoeae*] is a highly contagious bacterial sexually transmitted infection with different manifestations in men and women. In men, the infection is usually characterized by painful urination and discharge from the penis. In women, infection of the cervix often leads to severe pelvic inflammatory disease followed by infertility, ectopic pregnancy, and chronic pelvic pain. Newborns are easily infected; eye infection and death may occur. Initial infection without symptoms is common in men and women. Gonorrhea can be easily tested for and treated.<sup>18, 73</sup> In the United States, there are about 800,000 – 900,000 new cases each year,<sup>73</sup> and the prevalence in the general U.S. population increased in 2006,<sup>13</sup> after having declined for a number of years. Its prevalence in correctional settings is substantially higher than in the community,<sup>6</sup> but exact comparison with the general US population is difficult to predict with accuracy, because few correctional systems actually screen and report findings for gonorrhea and because symptoms of gonorrhea are often not acknowledged, this makes recognition extremely difficult.

The risk of infection after sexual contact with an infected individual is extraordinarily high – women have a 50% chance of contracting gonorrhea after one exposure with an infected individual, while men have a 25% chance of

infection.<sup>18</sup> The prevalence of contracting gonorrhea after sexual assault in the community has been estimated at between 2.1% and 2.3% in adults and adolescents above the age of 15 years.<sup>77</sup> If treated early, gonorrhea can be rapidly resolved in over 90% of the cases. Antibiotics are the standard treatment, but penicillin resistant strains are known to exist, and represent an increasing challenge to effective clinical management.<sup>14</sup> Gonorrhea also often occurs concurrently with chlamydia, another prevalent bacterial STI.

**Syphilis** [*Treponema pallidum*] is an acute and chronic STI infection which is transmitted when the open lesions of an infected person come in contact with the mucous membrane or skin abrasions of a partner during sexual activity, or by touching an infectious chancre.<sup>27</sup> Syphilis is initially characterized by an ulcer in the genital area followed within weeks by a secondary eruption of the skin and mucous membranes. Long periods of latency then occur followed by, in one-third of cases, often irreparable damage to the skin, bone, nervous system, and cardiovascular system, which, if left untreated, can be fatal.<sup>27, 73-74, 76</sup>

Studies have consistently shown that the rate of syphilis in correctional settings is much higher when compared with the general U.S. population, and is especially high among incarcerated females.<sup>6, 72-74</sup> Syphilis can be easily tested for and treated. Syphilis, like gonorrhea and chlamydia, enhances the transmission of HIV because of ulcers, bleeding, or inflammatory discharges.

**Chlamydia** [*Chlamdia trachomatous* bacterium] is an acute and chronic STI that mimics many of the manifestations of gonorrhea, which is currently the most common bacterial sexually transmitted infection in the United States.<sup>49</sup>

Chlamydia can be transmitted from vaginal, oral and anal intercourse with an infected individual, and can cause nongonococcal urethritis [NGU] and epididymitis in men, and NGU, cervicitis, endometritis (infection of the endometrium) and PID in women.<sup>17</sup> Because symptoms are milder than with gonorrhea, infection commonly remains undetected.<sup>73-74</sup>

The prevalence of chlamydia in U.S. correctional agencies also continues to increase<sup>6</sup> and rates of chlamydia (like gonorrhea) are believed to be substantially underreported, because few correctional systems actually test for chlamydia. Chlamydia can be easily tested for and treated. Left untreated, there can be permanent damage to the internal reproductive systems of both women and men. The estimated prevalence of contracting chlamydia for victims of sexual assault in the community has been estimated at between 4.5% - 5.7% for adults and adolescents over the age of 15 years.<sup>77</sup> Gonorrhea, syphilis and chlamydia are three of the five most common STIs found in adolescent and adult victims following sexual assault.<sup>3</sup>

**STI – Vaginal Infections:** There are three (3) vaginal infections (**Bacterial Vaginosis, Candidiasis, and Trichomoniasis**) that may be sexually transmitted, and which cause the vast majority of vaginal infections or inflammation (vaginitis) which occur in women.

**Bacterial Vaginosis – BV** is the most common vaginal infection of women of childbearing age, most often caused by an overgrowth of the bacterium *Gardnerella vaginalis*.<sup>25</sup> Most infected individuals have no symptoms; BV may increase the risk of infections to the reproductive tract and other gynecological



problems in women, and infections of the urethral tract in men. BV is mainly transmitted sexually, and is generally effectively treated with the antibiotics metronidazole or clindamycin.<sup>25</sup>

**Candidiasis [Genital Candidiasis – VVC]** (also known as *moniliasis*, *thrush* or a “*yeast infection*”) is an STI caused by the yeastlike fungus, *Candida albicans*, which can be passed back and forth between sex partners through oral, anal and vaginal intercourse.<sup>20</sup> Candidiasis can cause soreness, inflammation, reddening and itching around affected sites in both women and men, and are generally effectively treated with antifungal agents although overuse of antifungal agents can cause the fungus to become resistant.<sup>20</sup>

**Trichomoniasis** – “**trich**” is the most curable STI in young, sexually active women, caused by *Trichomoniasis vaginalis*.<sup>28</sup> The parasite is sexually transmitted through penis-to-vagina intercourse or vulva-to-vulva (the genital area outside the vagina) contact with an infected partner, and most commonly affects the vagina in women and the urethra in men.<sup>28</sup> The estimated prevalence of contracting trichomoniasis following sexual assault is between 0% - 2.3% for adolescents age 16 years and over and adults.<sup>77</sup> It can be effectively treated with the antibiotic metronidazole.

In general, incarcerated women are known to have substantially higher rates of gynecological infections than women in the general U.S. community.<sup>33</sup> Bacterial vaginosis and trichomoniasis are two of the five most common STIs found in adult and adolescent victims following sexual assault.<sup>3</sup>

**STI – Viral Infections:** There are six (6) viral infections which are sexually transmitted, each having medical consequences can that are serious and troublesome.

**HIV/AIDS:** HIV & AIDS are the most serious medical consequences of sexual violence. HIV stands for *human immuodeficiency virus* (HIV), a virus primarily transmitted through sexual contact, and exposure to contaminated blood, whereas as AIDS, *acquired immunodeficiency syndrome*, is the condition caused by HIV, which is characterized by destruction of the immune system, leaving the individual susceptible and unable to fight off a range of infections, cancers, and other serious, debilitating illnesses.<sup>15, 73-74</sup>

In the United States, HIV/AIDS is predominantly found among men who engage in sexual activity with other men or who share needles while injecting drugs.<sup>15</sup> Increasingly, however, “HIV has a woman’s face,”<sup>33</sup> as male-female sexual contact is becoming the fastest exposure category, now accounting for more than half of the cases in the United States.<sup>22</sup>

The risk of contracting HIV/AIDS from sexual contact is variable, depending upon the sexual behavior, amount of force, and the use of protection. With consensual sex, the risk of HIV transmission is relatively low, from 0.1% - 0.2% for vaginal intercourse, and from 0.5% - 3% for receptive anal intercourse.<sup>94</sup> Anal intercourse, in particular, is significantly more risky than either vaginal intercourse or oral sex because the mucosal lining of the rectum is significantly more delicate than both the vaginal and oral linings, and therefore more susceptible to rupturing, making HIV transmission more likely.<sup>87</sup>

There is no known cure for HIV infection or AIDS, although recent treatments, including the use of highly active antiretroviral therapy (HAART) appears to be improving the clinical management of HIV/AIDS and significantly decreasing mortality in the community and in U.S. correctional settings.<sup>4, 67, 70</sup>

For most victims, the risk of contracting HIV/AIDS is one of the most severe and feared consequences of sexual violence. Non-consensual sexual behavior is often accompanied by force and other trauma, including acts which increase the likelihood of blood to blood contact, which may increase the risk. Although in the community, the risk of contracting HIV/AIDS from sexual violence in the United States is believed to be relatively rare,<sup>65</sup> there are conditions in correctional settings which may substantially impact the relative risk of contracting HIV/AIDS, not the least of which is the significantly higher prevalence of individuals with HIV/AIDS in correctional settings than in the community in the United States.

Most recent prevalence data continues to demonstrate a steady decline in HIV/AIDS in state and federal prisons since 1999,<sup>70-71</sup> but the rate of HIV/AIDS continues to be 2.7 times the current rate in the general population,<sup>70</sup> with incarcerated women continuing to manifest a higher burden of the infection. DeGroot & CuUvin<sup>33</sup> identify that while the prevalence of HIV in the general U.S. population of women is about (0.2%), incarcerated women are 15 times more likely to be HIV infected than general population women – in several states, nearly 1 in 10 incarcerated women are HIV infected.

There have only been a handful of studies which have specifically charted the transmission of HIV disease within correctional settings.<sup>58, 67</sup> The results suggest

that seroconversion from HIV-negative to HIV-positive status is very low. However, a more exacting study of the male inmates within the Georgia Department of Corrections [with matched controls],<sup>16</sup> identified a total of 88 prisoners who seroconverted between 1992-2005 after one or more negative tests.<sup>16</sup> Interestingly, although most of the sexual contact reported in the Georgia DOC analysis appeared to be consensual, in 6 (9%) of the seroconversion cases and in 1 control case, the individuals reported having been the victim of rape. Staff sexual misconduct was also widely reported in the population of individuals who seroconverted [22 individuals (32%) reported sex with a male staff member, and 15 (22%) individuals reported sex with a female staff member.<sup>16</sup> Despite the relatively small number of studies, HIV/AIDS is the most significant medical consequence of inmate sexual violence,

**Hepatitis** refers to the various types of liver infections (hepatitis is an inflammation of the liver) that are caused by various hepatitis viruses.<sup>76</sup> Although there are several types of hepatitis viruses, two are of particular concern for corrections and inmate sexual violence: hepatitis B & C.

**Hepatitis B** is a serious, blood borne pathogen, caused by the *hepatitis B virus* [HBV], spread when the blood and other bodily fluids (e.g., semen or vaginal secretions) of an HBV-infected person enters the body of another person.<sup>33</sup> Although most adults with HBV recover, acute HBV can cause substantial morbidity, and chronic HBV infection can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer [hepatocellular carcinoma – HCC], liver failure, and death.<sup>19</sup> Death from chronic liver disease occurs in 15% - 25%

of all individuals infected with chronic hepatitis B virus. Chronic HBV is diagnosed in inmates at a rate which is two to six times greater than the general population,<sup>33</sup> creating a reservoir for infection for susceptible inmates.<sup>73-74, 82</sup>

The majority of adults with chronic HBV are asymptomatic, although they continue to be capable of infecting others. Inmate sex and rape is a major risk factor for intraprison HBV transmission, in addition to drug use, tattooing & body piercing, fights, shared toothbrushes, razors, clippers, and needle stick/sharps exposure.<sup>33, 82</sup> The hepatitis B vaccine, which has been available since 1982, is the best protection against HBV, and is 95% effective, according to the World Health Organization. The treatment of chronic HBV is to achieve sustained suppression of viral replication and to stem the advance of liver disease, which can be achieved by six major medications, including adefovir dipivoxil, interferon alfa-2b, pegylated interferon alfa-2a, lamivudine, entecavir, and telbivudine.<sup>19, 33</sup>

It has been further suggested that the opportunity to prevent 30% of the new HBV cases which occur in the United States is missed each year in correctional settings.<sup>82</sup> Establishing HBV vaccination in jails and prisons can substantially reduce HBV in the general U.S. community.<sup>19</sup>

**Hepatitis C** is also a blood borne pathogen, caused by the *hepatitis C virus* [HCV], which is one of the most prevalent chronic infections in the world<sup>11</sup> and one of the most important infections affecting inmates in the United States.<sup>31</sup> HCV is transmitted primarily by percutaneous exposure to blood (injection drug use is the leading cause of transmission), but is also can be transmitted through sexual contact. The rates of HCV in U.S. correctional facilities are dramatically

higher – a rate 9 to 27 times the rate in the general U.S. population.<sup>33</sup> Additionally, nearly 1/3 of all HCV-infected persons in the United States go through U.S. correctional facilities and return to the community each year.<sup>11</sup> The effects of HCV can be devastating – HCV can accelerate to cirrhosis, end-stage liver disease and hepatocellular carcinoma [HCC].<sup>31</sup> Fifty-five percent (55%) to 85% of HCV infected persons will develop chronic infections, and 70% of chronically HCV-infected persons will develop chronic liver disease, causing death in 1% - 5% of HCV-infected persons.<sup>19</sup> HCV is also the leading indication for liver transplant. Persons at risk of HCV infection may also be at risk for HBV infection and HIV. Thirty percent (30%) of those infected with HIV are also co-infected with HCV and, when HCV accompanies HIV, the progression to advanced liver disease and other failures is substantially accelerated.<sup>31</sup>

There is no vaccine for treatment of HCV, but, effective treatments exist, notably the combination the therapy of pegylated interferon and ribavirin, which has proven to be very effective in tandem for persons with chronic hepatitis C virus.<sup>19</sup>

**Human Papilloma Virus [HPV]/Genital Warts:** HPV is the world's most common sexually transmitted infection that is caused by *human papillomavirus* (HPV), the name of a group of viruses that includes more than 100 different strains or types.<sup>29</sup> More than 30 of these viruses are sexually transmitted, and they can infect the genital area of men and women including the skin of the penis, vulva (area outside the vagina), or anus, and the linings of the vagina, cervix, or rectum. The types of HPV that infect the genital area are spread

primarily through genital contact. Most HPV infections have no signs or symptoms; therefore, most infected persons are unaware they are infected, yet they can transmit the virus to a sex partner. There is no "cure" for HPV infection, although in most women the infection goes away on its own. The treatments provided are directed to the changes in the skin or mucous membrane caused by HPV infection, such as warts and pre-cancerous changes in the cervix.<sup>29</sup>

**Herpes** include the relatively minor "cold sores" or "fever blisters" from herpes simplex virus type 1 [HSV-1] and **genital herpes**, a sexually transmitted infection most often caused by the *herpes simplex virus type 2* [HSV-2],<sup>26</sup> and almost always transmitted by means of vaginal, oral, or anal sexual activity, and is most contagious during active outbreaks of the disease.<sup>76</sup> Unfortunately, most individuals have no or only minimal signs or symptoms from HSV-1 or HSV-2 infection. HSV is a lifelong infection in which there may be rare to frequent recurrences of symptomatic and asymptomatic genital shedding. Like other ulcerative STIs, herpes may play a role in the spread of HIV, and can make people more susceptible to HIV infection, as well as making HIV-infected individuals more infectious.<sup>6</sup> There is no treatment that can cure herpes, but antiviral medications can shorten and prevent outbreaks during the period of time the person takes the medication and daily suppressive therapy for symptomatic herpes can reduce transmission to partners.

**Molluscum Contagiosum** is a wart-like viral infection caused by the *Molluscum contagiosum* virus, which is extremely contagious and can be spread through contact with someone with the disease, by scratching and

through sexual contact. Any person infected with HIV/AIDS or any immune deficiency viruses are more likely to have had molluscum outbreaks that cover the face in bumps. In most cases molluscum will clear up in about 6 months to a year leaving no marks.<sup>76</sup>

**STI-Ectoparasitic Infections:** There are two (2) ectoparasitic infections, which are organisms which live on the outside of a host's body, which may be sexually transmitted, including **Pediculosis** and **Scabies**.

**Pediculosis** (also known as “pubic lice” or “crabs”) are a common infestation of parasitic insects (*Pthirus pubis*) found in the genital area of humans, usually spread through sexual contact,<sup>23</sup> and effectively treated with lice-killing shampoos (pediculicides). **Scabies** is an infestation of the skin with the microscopic mite *Sarcoptes scabiei* by direct, prolonged, skin-to-skin contact with a person already infested with scabies, including sexual contact.<sup>21</sup> Scabies infestation is common, and spreads rapidly under crowded conditions where there is frequent skin-to-skin contact between people, such as in jails, prisons, hospitals, and other institutions.<sup>56, 95</sup> A number of treatments (scabicides and mite-killers) are effective in treating the parasites, and antihistamines may be helpful for itching.

**Other Communicable Diseases:** Two additional communicable diseases, although not specifically sexually transmitted, are major concerns in correctional settings, and are directly related and may be influenced by incidents of inmate sexual violence: **MRSA** and **Tuberculosis**.



**MRSA - Methicillin-resistant Staphylococcus aureus [MRSA]** infection is caused by *Staphylococcus aureus* [SA] bacteria — often called "staph," a bacterium commonly found colonizing the skin or anterior nares of healthy individuals.<sup>5</sup> Decades ago, a strain of SA, named methicillin-resistant *Staphylococcus aureus* (MRSA), emerged in hospitals that was resistant to the broad-spectrum antibiotics commonly used to treat it. Unfortunately, MRSA can be deadly. MRSA is responsible for many serious skin and soft tissue infections (SSTIs) and for a serious form of pneumonia. The prevalence of SA, and MRSA, has significantly increased in jails and prisons, and prolonged incarceration is a known risk factor.<sup>5</sup> Recent serious MRSA outbreaks have been identified in a number of correctional settings, including California, Georgia, Los Angeles County, Mississippi and Texas.<sup>5</sup> Because of its increased morbidity and mortality, MRSA is a major concern, which certainly can be impacted by inmate sexual violence. Correctional authorities must engage in significant identification/early diagnosis, good infection control practices, and aggressive treatment when confronted with MRSA.

**Tuberculosis [TB]** is a disease caused by bacteria called *Mycobacterium tuberculosis*, which usually attack the lungs, but can attack any part of the body (i.e. the kidney, spine, and brain) and, if not treated properly, can be fatal.<sup>24</sup> TB is spread through the air from one person to another, when a person with active TB disease of the lungs or throat coughs or sneezes, and nearby individuals breathe in these bacteria and become infected. TB has become a major issue in US correctional facilities, where its prevalence is extraordinarily high.<sup>45, 68-69, 78</sup>

Macher<sup>68</sup> notes that the “HIV/AIDS pandemic has a direct impact on TB control efforts within correctional facilities, because HIV co-infection is the most serious risk factor for developing TB disease and significantly complicates screening, diagnostic, and treatment efforts” (pp. 6-3 to 6-4).<sup>68</sup> In fact, for immuno-compromised individuals (such as those with HIV), an TB-infected person may develop active TB within weeks of exposure. Consequently all persons with HIV infection should be tested to find out if they have latent TB infection. If they have latent TB infection, they need treatment as soon as possible to prevent them from developing active TB disease. If they have active TB disease, they should be given medication to cure the disease. Two other major issues, the lack of TB testing, particularly in jails, and the emergence of highly drug resistant forms of TB, make TB a major issue of concern in correctional settings.<sup>78</sup>

**(3). Pregnancy.** For women, one of the major consequences of sexual assault is also the risk of unwillingly becoming pregnant. Unfortunately, studies on the actual prevalence of pregnancy following a rape vary, but reliable studies<sup>47</sup> and the National Women's Study, a 3-year longitudinal study,<sup>52</sup> found that approximately 4.7% (25,000) of reported rapes of women in childbearing years result in pregnancy. Of these, about 22,000 pregnancies could be prevented if all women who were raped were provided with emergency contraception.<sup>85</sup> There are no studies which identify the number of women who have experienced inmate sexual violence and have become pregnant as a result, but several studies of staff sexual misconduct have identified instances in which female inmates were victims of sexual violence by correctional staff and sometimes

other inmates (in co-ed correctional settings) and were impregnated as a result.<sup>1</sup>

53, 83-84

**Emergency Contraception:** Emergency contraception, “EC”, which is often referred to as the “morning-after pill,” is the administration of an oral contraceptive, which has been shown to be extremely effective in reducing the risk of pregnancy, up to 89% if provided in a timely fashion. Discussion of the risks of pregnancy and provision of emergency contraception is recommended practice in the treatment of women following sexual assault, and is recommended by nearly all of the professional health associations in the United States.<sup>92</sup> Emergency contraception medication is safe, effective, and simple to use, and has few associated harmful side-effects;<sup>92</sup> however, the timing of the administration will ultimately determine its efficacy.

**General Health Problems:** In addition to pregnancy, sexual assault victims also appear to experience a number of general health problems. Studies have found that sexual assault victims report more health symptoms<sup>61, 96</sup> and poorer perceptions of their health<sup>61-62, 96</sup> when compared with non-victims.

**Forensic Evidence Collection:** Once the victim is medically stabilized (if the inmate victim’s condition warranted such intervention), the process for forensic evidence collection should be initiated, utilizing the standard that is currently operational in the community. In the community, the response to sexual assault victims has often been inadequate. It has been suggested that sexual assault patients receive a lower standard of care compared to other patients in traditional hospital emergency rooms.<sup>75</sup>

The needs of sexual assault victims are complex, and not every medical healthcare practitioner has the requisite skill set and expertise to address these needs in an appropriate manner. Additionally, prosecution can only be effected when a thorough legal forensic examination has been completed. In order to sufficiently address these needs (adequate healthcare treatment and securing of appropriate evidence), two inter-related interventions have become the generally accepted community standard of care for sexual violence victims: **(I) Sexual Assault Forensic Medical Examination** and **(II) Sexual Assault Response Teams (SARTs)**.

**(I) SEXUAL ASSAULT MEDICAL FORENSIC EXAMINATION:** is the assessment and evaluation of a sexual assault patient by a specially trained health care provider, with appropriate education and clinical experience in the collection of forensic evidence and specific healthcare treatment of these patients.<sup>92-93</sup> The medical component includes coordinating the treatment of injuries sustained, providing care for sexually transmitted infections (STIs), assessing pregnancy risk in female victims, discussing treatment options (including reproductive health services), and providing instructions and referrals for appropriate follow-up medical care. The forensic component includes gathering information from the patient for the medical forensic history, a systematic physical examination, genital assessment, documentation of biological and physical findings, including photographing injuries, collection of evidence from the patient, and follow-up as needed to document additional evidence.

**Who Conducts Sexual Assault Forensic Medical Examinations?** Sexual assault forensic medical examiners generally are nurses, nurse practitioners, physicians and physicians' assistants who have received specialized training and have been properly supervised and certified based upon nationally recognized standards, and/or certified/licensed in accordance with state rules and regulations. There are a number of terms to describe this specialized role, which include: Sexual Assault Nurse Examiner [SANE], Sexual Assault Forensic Examiner [SAFE], Sexual Assault Nurse Clinician [SANC], Sexual Assault Forensic Medical Examiner [SAFME] and Forensic Nurse Examiner [FNE].<sup>92</sup>

Table B.2. provides information about certification to become a Sexual Assault Nurse Examiner through the International Association of Forensic Nurses, a international organization providing certification for Registered Nurses to become Sexual Assault Nurse Examiners. In many states and jurisdictions, an individual who conducts such examinations must be certified or licensed, and meet the specified training and experience specified by statute. Accordingly, healthcare practitioners seeking information about this process should consult their respective state healthcare boards of registration & licensing.

**Table B.2. Certification to Become a Sexual Assault Nurse Examiner (SANE)**

**International Association of Forensic Nurses [IAFN]**

IAFN is an international membership organization comprised of forensic nurses working around the world and other professionals who support and compliment the work of forensic nursing. The mission of the IAFN is to provide leadership in forensic nursing practice by developing, promoting, and disseminating information internationally about forensic nursing science

Sexual Assault Nurse Examiner [SANE] is now the largest subspecialty in the nursing profession. IAFN provides a national certification process for Registered Nurses meeting specific requirements to examine adults & adolescents (SANE-A) and children (pediatrics) (SANE-P).

International Association of Forensic Nurses  
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Email: [info@iafn.org](mailto:info@iafn.org)  
Website: <http://www.forensicnurse.org/>

**Best Practices to Conduct Sexual Assault Forensic Medical Examinations:**

Kilpatrick (p.11) <sup>59</sup> notes that in sexual assault cases, the victim's body is the primary "crime scene," and comprehensive forensic examinations are critical to the process. The sexual assault forensic medical examination is not, however, simply a tool to aid in prosecution. It is a systematic treatment model which recognizes that a coordinated, multi-disciplinary approach to sexual assault victims provides immediate care, and helps to minimize the trauma often experienced by these individuals.

Sexual assault forensic medical examinations have two essential goals: (a) effective, appropriate healthcare treatment of the sexual assault victim, and (b) legal standardized collection of forensic evidence for possible participation in

criminal prosecution. Unfortunately, there is no singular national certification process or agency for healthcare professionals responsible for these forensic medical examinations. To help standardize care, the United States Department of Justice, Office of Violence Against Women, under the President's DNA Initiative, published two essential documents, available on-line, that clearly specify the acceptable standard of care for sexual assault victims:

- (1) *A National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents*. NCJ206554 (September 2004) [available at: [http://www.ncdsv.org/publications\\_sanesart.pdf](http://www.ncdsv.org/publications_sanesart.pdf)]<sup>92</sup> and
- (2) *National Training Standards for Sexual Assault Medical Forensic Examiners*. NCJ213827 (June 2006) [available at: <http://www.ncjrs.gov/pdffiles1/ovw/213827.pdf>].<sup>93</sup>

Another helpful website is the Sexual Assault Resource Service (SARS), <http://www.sane-sart.com>.

***Essential Principles of Care:*** The intervention and services provided in sexual assault forensic medical examinations ideally should be coordinated, using a team approach. All interventions must be victim-centered – that is, what is being done should be guided by the clinical needs and expressed wishes of the victim him/herself. It is essential that victims receive clear understanding of what services and evaluations are being performed and consent to such treatments (informed consent) and that appropriate confidentiality is maintained. The specifics of reporting and involvement with law-enforcement agencies must also be clear and understood by the victim.

**Operational Issues:** Operationally, there must be a clear identification of the skills and expertise of the sexual assault forensic examiners, the facilities where such examinations are conducted, necessary equipment and supplies; contents of the sexual assault evidence collection kit; an adequate understanding of the timing of such evidence collection, and integrity of the evidence collected.

Characteristics of Facilities Where Examinations are Conducted: The systematic process of forensic evidence collection is time-consuming and lengthy – it is not uncommon for a victim to be engaged for a number of hours as the thorough examination process is completed. As a result, the sites must be reasonably accessible, and provide adequate privacy, security and comfort for the victim interview process, the intrusive examination process, medical testing, evidence collection and secure evidence maintenance. Most correctional settings do not have sufficient space or staff expertise to meet these needs. Therefore, they establish contracts with community medical providers that have the needed resources and expertise.

If there is a need to transfer the victim to an external facility, it is imperative that care is taken to keep the victim safe, to minimize his/her trauma, and to preserve the integrity of forensic evidence.<sup>92</sup> In most correctional settings, there are enhanced security procedures in place whenever an inmate is transported, which often include strip searches, placement of the inmate in handcuffs, waist chain and/or leg-irons. It must be recognized that, especially immediately after a traumatic sexual victimization, such procedures may be perceived by the victim as an additional violation. Care should be taken to explain actions being taken,



and be supportive of the victim. Correctional security staff who transport and monitor inmates during such trips may become privy to information that is protected by the professional privilege of the healthcare professional – patient relationship. As a result, all correctional staff should adopt the model of confidentiality and professional respect in their monitoring of inmate victims in external medical settings.<sup>41</sup>

Necessary Equipment and Supplies: In order to accomplish the complex procedures of examination, appropriate equipment and supplies must be available to the healthcare professionals.<sup>92</sup> First and foremost, there must be a standardized sexual assault examination kit (recognized and accepted by the legal system in the jurisdiction), a scientifically valid examination protocol, and a standard examination room with appropriate medical equipment and supplies, including comfort supplies. There must be a method or device to dry evidence and keep it secure. An appropriate camera with related supplies (lenses, flash, film, markers) should be available, as well as necessary testing and treatment supplies. An alternative light source (such as a Woods Lamp) is an essential tool to identify dried or moist secretions, fluorescent fibers not visible in ambient light and subtle injuries which may be manifest on the victim's body, hair and/or clothing. In some jurisdictions, forensic medical examiners are required to wet mount and immediately examine vaginal/cervical secretions for motile/non-motile sperm, which requires an optically staining microscope. Toluidine blue dye is also required in some jurisdictions to identify recent genital and perianal injuries.

Two specific tools, which provide a more precise and scientifically accurate examination of the victim, are increasingly being used in the sexual assault forensic evidence collection process: the *culposcope* and the *anoscope*. Their use is rapidly becoming the preferred method in sexual assault forensic medical examinations.<sup>59, 92-93</sup>

The *colposcope* is a high-powered magnification device, with an attached camera and lights that is used by gynecologists for the microscopic examination of vaginal, cervical, or vulvar disease. The device can magnify the vulva, vagina, cervix, penis, and anus over 30 times the actual size, and can detect minute tears, abrasions and other alterations in tissue that would otherwise be invisible to the naked eye.<sup>59</sup> Studies have consistently shown that use of the culposcope enhances the ability to identify anogenital injuries which are essential to prosecution.<sup>59, 92</sup>

The *anoscope* is a tube, inserted with a lubricant into the anal canal, which is used to identify abnormalities in the anus and lower rectum, including hemorrhoids, inflammation, tumors, or anal trauma. When the tube is inserted, a light source in the tube allows the examiner to visualize the wall of the anus and lower rectum. In incidents of anal/rectal trauma, the anoscope can help in visualizing an anal injury, obtaining reliable rectal swabs (if there is a concern about contamination), identifying and collecting trace evidence, and documenting such injuries.

Absence of Physical Findings:

Injury to the male or female genitalia does not always occur when a person has been a victim of sexual assault or abuse. Often when injury does occur it is small, microscopic and requires special equipment like the photocolposcope to appreciate and document. The presence of injury and opportunity for injury to be seen by the examiner is influenced by a number of variables:

- Was an object or body part used for penetration?
- Was the patient/victim incapacitated by drugs or alcohol?
- Was the patient/victim compliant or defensive?
- What was the time period that has elapsed between the occurrence of the assault and the medical-forensic examination?

(V. Sievers, personal communication, December 20, 2007)

Despite expectations raised by the CSI television series, it is important to note that genital injury is not a hallmark of sexual assault or sexual abuse (Sievers, 2005). A lack of physical evidence of injury, semen or DNA does not invalidate an accusation. In fact, Ernst, Green, Ferguson, Weiss and Green (2000) reported that 28% of male victims of sexual assault that included anal penetration had no physical findings upon examination, even with anoscopy or colposcopy. The number with positive findings increased from 61% to 72% when anoscopy or colposcopy was used in addition to a physical exam. Pesola, Westfal, and Kuffner (1999) found that only 33% of emergency room assessed male sexual assault victims had documented physical trauma. Slaughter and Brown (1992) found that colposcopy increased positive genital findings to 87% in rape victims that were examined within 48 hours of sexual assaults involving penile penetration. However, they note that the rate without colposcopy typically ranged from 10% to 30% positive findings, indicating that the majority of victims

of penile penetration did not have physical findings with traditional medical examinations.

These statistics point out the difficulty in interpreting physical findings. Since sexual assaults frequently include nonsexual motives, many perpetrators struggle to maintain an erection and never achieve orgasm. As a result, sexual assaults can continue for a lengthy period of time (Groth, 2001) without generating collectible physical evidence. When there is evidence, anoscopy in cases of anal penetration and colposcopy are more likely to detect positive physical findings.

Timing Considerations for the Evidence Collection Process: Conventional medical practice has promoted the notion that forensic evidence, in order to be useful and available, must be collected within a 72-hour period following a sexual assault. Recent evidence suggests that there are situations where evidence may be available beyond this time period (such as sperm might be found inside the cervix after 72 hours). Additionally, when the victim experienced significant trauma from the assault, has visible injuries, or has not washed themselves since the assault, evidence may be available, and visible trauma may be revealed using the culposcope and anoscope. Advancing DNA technologies also have extended time limits for evidence collection, due to the stability of DNA and the sensitivity of tests. As a result, some jurisdictions have extended their standard cutoff time beyond 72 hours (e.g., to 5 days or 1 week). In general, the decision to collect evidence should be determined on a case-by-case basis, guided by

factors including location of evidence and types of samples to be collected, and not an artificial 72-hour cut-off limit.<sup>92</sup>

Evidence Integrity: In order to be admissible in a criminal prosecution, any evidence collected must be properly handled, using the jurisdictional policies for drying, packaging, labeling, and sealing of evidence, and then properly transferred from the exam site to the appropriate crime laboratory or storage facility. Storage procedures must always consider degradation, and care must be taken to ensure security and storage at proper temperature and environmental conditions. Finally, a demonstrable chain of custody must be maintained, in order to establish that the evidence collected was not in any way altered or changed from its original condition.

**Specific Steps in the Forensic Medical Examination Process:** National standards articulate eleven key steps of the process:<sup>92</sup>

1. *Initial Contact:* Specific policies and procedures should guide initial contacts with victims, including recognizing and effectively managing medical trauma and crisis, establishing safety and support for the victim, and identifying options for care and treatment;
2. *Triage & intake:* Assessment, care and treatment of emergency medical and mental health trauma must precede any forensic medical examination. Ensure safety for the victim at all times and advise steps to be undertaken, always with informed consent.

3. *Documentation by health care personnel:* All interventions, observations and treatments must be carefully documented, ensuring that it is reliable, objective, and complete.
4. *Medical Forensic History:* This discussion should take place in a safe, confidential area, and be conducted with sensitivity and care. This history reviews the specifics of the sexual assault, and will guide subsequent medical examination, treatment and forensic evidence collection.

Victims may not disclose the most embarrassing aspects of the assault. Emerick and Dutton (1993) compared adolescent males' polygraphed descriptions of their child sexual assault behaviors to investigative reports of the behaviors. Certain behaviors were less likely to be reported. For example:

- Vaginal penetration was only documented in 69.8% of the cases where offenders admitted the behavior
- Rectal penetration was only documented in 53.8% of the cases
- Oral penetration in 46.3% of the cases
- Offender oral contact with the victim's genitals in 47.6% of the cases

These findings have important implications for evidence collection.

5. *Photography:* Photographic evidence is an essential ingredient, but it can also be traumatizing and difficult for victims. The victim should understand the purpose of such photographs, be informed how they will be performed, and then, with permission, photographs should be taken of every site on the victim's body where trauma related to the sexual assault is noted. All photos should be properly labeled, documented, and safely stored. Plans for follow-up photography should also be developed as necessary, because bruises and abrasions may be more apparent after several days.
6. *Exam and evidence collection procedures:* The forensic medical history should guide the subsequent visual and physical examination of the

- victim, with careful attention to the specifications as provided in the jurisdiction. The needs of the victim should always guide the process, and each step should be reviewed with the victim, and informed consent secured. Appropriate, scientific procedures should be utilized, and all evidence should be collected, labeled, documented, and secured as specified, with particular attention to avoiding contamination or alteration.
7. *Drug Facilitated sexual assault:* When it is suspected that a sexual assault has been drug facilitated, appropriate procedures should be established to inform the victim, and receive permission to conduct appropriate toxicology testing, whose results must be appropriately collected, labeled, documented and secured.
  8. *Sexually transmitted infection (STI) evaluation:* Victims should be provided with information about the specific risks for sexually transmitted infections, advised on how to recognize such issues, and provided, with permission, appropriate testing, prophylaxis and follow-up, as recommended in the guidelines established by the Centers for Disease Control and Prevention (CDC). (<http://www.cdc.gov/std/default.htm>)
  9. *Pregnancy risk evaluation and care:* When the victim is a female, the probability of pregnancy must be discussed, a pregnancy test should be administered for all patients with reproductive capability (with permission), and appropriate treatment options, including reproductive health services, should be explored.

10. *Discharge & follow up:* Patients should be fully informed about post-exam care. Specific information concerning on-going necessary medical testing, and treatment should be provided, and referrals/appointments for follow-up medical/mental health care should be scheduled. Discharge planning should also include consideration of planning for safety and well-being, physical comfort needs, information needs, the investigative process, advocacy and counseling options, and law enforcement and advocacy follow-up contact procedures.
11. *Examiner Court appearances:* The ability of the examiner to provide competent testimony requires sufficient education, prompt notification, sufficient pre-trial preparation, and appropriate feed-back upon completion of testimony to improve future effectiveness.
12. *Clinical Practice Content Recommendations:* All healthcare practitioners should employ the best practice guidelines for the interventions provided by the Centers for Disease Control and Prevention.<sup>12, 98</sup> (See Resource Section for the website link)

### **Current Clinical Practice Guidelines for Sexual Assault**

The recommended clinical practice guidelines continue to evolve as scientific information provides more appropriate and better intervention strategies. A particular case in point is the CDC's guidelines for sexually transmitted diseases promulgated in 2006,<sup>98</sup> which were recently modified because of the recognition that *Fluoroquinolones* were no longer recommended for treatment of Gonoccal infections.<sup>12</sup> It is imperative that healthcare practitioners keep abreast of these



modifications. Table B.3. provides the most current CDC guidelines for the treatment of sexual assault and STDs, with the newer recommendations for treatment regimens identified.

**(II) Sexual assault response team (SART):** As the rape crisis movement gained momentum, it was recognized that multiple interviews about the crime, where the victim had to repeat the specific details of the crime, could be difficult, even traumatic for victims. In response, the concept of the **Sexual Assault Response Team, SART**, was established. A SART is a multidisciplinary team that provides specialized immediate response to victims of recent sexual assault. The team typically includes health care personnel, victim advocates, law enforcement officers, prosecutors, and forensic lab personnel (typically available to consult with examiners, law enforcement, or prosecutors, but not actively involved at this stage). However, members of SART components vary by community. The use of a Sexual Assault Response Team (SART) can be instrumental in reducing repetitive descriptions of the assault.

*Current Use of Sexual Assault Response Teams (SARTs) by Correctional Agencies:* In response, the Sexual Assault Response Team (SART) model was created to minimize the trauma of repeated discussions. A number of correctional agencies, notably Idaho, Kansas, Oregon and Utah, have adopted this model to provide appropriate, victim-sensitive service to victims, and such endeavors are worthy of review.<sup>99</sup>

**TABLE B.3. CDC Guidelines for Sexual Assault and Sexually Transmitted Diseases – 2006 (CDC, 2006f) - Updated in 2007 (CDC, 2007g)**

<p><b>(1) Recommendations for Postexposure Assessment of Adolescent and Adult Survivors within 72 hours of sexual assault.</b></p> <ul style="list-style-type: none"><li>(a) Assess risk for HIV infection in the assailant (MSM, injection drug or crack cocaine use) If assailant's HIV status unknown: the following factors should be considered in determining increased risk for HIV:<ul style="list-style-type: none"><li>(i) whether vaginal or anal penetration occurred;</li><li>(ii) whether ejaculation occurred on mucous membranes;</li><li>(iii) whether multiple assailants were involved;</li><li>(iv) whether mucosal lesions are present in the assailant or survivor; and</li><li>(v) other characteristics of the assault, survivor, or assailant that might increase risk for HIV transmission.</li></ul></li><li>(b) Evaluate characteristics of the assault event that might increase risk of HIV transmission</li><li>(c) Consult w. a specialist in HIV treatment, if Post-Exposure Prophylaxis (PEP) is being considered</li><li>(d) If the survivor appears at risk of HIV transmission from assault, discuss antiretroviral prophylaxis, including toxicity &amp; lack of proven benefit.</li><li>(e) If the survivor chooses to start antiretroviral PEP, provide enough medication to last until the next return visit; reevaluate the survivor 3-7 days after initial assessment and assess tolerance of medications</li><li>(f) If PEP is started, perform CBC and serum chemistry at baseline (initiation of PEP should not be delayed, pending results).</li><li>(g) Perform HIV antibody test at original assessment; repeat at 6 weeks, 3 months, and 6 months.</li></ul> <p><b>(2) Initial Examination</b></p> <ul style="list-style-type: none"><li>(a) Testing for <i>N. gonorrhoeae</i> and <i>C. trachomatis</i> from specimens collected from any sites of penetration or attempted penetration</li><li>(b) Culture or FDA-cleared nucleic acid amplification tests for either <i>gonorrhoeae</i> or <i>C. trachomatis</i>.</li><li>(c) Wet mount and culture of a vaginal swab specimen for <i>T. vaginalis</i> infection. If vaginal discharge, malodor, or itching is evident, the wet mount also should be examined for evidence of BV (<i>Bacterial vaginosis</i>) and candidiasis.</li><li>(d) Collection of a serum sample for immediate evaluation for HIV, hepatitis B, and syphilis.</li></ul> <p><b>(3) Follow-Up Examinations</b></p> <ul style="list-style-type: none"><li>(a) After initial post-assault examination, follow up exams provide opportunity to<ul style="list-style-type: none"><li>(i) detect new infections acquired during or after assault</li><li>(ii) complete hepatitis B immunization, if indicated</li><li>(iii) complete counseling and treatment for other STDs</li><li>(iv) monitor side effects &amp; adherence to PEP medication if prescribed.</li></ul></li><li>(b) Examination for STDs repeated within 1-2 weeks of assault</li><li>(c) Testing should be repeated during follow up visit, unless prophylactic treatment provided.</li><li>(d) If treatment provided, testing conducted only if survivor reports having symptoms</li><li>(e) If not provided, follow up exam conducted w/in 1 week to ensure results of positive tests can be discussed and treatment provided.</li><li>(f) Serologic tests for syphilis and HIV should be repeated 6 weeks, 3 months, &amp; 6 months after assault if initial test results were negative and infection in the assailant could not be ruled out.</li></ul> <p><b>(4) Prophylaxis</b> Suggested Prophylactic regimen as preventive therapy:</p> <ul style="list-style-type: none"><li>(a) Postexposure hepatitis B vaccination, without HBIG, should adequately protect. Hep B vaccination should be administered to SA victims at time if initial exam if not previously vaccinated. Follow-up doses of vaccine should be administered 1-2 and 4-6 months after the first dose.</li><li>(b) Empiric antimicrobial regimen for chlamydia, gonorrhea, trichomonas, and BV.</li><li>(c) Emergency contraception (EC) should be offered if the post-assault could result in pregnancy of the survivor.</li></ul> <p><b>(5) Recommended Regimens</b> [modified in 2007] (CDC, 2007g)</p> <ul style="list-style-type: none"><li>(a) Uncomplicated Gonococcal Infections of Cervix, Urethra &amp; Rectum: Ceftriaxone 125 mg in a single intramuscular (IM) dose OR Cefixime 400 mg in a single oral dose PLUS Treatment for Chlamydia if infection is not ruled out. <i>Alternative Regimen:</i> Spectinomycin 2 g in a single IM dose OR Cephalosporin single-dose</li><li>(b) Uncomplicated Gonococcal Infections of the Pharynx: Ceftriaxone 125 mg in single IM dose PLUS Treatment for Chlamydia if infection is not ruled out</li><li>(c) Disseminated Gonococcal Infection, (d) Pelvic Inflammatory Disease, &amp; (e) Epididymitis: Utilize updated treatment regimens available at <a href="http://www.cdc.gov/std/treatment">http://www.cdc.gov/std/treatment</a>.</li></ul>
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Both of these processes have provided substantial assistance to meeting the complex needs of victims of sexual assault needs in the community, and have consistently been proven effective in meeting the healthcare needs of victims.

**Conclusion:**

Effectively managing the medical consequences of inmate sexual assault requires that correctional agencies and healthcare providers work collaboratively to manage the many and complex issues faced by victims. Positive healthcare interventions can help to mediate and effectively treat the many symptoms of inmate sexual violence. By utilizing empirical data, fostering state-of-the-art interventions, establishing clear, concise protocols, and increasing staff training and communication, it may be possible to effectively respond to the crisis of inmate sexual violence.

**Resources**

Centers for Disease Control and Prevention (CDC). *Sexually Transmitted Diseases Treatment Guidelines 2006*. <http://www.cdc.gov/std/treatment/>  
<http://www.cdc.gov/std/default.htm>

Florida Council Against Sexual Violence. (2002). *How to screen your patients for sexual assault: A Guide for Health Care Professionals*. Tallahassee, Florida: Author.  
[http://www.fcasv.org/2005\\_Web/Content/Guide%20for%20Health%20Care%20Prof.pdf](http://www.fcasv.org/2005_Web/Content/Guide%20for%20Health%20Care%20Prof.pdf)

Pennsylvania Coalition Against Rape (n.d.). *Put down the chart, pick up the questions: A guide to working with survivors of sexual violence*.  
<http://www.pcar.org/resources/save/Screening%20Booklet.pdf>

Urban Institute. *Addressing Sexual Violence in Prisons: A National Snapshot of Approaches and Highlights of Innovative Strategies*.  
[http://www.urban.org/UploadedPDF/411367\\_psv\\_programs.pdf](http://www.urban.org/UploadedPDF/411367_psv_programs.pdf)

U.S. Department of Justice Office on Violence Against Women. (2004, September). *A national protocol for sexual assault forensic examinations: Adults/adolescents*. Washington DC: Author.  
<http://www.ncjrs.gov/pdffiles1/ovw/206554.pdf>

## **References:**

1. Amnesty International. (2001). *Broken bodies, shattered minds: Torture and Ill-Treatment of women*. London: Amnesty International.
2. Beck, A.J., Harrison, P.M. & Adams, D.B. (2007). *Bureau of Justice Statistics Special Report: Prison Rape Elimination Act of 2003. Sexual Violence Reported By Correctional Authorities, 2006*. August 2007, NCJ218914. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs.
3. Beck-Sague, C.M. & Solomon, F. (1999). Sexually transmitted diseases in abused children and adult victims of rape: A review of selected literature. *Clinical Infectious Diseases*, 28 Supp. 1, S74-S83.
4. Bernard, K., Sueker, J.J., Cotton, E., Paris, J., & DeGroot, A.S. (2006). Provider perspectives about the standard of HIV care in correctional settings and comparison to the community standard of care: How do we measure up? *Infectious Disease in Corrections Report*, March 2006. [On-Line]. Available at: <http://www.idcronline.org/archives/march06/article.html>
5. Bick, J. (2007). Methicillin-resistant staphylococcus aureus in the correctional setting. *Infectious Disease in Corrections Report*, March 2007. [On-Line]. Available at: <http://www.idcronline.org/archives/March07/article.html>
6. Brown, K. (2005). Managing STIs in jail. *Infectious Diseases in Corrections*, April 2005. [On-Line]. Available at: <http://www.idcronline.org/archives/april05/article.html>
7. Burgess, A.W. & Holmstrom, L. (1974a). Rape syndrome. *American Journal of Psychiatry*, 131(9): 981-986.
8. Burgess, A.W. & Holmstrom, L. (1974b). Crisis and counseling request of rape victims. *Nursing Research*, 23: 196-202.
9. Burgess, A.W. & Holmstrom, L.L. (1975). Sexual assault: Signs and symptoms. *Journal of Emergency Nursing*, 1(2): 1115.
10. Burgess, A.W. & Holmstrom, L.L. (1979). *Rape: Crisis and recovery*, 2<sup>nd</sup> Edition. Bowie, MD: Brady.
11. Cassidy, W.M., Guidry, D., & Colton, C.E. (2005). Hepatitis C in corrections: Testing, treatment and co-infection. *Infectious Diseases in Corrections Report*, July 2005. [On-Line]. Available at: <http://www.idcronline.org/archives/july05/article.html>

12. Centers for Disease Control and Prevention. (2007). Update to CDC's *Sexually Transmitted Diseases Treatment Guidelines, 2006*: Fluoroquinolones no longer recommended for treatment of Gonococcal infections. *Morbidity and Mortality Weekly Review*, 56(14): 332-336. [On-Line]. Available at:  
[http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5614a3.htm?s\\_cid=mm5614a3\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5614a3.htm?s_cid=mm5614a3_e)
13. Centers for Disease Control and Prevention. (2007a). *STD Surveillance, 2006*. [On-Line]. Available at: <http://www.cdc.gov/std/stats/pdf/tables.pdf>
14. Centers for Disease Control and Prevention. (2007b). *Sexually Transmitted Diseases – Antimicrobial resistance and Neisseria gonorrhoea – CDC Fact Sheet*. [On-Line]. Available at:  
<http://www.cdc.gov/std/Gonorrhoea/arg/stdfact-resistant-gonorrhoea.htm>
15. Centers for Disease Control and Prevention. (2007d). *A Glance At the HIV/AIDS Epidemic – CDC Fact Sheet*. [On-Line]. Available at:  
<http://www.cdc.gov/hiv/resources/factsheets/At-A-Glance.htm>
16. Centers for Disease Control and Prevention. (2006a). HIV transmission among male inmates in a state prison system – Georgia, 1995 – 2005. *Morbidity and Mortality Weekly Report*, 55(15): 421-426. [On-Line]. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5515a1.htm>
17. Centers for Disease Control and Prevention. (2006a). *Sexually Transmitted Diseases – Chlamydia - CDC Fact Sheet*. [On-Line]. Available at:<http://www.cdc.gov/std/Chlamydia/STDFact-Chlamydia.htm>
18. Centers for Disease Control and Prevention. (2006c). *Sexually Transmitted Diseases – Gonorrhoea - CDC Fact Sheet*. [On-Line]. Available at: <http://www.cdc.gov/std/Gonorrhoea/STDFact-gonorrhoea.htm>
19. Centers for Disease Control and Prevention. (2006d). *Viral Hepatitis – CDC Fact Sheet*. [On-Line]. Available at:  
<http://www.cdc.gov/ncidod/diseases/hepatitis/index.htm>
- 19a. Centers for Disease Control and Prevention. (2006g). *Sexually Transmitted Diseases Treatment Guidelines, 2006. Morbidity and Mortality Weekly Report*, 55 (RR-11): 1-100. [On-Line]. Available at:  
<http://www.cdc.gov/std/treatment/2006/rr5511.pdf>.
20. Centers for Disease Control and Prevention. (2005a). *CDC Fact Sheet – Division of Bacterial and Mycotic Diseases – Candidiasis*. [On-Line]. Available at  
[http://www.cdc.gov/ncidod/dbmd/diseaseinfo/candidiasis\\_t.htm](http://www.cdc.gov/ncidod/dbmd/diseaseinfo/candidiasis_t.htm)

21. Centers for Disease Control and Prevention. (2005c). *CDC Fact Sheet – Division for Parasitic Diseases: Scabies Fact Sheet*. [On-Line]. Available at: [http://www.cdc.gov/Ncidod/dpd/parasites/scabies/factsht\\_scabies.htm](http://www.cdc.gov/Ncidod/dpd/parasites/scabies/factsht_scabies.htm)
22. Centers for Disease Control and Prevention. (2005d). *STD surveillance, 2005*. [On-Line]. Available at <http://www.cdc.gov/std/stats/toc2004.htm>.
23. Centers for Disease Control and Prevention. (2005e). *Parasitic Disease Information – Fact Sheet: Pubic Lice Infestation (Phthiriasis)*. [On-Line]. Available at:  
[http://www.cdc.gov/ncidod/dpd/parasites/lice/factsht\\_pubic\\_lice.htm](http://www.cdc.gov/ncidod/dpd/parasites/lice/factsht_pubic_lice.htm)
24. Centers for Disease Control and Prevention. (2005f). *Questions and Answers About TB*. [On-Line]. Available at:  
<http://www.cdc.gov/tb/faqs/pdfs/qa.pdf>
25. Centers for Disease Control and Prevention. (2004a). *Sexually Transmitted Diseases – Bacterial Vaginosis - CDC Fact Sheet*. [On-Line]. Available at: <http://www.cdc.gov/std/bv/STDFact-Bacterial-Vaginosis.htm>
26. Centers for Disease Control and Prevention. (2004b). *Sexually Transmitted Diseases – Genital Herpes - CDC Fact Sheet*. [On-Line]. Available at: <http://www.cdc.gov/std/Herpes/STDFact-Herpes.htm>
27. Centers for Disease Control and Prevention. (2004c). *Sexually Transmitted Diseases – Syphilis - CDC Fact Sheet*. [On-Line]. Available at: <http://www.cdc.gov/std/syphilis/STDFact-Syphilis.htm>
28. Centers for Disease Control and Prevention. (2004d). *Sexually Transmitted Diseases – Trichomoniasis - CDC Fact Sheet*. [On-Line]. Available at: <http://www.cdc.gov/std/Trichomonas/STDFact-Trichomoniasis.htm>
29. Centers for Disease Control and Prevention. (2004e). *Sexually Transmitted Diseases – Genital HPV Infection - CDC Fact Sheet*. [On-Line].
30. Clemmer, M. (2007, January 5). Prison healthcare. *CQ Researcher*, 17, 1-24. Retrieved July 11, 2007, from CQ Researcher Online, <http://library.cqpress.com/cqresearcher2007010500>.
31. Colton, C.E. (2005). Hepatitis C virus (HCV) and HIV co-infection in corrections: Where do we stand? *Infectious Diseases in Corrections Report*, October 2005. [On-Line]. Available at:  
<http://www.idcronline.org/archives/oct05/article.html>

32. Cotton, D.J. & Groth, A.N. (1982). Inmate rape: prevention and intervention. *Journal of Prison and Jail Health*, 2 (1), 47 – 57
33. DeGroot, A.S. & Maddo, R. (2005). Hepatitis B and Hepatitis C among offenders within prisons. In S. Stojkovic (Ed.), *Managing special populations in jails and prisons*. New York: Civic Research Institute, Chapter 5: 5-1 – 5-21.
34. Donaldson, S. (1993). *Prisoner rape education program: Overview for administrators and staff*. Brandon, VT: The Safer Society Press.
35. Dumond, R.W. (1992). The sexual assault of male inmates in incarcerated settings. *International Journal of the Sociology of Law*, 20(2): 135 - 157.
36. Dumond, R.W. (2000). Inmate sexual assault: The plague which persists. *The Prison Journal*, 80(4): 407-414.
37. Dumond, R.W. (2001, October). The impact and recovery of prisoner rape. Paper presented at the National Conference “Nor Part of the Penalty: Ending Prisoner Rape”, Washington, DC, October 19, 2001.
38. Dumond, R.W. (2003). Confronting America’s most ignored crime problem: The Prison Rape Elimination Act of 2003. *The Journal of the American Academy of Psychiatry and the Law*, 31(3); 354-360.
39. Dumond, R.W. (2006). The impact of prisoner sexual violence: Challenges in implementing Public Law 108-79 – The Prison Rape Elimination act of 2003. *Notre Dame Law School, Journal of Legislation*, 32(2): 142-164.
40. Dumond, R.W. (2006, November). Testimony of Robert W. Dumond Before the U.S. Attorney General’s Review Panel on Prison Rape, California State Prison, Represa, CA, November 15, 2006.
41. Dumond, R.W. & Dumond, D.A. (2002). The treatment of sexual assault victims. In C. Hensley (Ed.), *Prison sex: Practice and policy*. Boulder, CO: Lynne Rienner Publishers, Chapter 5, pp. 67-88
42. Dumond, R.W. & Dumond, D.A. (2005). Depression – The prisoner’s plight. In S. Stojkovic (Ed.), *Managing special populations in jails and prisons*. New York: Civic Research Institute, Chapter 8: 8-1 – 8-58.
43. Dumond, R.W. & Dumond, D.A. (2007a). Managing prison sexual violence: A guide to effective victim services. *Building Blocks for Institutional Safety*. Denver, CO: Colorado Department of Public Safety, Division of Criminal Justice, Office of Research & Statistics.

44. Dumond, R.W. & Dumond, D.A. (2007b). Correctional health care since the passage of the Prison Rape Elimination Act of 2003: Where are we now? *Corrections Today*, October 2007, 69(5): 76-79.
45. Ernst, A.A., Green, E., Ferguson, M.E., Weiss, S.J., & Green, W.M. (2000). The utility of anoscopy and colposcopy in the evaluation of male sexual assault victims. *Annals of Emergency Medicine*, 36(5), 432-437.
46. Emerick, R. L., & Dutton, W. A. (1993). The effect of polygraphy on the self-report of adolescent sex offenders: Implications for risk assessment. *Annals of Sex Research*, 6, 84–103.
47. Gadkowski, L. B., & Stout, J.E. (2006). Tuberculosis in corrections. *Infectious Diseases in Corrections Report*, February 2006. [On-Line]. Available at: <http://www.idcronline.org/archives/feb06/article.html>
48. Glazer, S. (2004, December 3). Sexually transmitted diseases. *CQ Researcher*, 14, 997-1020. Retrieved July 11, 2007, from CQ Researcher Online, <http://library.cqpress/cqresearcher2004120300>
49. Goodman, L.A., Koss, M.P., & Russo, N.F. (1993). Violence against women: Physical and mental health effects, Part 1: Research findings. *Applied and preventive psychology*, 2, pp. 79-89.
50. Greifinger, R.B. (2005). Testimony of Robert B. Greifinger, M.D. before the Commission on Safety and Abuse in America's Prisons, Newark, N.J. June 28, 2005 [On-Line]. Available at: [http://www.prisoncommission.org/public\\_hearing\\_2\\_witness\\_greifinger.asp](http://www.prisoncommission.org/public_hearing_2_witness_greifinger.asp)
51. Groth, A.N. (2001). *Men who rape: The psychology of the offender*. New York, NY: Basic Books.
52. Hatcher, R.A., Trussell J, Stewart F.H., Nelson A.L., Cates, W. Jr, Guest, F., & Kowal, D. (Eds.) (2004). *Contraceptive Technology*. 18th rev. ed. New York: Ardent Media, Inc.
53. Herman, J.L.(1992a). Complex PTSD: A syndrome in survivors of prolonged and repeated trauma. *Journal of Traumatic Stress*, 5(3): 377-389.
54. Herman, J.L. (1992b). *Trauma and recovery: The aftermath of violence*. New York: Basic Books.



55. Holmes, M.M., Resnick, H.S., Kilpatrick, D.G., & Best, C.L. (1996). Rape-related pregnancy: Estimates and descriptive characteristics from a national sample of women. *American Journal of Obstetrics and Gynecology*, 175(2): 320-325.
56. Human Rights Watch. (1996). *All too familiar: Sexual abuse of women in U.S. State prisons*. New York: Human Rights Watch.
57. Human Rights Watch. (2001). *No Escape: Male Rape in U.S. Prisons*. New York: Human Rights Watch.
58. Human Rights Watch. (2003). *Ill equipped: U.S. prisons and offenders with mental illness*. New York: Human Rights Watch.
59. Johnson, E., Bellin, E., Nadal, E., & Simone, V. (1991). An outbreak of scabies in a New York City jail. *American Journal of Infection Control*, 19: 162-163.
60. Jones, J.L., & Whitworth, J.M. (2002). Emergency evaluation and treatment of the sexual assault victim. *Topics in Emergency Medicine*, 24(1): 47-61.
61. Kantor, E. (2006). HIV transmission and prevention in prisons. *HIV in Site*, April 2006. [On-Line]. Available at: <http://www.hivinsite.ucsf/InSite?page+kb-07-04-13>
62. Kilpatrick, D.G. (2000). Rape and sexual assault. Charleston, SC: National Violence Against Women Prevention Research Center. [On-Line]. Available at: <http://www.musc.edu/vawprevention/research/sa.shtml>
63. Kilpatrick, D.G., Edmunds, C., & Seymour, A. (1992). *Rape in America: A report to the nation*. Charleston, S.C.: National Victim Center & the Crime Victims Research and Treatment Center, Medical University of South Carolina.
64. Kimerling, R., & Calhoun, K.S. (1994). Somatic symptoms, social support, and treatment seeking among sexual assault victims. *Journal of Consulting and Clinical Psychology*, 62: 333-340.
65. Koss, M.P., Woodruff, W.J., Koss, P.G. (1990). Relation of criminal victimization to health perceptions among women medical patients. *Journal of Consulting and Clinical Psychology*, 58: pp. 147-152.
66. Kupers, T.A. (1999). *Prison madness: The mental health crisis behind bars and what we must Do About It*. San Francisco: CA: Jossey-Bass.

67. Kupers, T.A. (2005). PTSD in prisoners. In S. Stojkovic (Ed.), *Managing special populations in jails and prisons*. Kingston, NJ: Civic Research Institute, Chapter 10, pp. 10-1 to 10-21.
68. Linden, J.A., Oldeg, P., Mehta, S.D., McCabe, K.K., & LaBelle, C., (2005). HIV postexposure prophylaxis in sexual assault: Current practice and patient adherence to treatment recommendations in a large urban teaching hospital. *Academic Emergency Medicine*, 12(7): 640-646.
69. Lockwood, D. (1980). *Prison Sexual Violence*. New York: Elsevia/Thomond Books.
70. Macher, A. (2005a). Clinical management of HIV disease in correctional facilities. In S. Stojkovic (Ed.), *Managing special populations in jails and prisons*. New York: Civic Research Institute, Chapter4: 4-1 – 8-45.
71. Macher, A. (2005b). Tuberculosis in correctional facilities. In S. Stojkovic (Ed.), *Managing special populations in jails and prisons*. New York: Civic Research Institute, Chapter 6: 6-1 – 6-55.
72. MacNeil, J.R., Lobato, M.N., & Moore, M. (2005). An unanswered health disparity: Tuberculosis among correctional inmates, 1993 through 2003. *American Journal of Public Health*, 95(10): 1800 – 1805.
73. Maruschak, L.M. (2007). *Bureau of Justice Statistics Special Report: HIV in prisons, 2005*. September 2007, NCJ 218915. Washington, D.C.: U.S. Department of Justice Office of Justice Program
74. Maruschak, L.M. (2004). *Bureau of Justice Statistics Special Report: HIV in prisons and jails*. December 2004, NCJ 205333. Washington, D.C.: U.S. Department of Justice Office of Justice Program
75. Mertz, K.J., Voigt, R.A., Hutchins, K., & Levine, W.C. (2002). Findings from STD screenings of adolescents and adults entering corrections facilities: Implications for STD control strategies. *Sexually Transmitted Diseases*. 29(12): 834-839.
76. National Commission on Correctional Health Care (2002a). *The Health Status of Soon-To-Be-Released Inmates, Volume I*. Chicago, IL: NCCHC.
77. National Commission on Correctional Health Care (2002b). *The Health Status of Soon-To-Be-Released Inmates, Volume II*. Chicago, IL: NCCHC.

78. Patterson, D., Campbell, R., & Townsend, S.M. (2006). Sexual Assault Nurse Examiner (SANE) program goals and patient care practices. *Journal of Nursing Scholarship*, 38(2): 180-186.
79. Pescola, G.R., Westfal, R.E., Kuffner, C.A. (1999). Emergency department characteristics of male sexual assault. *Academic Emergency Medicine*, 6(8), 792-798.
80. Rathus, S.A., Nevid, J.S., & Fichner-Rathus, L. (2008). *Human sexuality in a world of diversity*. 7<sup>th</sup> Edition. Boston: Pearson.
81. Reynolds, M.W., Peipert, J.F., & Collins, B. (2000). Epidemiologic issues of sexually transmitted diseases in assault victims. *Obstetrical and Gynecological Survey*, 55(1): 51-57.
82. Ridzon, R., & DeGroot, A.S. (2007). TB in corrections: Constant companion and future scourge. *Infectious Diseases in Corrections Report*, May 2007. [On-Line]. Available at: <http://www.idcronline.org/achives/may07/article.html>
83. Scacco, A.M. (1975). *Rape in Prison*. Springfield, IL: Charles C. Thomas.
84. Scacco, A.M. (Ed.) (1982). *Male Rape: a Casebook of Sexual Aggression*. New York: AMS Press, Inc.
85. Schoub, D.B. (1995). *AIDS and HIV in perspective: A guide to understanding the virus and its consequences*. New York: Cambridge University Press.
86. Schwartzapfel, B. & Rich, J.D. (2004). Hepatitis B in corrections. *Infectious Diseases in Corrections Report*, October/November 2004. [On-Line]. Available at: <http://www.idcronline.org/archives/foctnov04/article.html>
87. Sievers, V. (2005, October). *Responding to sexual assault*. PREA training presented to the Colorado Department of Corrections, Colorado Springs, CO.
88. Slaughter, L., & Brown, C.R., (1992). Colposcopy to establish physical findings in rape victims. *American Journal of Obstetrics and Gynecology*, 166(1), 83-86.
89. Smith, B.V. (2006). “Sexual Abuse of Women in United States Prisons: A Modern Corrolary of Slavery.” *Fordham Urban Law Journal*. Vol. 33 (2006): 571-607.

90. Smith, B.V. (2003). Watching you, watching me. *Yale Journal of Law and Feminism*, 15(2): 225-291. Available at: [http://www.wcl.american.edu/nic/Articles\\_Publications/Watching\\_You\\_Watching\\_Me.pdf?rd=1](http://www.wcl.american.edu/nic/Articles_Publications/Watching_You_Watching_Me.pdf?rd=1)
91. Stewart, F. & Trussell, J. (2000). "Prevention of Pregnancy Resulting from Rape: A Neglected Preventive Health Measure." *American Journal of Preventive Medicine*, 19(4), 228-229.
92. Struckman-Johnson, C.J., Struckman-Johnson, D.L., Rucker, L., Bumby, K., & Donaldson, S. (1996) Sexual coercion reported by men and women in prison. *The Journal of Sex Research*, 33(1): 67-76.
93. Struckman-Johnson, C.J., Struckman-Johnson, D.L. (2000). Sexual coercion rates in seven Midwestern prison facilities for men. *The Prison Journal*, 80(4): 379-390.
94. Struckman-Johnson, C.J., Struckman-Johnson, D.L. (2002). Sexual coercion reported by women in three Midwestern prisons. *Journal of Sex Research*, 39(2): 217-227.
95. Struckman-Johnson, C.J. & Struckman-Johnson, D.L. (2006). A comparison of sexual coercion experiences reported by men and women in prison. *Journal of Interpersonal Violence*, 21(12): 1591-1615.
96. Tjaden, P. & Thoennes, N. (2000). *Full report of the prevalence, incidence, and consequences of violence against women. Research Report – Findings from the National Violence Against Women Survey.* November 2000. NCJ 183781. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs.
97. Toch, H. (1992). *Mosaic of despair: Human breakdowns in prison.* (Revised Edition). Washington, D.C. American Psychological Association.
98. U.S. Department of Justice, Office on Violence Against Women. (2004). *A national protocol for sexual assault medical forensic examinations: Adults/adolescents.* NCJ206554. Washington, D.C.: U.S. Department of Justice, Office on Violence Against Women. September 2004. [On-Line]. Available at: [http://www.ncdsv.org/publications\\_sanesart.pdf](http://www.ncdsv.org/publications_sanesart.pdf).
99. U.S. Department of Justice, Office on Violence Against Women. (2006). *National training standards for sexual assault medical forensic examiners.* NCJ213827, June 2006. Washington, D.C.: U.S. Department of Justice, Office on Violence Against Women. [On-Line]. Available at: <http://www.ncjrs.gov/pdffiles1/ovw/213827.pdf>

100. Varhese, B., Maher, J.E., Peterman, T.A., Branson, B.M., & Steketee, R.W. (2002). Reducing the risk of sexual HIV transmission: quantifying the per-act risk for HIV on the basis of choice of partner, sex act, and condom use. *Sexually Transmitted Diseases*, 29: 38-43.
101. Varou, R., Remoudaki, H., & Maltzou, H. (1991). Nosocomial scabies. *Journal of Hospital Infection*, 65(1): 9-14.
102. Waigandt, A., Wallace, D.L., Phelps, L., & Miller, D.A. (1990). The impact of sexual assault on physical health status. *Journal of Traumatic Stress*, 3(1), pp. 93-102.
103. Wainrib, B.R. & Bloch, E.L. (1998). *Crisis intervention and trauma response: Theory and practice*. New York: Springer Publishing Co., Inc.
104. Workowski, K.A., & Berman, S.M. (2006). Sexually transmitted diseases treatment guidelines – 2006. *Morbidity and Mortality Weekly Report*, 55 (RR-11): 1-92. [On-Line]. Available at:  
<http://www.cdc.gov/std/treatment/2006/rr5511.pdf>
105. Zweig, J.M., Naser, R.L., Blackmore, J., & Schaffer, M. (2006). *Addressing sexual violence in prisons: A national snapshot of approaches and highlights of innovative strategies*. Washington, D.C.: Urban Institute, Justice Policy Center.

# **Appendix D: Effective Victim Services**



## Effective Victim Services

Robert W. Dumond  
Doris A. Dumond

**Introduction.** Best correctional practices require administrators to assist victims of prisoner sexual violence. Victims of sexual violence undergo a destructive, catastrophic, life-changing event<sup>96</sup> and are, as a result, likely to experience “physical, emotional, cognitive, psychological, social and sexual” problems.<sup>26,p. 51</sup> Sexual assault is a situational crisis that precipitates a variable degree of trauma in its victims. The psychological impact often impedes the victim’s use of their normal problem solving resources.<sup>41</sup> Correctional agencies are challenged to manage the immediate, short-term and long term effects of sexual victimization. The goal for correctional agencies—like sexual assault services in the community—is to assist the individual in making the transition from victim to survivor. Concrete, systematic interventions can help mitigate the life crisis and trauma that results from inmate sexual violence. Implementing these interventions is the focus of this publication.

An effective system of intervention for victims of sexual assault in correctional institutions will encourage reporting, keep victims safe, address victim’s mental health trauma, involve community-based sexual assault providers, increase participation in criminal prosecution, and assist in transition to the community. Many of these issues were identified in the Urban Institute Report, *Addressing Sexual Violence in Prisons*.<sup>129</sup>

**Reinstate self-determination when possible.** When implementing services, correctional officials should consider the importance of choice and active participation by the inmate victim, when this is possible and appropriate. Sexual assault in all forms is the ultimate manifestation of loss of freedom and self-determination, and this is forced upon the victim – the individual is powerless to exercise consent over his or her own body and well being. Dr. Judith Herman from the Harvard Medical Center notes that “in rape...the attack...demonstrate[s] contempt for the victim’s autonomy and dignity. The traumatic event thus destroys the belief that one can be *oneself* in relation to others.”<sup>61,p.53</sup> Coping and healing will be enhanced and supported when the individual feels a return to competence, control and choice.<sup>60,61,72,120</sup>



## **ENCOURAGING REPORTING OF SEXUAL VICTIMIZATION**

Of all categories of crime, rape and sexual violence are the most underreported crimes in the United States. In the community, victims may be unwilling to report out of fear, guilt, shame, and feeling that they will not be believed.<sup>19,23,35, 41,54</sup> In correctional settings, victims may be reluctant to notify authorities for many of the same reasons, *and* for reasons that relate to specific dynamics of the environment. If an inmate reports being sexually victimized, he or she may be placed in a very difficult situation:<sup>26,27,39,68</sup> staff may respond poorly or blame the victim;<sup>43,45</sup> a victim may be placed in protective custody, segregation, or transferred;<sup>24</sup> or a victim may be labeled as a “homo” or “punk”<sup>106</sup> or “snitch.”<sup>35,44</sup> Admitting sexual victimization in a correctional setting is admitting weakness to a sexual predator,<sup>116</sup> which promotes further victimization in a world where power and aggression are often glorified, and where social status and sexual behavior are often connected.<sup>24,26,27,35,39,68,106,111,112</sup> In addition, there is a perception that inmates are not “real” victims, that most sexual behavior in jails and prisons is consensual,<sup>44</sup> or that victims, in fact, deserve, their fate.<sup>37,100,110</sup> When victims fail to report victimization, they may be subject to on-going trauma, and, they may not receive much needed therapeutic treatment [medical & mental health].<sup>33,39,41,80,84,111, 112,113,128</sup>

**Ways to Improve Reporting.** When inmates believe that their reports will be taken seriously, that they will be provided with adequate protection and safety, when substantive medical and mental health interventions are available and kept confidential, and when discipline and prosecution are used appropriately,<sup>40</sup> reporting will be improved. Administrators can invest in multiple, over-lapping, safe and confidential reporting mechanisms that inmates can use. Innovative approaches have been implemented in a number of jurisdictions<sup>129</sup> including:

- Availability and access to no-cost, confidential hotlines to agency investigators, external law enforcement agencies and offices of inspector general;
- Posters, brochures and other public acknowledgements that identify reporting options and a clear policy that sexual abuse will not be tolerated, reinforced by inmate education and orientation, in clear, understandable language

- Regular, periodic case reviews with inmates whether by classification, case managers or medical staff, which includes routine questions regarding how safe the inmate feels and whether he/she has ever felt sexually threatened
- Exit interviews that include questions regarding safety with inmates prior to release, including the use of civilian staff or staff external to the agency
- Safe mechanisms for victims to file confidential memoranda and/or grievances
- Ability to confidentially consult with correctional administrators, medical, and mental health staff
- Access to community rape crisis staff and/or community advocacy staff.
- Direct supervision environments where officers are stationed in the unit and continually interact with inmates

Each contact with an inmate is an opportunity to promote reporting, safety and healing: medical, mental health and classification staff may routinely inquire about inmate safety and victimization to promote reporting and treatment. Since many victims do not report the crime, there are a number of behavioral indicators that might prompt correctional staff to consider whether an inmate has been the victim of prisoner sexual violence. These include:

- Asking for a room or roommate change
- Changes in behavior such as acting out to get into segregation
- Staying in their room
- Not showering
- Refusing to participate in an activity that they formerly participated in
- Substance abuse
- Suicidal ideation or attempts
- Self injurious behavior
- Buying commissary and eating in their room
- Inmate debt or family transfers to other accounts

If staff suspect that an inmate has been victimized, the inmate should be interviewed in an area that avoids raising the suspicions of the inmate population and provides privacy. Correctional agencies, both juvenile and adult, have the obligation to create a safe environment for inmates to report sexual victimization, and to insure that inmates will be kept safe and receive the necessary treatment.

## **KEEPING INMATE SEXUAL ASSAULT VICTIMS SAFE**

Protecting assault victims from continued harm and assaults is critical, and is, in fact, a primary phase in the victim recovery and healing process.<sup>60,61,72</sup> Victims must know that they will be kept separate from their perpetrator(s) (whether inmate or staff), and that they will not be subjected to further harm or injury. Additionally, victims must be placed in housing that will ensure no on-going retribution or continued victimization.<sup>26,27,32,35,41,77,112,113,128</sup> Correctional agencies are often faced with limited choices (returning a victim to general population, transfer to a protected custody setting or to another facility),<sup>129</sup> and they may inadvertently re-victimize an inmate by placement in protective custody for his/her own wellbeing. Because the inmate now experiences significant loss of freedom, ability to access programs and services, and loss of personal belongings, job and other grounding events,<sup>32,39,41,129</sup> the effects of victimization can be increased dramatically.

**Correctional officials should not automatically default to protective custody for the victim,** but should examine the options that exist. When and where possible, victims should be provided with accurate information about the agency's decision making process and the rationale for their position – remember, the victim did not choose to be violated, and whatever actions are taken may significantly impact upon him/her. When possible, the perpetrator (not victim) should be moved to administrative segregation or outside the institutions. Victims may be placed in cells in closer proximity/scrutiny to correctional staff or in hospital and other more closely supervised units. If it is necessary to move the victim into a more protective environment, care should be taken to avoid disruption of daily life activities, to minimize the deprivations of programs and services available in general population, and to return the victim to a less restrictive environment when appropriate. The goals should be to avoid “labeling” the victim, which can be catastrophic, and to ensure (especially over the long-term) appropriate classification, so that victim and perpetrator will not be re-housed in the same unit or facility in the future.<sup>32,39,41,129</sup> In addition, if prosecution is undertaken, care should be taken to seek changes of venue if appropriate. Because correctional environments also have extensive informal networks, consideration of the social consequences especially with other inmates and staff should be considered.

## **ADDRESSING PHYSICAL & MEDICAL TRAUMA IN SEXUAL ASSAULT VICTIMS**

Although this will be the subject of a future bulletin, it is important to identify the necessity of addressing the physical and medical trauma of inmate sexual violence. The first priority is to treat the imminent physical and life-threatening injuries sustained by the victim, while minimizing disruption to forensic evidence collection.<sup>16,17,18,19,41</sup> Once stabilized, forensic evidence collection, using sexual assault evidence collection kits administered by sexual assault nurse examiners (SANE) and prophylactic medical treatment for STDs, HIV/AIDS, other communicable diseases and other medical conditions related to the victimization should be initiated as soon as possible.<sup>26,27,41,51,86,111,112,113</sup> Advising the victim of what is to be expected and what will be occurring during this process can minimize the inevitable trauma. At all times, victims should be treated with dignity, respect and afforded privacy and confidentiality during these difficult interventions. Care should be taken to ensure continuity of care throughout incarceration (including transfer to other facilities) and upon transition into the community.<sup>26,27,35,39,41</sup>

## **ADDRESSING THE VICTIM'S MENTAL HEALTH TRAUMA**

Sexual victimization is a crisis that can precipitate profound, catastrophic outcomes – the effects may last for many years<sup>66</sup> or even a lifetime.<sup>1</sup> Each individual responds to the crisis of sexual victimization in a unique and individual way. Individual victim's presentation differs—some are calm and rational while others may be highly emotional (Refer to Table C.1.).

The visible reaction is not a reliable indicator of victimization. Additionally, victims may “test the water” when initially reporting abuse. It is normal for victims to initially withhold details that they find most embarrassing, shameful, or that call their credibility into question. When these additional details are later exposed or reported, some staff may question the legitimacy of the sexual assault report, however, it is important to remember that withholding details is a typical victim behavior whether the sexual assault took place in the community or a correctional institution.

The degree and severity of the resultant trauma also varies from victim to victim. Recovery, in general, is a function of the (1) victims' pre-victimization characteristics, (2) victims' post-victimization abilities to cope and (3) factors related to the criminal event.<sup>73,74,81,85</sup> Recovery is more difficult for

**Table C.1. Rape Trauma Syndrome (RTS)** <sup>15,16,17, 18</sup>

Syndrome of behavioral, somatic and psychological reactions which is an acute stress reaction to a life-threatening situation, with three phases: **Acute Crisis**; **Re-Organization/ Outward Adjustment**; and **Resolution/Integration**. Stages are non-linear, and victims can progress and vacillate through various stages. There are additional variations, including **Compound & Silent Reactions**

**Acute Crisis Phase – Disorganization:** [Immediately after attack up to several days] Period when the victim may experience major change & disorganization of lifestyle. The victim feels violated, fearful and may be depressed—even suicidal. The victim struggles with feelings of loss of control and may note changes in appetite, sleep habits or social functions

**Impact Reactions - within hours:** Victims may react in very different ways, including:

- **Expressive style** – Some rape victims may be very expressive, appear hysterical and/or verbalize feelings of sadness or anger. They may display a range of feelings, including crying, sobbing, smiling, restlessness, tenseness, & joking. They may appear distraught or anxious and may even express rage or hostility against the staff attempting to care for them.
- **Controlled style** – Some rape victim remain controlled, numb, in shock & disbelief. Their feelings are masked or hidden behind a calm, composed, or subdued effect. They present a flat affect, quiet, reserved and have difficulties expressing themselves.

**Immediate effects - first weeks:** Physical/Somatic manifestations include: *physical trauma* (soreness/bruising), *skeletal muscle tension* (headaches, fatigue), *gastrointestinal irritability* (stomach aches, nausea, appetite & bowel changes), and *genitourinary disturbances* (oral/anal burning, itching; gynecological problems, pain, bleeding).

**Emotional reactions include:** shock, numbness, embarrassment, guilt, powerlessness, loss of trust, humiliation, fear of physical violence and death, anxiety, anger, guilt, disbelief, revenge & wish for revenge, shame, depression, denial, re-triggering of trauma both prior and current, disorientation, self-blame, self-hatred, self-doubt, and in some cases self-mutilation and self injury.

**Reorganization Phase – Outward Adjustment Stage:** [2-3 weeks after attack & beyond] The victim attempts to resolve their issues, and reorganize and alter their lifestyle. Denial frequently masks underlying problems as victims make an effort to re-establish routines and control. They work hard to submerge their feelings because they are so painful. Symptoms may include, but are not limited to: *changes in lifestyle* (changes in friends, family, contact, job, appearance, routines), *somatization* (physical ailments, appetite disturbances, vomiting, eating, insomnia, recurrent nightmares, vivid dreams), *phobias* (preoccupation w. personal safety, reluctance to leave home, fear of being alone), *mood swings* (happy to angry, anxiety, sense of helplessness), *denial* (efforts to deny assault took place and/or minimize impact), *hesitation* in forming new friendships, & *sexual problems* (loss of interest and joy, hypersexuality).

**Resolution - /Integration Phase:** [6 month and beyond]. During this stage the sexual assault is no longer the central focus in the victim's life, but is part of one's life experience. While the victim will never forget the assault, the pain and memories associated with it are lessening. S/he has accepted the rape as a part of her/his life experience and is choosing to move on from there. There may be reactivation of the crisis, but the victim works hard to cope. Person has moved from being a "victim" to a "survivor". The resolution/Integration phase is unlikely to happen without intervention.

**Compound Reaction:** Characterized by all of the defining characteristics of rape trauma and other symptoms (especially if victim experienced previous sexual/physical abuse) and may include: severe depression; suicide attempts; psychosomatic illnesses & complaints; increased sexual activity/promiscuity; increased drug and/or alcohol abuse; overeating; psychotic behavior.

**Silent Reaction** may replace rape trauma or compound reaction, and may include: abrupt changes in usual sexual relationships; increase in nightmares; increasing anxiety during interview(s) about rape incident; marked change in sexual behavior; avoidance of relationships; denial of rape/refusal to discuss it.

individuals who have poor coping skills, who have had previous physical/sexual victimization, pre-existing mental disorders, and/or when there has been long-term, on-going abuse and torture.<sup>39,60,61, 73,85,120</sup>

A key and important principle should guide all interventions: **the differing responses to traumatic events and crisis are normal responses to abnormal circumstances.**<sup>120</sup> Staff are in a critical position to maximize healing and coping in victims, and they should endeavor to **validate the victim's feelings** and **normalize the situation.**<sup>72,90,120</sup> Examples of positive support<sup>120</sup> include "I'm sorry this happened to you," "Your reaction is a normal response to an abnormal event," "It's understandable that you feel that way," "It must be upsetting/distressing to see/hear/feel/smell that," "You're not going crazy," "Things may never be the same, but, they can get better, and you can get better," – As you will note, each statement affirms what the victim may be feeling and that these feelings are often to be expected.

Treatment that is undertaken should represent a partnership between the victim, treating clinicians and the correctional agency. "Staff can assist the traumatized inmate by being sensitive to the delicacy of the situation and trying in every way possible to help the traumatized inmate attain a certain modicum of safety while retaining control of his or her boundaries" [treatment decisions, housing, etc.] within the limits of the correctional environment.<sup>72,p.10-17</sup> All staff should become familiar, through on-going staff training, with the grave problems a victim may experience and refer inmates to medical and mental health staff.<sup>41,116,117</sup> Staff should especially avoid the "second injury,"<sup>114</sup> the perceived rejection, indifference, or lack of support by staff/agencies, or the projections (conscious/unconscious) of blame on the victim, by treating each victim with dignity, respect and human compassion from the beginning whether or not officers suspect the report is valid. Visible skepticism on the part of officers may encourage an inmate to abandon reporting and may result in a loss of critical safety information regarding the facility. Genuine concern and appropriate empathy from staff can have a reassuring effect upon the victim. Table C.2. identifies the *immediate, short-term* and *long-term consequences* to sexual victimization and the key intervention strategies that all correctional staff should use in responding to inmate sexual violence.

**Table C.2. Immediate, Short-Term & Long-Term Consequences and Intervention Strategies**

Stage	Major Issues	Key Intervention Strategies
<b>Crisis</b>	<p><i>Immediately</i>, victims experience</p> <ul style="list-style-type: none"> <li>• a lack of control</li> <li>• physical pain &amp; suffering</li> <li>• threat of further harm or death</li> </ul> <p>• Victims often articulate shock, disbelief, panic &amp; fright, fear</p> <p>• Victims may employ host of coping strategies w. varying success</p> <p>Sources: 15,16,17,35,36,41,57,60,61,116</p>	<p><b>Crisis Services:</b></p> <ul style="list-style-type: none"> <li>• Ensure safety for victim</li> <li>• Separate victim from perpetrator</li> <li>• Provide necessary medical care and forensic evaluation</li> <li>• Evaluate suicide risk</li> <li>• Negotiate psychological assistance and on-going mental health care</li> <li>• Initiate classification review and develop safe, short-term placement options</li> </ul>
<b>Short-Term</b>	<p><i>Short-term</i> (and <i>long term</i>), male and female victims of sexual violence may experience a wide range of psychiatric problems, which include:</p> <ul style="list-style-type: none"> <li>• suicidal feelings</li> <li>• posttraumatic stress disorder (PTSD) and rape trauma syndrome</li> <li>• anxiety</li> <li>• depression</li> <li>• exacerbation of pre-existing psychiatric disorders</li> </ul> <p>• Sources: 15,16,17,18,19,26,27,35,36,37,39, 41,57,70,72,77,111,112,113</p>	<p><b>Short-Term Treatment</b></p> <ul style="list-style-type: none"> <li>• Provide on-going medical follow-up treatment</li> <li>• Provide follow-up on HIV/AIDS, STD and other disease testing/treatment</li> <li>• Continue close mental health supervision</li> <li>• Continue mental health assessment of suicidality, depression and mental status</li> <li>• Always insure victim safety &amp; security</li> <li>• Assist victim to secure all necessary services for maximum coping</li> </ul>
<b>Long-Term</b>	<p><i>Long - term</i>, victims may negatively cope with their victimization by</p> <ul style="list-style-type: none"> <li>• dulling their senses with substances</li> <li>• acting out their pain by re-victimizing others within the correctional institution or in the community,</li> <li>• being self-destructive</li> <li>• displaying anger towards the offender, legal system, family/friends</li> <li>• displaying hypervigilance to danger</li> <li>• being fearful of new &amp; risky situations</li> <li>• experience sexual dysfunction, engaging in sexual behavior, but with decreased or increased enjoyment and arousal</li> <li>• engaging in sexually promiscuous and/or aggressive behavior</li> </ul> <p>• Sources: 15,16,17,18,19,26,27,35,36,37,39, 41,57,70,72,77,111,112,113,118.</p>	<p><b>Long-Term Strategies</b></p> <ul style="list-style-type: none"> <li>• Continue monitoring of medical issues, incl. STD evaluation &amp; 6 month HIV/AIDS testing up to 18 mos. post assault.</li> <li>• Empower victim to not place self at risk</li> <li>• Continue mental health intervention, including on-going counseling and support, with attention to PTSD symptomology, mental status, sexual identity, and coping skill responses</li> <li>• On-going, scheduled monitoring and assessment of prisoner victim</li> <li>• Support victim through prosecution</li> <li>• Ensure continuity of care, consistency and availability of medical and mental health treatment as prisoner moves through incarceration</li> <li>• Make appropriate follow-up treatment and referral upon transition to the community</li> </ul>

**Sexual victimization in incarcerated settings may be more debilitating** due to the unique structure of incarceration that increases the impact upon victims and complicates their recovery.<sup>35,36,37,39,41,60,61,70,80,111,112,113</sup> Because an inmate may experience repetitive assaults by multiple assailants over a period of time,<sup>80,111,112,113</sup> a victim may continue to experience on-going psychological trauma, terror, helplessness, and fear as the physical/sexual abuse continues, and may develop a more debilitating form of Post Traumatic Stress Disorder (PTSD).<sup>60</sup>

**Table C.3. 309.81 Posttraumatic Stress Disorder (DSM-IV-TR)<sup>3</sup>**

An individual may experience **Posttraumatic Stress Disorder (PTSD)** after being exposed to a traumatic event (actual or threatened death, serious injury or loss) and experiencing intense fear, helplessness or horror that is outside the usual range of human events.

The disorder consists of:

- **Intrusive symptoms** (flashbacks, nightmares, reliving the experience, intense psychological or physiological distress at exposure to cues associated with the traumatic event);
- **Constrictive symptoms** (emotional numbing, isolation, avoiding thoughts or activities associated with trauma, fear of leaving room, or participating in activities or relationships which are similar to the trauma, sense of foreshortened future);
- **Hyperarousal symptoms** (insomnia, irritability or outburst of anger, difficulty concentrating, hypervigilance, exaggerated startle reactions).

The symptoms cause distress or impairment in social, occupational or other areas of functioning. Symptoms may be **acute** (less than 3 months), **chronic** (3 months or more), or **delayed** (6 months after stressor).

Effectively managing the mental health trauma requires focus on three major mental health issues:

*Suicide; Posttraumatic Stress Disorder/Rape Trauma Syndrome; and Other Psychiatric Disorders and Coping.*

Suicide is the most lethal consequence of prison sexual violence. Contemplating and/or attempting suicide is far more likely among victims of sexual violence.<sup>67</sup> In the community, rape victims were found to be four times more likely than noncrime victims to have contemplated suicide and “13 times more likely than [other] crime victims to have actually made a suicide attempt [13% vs. 1%].<sup>67,Chap.10,p.15</sup> When inmates have experienced continuing physical and sexual victimization, they may view suicide as the only viable option out of the intolerable circumstance in which they find themselves.<sup>10,32,34,36,39,41,42,58,77,126,128</sup>

While the risk of suicide exists after any traumatic event, clinicians should assess risk factors, based on the gender and age of the inmate.<sup>22,59,94,120</sup> Inmate sexual assault victims should be considered at imminent risk of suicide until seen and evaluated by mental health staff.<sup>32,35,37,42,51,126</sup> Throughout treatment, mental health practitioners should carefully assess and inquire about suicidal ideation in each



and every interaction, since the full range of the impact of sexual victimization may not manifest itself until a later time period. The clinician should use reliable and valid screening tools.<sup>11,12,29,39,42,59</sup>

Posttraumatic Stress Disorder/Rape Trauma Syndrome: The two diagnostic formulations most often associated with victims of sexual violence are Posttraumatic Stress Disorder [PTSD]<sup>3</sup> and Rape Trauma Syndrome [RTS].<sup>15,16,17,18</sup> Each diagnosis provides aspects of the victimization experience that clinicians should consider in treating the complexity of the responses that can be experienced by victims.<sup>41</sup>

Practitioners should become familiar with the specific manifestations, which are outlined in Table C.1. and Table C.3. Unfortunately, not all correctional mental health practitioners are knowledgeable about the impact and treatment of sexual trauma;<sup>32,37,41</sup> it is especially important to note that there is wide variability in the experience of sexual assault victims, and the stages are not fixed, but may wax and wane throughout the recovery process.

There are gender and age differences in the impact of inmate sexual violence with which clinicians should become familiar. Impact on Women: Incarcerated women have a much higher rate of physical and sexual victimization during childhood, adolescence and prior to their incarceration.<sup>14,30,52,88</sup> As a result, women appear to be more vulnerable to PTSD<sup>72,89</sup> and the impact of trauma during incarceration may compromise their coping and recovery.<sup>13,15,60,61,62</sup> Women may have had long histories of abuse and submission, which reinforce their feelings of inadequacy, despair and unworthiness.<sup>91,121,122,122,123</sup> In cases of staff sexual misconduct, victims additionally feel the ultimate betrayal and alienation of violation by those with the duty and responsibility of ensuring for their safety and security, thereby increasing their pain and suffering.<sup>4,6,20,62,75,104,105,127</sup> Further this experience may compound expectations of betrayal and anger that resulted from incest victimization during childhood. Women may also become pregnant as a result of their victimization,<sup>62,127</sup> further complicating their distress and recovery.

Impact on Men: Sexual assault devalues two primary areas of male identity: sexuality and aggression.<sup>26,27,35,35,39,41,55,56,57,83</sup> Most male victims experience concern about their masculinity, competence and security, which increases their humiliation and suffering.<sup>5,21,32,35,36,37,41,55,56,57,83</sup> Men often manifest a more “controlled” response, which may lead authorities to conclude the events did not occur or to minimize its impact.<sup>16,17,32,35,37,41,56,65,128</sup> Additionally, gender role stereotypes may contribute to the lack of responsiveness to male victims,<sup>33</sup> and social institutions may even create a second assault on

male victims by denying the legitimacy of their experience and reinforcing harmful gender roles.<sup>124</sup> Some male staff may be uncomfortable dealing with male on male rape. Staff training is important to try to prevent this lack of responsiveness and gender role stereotyping.

*Impact on Juveniles:* The crisis of adolescence is one of identity – knowing where one “fits in” in society and adopting an identity of who one is physically, emotionally, socially, and sexually.<sup>25,46,47,48,49,50,79,125</sup> Sexuality is a powerful force in the developing teens. Juveniles may feel intense guilt, shame and be likely to blame themselves for their victimization.<sup>7,31,37,41,55,57,109</sup> Sexual arousal can be precipitated by a variety of emotions, including pain, anger, and fear.<sup>56</sup> Victims may unwillingly experience orgasm or ejaculation and subsequently have great confusion and questioning about their gender identity.<sup>7,31,35,36,37,39,41,55,57,109</sup>

*Other Psychiatric Disorders and Coping:* Recent analyses of both adult correctional facilities<sup>64,82</sup> and juvenile correctional facilities<sup>115</sup> documents the staggering number of incarcerated individuals with mental illness. These individuals are known to be at increased risk of sexual victimization, and it is likely that victims with pre-existing mental health issues will be significantly impacted and may experience an exacerbation of symptoms as a result of the victimization.<sup>37,39,41,70</sup> This exacerbation of symptoms may make it more difficult for these offenders to provide cohesive reports of the sexual violence, which may diminish the apparent validity of the report in the eyes of correctional staff. Additionally, other psychiatric disorders, such as depression and anxiety, may often accompany PTSD – clinicians must be prepared to treat the full range of mental health disorders that may emerge post victimization.<sup>42,72</sup>

An individual’s coping style is also a major factor in the healing process.<sup>72,73,120</sup> Sexual assault victims often feel that they “are going crazy.”<sup>16,17,18,37</sup> Attempts should be made to prepare the victim for these feelings, to evaluate the victim’s coping styles and strengths, and to teach strategies designed to empower the victim.<sup>37,72,120</sup> Recovery from trauma involves the victim moving through several phases: (1) safety, (2) remembering and mourning and (3) reconnection<sup>60,61</sup> – the process of healing and recovery cannot be “rushed”, and victims must be allowed ample time and support.<sup>61,72</sup>

*What Are the Most Effective Treatment Strategies?* Comprehensive services must be initiated as soon as possible after the event, and must address the immediate, short-term and long-term issues identified in Table C.2., and must be sustained throughout the inmate’s incarceration with appropriate referrals to the

community upon release.<sup>26,27,35,37,41,51,56,57,70,72,80</sup> Mental health practitioners should not only become familiar with RTS and PTSD (see [Tables II & III](#)), but also with the current, sound, evidence-based interventions with demonstrated effectiveness. The goal of all treatment should be to “do no harm” - the treatment that is provided should be trauma-informed, gender specific, culturally sensitive and of sufficient duration to ensure adequate impact upon victims. Systematic reviews of therapeutic interventions have validated the effectiveness of several approaches, including: *Trauma Focused Cognitive-Behavioral Therapies* [TFCBT], *Eye Movement Desensitization and Reprocessing* [EMDR], and *SSRI Pharmacotherapy*. (Refer to Table C.4. for resources on each of these types of interventions.)

*Trauma Focused Cognitive Behavioral Therapies* [TFCBT]: include a variety of techniques, including exposure to images and real life situations; therapy to challenge distorted thoughts about the trauma, self, and world; and instruction in coping skills (stress inoculation) and cognitive restructuring. Individual TFCBT have consistently been shown to be very effective in treating PTSD,<sup>8,9</sup> including the treatment of children who have been sexually abused.<sup>78</sup>

*Eye Movement Desensitization and Reprocessing* [EMDR]: EMDR is an information processing therapy which uses an eight phase approach<sup>101,102</sup> in which the person is asked to focus on the traumatic event, a negative cognition associated with it, and the associated emotions. The individual is then asked to follow the therapist’s finger as it moves from side to side. One systematic review found that EMDR was likely to be beneficial in the treatment of PTSD.<sup>103</sup>

*SSRI Pharmacotherapy*, The use of specific types of anti-depressant medications known as selective serotonin reuptake inhibitors (SSRIs) have been shown to be effective as first-line pharmacotherapy and in long-term treatment, because they act on the core symptoms of PTSD, as well as associated depression and disability.<sup>107</sup> One study has found that after a year of SSRI treatment, PTSD subjects had a 5% increase in hippocampal volume in the brain and a 35% increase in memory function.<sup>130</sup> Since PTSD is associated with decreased hippocampal volume and memory function, these results are promising. However, more study is needed to fill in the gaps that exist about the efficacy of pharmacotherapy.<sup>107</sup>

Interestingly, the popular treatment known as psychological debriefing, which is often suggested for use in treating PTSD has demonstrated no evidence of success under the analysis of systematic review,

and it has been suggested that compulsory debriefing of victims of trauma should cease, because it may actually increase the risk of PTSD and depression.<sup>95</sup>

The victim should participate, to the extent possible, in decisions about medical and mental health interventions. As with all treatment decisions, practitioners must scrupulously exercise *informed consent* for all evaluations, treatments and procedures being considered. The victim should be provided with information in clear, understandable language which describes the nature, purpose, likely effects, likelihood and degree of improvement and/or remission, hazards and risks, reasonable alternatives to the treatment, level of confidentiality surrounding the treatment, and the ability to withdraw from the treatment without penalty at any time. Following such discussion, and upon clarification and responses to questions, the victim should then freely assent to or deny permission, without consequence, as stipulated in federal and state law, and professional standards.<sup>2,3,87</sup>

It is also important to note that effective trauma treatment must be interdisciplinary – “the management of inmate sexual assault victims cannot be undertaken without the active and positive involvement of all correctional staff, including administrators, security, classification, and other members of the correctional team.”<sup>41,p.85</sup> Everyone plays an integral role in the process, and clinical staff must be capable of interacting with other correctional staff to assist in environmental interventions, improving the likelihood of victim recovery.

### **STRATEGIES TO INVOLVE COMMUNITY-BASED SEXUAL ASSAULT PROVIDERS**

For nearly 30 years, a network of community-based sexual assault providers has been established nationwide to meet the complex demands of victims of sexual assault. These providers offer a wide range of services, including criminal justice support advocacy, crisis counseling, emergency assistance, forensic examination, clinical care and treatment, information and referral, safety planning and transportation to name but a few services. Unfortunately, the crime-victim services community has not fully embraced the notion of inmates as victims, however, since the passage of PL 108-79, there has been increasing attention to this issue, and many crime victims programs are reaching into detention, jails, prisons and juvenile facilities to provide services. The Office of Crime Victim Services provides a national database of services to crime victims which can be accessed at

<http://ovc.ncjrs.gov/findvictimservices/> and which correctional agencies should utilize to identify the range of services which exist for sexual assault victims, especially as inmates transition back to the community. Additionally, the crime victim service network has a plethora of resources available which can be very helpful in providing training to correctional staff, in understanding the dynamics and impact of victimization, and in meeting the complex needs of prison sexual assault victims.<sup>129</sup>

Several innovative partnerships have been created with notable advocacy groups. The Pennsylvania Department of Corrections [PDOC] has subcontracted with a national rape crisis center, the Pennsylvania Coalition Against Rape [PCAR] as part of the U.S. Department of Justice, Bureau of Justice Assistance Protecting Inmates and Safeguarding Communities 2004 Grant Awards.<sup>97,119,129</sup> This innovative collaboration includes development of brochures and materials for inmates, assistance in conducting inmate surveys, providing services to prison sexual assault victims, staff training and resource development, including a recently published technical assistance guide for services to prison victims.<sup>93</sup>

Stop Inmate Rape [SPR], the national human rights organization dedicated to alleviating sexual violence in all forms of detention, has also entered into a productive collaboration with the California Department of Corrections and Rehabilitation [CDCR]. Following the passage of the only state-wide act, the *California Sexual Abuse in Detention Elimination Act* [AB 550], an increased openness and transparency into California corrections was established, and SPR has established a pilot program, *Paths to Recovery*, in which SPR staff, state prison officials and rape crisis counselors work together to address the unmet needs of victims of inmate sexual violence.<sup>108</sup> The program is currently operational at two facilities, the California Institution for Women (CIW) and the California Corrections Institution (CCI), and is scheduled to be expanded in 2007-2008.

Both of these initiatives provide a template for correctional agencies to emulate – involving community agencies can enhance the services which can be provided to victims, and improve community access. Table C.4. provides contact information about both agencies for consultation.

#### **Table C.4. Trauma Resources for Clinicians**

There are a number of resources that may be especially helpful in providing substantive, concrete care to victims of prisoner sexual violence. They include books, websites, associations, and information on specific treatment interventions. This list provides a representative sample of excellent resources to provide competent care.

**Follette, V.M. & Ruzek, J.I. (Eds.). (2006). *Cognitive-based therapies for trauma*. (2<sup>nd</sup> Edition). New York: Guilford Press.**

This text is the most current and comprehensive review currently available of cognitive behavioral intervention for a wide variety of survivor populations written by the leaders in the field.

**Herman, J. (1997). *Trauma and recovery: The aftermath of violence – from domestic abuse to political terror*. New York: Basic Books.**

*Trauma and Recovery* is recognized as a classic in the field of psychology, with a thorough and insightful examination of the effects of trauma – it provides an outstanding examination of the phases of recovery (safety, remembrance & mourning, reconnection) and is must reading for anyone serving victims of trauma.

**Wainrib, E.R. & Bloch, E.L. (1998). *Crisis intervention and trauma response: Theory and practice*. New York: Springer Publishing Company.**

Written in an informative style, this text provides an overview of a general crisis response model for intervention, and includes useful case examples and exercises.

**David Baldwin's Trauma Information Pages** <http://www.trauma-pages.com/resources.php>

This website concentrates on research-related trauma resources on the Internet that can be read, joined or searched: **on-line databases**, a **workshop calendar**, **professional organizations**, **email discussion lists**, and **information about effective trauma treatment approaches**, as well as a number of **full-text published articles** about trauma, and a number of other resources relevant to trauma, disasters, psychology, and neuroscience.

**EMDR Institute, Inc.** <http://www.emdr.com>

This website provides specific information about Eye Movement Desensitization & Reprocessing [EMDR], the technique, empirical evidence and training/certification requirements in the procedure for clinicians.

**National Association of Cognitive-Behavioral Therapists - NACBT On-Line Headquarters**

<http://www.nacbt.org>

This website provides a host of information about cognitive-behavioral therapy, which is an evidence-based approach that has been shown to be particularly helpful and effective in treating trauma.

## ***CRIMINAL JUSTICE SUPPORT STRATEGIES TO ASSIST VICTIMS IN PARTICIPATION IN CRIMINAL PROSECUTION***

As crime victims, inmate victims of sexual assault are entitled to the same level of service and support afforded to any other crime victim in the community. Inmate sexual assault victims should be entitled to the same level of professional investigation process, including forensic evidence collection, witness testimony, and due consideration by prosecuting authorities for criminal prosecution<sup>26,27,35,36,86,111</sup> afforded to sexual assault victims in the community. The process of criminal prosecution is time consuming and lengthy – victims should be kept informed of the court process, being advised of each court appearance, the status and outcome. Victims should be afforded the services of a victim advocate to help them negotiate through the criminal justice process as well as to prepare for testifying at the trial. The Constitution and the rule of law extend to all citizens in our nation, and do not end at the walls of the correctional institution – ensuring public safety by decreasing the impact of victimization on inmates who will return to the community, providing documentation of the perpetrator's risk and possibly delaying the perpetrator's return to the community.

## ***STRATEGIES TO ASSIST THE VICTIM IN TRANSITIONING TO THE COMMUNITY***

Most juvenile and criminal offenders return to community life after a period of incarceration,<sup>28</sup> and the needs of victims of inmate sexual violence continue long past the initial victimization. Concrete, specific referrals to community medical and mental health providers, accompanied by accurate records and including assistance in securing prophylactic medications, is vital to continuing the individual treatment of the victim upon release to the community. Continuity of care also ensures adequate public health protections against transmission of HIV/AIDS, STDs and other communicable diseases if left untreated. As previously identified, the sequelae of inmate sexual victimization may extend far beyond the initial trauma – victims who are left untreated or under-treated face the potential of psychiatric decompensation, use of alcohol and/or substances to self-medicate and numb the pain, and even the potential to act out with anger and frustration toward others in the community.<sup>32,35,36,37,39,41,51,57,60,61,70,72,77,98,99,118</sup> Like other inmates re-entering community life, care should be taken to facilitate adequate housing, employment, and health care to facilitate successful community re-integration.

## References:

- 1 Allison, J.A. & Wrightsman, L.S. (1993). *Rape: The misunderstood crime*. Newbury Park, CA: Sage Publications.
- 2 American Correctional Association. (2005). *Standards for adult correctional institutions*. Lanham, MD: Author.
- 3 American Psychiatric Association. (2000). *Psychiatric services in jails and prisons: A task force report of the American Psychiatric Association* (2<sup>nd</sup> Edition). Washington, D.C.: Author.
- 4 Amnesty International. (2001). *Broken bodies, shattered minds: Torture and Ill-Treatment of women*. London: Amnesty International.
- 5 Anderson, C.L. (1981). Males as sexual assault victims: Multiple levels of trauma. *Journal of Homosexuality*, 7(2/3): 145-162.
- 6 Baro, A.L. (1997). Spheres of consent: An analysis of the sexual abuse and sexual exploitation of women incarcerated in the state of Hawaii. *Women and Criminal Justice*, 8(3): 61-84.
- 7 Bartollas, C. & Sieveides, C.M. (1983). The sexual victim in a coeducational juvenile correctional institution. *The Prison Journal*, 58(1): 80-90.
- 8 Bisson, J. (2002). Post-traumatic stress disorder. In J. Geddes, (Ed.), *Mental health clinical evidence*. Issue 7, (June 2002). London, U.K.: British Medical Journal Publishing Group, pp. 120-126.
- 9 Bisson, J. & Andrew, M. (2005). Psychological treatment of post-traumatic stress disorder (PTSD). *Cochrane Database of Systematic Reviews* 2005, Issue 2. Art. No.: CD003388. DOI: 10.1002/14651858.CD003388.pub2.
- 10 Bland, R., Newman, S., Dyck, R., & Orn, H. (1990). Prevalence of psychiatric disorders in suicide attempts in a prison population. *Canadian Journal of Psychiatry*, 35: 407-413.
- 11 Bonner, R.L. (1992). Suicide prevention in correctional facilities. In L. VandeCreek et al., (Eds.), *Innovations in clinical practice: A source book*, Vol. II. Sarasotta, FL: Professional Resource Press.
- 12 Bonner, R.L. (2001). Rethinking suicide prevention and manipulative behavior in corrections. *Jail Suicide/Mental Health Update*, 10(4): 7-8.
- 13 Browne, A. & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the research. *Psychological Bulletin*, 99: 66-77.
- 14 Browne, A., Miller, B., & Maguin, E. (1999). Prevalence and severity of lifetime physical and sexual victimization among incarcerated women. *International Journal of Law and Psychiatry*, 22(3-4): 301-322.
- 15 Burgess, A.W. (1985). Rape trauma syndrome: A nursing diagnosis. *Occupational Health Nursing*, 33(8): 405-406.
- 16 Burgess, A. & Holmstrom, L. (1974a). Rape syndrome. *American Journal of Psychiatry*, 131(9): 981-986.
- 17 Burgess, A. & Holmstrom, L. (1974b). Crisis and counseling request of rape victims. *Nursing Research*, 23: 196-202.



- 18 Burgess, A.W. & Holmstrom, L.L. (1975). Sexual assault: Signs and symptoms. *Journal of Emergency Nursing*, 1(2): 1115.
- 19 Burgess, A.W. & Holmstrom, L.L. (1979). *Rape: Crisis and recovery*, 2<sup>nd</sup> Edition. Bowie, MD: Brady.
- 20 Burton, D. et al. (1999). *Women in prison: Sexual misconduct by correctional staff*. Washington, D.C.: Government Accounting Office.
- 21 Calderwood, D. (1987). The male rape victim. *Medical Aspects of Human Sexuality*, 21(5): 53-55.
- 22 Capuzzi, D. (1994). *Suicide prevention in the schools: Guidelines for middle and high school settings*. Alexandria, VA: American Counseling Association.
- 23 Catalano, S.M. (2006). *Bureau of Justice Statistics Bulletin: National Crime Victimization Survey Criminal Victimization 2005*, September 2006, NCJ 214644. Washington, D.C.: U.S. Department of Justice Office of Justice Programs, Bureau of Justice Statistics.
- 24 Chonco, N.R. (1989). Sexual assaults among male inmates: A descriptive study. *The Prison Journal*, 69(1): 72-82.
- 25 Cole, M., & Cole, S. R. (1989). *The development of children*. New York: Scientific American Books.
- 26 Cotton, D.J. & Groth, A.N. (1982). Inmate rape: prevention and intervention. *Journal of Prison and Jail Health*, 2 (1), 47 - 57
- 27 Cotton, D.J. & Groth, A.N. (1984). Sexual assault in correctional institutions: prevention and intervention. In I.R. Stuart, Ed. (1984). *Victims of sexual aggression: Treatment of children, women and men*. New York: Van Nostrand Reinhold.
- 28 Council of State Governments. (2003). *Report of the Re-entry Policy Council: Charting the safe and successful return of prisoners to the community*. [On-Line]. New York: Author. Available at: [http://www.reentrypolicy.org/reentry/Download\\_the\\_Report\\_in\\_PDF\\_Format.aspx](http://www.reentrypolicy.org/reentry/Download_the_Report_in_PDF_Format.aspx)
- 29 Courtier, L. & Maue, F.R. (2000). Suicide prevention initiatives in a large statewide department of corrections: A full-court press to save lives. *Jail Suicide/Mental Health Update*, 9(4): 1-8.
- 30 Cutler, S.E. & Nolen-Hoeksame, S. (1991). Accounting for sex-differences in depression through female victimization: Childhood sexual abuse. *Sex Roles*, 24(3): 425-438.
- 31 Dickey, R. (1990). Gender dysphoria and antisocial behavior. In R. Blanchard & H.W. Steiner, (Eds.), *Clinical management of gender identity disorders in children and adults*. Washington, DC: American Psychiatric Press, 193-199.
- 32 Donaldson, S. (1993). *Prisoner rape education program: Overview for administrators and staff*. Brandon, VT: The Safer Society Press.
- 33 Donnelly, D. & Kenyon, S. (1996). "Honey, we don't do men": Gender stereotypes and the provision of services to sexually assaulted males. *Journal of Interpersonal Violence*, 11(3): 441-448.
- 34 Dooley, E. (1990). Unnatural deaths in prison. *British Journal of Criminology*, 30: 299-334.
- 35 Dumond, R.W. (1992). The sexual assault of male inmates in incarcerated settings. *International Journal of the Sociology of Law*, 20(2): 135 - 157.
- 36 Dumond, R.W. (2000). Inmate sexual assault: The plague which persists. *The Prison Journal*, 80(4): 407-414.

- 37 Dumond, R.W. (2001, October). The impact and recovery of prisoner rape. Paper presented at the National Conference "Not Part of the Penalty: Ending Prisoner Rape", Washington, DC, October 19, 2001.
- 38 Dumond, R.W. (2003). Confronting America's most ignored crime problem: The Prison Rape Elimination Act of 2003. *The Journal of the American Academy of Psychiatry and the Law*, 31(3); 354-360.
- 39 Dumond, R.W. (2006). The impact of prisoner sexual violence: Challenges in implementing Public Law 108-79 – The Prison Rape Elimination act of 2003. *Notre Dame Law School, Journal of Legislation*, 32(2): 142-164.
- 40 Dumond, R.W. (2006, November). Testimony of Robert W. Dumond Before the U.S. Attorney General's Review Panel on Prison Rape, California State Prison, Represa, CA, November 15, 2006.
- 41 Dumond, R.W. & Dumond, D.A. (2002). The treatment of sexual assault victims. In C. Hensley (Ed.), *Prison sex: Practice and policy*. Boulder, CO: Lynne Rienner Publishers, Chapter 5, pp. 67-88
- 42 Dumond, R.W. & Dumond, D.A. (2005). Depression – The prisoner's plight. In S. Stojkovic (Ed.), *Managing special populations in jails and prisons*. New York: Civic Research Institute, Chapter 8: 8-1 – 8-58.
- 43 Eigenberg, H.M. (1989). Male rape: An empirical examination of correctional officers' attitudes toward male rape in prison. *The Prison Journal*, 68(2): 39-56.
- 44 Eigenberg, H.M. (1994). Male rape in prisons: Examining the relationship between correctional officers' attitudes toward male rape and their willingness to respond to acts of rape. In M.C. Braswell, R.H. Montgomery, Jr., & L.X. Lombardo (Eds.) *Prison violence in America*, 2<sup>nd</sup> Edition. Cincinnati: Henderson.
- 45 Eigenberg, H M. (2000). Correctional officers' definitions of rape in male prisons. *Journal of Criminal Justice Review*, 28(5): 435-449.
- 46 Erikson, Erik H. (1950). *Childhood and Society*. New York: Norton.
- 47 Erikson, Erik H. (1964). *Insight and Responsibility*. New York: Norton.
- 48 Erikson, Erik H. (1968). *Identity: Youth and crisis*. New York: Norton.
- 49 Erikson, Erik H. (1974). *Dimensions of a new identity*. New York: Norton.
- 50 Erikson, Erick H. (1975). *Life history and the historical movement*. New York: Norton.
- 51 Fagan, T.J., Wennerstrom, D. & Miller, J. (1996). Sexual assault of male inmates: Prevention, identification, and intervention. *Journal of Correctional Health Care*, 3(1): 49-66.
- 52 Finklehor, David. (1994). The international epidemiology of child sexual abuse. *Child Abuse & Neglect*, 18: 409-417.
- 53 Fisher, Bonnie S., Cullen, Francis T., & Turner, Michael G. (2000). *Sexual victimization of college women*. Washington, D.C.: U.S. Department of Justice, National Institute of Justice.
- 54 Freund, K. (1991). Caring for the victim of sexual assault (Editorial). *American Journal of Preventative Medicine*, 7(6): 459-460.

- 55 Groth, A.N. (1979). *Men who rape: The psychology of the offender*. New York: Plenum Publishing Company.
- 56 Groth, A.N. & Burgess, A.W. (1980). Male rape: Offenders and victims. *American Journal of Psychiatry*, 137(7): 806-819.
- 57 Groth, A.N., Burgess, A.W., & Holmstrom, L.L. (1977). Rape: Power, rage and sexuality. *American Journal of Psychiatry*, 134(11): 1239-1243.
- 58 Haycock, J. (1991). Crimes and misdemeanors: A review of recent research on suicide in prison. *Omega*, 23: 81-91.
- 59 Hayes, L.M. (1995). *Prison suicide: An overview and guide to prevention*. Washington, D.C.: U.S. Department of Justice, National Institute of Corrections. [On-Line]. Available at <http://www.nicic.org/pubs/1995/012475.pdf>
- 60 Herman, J.L.(1992). Complex PTSD: A syndrome in survivors of prolonged and repeated trauma. *Journal of Traumatic Stress*, 5(3): 377-389.
- 61 Herman, J.L. (1992). *Trauma and recovery: The aftermath of violence*. New York: Basic Books.
- 62 Human Rights Watch. (1996). *All too familiar: Sexual abuse of women in U.S. State prisons*. New York: Human Rights Watch.
- 63 Ipser, J.C., Seedat, S., & Stein, D.J. (2006). Pharmacotherapy for prevention of post-traumatic stress disorder. (Protocol) *Cochrane Database of Systematic Reviews* 2006, Issue 4. Art. No.: CD006239. DOI: 10.1002/14651858.CD006239.
- 64 James, D.J. & Glaze, L.E. (2006). *Bureau of Justice Statistics Special Report: Mental health problems of prison and jail inmates*. September 2006, NCJ 213600. Washington, D.C.: U.S. Department of Justice, Office of Justice
- 65 Kaufman, A., Divasto, P., Jackson, R., Voorhees, D., & Christy, J. (1980). Male rape victims: Noninstitutionalized assault. *American Journal of Psychiatry*, 137: 221-223.
- 66 Kilpatrick, D.G., Saunders, B.E., Veronen, L.J., Best, C.L., & Von, J.M. (1987). Criminal victimization: Lifetime prevalence, reporting to police, and psychological impact. *Crime and Delinquency*, 33, 479-489.
- 67 Kilpatrick, D.G., Whalley, A., & Edmunds, C. (2002). Sexual assault. In A. Seymour, M. Murray, J. Sigmon, M. Hook, C. Edwards, M. Gaboury, & G. Coleman (Eds.), *National Victim Assistance Academy textbook*. Washington, D.C.: U. S. Department of Justice, Office for Victims of Crime.
- 68 Kunselman, J., Tewksbury, R., Dumond, R.W., & Dumond, D.A. (2002). Nonconsensual sexual behavior. In C. Hensley (Ed.), *Prison sex: Practice and policy*. Boulder, CO: Lynne Rienner Publishers, Chapter 3, pp. 27-47.
- 69 Kupers, T.A. (1996). Trauma and its sequelae in male prisoners. *American Journal of Orthopsychiatry*, 66(2): 189 – 196.
- 70 Kupers, T.A. (1999). *Prison madness: The mental health crisis behind bars and what we must do about it*. San Francisco: CA: Jossey-Bass.
- 71 Kupers, T.A. (2001). Rape and the prison code. In D. Sabo, T. Kupers, & W. London (Eds.), *Prison masculinities*. Philadelphia: Temple University Press, pp. 111 – 117.

- 72 Kupers, T.A. (2005). PTSD in prisoners. In S. Stojkovic (Ed.), *Managing special populations in jails and prisons*. Kingston, NJ: Civic Research Institute, Chapter 10, pp. 10-1 to 10-21.
- 73 Lazarus, R. (1983). *Cognitive theory of stress, coping and adaptation*. Eastham, MA: Cape Cod Seminars.
- 74 Lennox, M.C. & Gannon, L.R. (1983). Psychological consequences of rape and variables influence recovery: A review. *Women and Therapy*, 2(1): 37 – 49.
- 75 LIS, Inc. (1996). *Special Issues in Corrections: Survey of mental health services in large jails and jail systems*. May 1996. Longmont, CO: U.S. Department of Justice, National Institute of Corrections.
- 76 LIS, Inc. (2001). *Special Issues in Corrections: Provision of mental health care in prisons*. February 2001. Longmont, CO: U.S. Department of Justice, National Institute of Corrections.
- 77 Lockwood, D. (1980). *Prison Sexual Violence*. New York: Elsevia/Thomond Books.
- 78 Macdonald, G.M., Higgins, J.P.T., & Ramchandani, P. (2006). Cognitive-behavioral interventions for children who have been sexually abused. *Cochrane Database of Systematic Reviews* 2006, Issue 4. Art No.: CD001930. DOI: 10.1002//14651858.CD001930.pub2.
- 79 Marcia, J.E. (1980). Identity in adolescence. In J. Anderson (Ed.), *Handbook of adolescent psychology*. New York: Wiley.
- 80 Mariner, J. (2001). *No Escape: Male Rape in U.S. Prisons*. New York: Human Rights Watch.
- 81 Markesteyn, T. (1992). The psychological impact of non-sexual criminal offenses on victims. No. 1992-21. [On-Line]. Ottawa, Canada: Ministry of the Solicitor General of Canada, Corrections Branch. Available at: [http://ww2.psepc-sppcc.gc.ca/publications/corrections/pdf/199221\\_e.pdf](http://ww2.psepc-sppcc.gc.ca/publications/corrections/pdf/199221_e.pdf)
- 82 Maruschak, L.M. (2006). *Bureau of Justice Statistics Special Report: Medical problems of jail inmates*. November 2006, NCJ 210696. Washington, D.C.: U.S. Department of Justice Office of Justice Program
- 83 Mezey, G. & King, M. (1989). The effects of sexual assault on men: A survey of 22 victims. *Psychological Medicine*, 19(1): 205-209.
- 84 Moss, C.S., Hosford, R.E. & Anderson, W. (1979). Sexual assault in prison. *Psychological Reports*, 44(3): 823-828.
- 85 Myers, D.G. (1989). Mental health and disaster: Preventive approaches to intervention. In R. Gist & B. Lubin (Eds.). *Psychosocial aspects of disaster*. New York: Wiley, pp. 190 – 228.
- 86 Nacci, P.L. & Kane, T.R. (1984). Sex and sexual aggression in Federal prisons: inmate involvement and employee impact. *Federal Probation*, 48(1): 46-53.
- 87 National Commission on Correctional Health Care (2003). *Standards for health services in prisons*. Chicago, IL: Author.
- 88 Nolen-Hoeksema, S. (1987). Sex differences in unipolar depression: Evidence and theory. *Psychological Bulletin*, 101: 259-282.
- 89 Norris, F. (1992). Epidemiology of trauma: Frequency and impact of different potentially traumatic events on different demographic groups. *Journal of Consulting and Clinical Psychology*, 60(3): 409-418.

- 90 Ochberg, F.M. (1991). Post-traumatic therapy. *Psychotherapy*, 28: 5-15.
- 91 Ogle, R.S. (2000). Battered women and self-defense, USA. In N.H. Rafter (Ed.), *Encyclopedia of women and crime*. Phoenix, AZ: Oryx.
- 92 Owen, B. (1998). *In the mix: Struggle and survival in a women's prisons*. Albany: State University of New York.
- 93 Pennsylvania Coalition Against Rape. (2006). *Meeting the needs of prison rape victims: A technical assistance guide for sexual assault counselors and advocates*. Enola, PA: Author. Available at : <http://pcar.org/resources/PrisonRapeGuide.pdf>
- 94 Pope, K.S. (1986). Assessment and management of suicidal risk. *Independent Practitioner*, 6(2): 17-23.
- 95 Rose, S., Bisson, J., Churchill, R., & Wessely, S. (2002). Psychological debriefing for prevention post-traumatic stress disorder (PTSD). *Cochrane Database of Systematic Reviews* 2002, Issue 2. Art No.: CD000560. DOI: 10.1002//14651858.CD000560.
- 96 Ruch, L.O., Chandler, S.M., & Harter, R.A. (1980). Life change and rape impact. *Journal of Health and Social Behavior*, 21(3): 248-260.
- 97 Rumberg, D. (2005). The overlooked victims. *PCAR Pinnacle*, Fall 2005/Winter 2005. [On-Line]. Enola, PA: Pennsylvania Coalition Against Rape. Available at: [http://pcar.org/resources/newsletters/pinn\\_win05.pdf](http://pcar.org/resources/newsletters/pinn_win05.pdf)
- 98 Scacco, Anthony M. (1975). *Rape in Prison*. Springfield, IL: Charles C. Thomas.
- 99 Scacco, Anthony M. (Ed.). (1982). *Male Rape: a Casebook of Sexual Aggression*. New York: AMS Press, Inc.
- 100 Sennott, C.M. (1994, May 17). Poll finds wide concern about prison rape. *The Boston Globe*, p. 22.
- 101 Shapiro, F. (1989). Eye movement desensitization: A new treatment for post-traumatic stress disorder. *Journal of Behavior Therapy and Experimental Psychiatry*, 20: 211-217.
- 102 Shapiro, F. (2001). *Eye movement desensitization and reprocessing: Basic principles, protocols and procedures*. 2<sup>nd</sup> Edition. New York: Guilford Press.
- 103 Shepherd, J., Stein, K., & Milne, R. (2000). Eye movement desensitization and reprocessing in the treatment of post-traumatic stress disorder: A review of an emerging therapy. *Psychological Medicine*, 30: 863-871.
- 104 Smith, B.V. (1998). Testimony of Brenda V. Smith, Senior Counsel Director, Women in Prison Project Before the Maryland Senate on SB 156 Sexual Offenses – Custodial Employees and Persons in Custody. Washington, D.C.: National Women's Law Center.
- 105 Smith, B.V. (2003). Watching you, watching me. *Yale Journal of Law and Feminism*, 15(2): 233  
Available at: [http://www.wcl.american.edu/nic/Articles\\_Publications/Watching\\_You\\_Watching\\_Me.pdf?rd=1](http://www.wcl.american.edu/nic/Articles_Publications/Watching_You_Watching_Me.pdf?rd=1)
- 106 Smith, N.E. & Batiuk, M.E. (1989). Sexual victimization and inmate social interaction. *The Prison Journal*, 69(2): 29-38.
- 107 Stein, D.J., Ipser, I., & Seedat, S. (2006). Pharmacotherapy for post traumatic stress disorder (PTSD). *Cochrane Database of Systematic Reviews* 2006, Issue 1. Art. No: CD002795. DOI: 10.1001/14651858.CD002795.pub2.

- 108 Stop Prisoner Rape. (2006). *Programs – Paths to Recovery*. [On-Line]. Los Angeles: Author. Available at <http://www.spr.org/en/programs.asp>
- 109 Struckman-Johnson, C.J. (1991). Male victims of acquaintance rape. In A. Parrot & L. Bechhofer (Eds.), *Acquaintance rape: The hidden crime*. New York: Wiley & Sons, Inc.
- 110 Struckman-Johnson, C.J. Struckman-Johnson, D.L., Rucker, L., Bumby, K. & Donaldson, S. (1995, May). A survey of inmate and staff perspectives on prisoner sexual assault. Paper presented at the Annual Meeting of the Midwestern Psychological Association in Chicago, IL, May 4, 1995.
- 111 Struckman-Johnson, C.J., Struckman-Johnson, D.L., Rucker, L., Bumby, K., & Donaldson, S. (1996) Sexual coercion reported by men and women in prison. *The Journal of Sex Research*, 33(1): 67-76.
- 112 Struckman-Johnson, C.J., Struckman-Johnson, D.L. (2000). Sexual coercion rates in seven Midwestern prison facilities for men. *The Prison Journal*, 80(4): 379-390.
- 113 Struckman-Johnson, C.J., Struckman-Johnson, D.L. (2002). Sexual coercion reported by women in three Midwestern prisons. *Journal of Sex Research*, 39(2): 217-227.
- 114 Symonds, M. (1980). The 'second injury' to victims. *Evaluation and Change*, November 1980.
- 115 Teplin, L.A., Abram, K.M., McClelland, G.M., Mericle, A.A., Dulcan, M.K., & Washburn, J.J. (2006). *OJJDP Bulletin: Psychiatric disorders of youth in detention*. April 2006, NCJ 210331. Rockville, MD: United States Department of Justice, Office of Juvenile Justice and Delinquency Prevention.
- 116 Toch, H. (1992). *Living in prison: The ecology of survival*. Washington, D.C.: American Psychological Association.
- 117 Toch, H. (1992). *Mosaic of despair: Human breakdowns in prison*. (Revised Edition). Washington, D.C. American Psychological Association.
- 118 Turner, S. (1992). Surviving sexual assault and sexual torture. In G.C. Mezey and M.B. King (Eds.), *Male victims of sexual assault*. New York: Oxford University Press.
- 119 U.S. Department of Justice, (2005). *Project summaries: PREA Grant Awards FY2004*. [On-Line]. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance. Available at <http://www.nicic.org/downloads/pdf/misc/PREA04ProjectSummaries.pdf>
- 120 Wainrib, B.R. & Bloch, E.L. (1998). *Crisis intervention and trauma response: Theory and practice*. New York: Springer Publishing Co., Inc.
- 121 Walker, Lenore E. 1979). *The battered woman*. New York: Harper Colophone Books.
- 122 Walker, Lenore E. (1984). *The battered woman syndrome*. New York: Springer.
- 123 Walker, Lenore E. (1999). Psychology and domestic violence around the world. *American Psychologist*, 54: 21-29.
- 124 Washington, P.A. (1999). Second assault of male survivors in sexual violence. *Journal of Interpersonal Violence*, 14(7): 713 – 730.
- 125 Waterman, A.S. (1985). Identity in the context of adolescent psychology. In A.S. Waterman (Ed.), *Identity in adolescence: Progress and contents*. (New Directions for Child Development, No. 30). San Francisco: Jossey-Bass.

- 126 Wiggs, J.W. (1989). Prison rape and suicide. *Journal of the American Medical Association*, 262(24): 3403.
- 127 Widney-Brown, A. (1998). Nowhere to hid: Retaliation against women in Michigan state prisons. *Human Rights Watch*, 10(2): 2-27.
- 128 Wooden, WS & Parker, J. (1982). *Men behind bars: Sexual exploitation in prison*. New York: Plenum Press.
- 129 Zweig, J.M., Naser, R.L., Blackmore, J., & Schaffer, M. (2006). *Addressing sexual violence in prisons: A national snapshot of approaches and highlights of innovative strategies*. Washington, D.C.: Urban Institute, Justice Policy Center.
- 130 Bremner, J.D. (2006). The relationship between cognitive and brain changes in posttraumatic stress disorder. *Psychobiology of Posttraumatic Stress Disorder: A Decade of Progress*. New York: Annals of the New York Academy of Sciences.

**Appendix E:  
Technology Transfer:  
Building Blocks for Institutional Safety  
Bulletins**

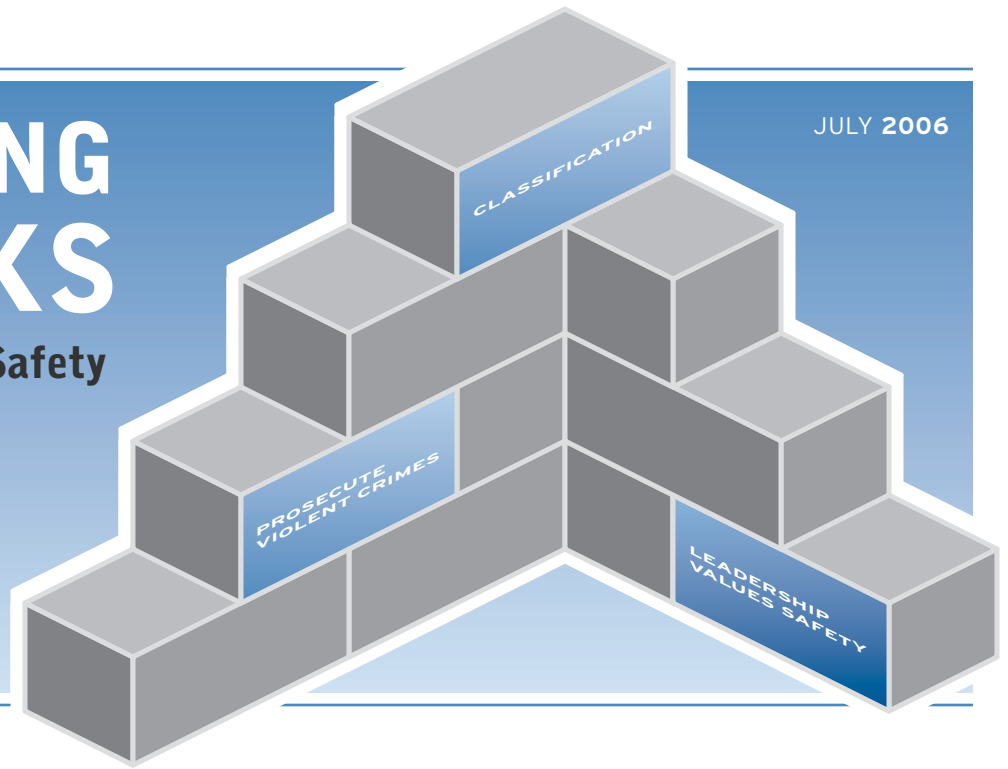




# BUILDING BLOCKS

for Institutional Safety

JULY 2006



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ISSUE ONE IN A SERIES

## ► RESPONDING TO THE PRISON RAPE ELIMINATION ACT

*This bulletin is the first in a series, **Building Blocks for Institutional Safety**, to be published over the next 12 months. The series will be produced by the Colorado Division of Criminal Justice's (DCJ) Office of Research and Statistics under a research grant from the National Institute of Justice (NIJ) to identify "promising practices" in the prevention and intervention of offender-on-offender sexual assaults. Researchers are working with experts in the field to identify local jails and juvenile facilities with model policies and procedures that maintain safe environments.*

*We plan to supplement the work of the Bureau of Justice Statistics (BJS), the National Institute of Corrections (NIC), and the National Institute of Justice (NIJ) by providing practical information on established approaches that encourage safe environments in jails and juvenile facilities. It is our hope that this information will be useful in facilitating the development of effective policies and practices nationwide.*

*If you would like to be placed on the mailing list to receive upcoming newsletters in this series, please contact Peggy Heil at the Colorado Division of Criminal Justice, [Peggy.Heil@cdps.state.co.us](mailto:Peggy.Heil@cdps.state.co.us).*

### Sexual violence in adult correctional facilities

#### Who is at risk of sexual assault?

Past studies of prisoners have found that those with certain characteristics are most vulnerable to rape. The prison rape literature (Sacco, 1975, 1982; Lockwood, 1978; Cotton and Groth, 1982, 1984; Heilpern, 1998; Dumond, 1992, 2000) identifies the following groups as being particularly at risk:

- Inmates who are young, inexperienced in prison culture, and easily intimidated;
- Those who are physically small or weak;
- Inmates suffering from mental illness and/or developmental disabilities;<sup>1</sup>
- Inmates who are middle-class/not streetwise;

<sup>1</sup> When compared to a sample of men from the general population, a community sample of seriously mentally ill men were found to be significantly more likely to have been raped or sexually assaulted within the last year (Teplin, McClelland, Abram & Weiner, 2005). Studies involving developmentally disabled individuals have also detected higher rates of sexual victimization than studies involving general population samples (Sobsey & Doe, 1991).



- Offenders who are not gang affiliated;
- Those who are known to be homosexual;
- Those who have been previously sexually assaulted;
- Inmates who are disliked by staff or other inmates;
- Those who “snitch,” that is, report prohibited behavior; and
- First-time, non-violent offenders.<sup>2</sup>

It is important to note that this information covers only the characteristics of individuals who were willing to report sexual victimization to researchers and may not include the characteristics of all inmates who are at risk of being sexually assaulted.

Struckman-Johnson, Struckman-Johnson, Rucker, Bumby, and Donaldson (1996) found that inmate victims reported an average of nine separate incidents of pressured or forced sex. This suggests that once an inmate has been victimized other inmates may see the individual as an easy mark, increasing the likelihood that the individual will be re-victimized. This phenomenon makes the protection of victims a complicated issue and highlights the importance of prevention efforts.

### **What do we know about perpetrators?**

Although less is known about the perpetrators than the victims of prison sexual assaults, researchers have

<sup>2</sup> Half of the inmates in state prisons in 2002 were serving sentences for non-violent offenses (Harrison and Beck, 2003).

identified some common characteristics (Mariner, 2001; Nacci & Kane, 1982). As with victims, some perpetrators fall outside these categories, but common characteristics include the following:

- Under age 30 but older than the victim;
- Stronger than the victim;
- More accustomed to incarceration;
- More likely to have spent time in juvenile facilities;
- More likely to have lived in an urban area prior to incarceration;
- More likely to have committed a violent crime;
- More likely to be a gang affiliated; and
- More likely to break prison rules.

Fifty percent of the worst-case incidents reported by victims involved multiple perpetrators, supporting the finding of Human Rights Watch that perpetrators are more likely to be gang members (Struckman-Johnson, et. al. 1996; Mariner, 2001).

### **How frequently does sexual assault occur?**

The exact rate of sexual assaults in prison and jails remains hard to establish because numerous factors interfere with efforts to determine the rate of sexual assault in prison (Saum, Surratt, Incidardi, and Bennett, 1995). Nevertheless, research has established prevalence rates. In two studies staff and inmates offered similar estimates of approximately fifteen percent of inmates being victimized (Eigenberg, 1989, and Struckman-Johnson et al.,

***Institutional sexual assault is a difficult problem to detect and prevent. The threat or occurrence of rape compromises the safety of both inmates and staff.***

***The Prison Rape Elimination Act of 2003 (PREA) encourages officials “to adopt policies and procedures that reduce the incidence of prison rape.” The Act was unanimously passed by both Houses of Congress and quickly signed by the President in September 2003. It reflects the expectation that correctional policy and practice will be significantly and positively affected by the mandate that the U.S. Department of Justice generate knowledge about the prevalence and prevention of rape in prisons and jails. Significant research efforts have been mandated by Congress and are well underway.***

***Across the nation, progressive correctional administrators are responding to PREA by developing policies, procedures, and data collection methods in response to the Act. Some facilities already had policies and practices in place prior to the advent of PREA. The purpose of this newsletter is to introduce the series “Building Blocks for Institutional Safety,” and summarize what we know today about inmate-on-inmate and youth-on-youth institutional sexual assault. Future newsletters will highlight specific practices that facilitate safe facility management.***



1996). Wooden and Parker (1982) studied 200 inmates incarcerated in California and found that over 65 percent reported engaging in consensual sex, and 14 percent had been sexually assaulted. Nacci and Kane (1983) found that 30 percent of a random sample of 330 inmates had a homosexual experience while incarcerated while the sexual assault rate was less than 2 percent. Lockwood (1980) interviewed nearly 100 inmates and concluded that while only 1.3 percent had been raped, 28 percent had been the subject of sexual aggression. Struckman-Johnson et al. (1996) found that 12 percent of nearly 500 inmates had been sexually assaulted, and Hensley (2003) found that 14 percent of 174 inmates in Oklahoma had been sexually threatened and 1 percent had been raped. These studies suffer from some methodological problems pertaining to sample size and location, definitions of sexual activity/assault, and research participant response rates. However, as required by the Prison Rape Elimination Act (PREA), the Bureau of Justice Statistics (BJS) has efforts underway to more accurately measure the extent of sexual violence in correctional institutions.

Given the criminal subculture in correctional facilities and the inmate code that discourages “snitching,” it can be safely assumed that prison sexual assaults are under-reported. Many of these incidents will never come to the attention of facility administrators. The Bureau of Justice Statistics study (Beck and Hughes, 2005 – see sidebar on page 7) found only .52 substantiated incidents of sexual violence reported per 1,000 prison inmates and .63 substantiated incidents reported per 1,000 jail inmates in its analysis of administrative records in 2004. Administrative record data for prisons (Beck and Hughes, 2005) indicate sexual assault rates that are nearly 20 times lower than the lowest self-report survey data (1 percent in Hensley, 2003).

### What is known about the locations and timing of assaults?

Several researchers have looked at the conditions under which sexual assaults are likely to take place (Struckman-Johnson & Struckman-Johnson, 2000; Mariner, 2001; Nacci & Kane, 1982). Conditions associated with higher rates of sexual assault include:

- Facilities with higher numbers of violent criminals;
- Facilities with dorm or barracks housing;
- Facilities with high racial conflict;
- Facilities with overcrowding;
- Facilities that are understaffed;

- Facilities with poor supervision or insufficient security;
- Facilities with inadequate programming; and
- Facilities with blind spots.

Inmates are at greatest risk of sexual assault when they first enter prison or when they first arrive at a jail. Nacci and Kane (1982) reported that 57 percent of inmates who were targeted for victimization had been housed in the facility less than one month. Most assaults take place in the victim’s housing or in blind spots that are not easily observed by staff. Dorm or barrack housing creates ready access to victims. Facilities that are short-staffed may have formal scheduled counts, but only patrol the housing area infrequently, thus increasing opportunities for victimization.

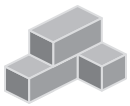
***Between 1989 and 1999 there were 1,525 Section 1983 (Conditions of Confinement) lawsuits alleging failure to train correctional staff regarding the adequacy of conditions that affect inmates’ basic human needs. Basic human needs include personal safety.***

*See Helling vs. McKinney 509 US 2475 (1993).*

## Why should administrators care about sexual assault?

Sexual assaults in correctional facilities are difficult to detect and prevent. However, there are two primary reasons why correctional administrators should try to address this problem.

- **Legal liability.** Each jail and prison administrator has a legal responsibility to maintain constitutional conditions under the 8th Amendment to the U. S. Constitution, according to William Collins, former Washington State Deputy Attorney General and author of the NIC publication *Supermax Prisons and the Constitution: Liability Concerns in the Extended Control Unit* (2004). The cases of *Helling vs. McKinney* (1993) and *Wilson vs. Seiter* (1991) made it clear that personal safety (freedom from assault) is a basic human need under the constitution and is subject to judicial scrutiny. Similarly, in *City of Canton vs. Harris* (1989) the Supreme Court specified that agencies have a duty to train their police or corrections officers to recognize and prevent conditions that might violate



constitutional minimum standards. Training must help correctional officers to understand that the Constitution protects the personal safety of inmates.

The research summarized here and elsewhere (see especially Collins, 2004 and Riveland, 1999) can help staff recognize vulnerable inmates. Training correctional officers to recognize features such as age, physical weakness, mental illness, homosexuality, and lack of streetwise skills must be a critical component of basic and in-service training. Notably between 1989 and 1999 there were 1,525 Section 1983 (Conditions of Confinement) lawsuits alleging failure to train. Information on at-risk and perpetrator populations is vital in shaping staff training that is critically important for reducing agency liability.

- **Dangerous environments.** Sexual assaults, like other forms of institutional violence, contribute to a dangerous environment for inmates and staff. Victims may engage in destructive behavior – including assaults on staff – to escape or cope with sexual assaults. Research on sexual assault victims in the community has found that victimization results in increased rates of substance abuse, suicide attempts, depression, and post-traumatic stress disorder (Kilpatrick, Edwards & Seymour, 1992). These problems, compounded by a population with criminal behavior, can increase facility management problems and destabilization of the population.
- **Community safety.** Institutional sexual assaults are also important because of the impact of violence on public safety when offenders are released back into the community. Anecdotal information indicates, for example, that victims may be less stable, resulting in on-going criminal behavior in the community (Mariner, 2001). In addition, there is research by Heil, Harrison,

and English (2005) that indicates that perpetrators pose an increased risk to community safety. The authors compared the post-prison rearrest rates of three groups of sex offenders:

- > **Prison only** – Offenders whose only known sex crimes involved sex offenses in prison,
- > **Prison plus** – Offenders who committed sex offenses in prison *and* in the community prior to the current incarceration, and
- > **Convicted** – Offenders who were convicted of sex offenses in the community prior to incarceration.

*Information on at-risk populations is vital to include in staff training and is critically important to improving facility safety. Adequate training and enforcement of policies regarding at-risk populations may reduce agency liability.*

The breakdown of sex offenses committed by those in the “prison only” and “prison plus” group is approximately 46 percent indecent exposure to staff, 28 percent inmate sexual assault, 10 percent sexual harassment of staff, 9 percent attempted staff sexual assault, and 7 percent stalking staff.

The “prison only” and “prison plus” groups were found to be especially dangerous after release. The “prison only” group was significantly more likely than “convicted” sex offenders to recidivate with violent arrests and almost as likely to recidivate with sex crime arrests, despite the fact that more than half had committed only hands-off sex offenses against staff. The “prison plus” group was significantly more likely to be arrested for a sex crime.

Further, the “prison only” sex offenders had a shorter average time to arrest than the convicted sex offenders. In sum, prison sex offenders are a danger to the community and reoffend quickly.

Note that only inmates with sex offenses that were reported, investigated and substantiated are included in the study. These findings demonstrate that lack of victim reporting – and the extent to which institutional staff and officials support this lack of reporting – ultimately endangers the public. Prosecution of these individuals would likely result in extended time behind bars.

### Post incarceration arrest

	Five years post release	
	Sexual arrest	Violent arrest
<b>Prison only</b> n= 50	10%	52%
<b>Prison plus</b> n=20	20%	35%
<b>Convicted</b> n=635	12%	32%



*Institutional sex offenders are especially dangerous: they are more likely than convicted sex offenders to be arrested for a violent crime upon release, and they are rearrested sooner. This includes those who commit “nuisance” sex crimes like exposing themselves. It is critical that institutional sex offenders be charged and prosecuted for the sex crime so that it becomes part of their official criminal record.*

## Sexual violence in juvenile facilities

While research and literature on sexual assaults in adult correctional facilities is limited, almost no research exists on sexual assaults in juvenile correctional facilities. The few studies that have been conducted date back to the 1980s. With the advent of the PREA, however, new research will soon be available. Prior studies indicate that sexual assaults in juvenile facilities may differ somewhat from those in adult facilities.

**What juveniles are at risk of sexual assault?** One of the few studies that profiled victims of sexual assaults in juvenile facilities dates back to 1983. Bartollas and Sieveides (1983) used self-administered questionnaires to address this question. Over 327 male and female residents, ages seven to 17, in six training schools returned surveys. Sexual victimization was equally distributed across gender and race (black and white). Age and physical size were not found to be as important as the length of current stay and cumulative time spent in correctional facilities.

An earlier study by Bartollas, Miller, and Dinitz (1976) found that other juveniles saw tone of voice, facial expression, posture, and lack of confidence in interpersonal relationships, such as backing up when talking to others and poor eye contact, as indicators that a juvenile could be victimized. They also found that victims frequently resorted to poor hygiene and self-mutilation as coping mechanisms (as cited in Bowkers, 1980).

Preliminary findings from research that is currently being analyzed from an audio-computer-assisted self interview survey of 7,073 youth in 203 juvenile facilities, found the following factors were associated with victimization: Younger than age 14, female especially if placed in a same-sex unit, more serious offender, other or mixed

race, longer length of stay especially near the beginning of that stay, gang membership, and gang presence in the facility (Sedlak, 2005). Victimization risk was also found to be higher in: long-term secure facilities, and facilities that used group punishment, physical exercise, solitary confinement and pepper spray as methods of punishments or control. Additionally, higher rates of victimization were found in facility cultures where youth reported: fear of unjustified punishment, staff, and consequences for filing grievances; high rates of being offered contraband particularly when it involved staff; negativity about staff; and punishment without doing anything wrong. Lower rates of victimization were found in facilities that provided written rules to youth at intake and where youth reported that the rules were understandable and fairly applied by staff. Youth in facilities with lower victimization rates also reported that they knew how to get help if threatened, talk to a staff member when upset, and file a complaint.

*Training must help correctional officers to understand that the Constitution protects the personal safety of inmates.*

**What do we know about perpetrators?** Unfortunately, little is known at this point about perpetrators in juvenile facilities. According to research conducted by Bartollas in a juvenile correctional institution in the 1970’s, sexual aggressors were approximately the same size and age as their victims (as cited in Bowker, 1980). PREA will hopefully encourage research in this area.

**How frequently does sexual assault occur?** In surveying juveniles, the Bartollas and Sieveides (1983) study found that 9 percent responded that they had been sexually victimized, 54 percent had been taken advantage of sexually, and 70 percent of questionnaire respondents felt unsafe at some time in the juvenile training school. Fifty-four percent answered that someone had taken advantage of them at some point during their stay. Forst, Fagan, and Vivona (1989) found a much lower rate of sexual victimization in a sample of 59 youth sentenced to training schools in four different metropolitan areas. The youth had been adjudicated for violent offenses and were an average age of 16 years old. Only 1.7 percent of the youth indicated that someone had attempted to sexually attack or rape them while at the training school. However, when Forst, Fagan and Vivona (1989) compared these violent youth to a similar sample of 80 violent youth



*The Prison Rape Elimination Act explicitly describes the multitude of social, health and punishment problems that result from prison rape. The costs of health care and confinement are increasing, along with the size of prisoner and parole populations, and the ability of state budgets to manage disease and other needs of citizens is decreasing. The problem of sexual assaults in institutions affects the safety and health of offenders and staff on the inside, and the safety and health of communities on the outside.*

sentenced to adult prison, the reported rates of attempted sexual attack or rape increased to 8.6 percent, similar to the rate of 9 percent identified in the Bartollas and Sieveides study. The recent BJS survey of administrative records found 5 per 1,000 youth substantiated cases of sexual violence, or .5 percent (Beck and Hughes, 2005).

The most recent findings regarding the frequency of sexual assaults in juvenile facilities (Sedlak, 2005) indicate that 3.6 percent of youth report being forced to engage in sexual activity in their current facility. The majority of these assaults were perpetrated by other residents.

**Why should juvenile facility administrators care about sexual assault?** Sexual assault tends to foster further criminal behaviors in both victims and perpetrators, thus contributing to facility management problems and destabilization. When Bartollas and Sieveides (1983) surveyed juvenile residents regarding sexual victimization, one third of the admitted victims acknowledged that they exploited other residents. Without intervention, these destructive behaviors will continue once the youth is released back into the community.

## Other current research efforts

In June 2005, the Bureau of Justice Statistics published the results of a first-ever national survey of administrative records on sexual violence in adult and juvenile correctional facilities (Beck and Hughes, 2005). The survey collected information on incidents reported to correctional authorities during 2004. This study included more than 2,700 prisons, jails, and juvenile correctional facilities, which hold 79 percent of all adults and juveniles in custody. The full report can be found at <http://www.ojp.usdoj.gov/bjs/abstract/svrca04.htm>.

Administrative records underestimate the actual amount of sexual violence because unreported sexual victimizations are not included. As mentioned above, administrative record data for prisons (Beck and Hughes, 2005) are nearly 20 times *lower* than the lowest self-report survey data from inmates regarding the prevalence of prison rape. Both the lack of *reporting* and the lack of *recording* contribute to underestimates of the actual extent that sexual violence occurs in incarceration and residential settings. *In fact, approximately one-third of the facilities surveyed by BJS did not collect any data on serious forms of sexual assaults.*

Despite the limitations of the data collected, the BJS survey obtained some important information. The survey of jails, prison and juvenile facilities reported a total of 8,210 allegations of sexual violence nationwide, and substantiated approximately 30 percent of the completed investigations, but the rate varied across types of assaults and types of facilities (see table on page 7).

For example, 36 percent of jail inmate-on-inmate **abusive sexual contacts** were substantiated and 27 percent of jail inmate-on-inmate **nonconsensual sexual acts** were substantiated, compared to 27.8 percent and 17.6 percent, respectively, of inmate-on-inmate assaults that occurred in *state prisons*.

Probably because of mandatory child abuse reporting laws in most states, more information was obtained from juvenile corrections facilities than adult facilities. The survey identified approximately 7 allegations of nonconsensual sexual acts per 1,000 juveniles in these facilities, as opposed to 1 in 2,000 in state prison facilities. Approximately one-third of the allegations of youth-on-youth nonconsensual sexual acts were substantiated, and 40 percent of abusive sexual contacts were substantiated. About 15 percent of staff sexual misconduct allegations and 31 percent of staff sexual harassment cases were substantiated.

## A few recommendations

Every sexual assault allegation requires a complete criminal investigation by trained investigators. When allegations are founded, consequences should be administered, and, whenever possible, criminal charges should be filed. Formal consequences provide documentation of the offender's risk and send a clear message that the behavior is unacceptable and will not be tolerated by the administration. In some states, criminal convictions result



According to a U.S. Bureau of Justice Statistics survey of administrative records in facilities that maintain these data, the following table displays allegations and substantiated reports of sexual violence along with substantiated rates per 1,000 individuals in custody in 2004:

	Allegations of sexual violence	Substantiated reports	Rate per 1,000 inmates
Federal prison	284	47	.31
State prison	3,172	611	.52
Local jails	699	210	.63
Private prisons and jails	67	17	.55
State juvenile systems	931	212	5.15
Local/private juvenile facilities	359	108	4.97

Source: Beck, A.J. and Hughes, T.A. (July, 2005). *Sexual Violence Reported by Correctional Authorities, 2004*, Bureau of Justice Statistics Special Report, Office of Justice Programs, U.S. Department of Justice, Washington, D.C. NCJ 210333. Available at <http://www.ojp.usdoj.gov/bjs/pub/pdf/svrca04.pdf>

## Definitions of sexual violence used in the BJA survey of administrative records:

### Nonconsensual sexual acts:

Contact of any person without his or her consent, or of a person who is unable to consent or refuse, and

- Contact between the penis and the vagina or the penis and the anus including penetration, however slight; or
- Contact between the mouth and the penis, vagina, or anus; or
- Penetration of the anal or genital opening of another person by a hand, finger, or other object.

### Abusive sexual contacts

Contact of any person without his or her consent, or of a person who is unable to consent or refuse; and

- Intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of any person.

### Staff sexual misconduct\*

Any behavior or act of a sexual nature directed toward an inmate by an employee, volunteer, official visitor, or agency representative. Romantic relationships between staff and inmates are included. Consensual or nonconsensual sexual acts include:

- Intentional touching of the genitalia, anus, groin, breast, inner thigh, or buttocks with the intent to abuse, arouse, or gratify sexual desire; or
- Completed, attempted, threatened, or requested sexual acts; or
- Occurrences of indecent exposure, invasion of privacy, or staff voyeurism for sexual gratification.

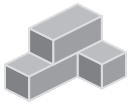
### Staff sexual harassment

Repeated verbal statements or comments of a sexual nature to an inmate by employee, volunteer, official visitor, or agency representative, including:

- Demeaning references to gender or derogatory comments about body or clothing; or
- Profane or obscene language or gestures

\* Definitions of staff sexual misconduct and staff sexual harassment are based on "Training for Investigators of Staff Sexual Misconduct," prepared by the National Institute of Corrections.





in requirements for offenders to comply with DNA testing and register with law enforcement.

As a starting point, we recommend the following:<sup>3</sup>

- Develop and implement policies and practices that respond to inmate sexual misconduct.
- Respond to sexual offending behavior with institutional disciplinary procedures and, when possible, criminal charges.
- Explore the use of community Sexual Assault Nurse Examiners (SANE) or a Sexual Assault Response Team (SART) when an offender is a suspected victim of sexual assault. The nurses are trained to collect evidence and respond to the needs of the victim. Also, inmates may feel more secure talking to an outside service provider.
- Provide annual training for correctional staff and investigative staff on how to recognize this type of assault and respond to allegations or suspected sexual abuse.
- Conduct emergency response training, including drills that simulate sexual assault scenarios, so that staff can practice implementing procedures. Such training allows staff and administrators to test and, where necessary, improve the existing protocol.
- Develop inmate training and procedures at intake orientation that inform inmates of the zero tolerance policy, the tactics inmates might use to set up victimization, how to report threats of victimization, policies on how reports are handled, and consequences for perpetrators.
- Provide programming, adequate inmate pay, and institutional cultures that create safety and are respectful of inmates (fair, firm, and consistent) to decrease inmates' need to demonstrate power and extort money.
- Remove perpetrators from the general population.
- Provide treatment during the perpetrator's incarceration to address assaultiveness and sex offending.
- Provide intensive supervision and treatment as the perpetrator transitions back into the community.
- If victims must be moved, provide safe placements that do not restrict their privileges.
- Provide treatment for victims of institutional sexual offenses.

Future issues of *Building Blocks* will include detailed recommendations and implementation ideas.

<sup>3</sup> For a more complete list of recommendations, please see English and Heil, September/October 2005, "Prison Rape: What we know today," *Corrections Compendium*.

## Logic models as program development, management, and feedback tools

Our newsletter series, *Building Blocks for Facility Safety*, will include logic models that describe why, how, and how well a particular program or practice operates. **A logic model is a tool that helps translate the intent of a practice into actual operations.** Basically, a logic model is a systematic and visual way to present a common understanding of the relationships among the resources available to operate the program, the activities involved, and the changes or results achieved.

A logic model links short- and long-term outcomes with program activities and their underlying assumptions and principles. It creates a picture of how a practice works and provides an effective tool for program planning, design, implementation, evaluation and dissemination of results. The model focuses on the big picture, while maintaining awareness of the component parts. Working

### Logic models

- **The program logic model is defined as a picture of how your organization does its work – the theory and assumptions underlying the program. A program logic model links outcomes (both short- and long-term) with program activities/processes and the theoretical assumptions/principles of the program.**
- **Logic models facilitate thinking, planning, and communications about program objectives and actual accomplishments.**
- **Learning and using tools like logic models can serve to increase the practitioner's voice in the domains of planning, design, implementation, analysis, outcome evaluation, and knowledge generation.**

From: Kellogg Foundation's *Logic Model Development Guide*.

*The Kellogg Foundation's Logic Model Development Guide is recommended reading, and can be found at <http://www.wkkf.org/Pubs/Tools/Evaluation/Pub3669> or call 1/800/819-9997 and request item #1209. This document provides more information about this practical and valuable program management tool.*



## Basic logic model template

Resources	Activities	Outputs	Short- & long-term outcomes	Impact
In order to accomplish our set of activities, we will need the following:	In order to address our problem or asset, we will conduct the following activities:	We expect that once completed or under way, these activities will provide the following evidence of service delivery:	We expect that if completed or ongoing, these activities will lead to the following changes in 1-3 then 4-6 years:	We expect that, if completed, these activities will lead to the following changes in 7-10 years:

with logic models helps to identify what program activities need to be monitored and what kind of measurements might indicate progress toward expected results.

### Logic models position programs for success<sup>4</sup>

Many evaluation experts agree that use of a logic model is an effective way to ensure program success. Using a logic model helps organize and systematize program planning, management, and evaluation functions. It is useful in all phases of program development and management.

1. For **program design and planning**, a logic model serves as a program strategy tool. In the planning phase, developing a logic model requires examining best practice research and practitioners' experience in light of the strategies and activities selected to achieve results.
2. During **program implementation**, a logic model forms the core of a focused management plan that helps identify

and collect the data needed to monitor and improve programming. Using the logic model maintains a focus on achieving and documenting results.

3. For **program evaluation and strategic reporting**, a logic model presents program information and progress toward goals in ways that inform, advocate for a particular program approach, and educate program stakeholders.

## Future issues of Building Blocks for Safer Institutions

In sum, logic models are tools that can help with program implementation and ongoing monitoring. For that reason, we will include logic models in future issues of Building Blocks. We will be traveling on-site to institutions that are implementing promising approaches and presenting readers with information to assist in accomplishing the mandates of the Prison Rape Elimination Act.

**Stay tuned!**

<sup>4</sup> Kellogg Foundation's *Logic Model Development Guide*, page 5.

*This project is funded by the National Institute of Justice, Office of Justice Programs, U.S. Department of Justice, under grant #2004-RP-BX-0095.*

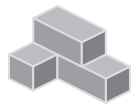
*Opinions or points of view expressed are those of the authors and do not necessarily reflect the official position or policies of U.S. Department of Justice.*





## References

- Bartollas, C. & Sieveides, C.M. (1983). The sexual victim in a coeducational juvenile correctional institution. *The Prison Journal*, 58(1): 80-90.
- Beck, A.J. and Hughes, T.A. (July, 2005). *Sexual Violence Reported by Correctional Authorities, 2004*. Bureau of Justice Statistics Special Report, Office of Justice Programs, U.S. Department of Justice, Washington, D.C. *NCJ 210333*. Available at <http://www.ojp.usdoj.gov/bjs/pub/pdf/svrca04.pdf>.
- Bowker, L. (1980). *Prison victimization*. New York: Elsevier North Holland.
- City of Canton v. Harris*, 489 US 378 (1989).
- Collins, William C. (2004). *Supermax Prisons and the Constitution: Liability Concerns in the Extended Control Unit*. National Institute of Corrections, U.S. Department of Justice, Washington, D.C. Accession Number 019835.
- Cotton, D., and A. N. Groth. (1982). Inmate rape: Prevention and intervention. *Journal of Prison and Jail Health*, 2(1): 47-57.
- Cotton, D., and A. N. Groth. (1984). Sexual assault in correctional institutions: Prevention and intervention. In *Victims of sexual aggression: Treatment of children, women, and men*. Ed. by Stuart I. and J. Greer. New York: Van Nostrand Reinhold Company.
- Dumond, R. (1992). The sexual assault of male inmates in incarcerated settings. *International Journal of the Sociology of Law*, 20: 135-157.
- Dumond, R.W. (2000). Inmate sexual assault: The plague that persists. *The Prison Journal*, 80(4): 407-414.
- Eigenberg, H. (1989). Male rape: An empirical examination of correctional officers' attitudes toward rape in prison. *The Prison Journal*, 69(2): 39-56.
- English, K., and Heil, P. (2005). Prison rape what we know today. *Corrections Compendium*, 30(5): 1-5, 42-44.
- Forst, M., Fagan, J.V. & Vivona, R.S. (1989). Youth in prisons and training schools: Perceptions and consequences in treatment – custody dichotomy. *Juvenile and Family Court Journal*, 40(1): 1-14.
- Heil, P., Harrison, L., & English, K. (2005). *Community recidivism rates of institutional sexual offenders*. Presentation at the Association for the Treatment of Sexual Abusers 24th Annual Research & Treatment Conference, Salt Lake City, Utah.
- Heilpern, D. (1998). *Fear or favor: sexual assault of young prisoners*. Lismore: Southern Cross University Press.
- Helling vs. McKinney* 509 US 2475 (1993).
- Hensley, C., Tewksbury, R., & Castle, T. (2003). Characteristics of prison sexual assault targets in male Oklahoma correctional facilities. *Journal of Interpersonal Violence*, 18(6): 595-606.
- Kilpatrick, D., C. Edmunds, and A. Seymour. (1992). *Rape in America: A report to the nation*. Charleston: Medical University of South Carolina, National Victim Center and Crime Victims Research and Treatment Center.
- Lockwood, D. (1978). *Sexual aggression among male prisoners*. Ann Arbor, Michigan: University Microfilms International.
- Lockwood, D. (1980). *Prison sexual violence*. New York: Elsevier Press.
- Mariner, J. (2001). *No escape: Male rape in U.S. prisons*. Human Rights Watch, New York, New York.
- Nacci, P., and Kane, T. (1982). *Sex and sexual aggression in federal prisons*. Progress Reports, 1(1). Washington D.C.: U.S. Federal Prison System.
- Nacci, P., and T. Kane. (1983). Sex and sexual aggression in Federal prisons: Inmate involvement and employee impact. *Federal Probation*, 48: 46-53.
- Riveland, C. (1999). *Supermax Prisons: Overview and General Considerations*. National Institute of Corrections, U.S. Department of Justice, Washington, D.C.
- Saum, C., H. Suratt, J. Inciardi, and R. Bennett. (1995). Sex in prison: Exploring the myths and realities. *The Prison Journal*, 75(4): 413-430.
- Scacco, A. (1975). *Rape in prison*. Springfield, IL: Charles C. Thomas.
- Scacco, A. (1982) *Male rape: A case book of sexual aggressions*. New York: AMS Press.
- Sedlak, A. (2005, July). *Preliminary findings from the survey of youth in residential placement*. Paper presented at the meeting of the Annual Evaluation Conference convened by the National Institute of Justice and the Bureau of Justice Assistance, Office of Justice Programs, U. S. Department of Justice, Washington D.C.
- Sobsey, D. & Doe, T. (1991). Patterns of sexual abuse and assault. *Journal of Sexuality and Disability*, 3, 243-259.
- Struckman-Johnson, C., D. Struckman-Johnson, L. Rucker, K. Bumby, and S. Donaldson. (1996). Sexual coercion reported by men and women in prison. *The Journal of Sex Research* 33(1): 67-76.
- Struckman-Johnson, C., & D. Struckman-Johnson. (2000). Sexual coercion rates in seven Midwestern prison facilities for men. *The Prison Journal*, 80: 379-390.
- Teplin, L., McClelland, G., Abram, K., & Weiner, D. (2005). Crime victimization in adults with severe mental illness: Comparison with the national crime victimization survey. *Archives of General Psychiatry*, 62, 911-921.
- Wholey, J. S., Hatry, H. P., & Newcomer, K. E. (Eds.). (1994). *Handbook of Practical Program Evaluation*. San Francisco: Jossey-Bass Publishers.
- Wilson vs. Seiter* 501 US 294 (1991).
- Wooden, W., and J. Parker. (1982). *Men behind bars: Sexual exploitation in prison*. New York: Plenum.



# BUILDING BLOCKS

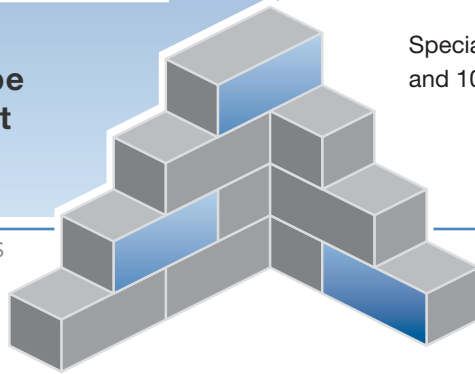
for Institutional Safety

JULY 2006

▶ **Responding to  
the Prison Rape  
Elimination Act**

1

ISSUE ONE IN A SERIES



## Upcoming issues:

Keep a lookout for new **Building Blocks Bulletins** over the next few months. Future bulletins will address topics related to the prevention and intervention of offender sexual assaults in juvenile facilities and adult jails.

### Project staff:

- Peggy Heil, *Project Manager*
- Kim English, *Research Director*
- Diane Pasini-Hill, *Manager Special Projects*
- Linda Harrison, *Senior Statistical Analyst*
- Nicole Burrell, *Statistical Analyst*
- Pat Lounders, *Research Specialist*

Special thanks to Walter “Kip” Kantzky, Alan Listiak, and 1000 Robots Design.

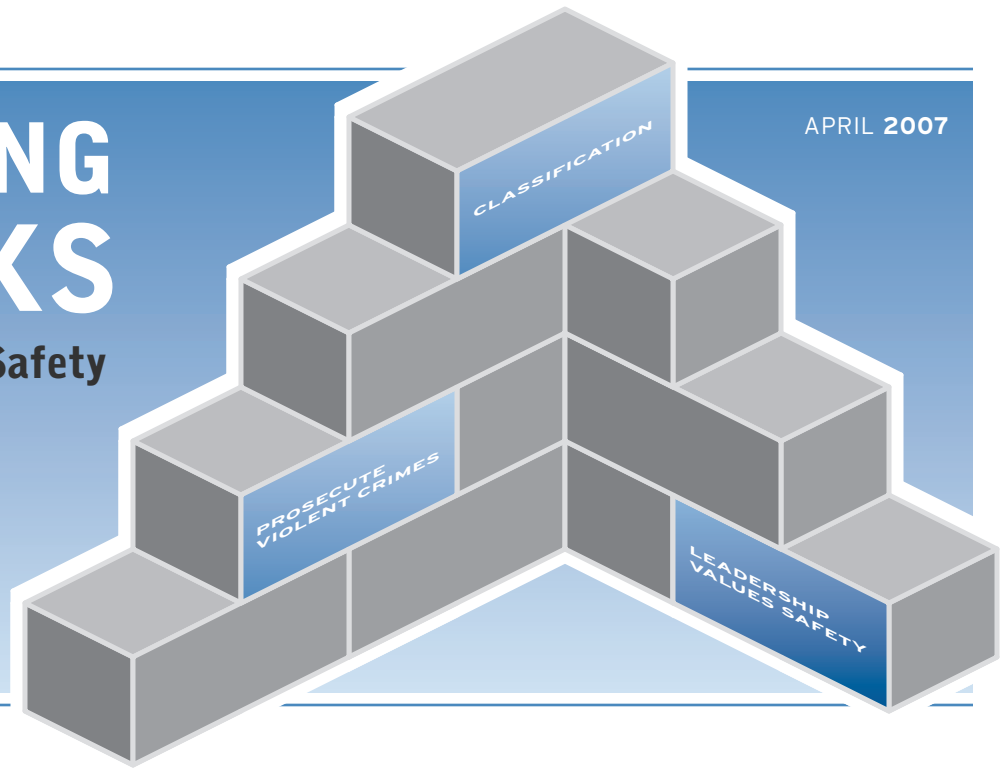
Colorado Department of Public Safety  
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# BUILDING BLOCKS

for Institutional Safety

APRIL 2007



2

ISSUE TWO IN A SERIES

## ► Promising Practices to Prevent Resident Sexual Assaults at Woodfield Cottage Secure Detention Facility

*This newsletter is the second in a series on promising practices to prevent and respond to resident-on-resident sexual assault in the nation's jails and juvenile correctional facilities. For an overview of the topic, see Newsletter #1, "Responding to the Prison Rape Elimination Act," available at <http://dcj.state.co.us/ors>. The newsletters are provided under grant # 2004 RP BX 0095 from the National Institute of Justice to the Colorado Division of Criminal Justice. Forthcoming newsletters will profile promising practices in other jails and juvenile facilities.*

*The newsletters reflect findings from our study of promising practices. We encourage facility administrators elsewhere in the nation to replicate these extraordinary efforts to prevent inmate sexual assaults.*

*If you would like to be placed on the mailing list to receive upcoming newsletters in this series, please contact Pat Lounders at the Colorado Division of Criminal Justice, [Pat.Lounders@cdps.state.co.us](mailto:Pat.Lounders@cdps.state.co.us).*

### Woodfield Cottage Secure Detention Facility Valhalla, New York

*Safety measures are implemented at Woodfield within an overarching child care philosophy: Every child should return to the community with an increased ability to succeed.*

Woodfield Secure Detention, a coed facility owned by Westchester County, has the capacity to house between 24 to 30 youthful offenders. Typical residents are between the ages of 10 through 15 and stay in the facility for an average of 60 days. The facility can also house those ages 16 to 18 years old, if they have committed a crime prior to age 16 and violated parole. The police department, office of family services, probation office, or an interstate compact can bring juveniles to the facility; however, the juvenile must be charged with or alleged to have committed a crime in order to be admitted.

Westchester County contracts with the private company Leake and Watts Services, Inc. to staff and manage





Woodfield. Leake and Watts Services, Inc. was founded in 1821 by a wealthy landowner who left his fortune to start a home for orphaned children. Leake and Watts is a not-for-profit organization that provides a continuum of residential, therapeutic, clinical, educational, and supportive community-based programs, including Head Start programs and foster care, to more than 3,000 children and families in the Bronx, Westchester County, and the Greater New York area. This history is important because Woodfield Detention Facility is directed and staffed by professionals with a—child-centered, social services philosophy rather than a corrections philosophy.

The facility is part of a complex of institutions that includes an adult prison, a hospital, and a children’s hospital. Private security agents patrol the entire area, which is in proximity to the local police department. In fact, Woodfield Facility communication radios are maintained on the same frequency as the police department’s radios, and officers provide backup at the facility when necessary. The private security agents also ensure that the Woodfield staff stays informed of any incidents taking place in the larger complex.

The facility’s administrators are accountable to multiple agencies and requirements. Since the facility is county-owned, county inspectors have keys to the facility and undertake unannounced audits. The facility is also licensed by the State of New York and must comply with all state requirements. In addition, Leake and Watts’ central administration provides oversight.

## Program philosophy

### Providing care for residents is the overriding philosophy

Although Leake and Watts Services, Inc. has been providing child care for over 175 years, Woodfield is the company’s first attempt at running a detention facility. Company officials debated about whether to write a proposal to the county when the first request for bids was released in the mid-1990s. They questioned whether a

*Elements of holistic care of the child involve the environment and other services such as social work. “You need to be firm but not yell at the kids. Staff who yell can be less effective with kids.”*

– Pediatrician Peter Masella

detention facility fit with the company’s mission of helping struggling children and families. Eventually, the management group decided that caring for children included caring for those housed in detention facilities. As a result, Leake and Watts Services, Inc. submitted a proposal and was awarded the contract from Westchester County to manage Woodfield Detention Facility in 1995.

*“They made a mistake in life, but they are going to be our future. If we do not make a way for them, what is our future?”*

– Assistant Director Michael Poindexter

The company sought to integrate a child care philosophy into detention services. Officials believed that youth should be treated as children even when they made a mistake that resulted in their being placed in law enforcement custody. In keeping with this belief, professionals refer to the residents as children or residents, not delinquents.

Leake and Watts’ child care philosophy underscores their efforts to operate an effective facility that is safe for residents. Administrators believe that everyone has more dignity and feels more positive in a safe and clean environment. Furthermore, the experience of administrative staff is that residents are on edge and become defensive when they feel unsafe. Fights are more likely to happen under these conditions.

## Adherence to policy promotes safety

### Adherence to policy is a core value

The safety and integrity of the program are maintained by making it a priority for staff to be familiar with the agency’s written policies and procedures. To that end, the program director makes an effort to establish and integrate written policies and procedures into day-to-day operations. Staff are periodically tested on the written policies and procedures and must score at least 85% on the test or must repeat the test. If an employee continues to fail the test after three attempts, consequences are invoked by the program director.

Besides testing staff to verify their knowledge of the policies, supervisors and administrative staff are on the floor most of the day to ensure that these policies are fairly and consistently applied in practice. In addition to these mea-



tures, the program director periodically enters the facility at undetermined times (e.g., 3:00 a.m.) to see if everything is happening the way it should be on all shifts. He is able to enter the facility unannounced through a back door.

Guidelines of the American Correctional Association and the New York State's Office of Children and Family Services, as well as state and county requirements, were used to formulate policies. The value of establishing written policies extends to all areas of the detention center. For example, the nurse supervisor recently developed a policy and procedures manual that addresses medical care.

When a staff member makes a disciplinary decision that is inconsistent with policy, the supervisor tries to resolve the issue without undermining the staff member's authority. The supervisor talks to the staff person about the problem, and they will work out a plan together before they both talk to the resident. The supervisor and staff member then counsel the youth together, which reinforces the authority of the staff member. For example, during this joint session, the staff member may inform the youth that he was originally planning on giving him the first sanction but has decided to impose a different sanction. This maintains continuity of policy along with the staff member's authority.

***Written policies are critical. "A lack of compliance with policy could result in liability for the institution. Safety measures will also break down if staff do not follow the policies and institute the measures."***

– Program Director George Walters

## **“No touch” policy tempered by a caring attitude**

One of the reasons Woodfield Detention Facility was of interest to project researchers is its controversial “no touch” policy. Researchers became aware of the policy during a telephone interview with the program director. George Walters emphasized a consistent focus on the safety and well being of the residents, which was a motivating factor in the facility's no touch policy. An ongoing debate in youth residential care focuses on staff boundaries and physical contact between staff and residents. On the one hand, some professionals worry that physical contact will provide opportunities for abuse, while others feel that youthful offenders are at vulnerable developmental ages when human touch is a critical component of emotional health.

In part, the decision to limit touching was made out of a growing realization that many of the children had been physically and sexually abused and many displayed anxiety when touched by staff. Administrators emphasize verbal communication and counseling as primary tools for interacting with youth. As Pediatrician Peter Masella noted, “You can make contact with kids through eye contact, not only physical contact.”

Residents are expected to maintain a specific posture and distance from staff, and they are required to walk in single file with their hands behind their back. This distance permits staff to easily observe the behaviors and interactions of residents. If a resident does not walk in formation or, for example, kicks a door in frustration, staff will send the youth to his or her room. If the youth refuses, staff will send those who observed the incident to their rooms and counsel the frustrated child until he agrees to go to his room.

Not all physical contact is restricted. Staff might occasionally put an arm around a child who becomes overwhelmed with emotion, and some staff give residents “high fives” for an accomplishment such as making a basket during recreation in the gym. Based on their different professional roles, medical staff and social workers are less restricted in their physical contact with the residents.

## **Use of physical restraint is considered a last resort**

Counseling is the primary intervention employed to control problematic behavior, and staff focus on preventing incidents rather than intervening afterward. This approach appears to be effective. No physical altercations between residents had occurred during the three-month period prior to our visit to the facility.

Every time a disciplinary action is taken with a child, the staff must complete an incident report. Information about time-outs, room restrictions, and restraints is collected and tabulated every month for submission to the county and the state. Before these protocols were implemented, facility staff used physical restraints approximately 300 times and mechanical restraints about 85 times each year. In 2004, out of 345 intakes to the facility, physical restraints were only used 20 times and mechanical restraints 12 times.

When restraints are necessary, the administration employs the Bruce Chapman *Handle with Care* techniques ([www.handlewithcare.com](http://www.handlewithcare.com)), an approach that is endorsed by the Child Welfare League of America. Handle with Care





methods, developed by Chapman when he worked at an in-patient psychiatric hospital in Pennsylvania in the mid-1970s, promise to help trained professionals turn turmoil and confusion into decisive therapeutic intervention by using passive restraint that does not inflict pain or injury. Woodfield staff have been trained at Chapman’s Instructor Certification Program, and the certified instructors train additional facility staff. Both instructors and staff must be re-certified annually by receiving another 16 hours of training.

Mechanical restraints may be used in an emergency, but only with the program director’s approval. Even then, restraints can be used for no more than 20 minutes unless the program director issues a one-time re-approval for use

totaling no more than 40 minutes. Further use of mechanical restraints must be approved at the county level.

## Structure provides safety and applies to residents and staff

### Intake and beyond

The first contact a youth has with Woodfield involves a structured intake process. The child is searched for contraband and signs of abuse. When there are indicators of abuse, an outside physician examines the youth prior to his/her admission into the facility. If a child has suicidal ideation, he or she is sent to the psychiatric unit at the children’s hospital located nearby. Woodfield staff can follow up with suicide watch procedures if the youth remains at risk after returning; on-site psychiatric services are available three times per week.

**Handle With Care Behavior Management System, Inc.**  
**Brief statement of philosophy**

*Each intervention you make on behalf of a child must enhance and consolidate your relationship with that child and have a positive impact on the therapeutic community.* – Bruce Chapman

**Handle With Care Behavior Management System operates from the following assumptions:**

- *There is no dignity in allowing a child to hurt himself or someone else.*
- *He needs to be protected from the physical and emotional consequences of his behavior*
- *We need to be protected from the physical and emotional consequences of his behavior.*
- *In order to act in his best interests, we must be in control of our own feelings and behaviors.*
- *The out of control child is aware at some level that he is out of control and expects us to demonstrate the capacity to bring them under control safely.*
- *The safety of the child and the adult are equally important.*

Source: www.handlewithcare.com  
 © 1984 HWC. All rights reserved.

***“I have a lot of respect for the staff because I overhear line staff trying to help the kids resolve problems.”***

– Nurse Janet Parker

The youth are interviewed at intake to determine if they are affiliated with a gang; they are instructed that they are not allowed to wear clothing that signifies gang affiliation. They are also given a Resident Handbook that they must read or have read to them; afterward, they must sign a statement that they understand the facility rules and staff expectations. The handbook describes Woodfield’s behavior management level system, in which privileges are assigned when a resident meets basic expectations that are associated with specific levels. Additional privileges can be earned from positive participation in recreation and school over the course of a week.

A nurse assesses the youth and takes a medical history within 12 hours of admission. The resident is then tested for TB and sexually transmitted diseases. A physician completes a further health assessment within 72 hours.

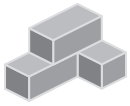
***One component of sustaining a safe culture is adequate staffing. Currently, the program maintains a staff to resident ratio of 1 to 8.***



**The annual number of physical restraints fell by more than 90%, from 300 to 20, after these protocols were implemented.**

## **Methods used by Woodfield detention staff to prevent incidents of aggression**

- *Expectations of behavior are clearly presented in the Resident Handbook.*
- *Residents are offered anger management, life skills, and gang prevention classes.*
- *Staff are trained to provide crisis intervention and counseling to help residents get along with each other.*
- *Staff purposely address issues in a manner that does not embarrass the youth in front of their peers, decreasing the need to save face.*
- *Staff are trained to be inquisitive and find out what residents are talking about. While in the day room, for example, staff are encouraged to observe residents who are talking to each other and ask them about the conversation. This communication gives staff an opportunity to identify issues and problems before they escalate.*
- *Because the young people are often upset after they have a hearing on their case, when they return from court, they are assigned to their room for 30 minutes. This gives them an opportunity to be alone, talk with staff, or use other methods to manage their emotions before they rejoin facility activities and interact with the general population.*
- *Staff are trained to be sensitive to the dynamics among residents. If there appears to be tension, every attempt is made to pull one of the youth aside in a non-stigmatizing manner (e.g., staff will say, “I need to talk to you about your court case”) to determine the source of the tension and prevent a problem by counseling the youth.*
- *If staff hear residents talking in a manner that might provoke a fight, the youth are separated and given a time out. Staff talk to each young person individually and then together to help them learn how to solve problems.*
- *If a time-out does not seem to be enough, staff may send the instigator(s) to his or her room until staff can talk to him or her.*
- *Residents are allowed the opportunity to vent as long as they go back to their room when instructed.*
- *When a youth is disrespectful, he or she is disciplined through counseling.*
- *Room confinement is used when residents fight.*
- *If a youth refuses to go to his/her room, or when an incident occurs, the following steps are taken:*
  1. *A staff member talks with the youth and asks him or her to go to his or her room. If that does not work,*
  2. *A different staff member talks to the youth with the goal of moving the youth into his or her room. Residents are more likely to respond to a different staff member who was not present when the incident started.*
  3. *If multiple staff fail to talk the youth into the room, a supervisor is called in to talk to him or her.*
  4. *All the non-involved youth are sent to their rooms to “remove the audience.” This leaves the child alone with approximately 5 staff, and the youth will usually go to his room.*
- *The administration may use every staff person to intervene in incidents. Every effort is made to resolve the incident without use of physical restraints; however, a supervisor must be involved if physical restraint is used.*



## **Social workers play an important role**

Residents have daily contact with social workers during the first five days of confinement to facilitate their orientation to the facility program and behavior management system. The social worker often contacts the youth's parents to obtain a better understanding of his or her needs and to get their perspective on the child. The probation office or school is also contacted to discuss the child's placement. Social workers send progress reports to judges to inform them of the resident's progress in the behavior management system. Throughout the youth's placement at Woodfield, the social worker is available to assist the residents in resolving concerns and conflicts.

## **Rules promote structure and safety**

Programming is designed to teach order and discipline without being punitive. In fact, the word "punishment" is not used in the program. Some of the facility rules include:

- No two residents may be alone without direct staff supervision.
- Residents are assigned individual rooms. If the facility is overcrowded and a room must be double-bunked, the residents are housed in a dormitory and directly supervised at all times.
- Staff cannot step into a youth's room without another staff member present.
- Residents are escorted to the bathroom by staff to ensure that only one youth is in the bathroom at a time.
- Three youths can shower at a time with visual supervision by staff.
- Residents are not allowed to talk or have physical contact when moving between locations, and they must walk in formation with their hands behind their backs. This rule is designed to decrease their ability to swing their arms quickly and hit another resident without being observed. Three staff must accompany group movement: one in front, one in back, and one in the middle. The children count off at the beginning of movement and again when they arrive at the destination. All moves are logged.
- Residents are not allowed to have music that includes cursing.
- Staff open mail in front of residents and confiscate inappropriate material.
- When in the day room, residents must sit in chairs designated for them because certain chairs, designated as staff chairs, are positioned to provide the best view of the residents.

- Tape is on the floor about 3 feet outside of the control center doorway. Residents must stand outside the tape boundary when they talk to staff at the control center. This maintains boundaries and prevents residents from manipulating their way into the control center.
- Woodfield is a linear style facility, with two wings on each side of the control center and a day room in the middle. When residents are in their rooms, they must place their shoes outside the doors of their rooms, so control center staff know at a glance which residents are in their rooms.
- Security cameras monitor the wing hallways and record access to the rooms. If the recording indicates a staff member entered a youth's room alone and stepped out of the view of the camera, the administration will not support the employee in the event of allegations of misconduct.
- The youth are locked in their rooms at night. Residents can use an intercom to contact the control center when they need to use the restroom.
- The night shift staff consists of a supervisor and one male and one female staff member. If the male staff goes on the female unit, the female staff must accompany him. If the female goes into the male unit, the male staff must accompany her.
- During the night shift, staff check each room every 20 minutes. If the staff member only sees a lump under the covers and cannot see a body, the supervisor is called to enter the room with the staff person to verify the youth is in the bed. Video recordings from the security cameras are reviewed once or twice a week to see if the checks are being done every 20 minutes. Facility security checks are completed every hour during this shift.
- Night shift staff are assigned laundry duties to help them stay active and awake.
- Staff who participate in security checks, room confinement checks, suicide watches, or count times must record and sign off on the activity in a logbook or special form.

## **Rights and privacy are valued**

Policies also ensure that the residents have rights. A grievance system allows residents to lodge complaints when they do not feel they are being treated appropriately. Attempts are made to resolve the grievance at the lowest level, but the complaint goes up the chain of command until it is resolved. If the youth is not satisfied with the result, the facility's administrators will arrange for a county ombudsman to hear the child's grievance. Residents are



also given the 1-800-child abuse hotline in their handbook, and they are verbally informed about the hotline and encouraged to call if they feel they are being abused.

In general, staff are not informed of the youth's index crime, and the young people are discouraged from disclosing their crime. The goal is to decrease the stigma for the children and provide an environment in which all residents are treated equally. When the facility houses a child who has committed a sexual assault, the crime is not disclosed to all staff. An informed supervisor might arrange seating or showering times to decrease risk to other youth.

## Facility structure and safety measures

Woodfield has established many safety procedures including the following:

- The names of everyone entering the facility, including all staff, anyone associated with activities in the facility, and all group movements of residents, are recorded on a daily log record..
- The shift supervisor is responsible for knowing where everyone is at all times.
- Seven video cameras continuously record activity in the gym, housing hallways, and common areas. Tamper-proof domes cover the cameras on the wings, making it more difficult to sabotage this surveillance effort. The recording equipment is in a locked area that only the program director can access.
- Lights are turned on and off with a key, preventing youth from tampering with the lights.
- Alarms on all housing doors alert staff when any door is opened.
- An intercom system allows residents to communicate with the control center staff from their rooms.
- The control center electronically controls the locks in each room; doors automatically open during a fire or in the event of a power outage that results in generator backup.
- Each housing wing has a fenced area directly outside the exit door. This allows youth to be evacuated in an emergency situation without compromising security.
- Rooms are searched once a week at random times.
- Residents are scanned for metal when they go to or return from the gym or school, although these areas are located in the same physical structure.

- The recreation yard perimeter is searched before any child enters the area to make sure that contraband has not been thrown near or over the fence.
- Free weights are not allowed in the facility to prevent the use of weights as weapons.
- GPS is installed in the facility's transportation vans. The director can check on transport officers to determine the driving speed and location. Staff are prohibited from driving the van while using a cell phone or driving without their seat belts fastened.
- A comprehensive key control system was developed over a nine-month period; keys with limited facility access are assigned based on the staff member's job duties. Keys do not leave the facility and are locked up when not in use.
- Laundered items are counted.
- The kitchen is locked and inaccessible to residents; kitchen equipment and utensils are secured.
- Silverware, trays, and plates are counted before and after meals.
- Beds are bolted to the floor, and there is nothing in a room that can be used as a weapon.

### Signs that young people don't feel safe

*When Woodfield staff notice any of these indicators, they talk to the child or get the social worker involved to uncover the underlying issue. The staff at Woodfield are vigilant for the following indicators that young people feel unsafe:*

- *A child who is silent or withdrawn—this resident might be feeling threatened.*
- *Youth who act out beyond the level of the incident—this resident might be stressed and trying to look tough.*
- *A youth who is being ridiculed by all the other residents, even those who do not usually pick on others—this situation might indicate that someone is threatening that child.*
- *A child who wants to take himself out of programs that he usually participated in—this child might feel threatened.*
- *Any change of behavior, such as not wanting to shower with certain kids or groups—the youth may feel unsafe.*



## Incidents are reported and assailants are prosecuted

When security measures fail and an incident happens, law enforcement is contacted and an incident report is filed. On one occasion, a gang incident on the basketball court resulted in a youth being assaulted. Law enforcement was called, and all residents who participated in the assault were charged and eventually convicted.

*When cameras were first installed, staff had concerns that they were being watched. Administrators emphasized that recordings would provide protection against false allegations.*

If a youth makes an allegation and has bruises, the case is referred to Child Protective Services (CPS). If there are no bruises, the administration investigates, and the surveillance camera videotapes are reviewed. If the administrative investigation cannot confirm the allegation, CPS is contacted if a resident wants to report the incident to an outside agency. If an allegation is confirmed, the involved staff may receive a corrective action, suspension, or termination, depending on the seriousness of the behavior.

## Programming is valued

Woodfield has significant rules and security measures, but administrators want to positively influence every resident, even if a child stays only one day. Programming is an important method of implementing this philosophy. Programs teach young people new skills they can use in the community, whether it is taking care of basic needs like learning how to shower, learning basic etiquette, furthering their education, or learning how to write a resume.

*Every youth's facial silhouette and life goals are posted in the school hallway.*

Education is one of the primary programs offered. Most of the residents dropped out of school prior to admission, but all children at Woodfield must go to school. Woodfield's three teachers are state-certified in special education to ensure that services are tailored for each youth and that each has an opportunity to have a successful education experience at Woodfield.

Many students have learning and knowledge deficits, and class work is structured to minimize embarrassment in front of peers. For example, requiring a child to read out loud can lead to feelings of inadequacy in some children; in turn, a youth may act out to save face. Rather than asking students to read out loud, the teachers focus on helping residents to see the value in being able to read.

Programs give residents an opportunity to experience success. Residents are scored every day on their participation in school and recreation activities. Additional privileges are distributed every Friday night by the recreation supervisor, and residents with points for positive participation in school and gym for the week are allowed to stay up until midnight and participate in a pizza party. The party includes treats and a movie. The youth hear about the party from other residents and become motivated to do well so that they, too, can participate.

A negative score in school translates into lower behavior management points. When a resident receives a negative score, the teacher must notify the child and obtain his or her signature as proof that he or she was informed of the negative score.

## Residents are exposed to a variety of pro-social activities

Events are arranged to expose the residents to a variety of positive experiences, emphasizing that there can be more to life than what the child has experienced. Staff arrange periodic gospel festivals with local churches; music lessons with computer composing; art, dance, and drama lessons; and lectures from sports stars, rap group members, people who have overcome adversity, mayors, and judges. The staff also organize mock trials to help the youth understand the court and criminal justice system.

Residents are shown videos on individuals who were in detention and turned their lives around. In addition, the staff assemble talent shows, cultural awareness activities, and career days that expose the youth to different occupations and trades. Invited speakers are those who can positively influence or inspire the residents.

The young people are also taught coping and life skills. Class topics include violence prevention, sex education, developing positive relationships, and practical job-seeking skills, including writing a resume. The facility nurse provides sexual health education on an individual basis in addition to sex education classes. Facilitated group discussions allow the residents to express feelings and



discuss issues. For example, a discussion about rape focused on how women feel if they are raped, male victimization, and managing sexually aggressive feelings. Every effort is made to increase the child's skills to live successfully in the community.

***“We want to reward success and remedy failure.”***

– Assistant Director Michael Poindexter

## Recognizing that residents are children

In keeping with the Leake and Watts Services child care philosophy, the facility tries to create an environment where the residents can experience normal childhood activities. For example, the staff celebrate holidays with presents and special meals. They also provide opportunities for residents to make presents, such as designing T-shirts or greeting cards for family members. Of course, the staff also try to teach the youths to take care of themselves, even reminding them to wash their hands before a meal.

## Enhancing opportunities for success in the community

The administrators at Woodfield recognize that the environment the child returns to will play an important role in the youth's success in the community; therefore, programming extends to the family. All family members and anyone living in the home are invited to a working session to help determine the specific problems that brought the child to Woodfield. Once problems are identified, an individualized plan is developed to provide an optimal environment for success in the community.

When Leake and Watts Services, Inc. took over the facility in 1996, there were no family visits. In recognition of the important role that families play in the lives of juveniles, the contacts have continually increased to 160 personal contacts with family members and 624 phone contacts in 2004.

Some young people will need jobs when they return to their community. Facility staff will sometimes contact the mayor of the youth's town to solicit assistance in finding a job for the juvenile upon his or her release.

Involving the family and assisting with employment are examples of ways staff demonstrate a caring attitude that goes beyond housing youth in a detention facility and, instead, seeks to provide the youth with opportunities to turn their lives around.

## Creating a caring staff culture starts with staff recruitment and training

When the parent company, Leake and Watts Services, Inc., was awarded the contract for Woodfield Detention Facility, some of the existing employees had been working at the facility for 10 years. The administration wanted to ensure that all employees supported the child care philosophy of the parent company and did not want staff to think of the youths as “just criminals.” Hiring and training practices were the primary methods by which the administration implemented a caring philosophy. Establishing policies, supervising staff, and encouraging communication were additional methods.

### Hiring staff

Hiring practices influence resident safety. Woodfield struggles with the same staffing and retention issues that most facilities face, often losing experienced employees to supervisory positions in other criminal justice agencies. Woodfield uses a combination of contract and full-time staff, and vacancies are generally filled by contractors whose work habits and interactions with residents have been observed by administrators. In this way, officials prioritize hiring full-time employees who support the program philosophy.

Administrators want employees who enjoy the challenge of working with adolescents and understand that there is more to doing so than simply locking people up. They want to hire staff who have at least two years' experience in the child care field and who can be sensitive to the residents' needs. Sensitivity, cultural diversity, affinity for the profession of child care, consistency in responding to youth, and caring about kids are valued qualities that the administrators strive to maintain when making staffing decisions.

### Training

Administrators at Woodfield believe that training is a key element in establishing a strong and positive staff culture. Training exposes staff to new ideas and equips them with the skills necessary to deal effectively with residents. At Woodfield, training occurs in the holistic context of understanding youthful offenders as human beings rather than as criminals. Training topics include the following: cultural diversity, gangs (including identifying gang-related behavior and shutting it down), suicide ideation identification



and prevention, maintaining boundaries with residents, and counseling techniques.

Training is periodically adjusted to cover topics that are relevant to the residents. For example, when administrators recognized that more youths were struggling with psychiatric issues, a training program was implemented to teach staff about the management of mental illness, including distinguishing mental illness from behavior problems.

It can be expensive to provide training, but administrators believe that training is a wise investment. One example of its effectiveness is that the lack of major incidents at Woodfield resulted in reduced insurance costs for the facility.

### **Staff supervision**

One component of building a strong staff culture involves staff supervision. Woodfield employees receive performance evaluations on a regular basis because administrators believe that, when used properly, these are tools to help build employees' skills. At the level of the individual employee, performance evaluations provide an opportunity for supervisors to acknowledge positive attributes, and, at the level of program management, performance assessments contribute to operational consistency.

Performance is assessed in the following domains:

- Relationships with co-workers and residents,
- Knowledge of the policies,
- Documentation of incidents,
- Report writing,
- Taking initiative, and
- Punctuality.

Supervisors are discouraged from giving an employee high evaluation ratings when he or she has deficits in any area because it "robs the employee of the opportunity to grow." Employees who receive low ratings are counseled to improve their performance.

## **Solving staff-related problems**

### **Start with the good**

When a supervisor addresses a problem with a staff member's performance, the supervisor starts by pointing out the professional's positive attributes before discussing what needs to change. The supervisor tries to validate the employee and also increase his or her knowledge of acceptable options. When an employee complains about

a supervisor's decision, the assistant director has a discussion with both parties, and might explain the decision or ask the employee to read an article or a book chapter that supports the decision. The intent of the meeting is to clarify the most effective approach to use with children, and to emphasize the administration's value regarding the use of effective child care methods.

### **Teamwork requires communication**

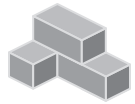
Woodfield administrators recognize the importance of using a team approach to manage detained youths. Each shift supervisor meets with his or her staff before the shift to forward information from the prior shift. Each team meets monthly, and approximately 20 all-staff meetings are scheduled each year. In addition, staff are encouraged to discuss concerns and suggestions with management at any time; the director has an "open door policy." Anonymous suggestions or concerns can be dropped in a suggestion box. These approaches are designed to build a strong team that can be consistent and effective with the residents.

## **Summary**

Woodfield administrators have implemented many strong approaches to ensure the safety of the young people housed at the facility. While the no-touch policy may be controversial, it is implemented within the context of a caring philosophy that puts the emotional health of the child first. The programmatic efforts to expose the youths to experiences that will help them be successful in life reflect that Woodfield's mission goes beyond simply housing youthful offenders safely in detention. These professionals want to make a difference in each youth's life, even if he or she is only housed at Woodfield for a single day. The policies, practices, and programs implemented at Woodfield clearly support the mission of the parent company, Leaks and Watts Services, Inc.

### **Special thanks to those we interviewed:**

- Mr. Michael Poindexter, Assistant Director
- Mr. Adrian Robertson, Supervisor
- Mr. Gaspar Santiago, Senior Social Worker
- Ms. Linda Scott, Teacher
- Ms. Janet Parker, Facility Nurse
- Dr. Peter Masalla, Pediatrician
- Ms. Brendalynn Walker, Transportation
- Mr. Patrick Walker, Recreation Specialist
- Mr. George Walters, Program Director



## LOGIC MODEL: Woodfield Secure Detention



### OUTCOMES

- Increased opportunities for youth to report problems
- Increased level of staff skills
- Increased reports by residents of low level problems
- Reduction in disruptive behavior
- Reduction in assaultive behavior
- Increased collaboration among staff members
- Increased communication among staff
- Reduced low-level problem behavior
- Increase residents' feelings of safety
- Reduced violent behavior
- Reduced sexual assaults
- Reduced insurance cost



### IMPACT

- **Safe and secure environments for inmates and staff**



### IMMEDIATE OUTCOMES/INDICATORS OF CHANGE

- Number of staff tested on policies and procedures
- Number of hours of staff training
- Number of staff hired following positive experience as contractors
- Number of staff trained in Handle With Care techniques
- Number of notifications to child protective services following intake screen for child abuse victimization
- Number of intake screenings that identify gang affiliation
- Number of medical problems identified at intake
- Score on staff performance plans
- Number of incidents occurring while youth are in line with hands behind back
- Number of hours youth are involved in programming
- Number of points youth receive for positive participation in school and recreation
- Number of youth taking part in Friday Movie Night
- Number of youth required to sign form confirming point loss
- Number of grievances initiated
- Number of grievances resolved
- Number of disciplinary actions taken with residents
- Number of time outs
- Number of room restrictions
- Number of 20 minute physical restraints
- Number of 40 minute physical restraints
- Number of 40+ minute physical restraints
- Number of mechanical restraints
- Number of assaults on residents
- Number of incident reports
- Number of formal investigations
- Number of assault incidents resulting in conviction
- Number of assault incidents resulting in referrals to child protective services



### PROGRAM ACTIVITIES

- Careful policy development and documentation
- Extensive staff training program
- Priority placed on supervision and performance plans
- Structured intake process that screens for child abuse victimization and gang affiliation
- Medical screening w/in 12 hours of intake
- Written rules provided to residents at intake
- Staff recruited only after successful period as contract employee
- Staff trained in the Bruce Chapman Handle with Care techniques
- Collaboration across education and housing units for Friday night party
- Careful transfer of information across shifts
- Ongoing efforts to ensure facility is clean
- Periodically testing staff on the written policies and procedures
- Staff retested on policies and procedures when scoring less than 85 percent
- Floor observation to ensure consistent use of procedures
- Emphasis on verbal communication and counseling as primary child management tools
- Residents walk in line with hands behind back
- Use of a behavior management system
  - o Residents scored every day on participation in school and recreation activities
  - o Residents required to sign form acknowledging when they lose points
- Friday night movies and late bedtime for those earning enough points during the week
- Implementation of grievance process
- Youth informed of and provided number to 1-800 child abuse hotline
- Collect data on all incidents
- Provide programming for youth



### RESOURCES

- Child care philosophy
- Leadership values safety
- Staff culture values safety
- Staff training
- Equipment
- Facility/Space
- Partnerships with school and probation department
- Location



### NOTE:

*This logic model is provided to assist with replication of aspects of the Woodfield Cottage Secure Detention operation that enhance safety through classification and housing procedures. Logic models provide a roadmap for implementation and program monitoring. It provides a logical sequence of related events that connect the program plans with the results. Remember, it is critical to bring stakeholders together to design your own logic model to reach your intended goals.*



# BUILDING BLOCKS

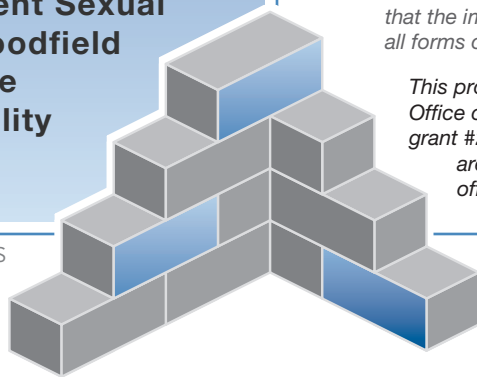
## for Institutional Safety

APRIL 2007

▶ **Promising Practices to Prevent Resident Sexual Assaults at Woodfield Cottage Secure Detention Facility**

2

ISSUE TWO IN A SERIES



Keep a lookout for new **Building Blocks Bulletins** over the next few months.

#### Project staff:

- Peggy Heil, *Project Manager*
- Kim English, *Research Director*
- Diane Pasini-Hill, *Manager Special Projects*
- Linda Harrison, *Senior Statistical Analyst*
- Pat Lounders, *Research Specialist*

*The Division of Criminal Justice is documenting practices that were designed to promote safety in jails and juvenile facilities and decrease inmate/resident sexual assaults. While these practices appear promising, further research is necessary to validate whether these are indeed effective interventions. It is also important to stress that the implementation of promising practices does not ensure that all forms of violence have been effectively eliminated.*

*This project is funded by the National Institute of Justice, Office of Justice Programs, U.S. Department of Justice, under grant #2004-RP-BX-0095. Opinions or points of view expressed are those of the authors and do not necessarily reflect the official position or policies of U.S. Department of Justice.*

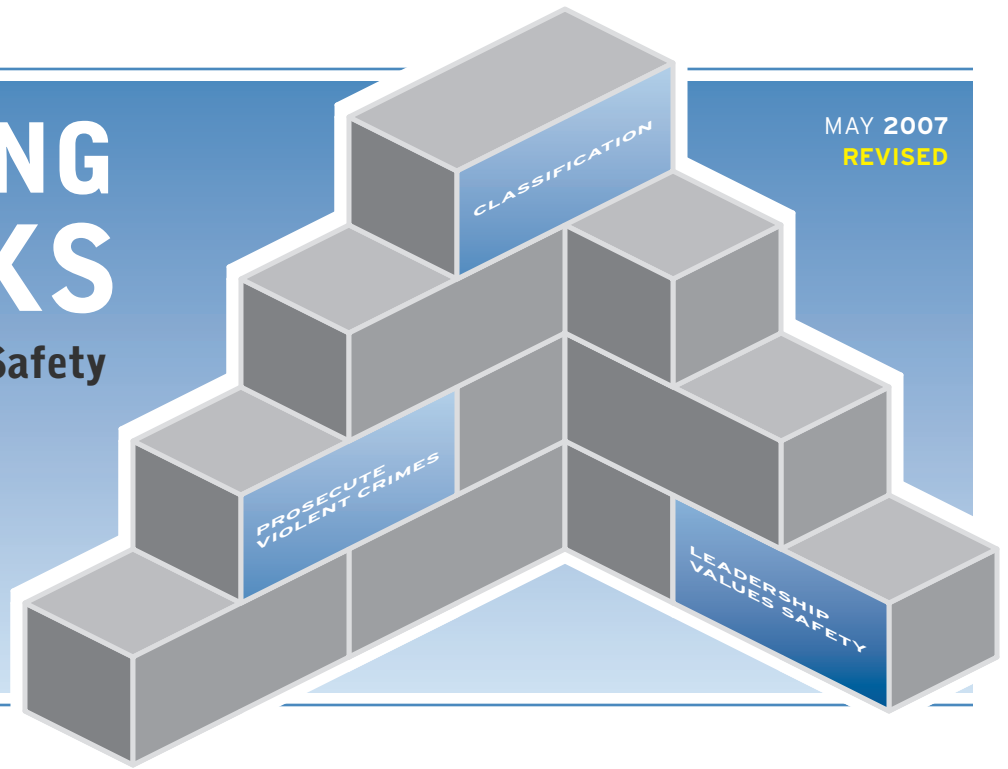
Colorado Department of Public Safety  
Division of Criminal Justice  
**Office of Research & Statistics**

700 Kipling Street, Suite 1000  
Denver, CO 80215

# BUILDING BLOCKS

for Institutional Safety

MAY 2007  
REVISED



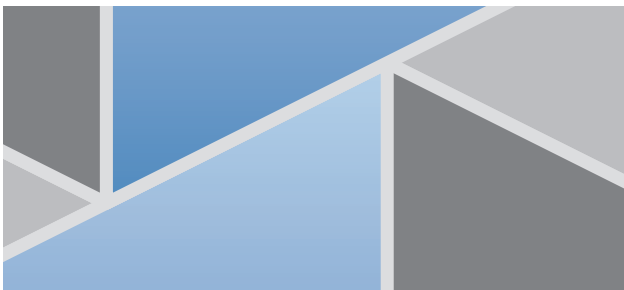
3

ISSUE THREE IN A SERIES

## ► Promising practices to prevent inmate sexual assaults

*This newsletter is the third in a series on promising practices to prevent and respond to inmate-on-inmate rape in the nation's jails and juvenile correctional facilities. For an overview of the topic, see Newsletter #1, "Responding to the Prison Rape Elimination Act," available at <http://dcj.state.co.us/ors>. The newsletters are provided under grant # 2004 RP BX 0095 from the National Institute of Justice. Forthcoming newsletters will profile promising practices in other jails and juvenile facilities to prevent or respond to inmate-on-inmate sexual assault.*

*The newsletters reflect findings from our study of promising practices. We encourage facility administrators elsewhere in the nation to replicate these extraordinary efforts to prevent inmate sexual assaults.*



### The San Francisco County Jail: A model for protecting inmates

The San Francisco County Jail is recognized for operating a safe jail. With a long history of making targeted efforts to improve institutional safety, the administration's first policy to prevent prisoner sexual assaults dates back to the late 1970's. The San Francisco Sheriff's Department relies on a variety of methods to increase safety. Many of these efforts can be replicated in other institutions, some within existing resources. These include:

- 1) Consistency in leadership and a strong staff culture that values the personal safety of inmates;
- 2) Comprehensive employment screening and training for all new staff;
- 3) Staff diversity at all levels of the organization;
- 4) An objective classification system that identifies and separates vulnerable inmates from predatory inmates;
- 5) An independent incident investigation process that feeds back information with the classification system;



- 6) **Proactive cooperation with the legal and court systems to highlight abuse and obtain resources to improve housing and increase staff;**
- 7) **Use of direct supervision concepts;**
- 8) **Creative efforts to increase inmate programming; and**
- 9) **Scheduled rotation of staff.**

The San Francisco Sheriff’s Department oversees approximately 2200 people every day in six jails, a hospital ward, and in home detention and day reporting programs. Approximately 45,000 people are booked into the jail every year.

On any given day, 20 to 30 percent of the jail population is serving post-conviction sentences, and many of these individuals are managed through home detention and community work programs. The jails have an average daily population of 1,800 inmates. The facilities range in size and age from older linear-style facilities to modern, direct supervision jails, including a direct supervision jail that opened in August, 2006.

Efforts undertaken by the Sheriff’s Department to prevent all violent behavior, including sexual assault, are long-standing and well institutionalized into jail operations. As with any correctional institution, violence does occur in the San Francisco County Jail System, more often among the most violent offenders and in older, linear-style facilities.

### Targeted effort 1:

## Consistency in leadership and vision

Efforts to modernize the San Francisco County Sheriff’s Department began in the 1970s when former Sheriff Richard Hongisto focused on building a professional organization by establishing mandates for staff orientation and ongoing training, including Peace Officer Standards and Training (POST). The Department also implemented its first sexual assault prevention policy in 1978, long before other local correctional facilities developed such policies.

Interestingly, Michael Hennessey, the current sheriff, was initially a prisoner rights advocate. He joined the Sheriff’s Department in 1974, and he founded and directed the San Francisco Jail Project, a legal assistance program for prisoners. Elected as Sheriff in 1980, Hennessey is the now the longest serving sheriff in San Francisco history and the only sheriff in California who is a lawyer. His

compassion for and commitment to inmates as well as public safety have continued throughout his years of service.

### A culture of safety and respect

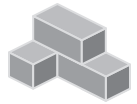
Like former Sheriff Hongisto, Sheriff Hennessey continues to prioritize training and, more important, he has fostered a staff culture that is highly attuned to the issue of inmate safety. His leadership and vision have helped the Department create a climate where violence is not tolerated. This value is deeply embedded in the culture of the Department, which places a strong emphasis on treating inmates with respect, listening carefully to them, including all their complaints.

The Sheriff initiated safety protocols, and has since empowered staff to implement and improve those protocols. Violence is not tolerated. If it is absolutely necessary to control inmates, staff use tasers or plastic plugs rather than physical force. When staff violate expectations by assaulting inmates or overlooking inmates’ violent behaviors, employees are disciplined and when appropriate prosecuted.

In addition to creating a climate where violence is not tolerated, the Department uses a variety of methods to reduce tolerance of sexual assaults specifically, including sending deputies to sexual assault training from the California Peace Officer Standards and Training (POST) Commission. Officers also discuss sexual assault protocols at roll call, thereby reinforcing methods of supervision that encourage inmates to report problems without risking their safety. The message from leadership is clear, jail Chief Tom Arata tells inmates: “This is my house and I rule this house. Sexual assaults are not acceptable in my house.”

*As Chief Deputy Tom Arata tells inmates: “This is my house and I rule this house. Sexual assaults are not acceptable in my house.”*

Creating a staff culture in which abusive behaviors are simply not tolerated is a core building block to facility safety. This involves not only a strong and consistent message from jail administrators, but also a willingness to prosecute those who violate policies.



## Targeted effort 2: Employee hiring and training

Another component of facility safety is a commitment to recruiting and training qualified staff. Unlike most jail systems, San Francisco officials do not actively recruit individuals with prior law enforcement experience. Instead, they recruit people who want to serve the public.

*According to Mort Cohen, a lawyer who has sued the department, Sheriff Hennessey is unusual in his ability to bring on staff who make significant efforts to “stop bad things from happening.”*

### Screening

All potential employees are initially screened through a written standardized test. Following this test, the remaining candidates complete a physical agility test, a urine test, a written psychological test, and a credit history background check. Credit checks are important because the department wants to screen out individuals whose level of debt might make them susceptible to corruption. For candidates who make it this far, information from prior spouses, partners and neighbors is collected, a home visit is conducted, and the candidate participates in a polygraph test. As a result of this extensive screening process, only about 4% of those who apply are eventually hired.

*Only about 4% of those who apply to the San Francisco Sheriff's Department are eventually hired.*

### Training

Sheriff Hennessey recognizes the value of intensive training in building a professional staff and minimizing violence in the jail system. After a candidate is hired, he or she participates in a lengthy training process. New deputies take part in California POST training that is 6 to 8 months long. Following this training, they participate for 2 to 3 weeks in training on jail operations. All new deputies must complete both training programs before working in the jail.

Once new deputies start working in the jail, formalized on-the-job training begins. They are assigned to a hand-

selected jail training deputy who had completed a 40-hour course to become a training officer. These training officers – usually senior deputies – are required to cover a defined list of subjects with every trainee. Each facility also has a jail training coordinator who works with the jail training deputies to ensure they teach the specialized subjects and skills needed for that specific facility. This program has been in place for more than 5 years.

In addition to training new staff, the Sheriff's Department has developed systems to provide information and ongoing training to staff. Information from administration is disseminated during roll call meetings along with a training bulletin. Staff participate in additional training offered outside the Department, such as the rape treatment center at the Department of Health.

Sheriff Hennessey increased employee training by 500%. His impressive efforts have not gone unrecognized – the state honored the Department with 18 consecutive annual awards for “Excellence in Training.”

## Targeted effort 3: Staff diversity

The Sheriff views diversity in staffing as an essential element of facility safety. He places a high value on having a staff that represents the diversity of San Francisco's population. Since most people feel more comfortable reporting concerns to someone they can relate to, a diverse jail staff results in increased communication with inmates so that problems are relayed to staff early on. The Sheriff's efforts to recruit a diverse staff have resulted in the highest representation of women and minorities of any major law enforcement agency in the nation – more than 70% of all sworn staff. Sheriff Hennessey has won nationwide recognition for his successful recruitment of women and minorities, including gays and lesbians.

To maintain a diverse staff, the Sheriff's Department ensures that minorities are not screened out by entry

*The San Francisco Sheriff's Department has the highest representation of women and minorities of any major law enforcement agency in the nation – more than 70% of all sworn staff. Sheriff Hennessey has won nationwide recognition for his successful recruitment of women and minorities, including gays and lesbians.*



qualifications that emphasize high levels of education or extensive job experiences. Jail deputies must be at least 21 years old, have a high school diploma, no felony convictions, and at least one year of work experience.

Like his predecessor Richard Hongisto, Sheriff Hennessey developed nontraditional methods to increase diversity in his staff. Early in Sheriff Hennessey's tenure, the department advertised positions in newspapers, radio and TV stations that served minority communities. In addition, staff asked community leaders to distribute recruitment posters and leaflets within their neighborhoods. Advertisements were printed in Chinese, Spanish and the Philippine language of Tagalog. Other efforts included community meetings in churches and street fairs where the application process was explained to residents.

As the staff diversity increased these measures were no longer necessary to maintain diversity. More recent recruitment efforts have shifted to recruitment fairs, college visits and use of the Internet. But even today, the Sheriff keeps recruitment cards with him and hands the cards to people he encounters in his daily life, such as a store clerk who appears to be service oriented, hardworking and polite, especially if the person is employed in a low paying job.

In addition to the belief that diversity improves communication, the Sheriff believes that the presence of civilian employees also facilitates communication with inmates, and this communication, in turn, increases facility safety. As in most correctional institutions, civilians are hired to provide medical services and programs. Inmates often confide their fears and concerns to non-sworn staff, so civilian employees frequently obtain important information about threats and security risks. In this way, non-sworn staff are considered to be in an excellent position to help deter violence. The presence of a diverse staff along with civilian employees, then, is a strategic effort to maximize facility safety by increasing communication from inmates about potential problem situations.

#### **Targeted effort 4:**

## **Objective jail classification system**

### **Classification on the basis of vulnerability**

The San Francisco Sheriff's Department's objective jail classification system is an essential tool in its efforts to

prevent inmate sexual assaults. The classification system is designed to sort inmates on the basis of their potential vulnerability to attack. The comprehensive system, based on training materials developed by the National Institute of Corrections (NIC), uses a triage process at the jail's Admissions Unit to immediately identify offenders with medical or mental health problems that require special attention. The next step is an extensive classification interview that screens for risk of suicide, details of the current crime and criminal history, and determines past and potential vulnerabilities or aggression regarding violence and sexual assault. The interview focuses on prior incarcerations, whether the inmate is affiliated with a gang, and whether he or she has enemies in the jail.

Interviews with individuals who have been in the jail before may take only ten minutes: "Is there anything new since you were last here? You were suicidal—how are you now?" The jail's computer system provides information on prior classification interviews and details from prior jail incarcerations. Interviewers also have access to records from disciplinary actions, incident reports and administrative segregation placements.

Interviews with unknown offenders may last 45-60 minutes, with staff probing to obtain additional information. The interviewer will ask the inmate about time served in state prison and problems the inmate may have encountered there. Interviewers have access to state rap sheets and NCIC. When an inmate has been incarcerated in another jail, the interviewer will contact intake officers at neighboring jails to obtain information on the inmate's adjustment.

Although the interview includes standard screening questions, classification personnel are trained to ask follow-up questions in an open-ended format to maximize the information obtained. Inmates are not asked directly whether they were previously sexually victimized while incarcerated, but if they disclose this information, they are housed in a safe place while the information is verified. The jail's social work unit is notified of all sexual assaults that may have occurred prior to incarceration.

To explore the question of gang affiliation, staff assesses tattoos and asks inmates directly about potential problems since gang members often state that they cannot be housed with a certain type of person or gang member. If there are any indications of gang affiliation and inmates are reluctant to discuss it, further investigation is undertaken with Bay Area jails and the Department of Corrections. The Sheriff's Department separates gang members by placing them in different facilities.



Inmates are classified into low, medium and high risk but a critical component of the classification system is the ability to override the initial classification. The override provides the flexibility necessary to identify and manage inmates who may be perpetrators or victims of violence.

Once the initial intake process has been completed and an initial classification has been determined, the inmate is moved to a direct supervision intake unit where staff can observe inmates interacting with each other in different situations. This allows the deputies to assess the accuracy of the initial classification before inmates receive a permanent housing assignment.

Inmates with a history of victimizing other inmates are directly housed in the 154-bed administrative segregation unit. Individual facilities also have ad-seg beds. Some of the administrative segregation cells are double-bunked, but double bunking is used only if classification determines that two inmates are compatible and can safely be housed together. The classification status of inmates in administrative segregation is reviewed every seven to 14 days, depending on the facility.

The jail houses transgendered offenders in a special 14 to 16 bed unit. These inmates are housed according to their current genitalia, not based on the gender with which they identify, even if they are taking hormones. During the classification interview, deputies discuss with transgendered inmates the risks of housing them in the general population. There is ongoing monitoring in the transgendered unit since staff recognize that predators sometimes attempt to get into housing units with vulnerable inmates.

### **An ongoing process**

The classification system extends well beyond the initial intake procedures. The corrections staff record additional information regarding inmate behavior and adjustment throughout the incarceration period. This information is considered in classification updates. Housing units continue to assess gang affiliation by observing associations, graffiti and colors. To curb disputes, jail rules limit rosary bead colors to black and white to decrease their use as a display of gang colors. Preventing violence is an ongoing process and requires vigilant observation and documentation. When predators are identified, they are immediately separated from vulnerable inmates.

*Preventing violence is an ongoing process and requires vigilant observation and documentation so that when predators are identified they are immediately separated from vulnerable inmates.*

### **Selection and training of classification staff**

Classification is a discrete, centrally operated unit. Because classification is considered an elite assignment, the job is generally offered to more senior deputies. Once selected, deputies work in the unit for five years.

Deputies' first receive training on the Sheriff's Department's Objective Jail Classification Manual that is based on the NIC objective classification model. All officers working in classification also attend the basic classification training that is administered by both the National Institute of Corrections and the California Standards and Training for Corrections.

Obtaining relevant information from inmates is a key component of the jail's safety efforts; therefore classification officers are required to have excellent interviewing skills. So, apart from understanding the classification process itself, deputies also receive at least four weeks of on-the-job training from supervisors that focuses on interview skills. The deputies are then assigned to a supervisor to continue to hone their interview skills. They sometimes receive additional interview training from officers in the Investigations Service Unit. Then, on a regular basis, deputies are required to review the classification manual and the Sheriff's Department's classification policies and procedures.

### **Targeted effort 5: Investigation process**

The Sheriff's Department's Investigations Services Unit is charged with responding to reports of sexual assaults. This unit has no housing oversight responsibilities. Rather, it is independent of the day-to-day operations of the jail and plays a critical role in the safety of San Francisco's jails. Members of the unit have expertise in investigating sexual assaults and have completed POST training that includes a 6-hour sex crimes investigation module. Investigating officers receive training from the rape trauma unit of the local hospital that helps them understand victimization and learn interview techniques to use with rape victims.



Initiating an investigation, of course, requires that an assault be identified as such. For this reason, all jail deputies are trained to recognize when an event has occurred that potentially involves a sexual assault, and how to secure the crime scene. When an assault is suspected, then, housing deputies contact the watch commander and secure the crime scene. The watch commander calls in the Investigative Services Unit.

If a sexual assault is alleged or suspected, deputies contact the Investigations Unit and secure the crime scene. Typically, the victim is placed in a holding cell and all inmates in the area are isolated and instructed not to talk to each other. If one inmate starts talking to other inmates, that person is separated from the group. The fact that the inmate is nervous and wants to talk to other inmates is noted and considered suspect: Is he the perpetrator? During this time period, deputies prevent the victim and suspects from washing their hands, bathing or changing clothes.

Once the investigator arrives on the scene, the following steps are taken:

- The crime scene is secured. Everyone is taken out of the area and yellow crime scene tape is used to cordon off the area.
- All parties involved in the incident are identified and isolated.
  - o Victims are placed in a holding cell.
  - o Deputies separate all witnesses and the assailant so that investigators can interview and obtain statements as soon as possible.
- Evidence is collected.
- Investigators take the victim to the medical unit if he or she needs immediate attention; those who are sent to the jail ward at the local hospital wear their original clothes. The hospital rape treatment staff conduct a forensic medical examination and collect a rape kit.
- Investigators audiotape all interviews with suspects and victims and may video tape the accused.

More often, deputies find out about the sexual assault more than 24 hours after the event, however an investigation is still conducted.

The San Francisco Sheriff's Department's Sexual Assault Policy outlines the specific procedures to be followed in the case of a rumored, threatened or reported sexual assault (see sidebar.) Note that the jail's sexual assault policy focuses on sensitivity to victims' needs, including

removing them from the assault area immediately and placing them in a safe environment. Investigators are trained to discuss with the victim available services and the importance of getting help. When victims agree to services, the deputies are charged with making those arrangements.

When victims decline medical assistance, deputies are nevertheless required to provide notification of the incident by telephone to the San Francisco Rape Treatment Center and the jail social work unit.

***The jail's sexual assault procedures focus on sensitivity to victims' needs, including removing them from the assault area immediately and placing them in a safe environment. Deputies are trained to discuss, with the victim, the importance of getting help, the services available, and when victims agree to services, the deputies are charged with making those arrangements.***

After this immediate intervention, victims are housed in the jail's medical or psychiatric unit and eventually transitioned back into the general population when he or she has been emotionally stabilized and the environment is safe. Victims who cannot return to general population status are housed in either administrative segregation, another San Francisco jail, or a jail in another California county.

All allegations of sexual assault in the San Francisco jails are taken seriously even though about 60 percent cannot be verified. It is difficult to confirm cases because frequently too much time has elapsed between the assault and the investigation, and often witnesses and victims are unwilling to cooperate. In addition, it is common for allegations to come from inmates with psychiatric issues,<sup>1</sup> and these incidents are particularly difficult to substantiate: did the complaint surface as the result of mental instability or because the inmate was indeed more vulnerable to victimization. Rape trauma experts at the local hospital have trained the jail's investigators to

<sup>1</sup> When compared to a general population sample of men, a community sample of seriously mentally ill men was found to be significantly more likely to have been raped or sexually assaulted within the last year. (Teplin, McClelland, Abram, & Weiner, 2005). Studies involving developmentally disabled individuals have also detected higher rates of sexual victimization than studies involving general population samples (Sobsey & Doe, 1991).



## San Francisco Sheriff's Department Sexual Assault Policy

### I. Victim identification

#### A. Jail staff may be aware of a sexual assault in any of the following ways:

1. Deputy discovers a sexual assault in progress.
2. Victim reports a sexual assault incident to a Deputy or to civilian jail staff.
3. Rumored or suspected sexual assault.

### II. Verifying suspected sexual assault

#### A. Occasionally, jail staff will hear of a prisoner being threatened with sexual assault or rumored to have been assaulted. Some victims of sexual assault may be suspected because of unexplained injuries, changes in physical behavior such as difficulty walking, or abrupt personality changes such as withdrawal and suicidal behavior.

1. Jail staff should check out a suspected victim without jeopardizing the prisoner's safety, identity and confidence.
2. Remove the suspected victim from the area for interviewing
3. Ask the suspected victim open-ended questions such as:  
*"How are you doing?", "Are you being hassled?", "Would you like to be moved to another housing area?"*
4. If there are no indications of any problems, suggest that if help is ever needed the prisoner can contact a Deputy, Jail Medical Staff or Jail Psychiatric Services.
5. If the prisoner has had problems, consider the following:
  - a. Advise the prisoner that jail staff can help him/her.
  - b. If the prisoner is scared of being labeled a "snitch" (informer), advise him/her that they do not have to identify the assailants to get help.
  - c. If he/she was sexually assaulted, mention the importance of getting help to deal with the assault and trained staff are available.
  - d. Determine together with the victim what service he/she needs.
  - e. Make arrangements for the appropriate services as agreed to.

### III. Deputized staff intervention

- A. The following procedures apply for recent victims of sexual assault. If the prisoner was threatened with sexual assault or was sexually assaulted some time before, not all of the following steps may be appropriate.
- B. The most important steps are to notify the Watch Commander, arrange protection for the prisoner, refer him/her to medical staff and write an incident report.
- C. Contact with victims needs to be sensitive, supportive and non-judgmental.
- D. Remove and refer the victim for services.
  1. Identify the victim(s).
  2. Remove the victim from the area immediately and place him/her in a protective area until he/she can be brought to the medical area.
  3. Bring the victim to the medical area of the jail for a medical evaluation as soon as possible. The medical staff will refer the victim to an emergency facility.
  4. If the assault is less than 72 hours old, inform the victim not to shower, wash, drink, eat or defecate until he/she has been examined.
  5. Get a brief statement of what happened. (The victim may be in shock to give details at this time. Be understanding and not forceful. Details can be gathered later.)
  6. When the victim returns, arrange re-assignment to a secure area, either in protective custody or to another secure jail area. Be sure the assailant(s) and previous cellmates are not located in the same area.

Continued next page.





## San Francisco Sheriff's Department Sexual Assault Policy

*Continued from previous page.*

### **E. Collect evidence**

1. Collect blankets and sheets if there is semen present. Place each item in a separate paper bag. Seal and label as indicated below. If semen is present on the floor, etc., collect samples using a cotton swab or Q-tip. Place the swab in a test tube which has ½ cc. Of saline solution. JMS has these items.
2. Have the victim change into clean clothes. Place each item of clothing into a separate paper bag. Seal and label as indicated below.
3. All medical evidence will be collected by the San Francisco Rape Treatment Center.
4. Collect for evidence any objects used in the assault which served as a weapon. The evidence shall be sealed, labeled and brought to the Crime Lab on the 4th Floor of the Hall of Justice with the following labeled information.
  - a. Arrange to keep witnesses separated from the assailant. It will be necessary to interview and obtain statements from all witnesses or potential witnesses in the housing area as soon as possible.
  - b. Obtain a fuller statement from the victim and if he/she is willing to testify.
  - c. Determine whether to question the suspect, and if so as soon as possible. Before questioning, read the suspect his/her Miranda rights.
  - d. Write an incident report.
  - e. Obtain criminal records of both the suspect and the victim.
  - f. Identify the appropriate penal code violations.
  - g. If the evidence indicates, the Deputy or the Rebooking Officer will book the suspect.
  - h. The District Attorney's Office will determine if the case is to be prosecuted.

### **IV. Medical staff intervention**

- A. A victim of sexual assault may identify him/herself to JMS staff during the booking process or at any time during incarceration.
- B. Upon identification, the victim is rendered immediate first aid by JMS staff. The facility Watch Commander is notified when any complaint of sexual assault, occurring just prior to or during incarceration, is made. JMS staff can reassure the victim that they need not make any official report of the incident or name the assailant in order to get treatment.
- C. If serious physical injury is involved, the victim is immediately referred to San Francisco General Hospital Emergency Department (SFGHMC). The Emergency Department will notify the San Francisco Rape Treatment Center for appropriate intervention.
- D. If the assault is less than 72 hours old and injuries are minimal, he/she is immediately referred to the San Francisco Rape Treatment Center (SFRTC) located at SFGHMC for initial intake evaluation and evidence collection. The victim should not bathe or shower prior to evidence collection. JMS staff are never to be involved in the collection of evidence in sexual assault cases nor should they ever attempt an exam to determine extent of assault. All sexual assault exams must be done by SFRTC at SFGHMC. The victim can decline referral to the S.F. Rape Treatment Center. This refusal is documented on a "Refusal of Medical Care" form with the prisoner's signature. Even if the referral is refused, a telephone notification is to be made to both SFRTC (821-3222) and the Jail Social Work Unit (863-8237).
- E. If the victim does not consent to evidence collection or it is after 72 hours, refer to the JMS Social Work Unit as soon as possible. The JMS Social Work Unit is to be informed of all complaints of sexual assault whether the assault occurred prior to or during incarceration.
- F. Discharge referrals to SFRTC are appropriate for follow-up when the victim is released from custody. This referral information should be given to the victim at the time of initial intervention.



realize that individuals who claim they have been sexually assaulted often believe what they are saying even though it may not always be true. Every allegation is thoroughly investigated.

**All allegations of sexual assault are taken seriously even though about 60 percent cannot be verified.**

The investigative team recognizes the importance of building rapport with victims to help them become comfortable enough to talk about the incident. The team is culturally diverse, and investigators recognize that some inmates may feel more comfortable talking to a specific investigator. If there is no investigator who speaks a particular inmate's language, for example, they may ask a deputy who speaks the language to participate in the interview.

### Aggressive prosecution of sexual assaults

Investigators maintain positive relationships with prosecutors in the District Attorney's office. This ensures that prosecutors will take jail sexual assaults seriously and pursue prosecution when possible. An additional factor that helps in pursuing criminal charges is California Proposition 115. Proposition 115, known as the Crime Victims' Justice Reform Act, was passed by California voters in 1990. It benefits all crime victims by reducing the number of times a crime victim must testify. As a result, the inmate victim does not have to testify until after the preliminary hearing. In fact, the jail investigator can provide hearsay testimony at the preliminary hearing. When this occurs, perpetrators are more likely to participate in plea agreements.

### Improving staff reports of sexual assaults

The investigators use several methods to reinforce staff reporting of sexual assaults. Sometimes existing staff can develop an apathetic attitude towards reporting. To prevent new staff from falling into this pattern, Investigator John Ramirez strikes a compromise with old-timers. "I know you're not going to do this but let the rookie do his job and we can agree to disagree."

Aggressively pursuing criminal prosecution of sexual assault crimes by both inmates and staff results in deputies taking incidents more seriously. Investigators told researchers that deputies are more likely to document and

report incidents when they see that their efforts result in serious investigations and follow-up activities.

**Deputies receive feedback on the disposition of their reports from investigators: "Thanks for the report. We may not be able to use it for prosecution but we will send the report to his probation officer."**

Investigators provide specific feedback on the deputies' documentation efforts, including what they did well and suggestions for improvement, and sometimes invite deputies to participate in interviews so they can observe how an investigation is handled. In 2000, approximately 150 criminal cases were reported to the investigation unit each year; that number increased to 265 reports in 2004.

**Deputies are told that they can be held liable if they know an assault has occurred and they do not inform anyone or protect the victim. If investigators determine that staff knew about an incident and did nothing, they follow-up with an internal investigation.**

### Medical staff

Medical staff may be consulted by investigators regarding suspected or reported incidents. Investigators might ask medical staff, "Do you know offender X? I know he has some injuries that don't seem consistent with his story that he fell off the bunk. What do you think about that?" Medical staff can reply, "I think that you should look into that" without violating confidentiality. Also, if an investigator sees injuries on a prisoner, they can request that an inmate sign a release of information that permits investigators to talk with medical staff and examine records of the injuries.

### Targeted effort 6:

## Collaboration with the legal system

It took a series of lawsuits to bring about some badly needed changes in San Francisco's jail facilities. Despite the Sheriff's and jail administrators' commitment to institutional safety, spending money on jails and increased staffing tends to be politically unpopular. In spite of the



efforts of Sheriff Hennessey and others to address the jail systems' weaknesses, it has been difficult to get funding for improvements to the county's jails.

### Lawsuits and attorney Mort Cohen

Prior to becoming the Sheriff, Michael Hennessey founded Prisoner Legal Services, a non-profit funded by the Bar Association of San Francisco to assist prisoners with legal concerns unrelated to their criminal cases, and was working in the San Francisco County Jails. In the late 1970s, Hennessey contacted Golden Gate University School of Law Professor Mort Cohen who a long history of undertaking prisoner rights' cases dating back to the Attica prison riots. This contact resulted in the first significant lawsuit, *Stone v. City and County of San Francisco*, which was filed in Federal District Court in 1978. The suit focused on overcrowding, substandard medical care and inmate safety in County Jail 1.

The *Stone* lawsuit resulted in a 1982 case consent decree limiting the size of the inmate population. However, the City and County of San Francisco, including the Board of Supervisors, was found in contempt because of its inability to limit the population. Consequently, funding was provided to build two direct supervision jails, County Jails 7 and 8. County Jail 8 has become a national model for program-oriented prisoner rehabilitation. Today, approximately 400 inmates participate in G.E.D., English as a Second Language programs, alcohol and drug abuse counseling, and family reunification.

*Besk v. City and County of San Francisco* was also an important case that involved inmate rape. This case originated in the mid-1980s when an inmate raped a 19-year old inmate. The victim was a first-time offender and the perpetrator had a criminal history in another state that the Sheriff's Department was unaware of, and as a result, the victim and perpetrator were housed in the same unit.<sup>2</sup> A public defender became aware of the rape and contacted Mort Cohen. Although the inmate did not directly report the rape, the Sheriff's Department also became aware of the incident around the same time through an internal source. The Sheriff's Department worked closely with Mort Cohen throughout the case.

Although *Besk* began as an inmate rape case, it eventually became a class action suit related to crowding. Consequently,

2 The Sheriff's Department subsequently revised its classification system to include a check on criminal history in other states.

the Federal Court approved a settlement agreement between the plaintiffs and the City and County of San Francisco in which the plaintiffs agreed to dismissal of the case based on the City's promise to build a replacement for County Jail #3. In keeping with the settlement agreement, the Board of Supervisors and the Mayor approved the issuance of certificates of participation to fund a replacement jail. That jail, County Jail #5, opened in August 2006.

### Targeted effort 7: Direct supervision

Another important technique for institutional safety in San Francisco is the use of direct supervision facilities. Direct supervision in a correctional facility encompasses both an architectural design and a management style. In a direct supervision facility, the housing design is podular, with inmates' cells arranged around a common area. Officers are stationed in the common area with the inmates rather than in a secure control booth. The management style prioritizes officer interaction with inmates for the purpose of obtaining information and consistently managing inmate behavior. Under this system of supervision, deputies are in constant communication with inmates. As discussed earlier in this Bulletin, inmates have an easy time reporting important information on potential dangers to staff because it is routine for staff and inmates to talk to each other. This focus on interaction includes holding daily meetings with the inmates during every shift to discuss issues and behavioral expectations. Deputies are also more empowered to assign or remove privileges than in a traditional jail management approach.

**"People who are observed tend to behave differently than those who are not."**

– Chief of Staff Eileen Hirst

Traditional jail architecture requires officers to patrol along cells arranged in a long row (a cellblock). Direct supervision is a state-of-the-art method that promotes the safety of both jail staff and inmates. The constant presence of an officer among the inmates plays a powerful role in ensuring safety by becoming aware of problems and responding to them before they escalate. According to the National Institute of Corrections, direct supervision methods can reduce violence by 30-90 percent.<sup>3</sup>

3 See <http://www.nicic.org/pubs/1993/015527>



Direct supervision facilities may seem like an expensive option, but they actually cost the same or less than indirect supervision facilities both to build and operate. Concrete and bars can be replaced with shatterproof glass, or heavy-grade plastic, for example, thereby reducing the costs. Also, direct supervision jails have program space built into the pod since programming is an important component of direct supervision – keeping inmates constructively occupied results in fewer behavior problems.

***“You can have all the motivation to keep an old facility safe, but that is not enough to make it safe. Direct supervision is the most important component of safety.”***

*– Law Professor Mort Cohen*

## Implementing direct supervision concepts in linear jails

San Francisco operates three direct supervision facilities. The third direct supervision facility was opened in August 2006 to replace the oldest jail, which was built in 1934. The remaining jails have a traditional linear design requiring officers to walk up and down corridors to observe inmates.

Despite the architectural limitations of the linear jails, the Sheriff’s Department implements a direct supervision philosophy as much as possible in these facilities. According to Chief of Staff Eileen Hirst, “deputies are trained in positive interaction with prisoners, and are encouraged to be problem solvers to prevent pent-up frustrations from erupting.”<sup>4</sup> Communication between staff and inmates is ongoing; officers respond to complaints from inmates; and behavioral expectations are discussed and clarified when needed.

## Proven success of direct supervision

In a study of aggressive behavior conducted over a four-month period in 2005 in San Francisco’s jails, a significant difference was documented in the number of inmate-to-inmate and inmate-to-staff aggression incident reports filed in a linear versus a direct supervision jail. Aggressive acts were defined as any contact or attempt to make

physical contact with another person with intent to do harm. A total of 44 aggressive acts were reported in the two jails during the study period. Thirty (68%) of the total 44 aggressive acts were reported in the linear facility, while 14 (32%) aggressive acts were reported in the direct supervision pod, and aggressive acts in the linear facility were more likely to result in injury (Brooks, 2006).

These findings are even more impressive when considering that the direct supervision pod in this study housed new arrivals. This group is generally expected to have many incidents because new inmates are typically less stable than offenders who have had time to adjust to their situation and the jail environment. Additionally, some are detoxifying from alcohol and illegal substances, adding to the volatile nature of the incoming population.

***In an incident study conducted in the San Francisco County Jail in 2005, aggressive acts were twice as frequent and more likely to result in injury in a linear jail compared to a direct supervision jail (Brooks, 2006).***

## Support from experienced staff

Along with research, staff experience further supports direct supervision as a safety measure. Chief Arata, with almost 30 years experience at the San Francisco Jail, said during an interview for this study that he initially saw no value in offender programs or direct supervision as inmate management strategies. He worked in linear facilities for years before working in a direct supervision facility. After witnessing a significant reduction in misconduct, he became convinced of the value of direct supervision. From reviewing incident reports, he estimated that direct supervision facilities have one-eighth the number of incidents in comparison to linear supervision facilities. However, he was careful to point out that there are inmates that still need administrative segregation and cannot be managed in direct supervision pods.

**Staff Rotation Plays a Role.** To prevent inmates from becoming overly familiar with offenders in the direct supervision environment, officers in these pods are limited to a 30-day assignment. This staff rotation cuts down on overly friendly behavior and other common boundary violations with inmates. It also develops staffs’ skills by providing them with experiences in different jail environments.

<sup>4</sup> National Institute of Corrections terms supervision of inmates using elements of direct supervision without the accompanying facility structure as *behavior management*. Written material and training on this topic is available for NIC. See [www.nicic.org](http://www.nicic.org) for more information.



## Targeted effort 8: Inmate programming

Sheriff Hennessey views his role as promoting public safety and believes in rehabilitation as an avenue for advancing safety. The jail has been providing rigorous programming for offenders for over 15 years. The jail system mandates program participation in about half of the jails, and programs occupy approximately one-third of the inmate population.

*Programming inmates from 9:00 in the morning to 8:00 at night reduces the amount of energy and free time inmates have to engage in criminal behaviors. These activities also motivate inmates to abide by the jail rules because they can be prohibited from program participation based on misconduct.*

Besides a GED program and a charter school where convicted inmates can obtain a high school diploma, the Sheriff’s Department provides skill development, counseling, vocational training, and drug and alcohol treatment in collaboration with community providers. Depending on where inmates are housed, they have access to a variety of progressive programs, including horticulture therapy, yoga and meditation, art therapy and drama therapy. In the past, they have also offered acupuncture detoxification to reduce drug cravings and stress.

### RSVP

The Resolve to Stop Violence Program (RSVP) is among the most noteworthy programs in the San Francisco Jail. Men with convictions of domestic or other violence are housed in an open jail dormitory and are required to participate in 16 hours a day of intensive programming that includes hearing from victims about the impact violence has had on their lives. Program graduates, hired after additional training, help to facilitate the program. The program challenges the cultural perception that male violence is acceptable.

Inmates who have graduated from the RSVP program are required to participate in community restoration activities as a condition of their probation or parole. Activities include attending male support groups and job training, presenting at schools and other community organizations,

and participating in violence prevention activities, such as theater productions and public forums in areas with high crime rates.

A 2002 study showed that 80% of men who participated in RSVP for 4 months were 80% less likely to be rearrested for violent crimes than those who had not participated.

*“RSVP shows a very promising way to help stop the cycle of violence, assist the healing of survivors, and save valuable tax dollars. It is a best practice that others should study and adapt to their own communities.”*

*– Stephen Goldsmith, Faculty Chair at the Ash Institute at Harvard’s Kennedy School<sup>5</sup>*

In 2004, RSVP was selected from among 1000 applicants for a \$100,000 grant award from the Ash Institute for Democratic Governance and Innovation at Harvard University. The program was initially funded by The Open Society but is now funded by the city.

### Alternatives to incarceration

In addition to jail programs for inmates, the Department also sponsors a number of jail alternative programs, including Behavioral Health Court, which provides alternatives to incarceration for people with mental and emotional disabilities, the Sheriff’s Work Alternative Program (SWAP) which uses home detention with day reporting, and Post Release Educational Program (PREP), in which prisoners on home detention participate in counseling, classes, and work crews.

## Recommendations

Facility administrators seeking to decrease inmate sexual assaults might want to consider the following recommendations made by Sheriff Hennessey and Attorney Mort Cohen:

- Develop a **classification system** that works. Be sure to identify gay men since they are at greater risk to be sexually assaulted.

<sup>5</sup> See <http://www.excelgov.org/displayContent.asp?NewsItemID=5460&Keyword=m2001>



- Hire a diverse staff to increase opportunities for open communication between inmates and staff. **Diversity in staffing** is important.
- Hire **non-sworn staff** to provide another avenue of communication with inmates.
- Provide **sufficient staffing ratios** in all jail facilities.
- **Solve problems with poor or obstructed sight lines** by installing cameras and replacing barrier walls with glass-clad polycarbonate.
- **Identify and remove the predators** and place them in locked facilities by themselves.
- **Implement direct supervision** to increase inmate safety. Direct supervision is the most important component of safety. The inmate knows and the officer knows that everything is observable. Direct supervision avoids the need to hire more deputies. Train all staff on direct supervision methods.

## Summary

The San Francisco Sheriff's Department administrators continually take advantage of new information and opportunities to improve their system. Many of these opportunities are available at little or no cost, such as the NIC material on objective classification and the Association of Jail Administrators training on direct supervision.

The San Francisco Sheriff's Department administrators also create collaborative relationships with other agencies, lawyers, and community leaders to accomplish the goal of public safety. The value of inmate classification and direct supervision as methods to combat sexual assaults as well as other problematic inmate behavior is continually emphasized.

But what is difficult to document is the impact of the staff culture that has been established over more than 25 years of Sheriff Hennessey's tenure. This aspect of the jail operation makes it apparent that abusive behavior by staff is not tolerated and professional behavior is promoted. The administration's value of facility safety and the role communication plays in day-to-day security, its leadership and implementation of new ideas, the careful and ongoing classification of inmates and direct supervision are program elements that can be replicated elsewhere. ■

### Thanks to those we interviewed:

- Lieutenant Senia "Sunny" Bruno, - Classification
- Chief Deputy Tom Arata – Chief of the Custody Division
- Professor Mort Cohen – Law Professor, Golden Gate University
- Sheriff Michael Hennessey
- Undersheriff Jan Dempsey
- Sergeant Celecia Loke – Training
- Deputy John Ramirez – Investigative Services Unit
- Sandra "Sunny" Schwartz – Program Administrator
- And special thanks to Eileen Hirst, Chief of Staff, who coordinated the site visit

### Resources

The **National Institute of Corrections (NIC)**, <http://www.nicic.org/>, provides technical assistance, training, and informational materials on direct supervision, inmate behavior management, and objective jail classification as well as numerous other issues related to corrections. NIC Information Center, 1860 Industrial Circle, Suite A, Longmont, Colorado 80501, (800) 877-1461, (303) 682-0213.

Jails / Academy Divisions, 1960 Industrial Circle, Longmont, Colorado 80501, (800) 995-6429, (303) 682-0382.

The **American Jail Association (AJA)**, <http://www.corrections.com/aja/index.shtml>, has a training video and brochure on direction supervision for \$99.95. Every year AJA offers one day of training on direct supervision at their annual spring conference (April or May). They also offer an annual four-day direct supervision symposium each Fall (usually September), as well as periodic direct supervision training for line supervisors. In addition, they have published numerous direct supervision articles in their magazine. The American Jail Association, 1135 Professional Court, Hagerstown, MD 21740-5853, (301) 790-3930.

The **California Commission on Peace Officer Standards and Training (POST)**, <http://www.post.ca.gov/>, Learning Domain 10 focuses on sexual crimes. See Basic Course Workbook Series, Student Materials, Sex Crimes (1998) from the Office of State Publishing, Administrative Publications Services, 344 North 7th Street, Room 104, Sacramento, CA 96814-0202, (800) 962-4916.

**Stop Prisoner Rape (SPR)**, <http://www.spr.org/>, is a national non-profit human rights organization that seeks to end sexual violence against prisoners. SPR provides publications, legal information, and a variety of resources related to prisoner sexual assault.

**Sandra "Sunny" Schwartz**, Esq., designs and implements programs for the San Francisco Jail. She can be contacted at (415) 734-2307 or [sunnyschwartz@mac.com](mailto:sunnyschwartz@mac.com) to obtain more information on San Francisco's RSVP program and the university evaluation.

**Gabriel London** directed a short video on the subject of sexual assault in prison and institutional efforts to prevent sexual assaults. This video is titled, *No Escape: Prison Rape in America*, can be used in staff training. Mr. London can be contacted at (323) 936-1913 or [Gabriel@foundobjectfilms.com](mailto:Gabriel@foundobjectfilms.com).

### References

- Brooks, L.L. (2006). *The relationship between jail architectural design and inmate aggressive behavior*. Unpublished master's thesis, San Francisco State University, San Francisco, CA.
- Sobsey, D. & Doe, T. (1991). Patterns of sexual abuse and assault. *Journal of Sexuality and Disability*, 3, 243-259.
- Teplin, L., McClelland, G., Abram, K., & Weiner, D. (2005). Crime victimization in adults with severe mental illness: Comparison with the national crime victimization survey. *Archives of General Psychiatry*, 62, 911-921.



LOGIC MODEL: San Francisco Sheriff's Jail

Continued next page.

NOTE:

This logic model is provided to assist with replication of aspects of the San Francisco Jail operation that enhance safety through classification and housing procedures. Logic models provide a roadmap for implementation and program monitoring. It provides a logical sequence of related events that connect the program plans with the results. Remember, it is critical to bring stakeholders together to design your own logic model to reach your intended goals.

RESOURCES/ INPUTS

- Mission/philosophy that values safety for both staff and inmates
- Leadership that values safety
  - > Treating inmates with respect
  - > Listening carefully to inmate complaints
  - > Clear expectations of staff
- Staff that values safety
- Staff with ethnic, racial and language diversity
- Civilian employees
- Judicial directives
- Facility architecture
- Funding
- Staff training and supervision resources
- Objective classification system
- Investigation unit
- Investigation policies and procedures
- Strong relationship with hospital sexual assault team
- Strong relationship with prosecutors
- Focus on public service

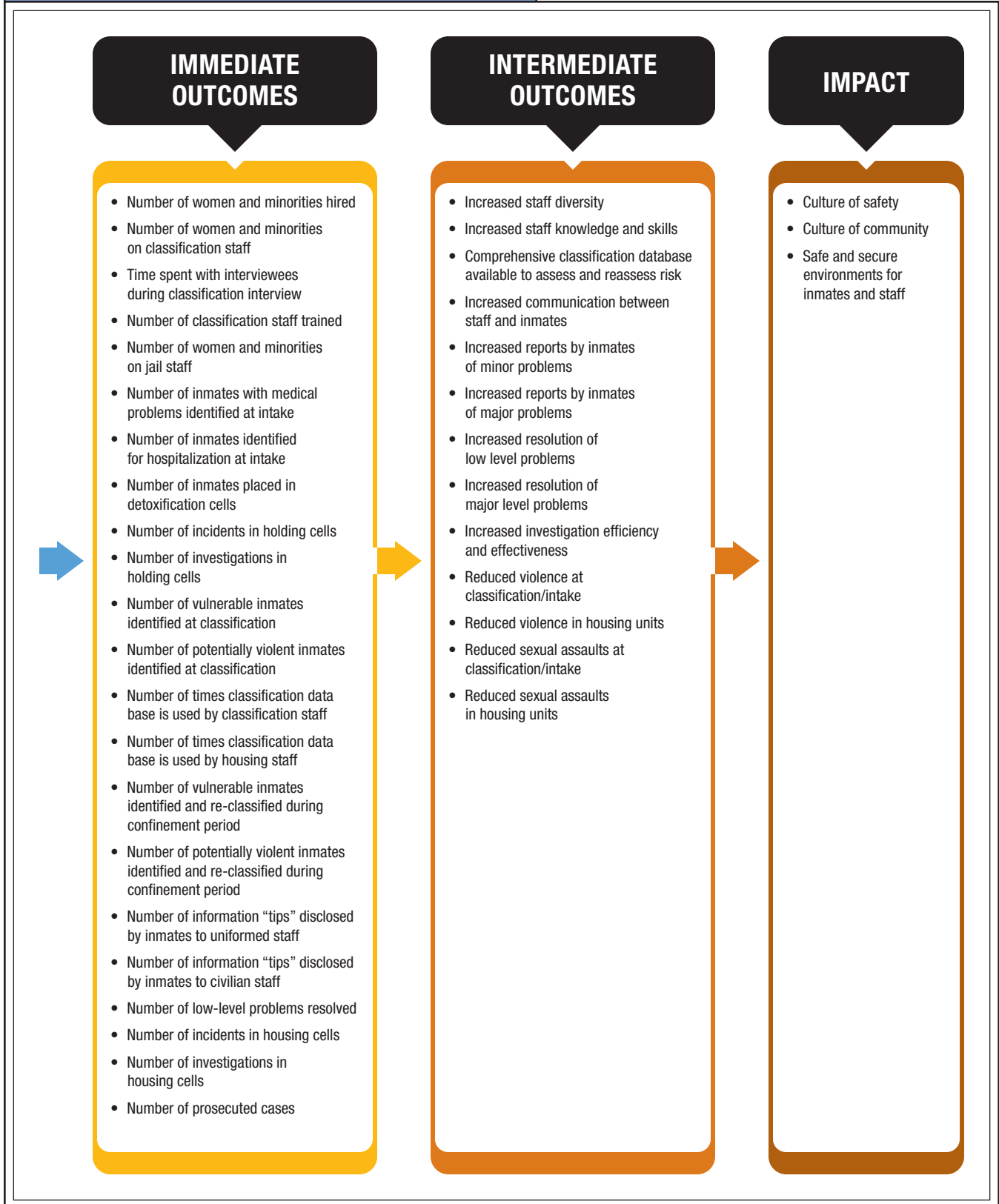
PROGRAM ACTIVITIES

- Recruit for diversity in race, ethnicity and gender
- Place recruiting ads in neighborhood newspapers
- Recruit employees who want to serve the public
- Specially selected training officers partner with new employees
- Select classification staff with excellent interpersonal skills
- Specially selected on-the-job classification trainers
- Provide extended classification training
- Provide inmates with an immediate health screen by a nurse at booking
- Conduct classification interviews that focuses on inmate vulnerability, prior institutionalizations, violent behavior, and suicide attempts
- Conduct search for wants/warrants/ criminal history
- Use classification based on objective scoring
- Release on own recognizance evaluation
- Record inmate interview data on inmate vulnerability, prior institutionalizations, violent behavior, and suicide attempts
- Prioritize development, maintenance, and access to intake/inmate classification database without purging names since many inmates are admitted many times
- Ensure unobstructed view to holding cells
- Use safety or detoxification cells as necessary
- Spend necessary time to conduct interviews to determine inmate vulnerability, prior institutionalizations, violent behavior, and suicide attempts
- Place offender in direct-supervision unit for at least five days to observe behavior and verify proper housing assignment
- Provide extensive investigation training to specialized staff



**LOGIC MODEL: San Francisco Sheriff's Jail**

*Continued from previous page.*





# BUILDING BLOCKS

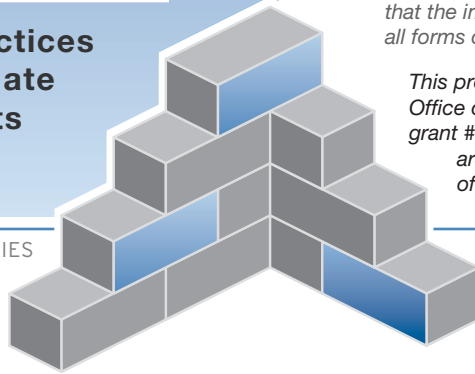
## for Institutional Safety

MAY 2007

### ▶ Promising Practices to Prevent Inmate Sexual Assaults

3

ISSUE THREE IN A SERIES



Keep a lookout for new **Building Blocks Bulletins** over the next few months.

#### Project staff:

- Peggy Heil, *Project Manager*
- Kim English, *Research Director*
- Diane Pasini-Hill, *Manager Special Projects*
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*The Division of Criminal Justice is documenting practices that were designed to promote safety in jails and juvenile facilities and decrease inmate/resident sexual assaults. While these practices appear promising, further research is necessary to validate whether these are indeed effective interventions. It is also important to stress that the implementation of promising practices does not ensure that all forms of violence have been effectively eliminated.*

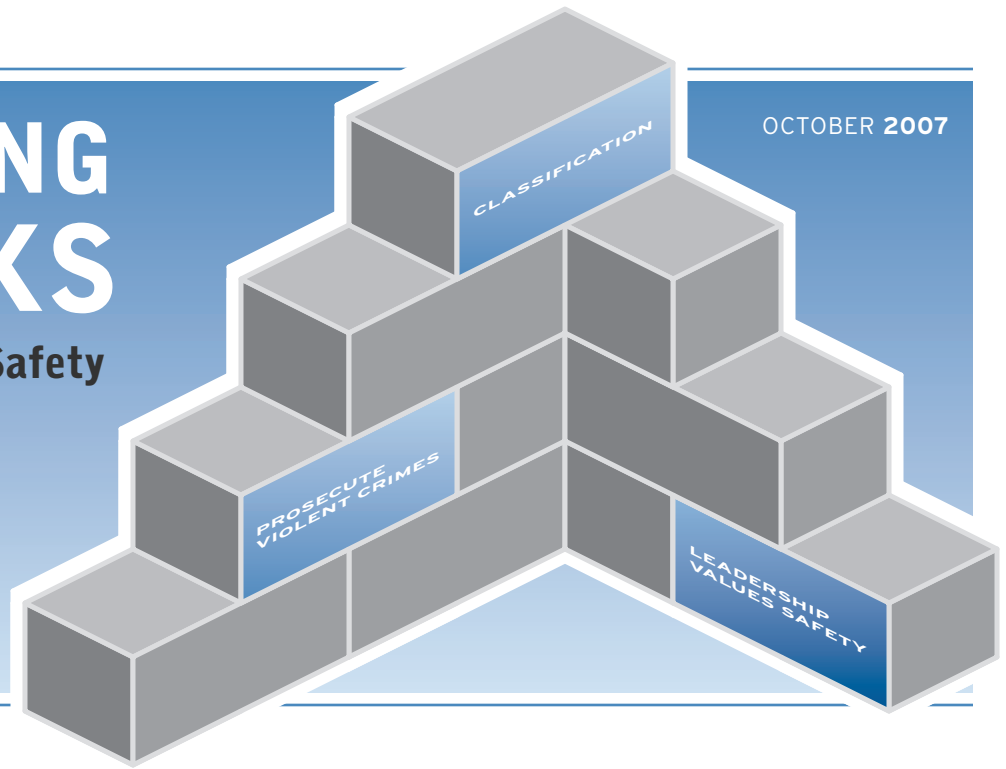
*This project is funded by the National Institute of Justice, Office of Justice Programs, U.S. Department of Justice, under grant #2004-RP-BX-0095. Opinions or points of view expressed are those of the authors and do not necessarily reflect the official position or policies of U.S. Department of Justice.*

Colorado Department of Public Safety  
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# BUILDING BLOCKS

for Institutional Safety

OCTOBER 2007



4

ISSUE FOUR IN A SERIES

## ► Using data to prevent inmate sexual assaults

*This newsletter is the fourth in a series on promising practices in preventing and responding to inmate-on-inmate sexual assaults in the nation's jails and juvenile correctional facilities. For an overview of the topic, see the Newsletter #1, "Responding to the Prison Rape Elimination Act," available at <http://dcj.state.co.us/ors>. The newsletters are provided under grant # 2004 RP BX 0095 from the National Institute of Justice. Forthcoming newsletters will profile promising practices in other jails and juvenile facilities.*

*The newsletters reflect findings from our study of promising practices. We encourage facility administrators elsewhere in the nation to replicate these extraordinary efforts to prevent inmate sexual assaults.*

*If you would like to be placed on the mailing list to receive upcoming newsletters in this series, please contact Pat Lounders at the Colorado Division of Criminal Justice, [Pat.lounders@cdps.state.co.us](mailto:Pat.lounders@cdps.state.co.us).*



### Brief facility description: Orange County, Florida, Corrections Department

The Orange County Corrections Department (OCCD) operates the 22nd largest jail in the country, and is one of only 124 jails accredited by the American Correctional Association.<sup>1</sup> OCCD operates jail facilities under the authority of the Orange County Public Safety Director and County Commissioners. On November 8, 2006, 4,348 inmates were incarcerated in the system; 87 percent were males and 13 percent were females. The majority of inmates have been charged with felonies. About 40 percent of the jail population was sentenced, and the other 60 percent was awaiting trial. The average length of stay in 2006 was 89 days.

#### The Department includes four facilities:

- Main Jail, the largest facility, houses 1,550 inmates;

<sup>1</sup> Increasing Collaboration between Corrections and Mental Health Organizations: Orange County Case Study, a report prepared by the National Institute of Corrections and the Council of State Governments. Available on the NIC web site at <http://nicic.org/Downloads/PDF/Library/022134.pdf>



- **Four Direct Supervision Jails—Genesis, opened in 1988 as the first direct supervision facility, houses 220 inmates; Horizon (1,250 inmates), Phoenix (352 inmates), and a Female Detention Center (652);**
- **Booking and Release is the intake point for all those arrested in Orange County and the release center for all inmates being released; and**
- **A Juvenile Assessment Center serves as the central intake center for all juveniles.**

## History of improvement efforts

The sheriff's department was responsible for operating the jail until 1987, when Orange County moved to a charter form of government. Under the charter, the department of corrections was established as a separate entity that reports to the county (Board of County Commissioners). Perhaps the most important result of that change was the hiring of a new department chief, Tom Allison, whose leadership and vision were influential in changing the philosophy and culture of the department. The organizational changes included the following:

- Use of direct supervision,
- The addition of programs that provided rehabilitation opportunities for inmates, and
- An emphasis on the professional development of staff.

When Tom Allison left the position 10 years later, most of these positive changes remained in place. In 2002, a new chief, Timothy Ryan, was appointed. He reinforced many of the earlier approaches, but he also added a slightly different emphasis—the use of data to influence policy and manage department operations effectively and safely.

### Outstanding Safety Efforts

The work of the Orange County Department of Corrections is presented in this Building Blocks for Institutional Safety for its extraordinary integration of statistical data analysis to manage day-to-day jail operations, its judicious efforts to improve facility safety for staff and inmates by limiting the use-of-force to manage inmate behavior, and its focus on providing special attention to inmates with mental illness. These efforts are part of a philosophy that values and promotes facility safety, including safety from sexual assault.

Many lessons can be learned by reviewing the efforts of corrections professionals in Orange County, Florida.

### Jail Oversight Commission

Another significant force in shaping the Orange County Corrections Department as a strong agency was a local Jail Oversight Commission established in 2001. In response to concern when a mentally ill inmate died from methadone withdrawal complications, Orange County Mayor Richard Crotty<sup>2</sup> created a Jail Oversight Commission to review all aspects of jail operations.

By May of 2002, the Commission had produced over 200 recommendations, pointing especially to problems with case processing and overcrowding in the jail.<sup>3</sup> However, when the chairman of the Jail Oversight Commission reconvened the Commission one year later to review progress made as a result of its recommendations, only three case processing recommendations had been implemented. The media noted that not much had changed despite the Commission's efforts, providing pressure for implementation. Responding to concerns that the Department was not addressing the Commission's recommendations, Dr. Patrick Jablonski, a research statistician employed by the jail, developed a data-driven approach to tracking problems and gaps in the identified problem areas. That approach is a focus of this Building Blocks research bulletin.

### Data-Driven Decisions

A monthly case processing report tracks statistics in a number of areas, some of which are discussed in greater detail below (Jablonski).<sup>4</sup> By providing valuable information on various aspects of the jail operations, the report has been useful in guiding informed decisions by both jail administrators and local policymakers. The Department uses statistics to monitor population growth and forecast the size of future inmate populations; it produces data that are valuable for substantiating to county commission-

2 Richard T. Crotty was appointed as Orange County Mayor in January, 2001 by Governor Jeb Bush. Mayor Crotty is the Chief Executive of a county government that provides complete urban services to over 860,000 citizens.

3 Orange County Jail Oversight Commission. (May 2002). Report of Findings. Orange County, Florida.

4 Jablonski, Patrick and Bradstreet, Scott. "Proceedings," NIC Large Jail Network Meeting, January 2006, p. 20.



ers the department's resource needs and, of particular importance for this Building Blocks, the data system was designed to identify potential problems so they can be addressed quickly. Jail operations in Orange County rely on statistics and data to guide its operations, identify problems and implement changes, including monitoring and responding to safety issues.

## Indicators of Jail Safety: The Primary Indicators Report

The Orange County Department of Corrections offers an unusual example of an agency that effectively uses internally generated data to improve jail safety. The Department's monthly Primary Indicators Report (PIR), developed by Orange County jail statistician Patrick Jablonski, is more than 100 pages long. The PIR tracks the following primary indicators of jail safety:

- **Violence Indicators:**
  - Inmate battery
  - Battery on staff
  - Use of force
  - O.C. foam (pepper spray) use
  - Inmate altercations
- **Health and injury Indicators:**
  - Inmate injuries
  - Staff injuries
- **Inmate management indicators**
  - Contraband
  - Drug-related incidents
  - Grievances (all)
  - Grievances (substantiated)
  - Disciplinary reports

Sources for the data include staff-generated reports, medical data on sick calls and injuries, violence indicators from use-of-force reports, and inmate-on-inmate assaults. When combined with grievance and disciplinary reports, contraband and drug incidents are also important indicators of potential problems in the jail.

For each set of indicators, the information is stratified by shift for each unit in each jail in Orange County and tracked over time, controlling for population and staffing differences. This approach allows administrators to compare trends over time, across the facilities and for specific units and shifts.

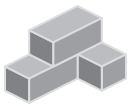
## Using the Data

Many jails across the country collect data about inmates and jail operations, but it is seldom used as a tool for improving inmate safety in a jail. In Orange County, however, data is crucial in addressing jail safety. The PIR serves as a "report card" for how well each jail and each unit is functioning. The PIR is provided to managers and reviewed at monthly staff meetings. Any trends in the data that cause concern are explored to determine the reasons for the change. When there is an increase in incidents or grievances, for example, they are promptly investigated to determine the cause. In such instances, for example, they might explore whether the increase in events is due to a problematic employee, a problematic inmate, overcrowding, or a lack of programs to keep inmates busy. After a cause is identified, steps are immediately taken to alleviate the problem, such as changing staff training or adjusting specific practices in the unit.

The Department recently revised the data system to enable officers to enter and receive Primary Indicators data from computers in each unit. With this new capability, sergeants will be expected to collect the data in their unit and make any needed changes in response to what the data indicate about the unit's safety.

The PIR is recognized by operating managers as Orange County's navigation system. It shapes the way the Orange County Jail does business, according to managers and staff. Managers know they are accountable for the trends and measures in the PIR; they use the PIR to adjust their operations accordingly. The Primary Indicators Report is recognized in the jail system as part of an overall culture of accountability. In fact, security supervisors reporting to Deputy Chief Scott Bradstreet understand that they will be held accountable for increases in inmate or staff assaults in their area. Likewise, security operations staff understand that their performance is being rated based on what the data reflect.

*The monthly Primary Indicators Report is recognized in the jail system as part of an overall culture of accountability.*



## Results: improved jail safety

A comparison of PIR data from 2000 to 2005 indicated that jail safety for both inmates and officers had improved, perhaps as a result of the way the department was using the data provided by the report. For example, in 2005 compared to 2000 there were:

- 22% fewer inmate fights
- 14% fewer inmate batteries
- 22% fewer inmate injuries
- 28% fewer use-of-force incidents
- 53% fewer batteries on staff
- 71% fewer staff injuries (Jablonski)<sup>5</sup>

## Other sources of information

In addition to relying on internally generated statistics to manage jail operations, Orange County jail administrators also use other sources of information to improve inmate safety, such as the results of litigation settlements and communication with family members.

### Learning from Litigation

Administrators view lawsuits as another opportunity to detect problems and develop solutions. The Department receives about 200 “intent to sue” notifications per year. When the Department receives notification of an impending lawsuit, staff from the litigation unit conducts a risk management investigation. The litigation unit, comprised of trained correctional officers, is tasked with learning from “intent to sue” notifications and improving jail operations based on the risk management investigations they conduct. The risk management investigation is protected from discovery in the pending lawsuit. The investigation can include interviews with staff on all shifts at the location of the event, a review of incidents two weeks prior to the named event, reviews of log books from the time the inmate was booked into the jail, and interviews with trustees where the event took place.

Once the investigation is complete, a briefing is arranged to discuss issues that were identified. If administrators determine that an inmate grievance did not result in the correct action, efforts are made to immediately address

the system failure. That is, policies can also be changed based on the problems that are identified, or staff can be trained in new procedures. For example, this process recently led to a revision of the Department’s sexual assault policy.

*The risk management investigation, initiated after the “intent to sue” notification is filed, is protected from discovery in the pending lawsuit. The investigation can include interviews with staff on all shifts at the location of the event, a review of incidents two weeks prior to the named event, reviews of log books from the time the inmate was booked into the jail, and interviews with trustees where the event took place.*

For those cases that result in a lawsuit, once a resolution is reached, Department officials may sit down with the opposing attorneys to talk about what they can do to improve their operations. The goal is to address problems proactively to prevent them from reoccurring in the future.

### Learning from Inmates’ Families

Families are viewed as another potential source of important information about inmates’ needs and problems in the jail. The management team and the medical and program staff deliberately spend time communicating with families. Besides listening to the concerns of the families, administration officials believe that it is important to inform families about available community resources that may assist them as the offender transitions back home.

## A note on use-of-force and jail safety

Using this data system, Orange County administrators measured use-of-force incidents in jails, and made a decision to reduce such incidents. Administrators believe that the use-of-force by officers contributes to an unsafe operational environment for both staff and inmates, so department officials established the goal of preventing use-of-force incidents through sound management practices. Because of the importance of this issue, Deputy Chief Scott Bradstreet called for a new policy on

<sup>5</sup> *Proceedings*, Large Jail Network, January 2006.



the use-of-force that incorporates this philosophy. The use-of-force policy requires that all such incidents be videotaped, and that a supervisor is present. Following every use-of-force incident, the videotape is reviewed by the captains, who discuss how the incident might have been prevented.

To facilitate videotaping, several facilities are retrofitted with videotaping capabilities, especially in high risk areas, and all new facilities are designed to enable video recording. If officials are aware that someone is high-risk or that a high-risk situation is imminent – for example, the intake of an offender with a history of violence – the interaction is videotaped whether or not force is used.

Staff training also emphasizes that all options should be exhausted before resorting to force. Situations that require force are taken very seriously by the administration, and undergo a review process. As reported above, use-of-force incidents decreased by 28 percent between 2000 and 2005, along with other safety problems. The staff attribute this to several factors including Crisis Intervention Team training (discussed later in this report), requiring supervisors to be present at all incidents, Deputy Chief Scott Bradstreet's leadership emphasis, and the video reviews by captains. These measures help the administration maintain a consistent emphasis on avoiding the use-of-force.

***“Staff training needs to emphasize the philosophy of preventing use-of-force as the goal rather than just emphasizing the tactics to be used when force is needed.” Deputy Chief Scott Bradstreet***

***To talk merely of limiting the use of force is to miss a much larger opportunity to reframe the role of corrections officers in resolving and preventing conflict. Officers need guidance, inspiration and a repertoire of effective, non-forceful responses so that the use of force is naturally limited to those rare situations where it is required to prevent serious harm. From: Confronting Confinement: A Report of the Commission on Safety and Abuse in America's Prisons. Vera Institute of Justice, New York, 2006, page 33.***

## Other strategies for improving inmate safety in orange county

In addition to its commitment to using data as a means to prevent assaults, Orange County employs several other progressive practices that result in improved safety in its jails. These include:

- Direct supervision design and philosophy
- A new approach to dealing with mentally ill inmates
- General measures designed to increase safety
- Strong leadership and staff professionalism

### Direct Supervision

Three of the five jails in Orange County were designed as direct supervision facilities; approximately 60% of inmates are housed in direct supervision jails.<sup>6</sup> Several of the facilities were designed by the same architect. This was an advantage because the architect was kept informed of problems as staff gained working experience in each facility, and these issues were then addressed in the design of the next facility.

Administrators are firmly committed to a direct supervision philosophy and recognize that open communication helps inmates report problems and assaults to staff. All staff receive interpersonal communication training that emphasizes treating inmates with respect and regularly talking with them. The administrative staff expects employees to apply the skills learned in training to their interactions with inmates, and officials emphasize treating people the way they would like to be treated.

<sup>6</sup> Direct supervision is a combination of architecture, management and supervision that seeks to create safe conditions in place of disruptive ones by, in part, allowing inmates outside their cells at least half the time so they can interact with each other and officers in identified common spaces. This is in contrast to traditional supervision where officers monitor inmates from behind glass or bars. See our *Building Blocks* describing the San Francisco Jail for a description of direct supervision, at [http://dcj.state.co.us/ors/pdf/PREA/Building\\_Block\\_Bulletins/BB\\_No3\\_SF\\_ver4FV.pdf](http://dcj.state.co.us/ors/pdf/PREA/Building_Block_Bulletins/BB_No3_SF_ver4FV.pdf). Also, the National Institute of Corrections has considerable literature, training and technical assistance available on the topic of direct supervision. See [www.nicic.org](http://www.nicic.org).



**Deputy Chief Scott Bradstreet: “You have to make staff understand that inmates are here because they did not follow the rules. So you can’t just give orders. You have to talk to them, listen to what they have to say, and let them know that you will follow through on expectations.”**

Direct supervision provides a more natural environment that facilitates open communications. Inmates learn that they can report incidents to staff and, in Orange County, that those reports will be addressed. Staff and administrators also review all grievances and disciplinary reports rather than routinely dismissing them; this helps inmates know that they will get fair treatment.

The management style involves constantly observing the inmates, and lots of face-to-face interaction. This makes assaults more difficult to carry out. Although the Department is committed to using a direct supervision approach, more traditional correctional methods, such as a regular cell shakedowns, dog teams, and drug testing, are also used.

With the introduction of direct supervision, facility staff saw a huge drop in reported sexual assaults. In 1990, the majority of inmates were housed in linear jails where officers had limited views and inmates were frequently in charge; only 200 (of the 2,200-2,600) inmates were housed in the direct supervision jail. In 1990, there were 21 allegations of sexual assault on inmates (3 were substantiated). Since that time, additional direct supervision jails have been built in the county and, although the number of inmates grew to more than 4,000 by 2006, only 2 sexual assaults were reported that year.

## Inmates with Mental Illness

Like most jails around the country, Orange County facilities hold a substantial number of inmates with mental health needs. Currently approx. 22 percent of the inmates are taking medication for psychiatric illnesses. This population can be at increased risk for sexual victimization and most allegations of sexual assault come from this group. The individuals are also likely to remain in the jail for longer periods of time – 45 days, with a median of 11 days – as opposed to the general population, which has an average stay of 26 days with a median of 2 days. Effective management of this population is critical to the overall safety of a facility.

Officials in Orange County have taken several steps to address the needs of this population:

- A pretrial services program is available for individuals with co-occurring mental illness and substance use disorders that links participants to an assertive community treatment (ACT) case management team designed to serve people involved with the criminal justice system.<sup>7</sup>
- The jail has a special needs unit where inmates with serious mental health needs can be housed. Once housed in the special needs unit, the inmates are offered a program that eventually helps some of them move into the general population. All staff in the special needs unit receive Crisis Intervention Team (CIT) training (see discussion in the next section).<sup>8</sup>
- Team rounds and meetings are conducted on high-needs inmates. One particularly difficult inmate who was mentally ill and self-injurious was closely monitored and tracked by weekly meetings that consisted of all shift commanders, the head nurse, and the litigation unit staff.
- Security, medical, and mental health staff conduct rounds together when someone is placed in isolation because of mental health problems.
- Due to difficulties associated with the mental health population, and mindful of the vulnerability of these individuals to assault, the litigation unit (described above) assumes case management responsibilities for inmates who are transferred to the hospital for mental health care. While an inmate is housed at the hospital, the litigation unit provides critical inmate information to the hospital staff, conducts audits, makes recommendations to hospital staff, and undertakes security checks in an effort to reduce incidents.

7 Increasing Collaboration between Corrections and Mental Health Organizations: Orange County Case Study, a report prepared by the National Institute of Corrections and the Council of State Governments. Available on the NIC web site at <http://nicic.org/Downloads/PDF/Library/022134.pdf>

8 For a complete description of this initiative targeting “people who were landing at the intersection of the criminal justice, mental health, and substance abuse systems” (page 1), see Increasing Collaboration between Corrections and Mental Health Organizations: Orange County Case Study, a report prepared by the National Institute of Corrections and the Council of State Governments. Available on the NIC web site at <http://nicic.org/Downloads/PDF/Library/022134.pdf>



**Compared to prison inmates, jail detainees with mental illness are approximately 50% less likely to receive mental health services while incarcerated according to data collected from interviews with 6,982 inmates in 417 jails. Yet, mental illness in jails is a potentially serious problem not just for the detainee but also for the safety and effectiveness of custody procedures: jailed adults with mental illness are twice as likely to be charged with rule violations than other jail inmates, and three times more likely to be injured during a fight. Source: Mental health problems of prison and jail inmates. Bureau of Justice Statistics Special Report, by Doris James and Lauren Glaze, September 2006, NCJ 213600.**

## Crisis Intervention Team Training

Along with other communities in central Florida, Orange County is a partner in the Central Florida Crisis Intervention Team (CIT). The CIT, based on a model developed in Memphis, Tennessee, is an innovative method of responding to individuals with mental illness who come into contact with law enforcement. Traditional law enforcement procedures are often counterproductive in situations when an individual is suffering from a mental illness. Frequently, a traditional approach will lead to the escalation of an individual's negative behavior, enhancing the probability that the encounter will lead to arrest. The focus of a CIT is the de-escalation of the person who exhibits signs of emotional disturbance, and directing the person into treatment instead of jail when appropriate. Orange County was the first jail system in the United States to implement CIT training for jail staff and patrol officers.<sup>9</sup>

CIT training helps jail staff understand when inmates' psychiatric conditions might be causing problems in the facility. For example, during the training, participants wear headsets that emit voices to gain an appreciation of what it is like to hear voices. They also take part in role-playing scenarios of incidents that actually occurred in the jail. Jail staff are taught to de-escalate situations verbally and to arrange mental health referrals rather than allowing situations to escalate into more serious problems.

Certain jail staff members, including those that work in the mental health unit, are routinely trained in CIT, and officials told researchers that other staff request CIT training after seeing the positive outcomes experienced by those who

have participated. Sometimes there is a waiting list for training. Administrators believe that CIT training of staff has resulted in a reduction in incidents involving force.

### Sexual Assault Responses

When a sexual assault is reported, the jail staff immediately respond by:

- Isolating involved individuals and preserving the crime scene
- Providing medical and mental health evaluations
- Transporting the victim(s) to an outside facility to collect a rape kit
- Calling the Sheriff's Office to initiate an investigation, even if the staff have reason to question the validity of the allegation
- Filling out a critical incident report

While the investigation by the Sheriff's Office is conducted, the perpetrator(s) is housed in segregation. If the allegation is validated, there is an in-house disciplinary consequence and reclassification, usually to a higher security level. A staffing would also be arranged to determine management and housing strategies for the victim and perpetrator. Even if the allegation is not validated, the involved inmates continue to be housed in separate areas for the remainder of their confinement.

**When a sexual assault is reported, policies require jail staff to immediately call the Sheriff's Office to initiate an investigation even when staff question the validity of the allegation.**

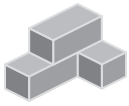
## Safety Measures

The Department has also established several other measures specifically designed to promote safety in its jails:

- Booking staff receive training to enable them to identify problems such as mental illness, mental

<sup>9</sup> For more information, please see the following publication, available from the National Institute of Corrections: Council of State Governments Justice Center. (2007). *Increasing Collaboration Between Corrections and Mental Health Organizations: Orange County Case Study*. New York, NY: Council of State Governments Justice Center.





retardation, or prior victimization. The mental health intake form identifies inmates' psychiatric needs during the booking process.

- Mental health screening identifies inmates who need a Do Not House Alone (DNHA) designation because of risk of suicide or self-injurious behavior. The department has not had a suicide since 1998.
- Some isolation cells are equipped for camera observations. In addition, there are some electronic systems that enable officers to electronically establish that they have observed the cell as required.
- Staff work with probation officers to learn what inmates report about their jail stay after they are out of the system. The purpose is to identify previously undisclosed safety problems that administrators need to address.
- Security, inmate affairs, medical, and mental health staff conduct joint rounds every week on inmates who are on special management status, including protective custody and administrative confinement. Officials believe that this direct, face-to-face interaction helps these inmates understand expectations and modify their behavior when necessary.

These measures emphasize administrators' commitment to identify problems early and to implement ways to manage high-risk inmates safely.

***Jail staff work with probation officers to learn what inmates report about their jail stay after they are out of the system. The purpose is to identify previously undisclosed safety problems that administrators need to address.***

## **Staff Professionalism and Strong Leadership**

In describing why the Orange County Corrections Department operates effectively, Major Richard Anderson, In-Custody Support Services, downplayed the facilities' direct supervision design features and pointed to the Department's staff: "Direct supervision won't work without competent staff." His comment points to the importance of the combination of leadership, a well-designed facility, and well-trained staff to carry out the mission.

Additionally, Deputy Chief Scott Bradstreet suggested that the key to reducing assaults in the Orange County Jail was the strong facility culture developed by the staff who strive to understand and respond to inmates' concerns. He emphasized that the jail environment allowed inmates to feel comfortable talking to staff in the Orange County jails.

Department administrators continually seek to improve the organization and the professionalism of their staff. They promote a sense of pride in professionalism by encouraging staff to participate in ongoing education and meetings with other agencies. The Department has sent staff to national and state trainings and meetings, such as National Institute of Correction's (NIC) Large Jail Network meetings and the Florida Large Jail Network meetings. Orange County administrators are open to new ideas and system improvements; they continually seek resources

***Department administrators continually seek to improve the organization and the professionalism of their staff. They promote a sense of pride in professionalism by encouraging staff to participate in ongoing education and meetings with other agencies.***

through NIC, the National Institute of Justice, and other groups to develop and implement innovative approaches to jail management. Administrators also nominate staff for important awards, and this has resulted in some staff members receiving national correctional officer awards. Such efforts on the part of administrators are designed to recognize excellence, build morale, and promote a staff culture that values professionalism.

## **Twenty Years of Progressive Leadership**

Orange County jail administrators, both present and past, deserve credit for maintaining the values that drive staff on a daily basis. The department's culture of safety and professionalism rests on ongoing communication and responsive interaction with inmates, and is the result of "20 years of progressive leadership," as Major Richard Anderson commented. Strong leaders—from Tom Allison to Tim Ryan to Scott Bradstreet—have created a common sense of purpose among staff. When called for, they have also led the department to make productive changes in its operations.



Moreover, both Ryan and Bradstreet, along with researcher Jablonski, are responsible for what is most unique about the Orange County Corrections Department: its unusual degree of reliance on data as an operational tool to improve safety in the jails. The leadership of these administrators in deciding to track—and respond to—the indicators of jail safety can perhaps serve as a positive model to jail administrators nationwide who are looking for additional tools to enhance facility safety.

In sum, more than 5000 adult jails and prisons operate in the U.S, so it is increasingly important for correctional administrators to control confinement conditions that influence the safety and health of inmates and staff. Orange County Department of Corrections provides a useful model for shaping leadership practices that help administrators prevent prisoner rape, gang violence, and use of excessive force. The use of computerized performance tracking, well-designed and operated direct supervision facilities, and CIT are building blocks that can help jail staff ensure that prisoners are not being victimized by other prisoners or abused by officers responsible for their control.

### **Thanks to those we interviewed:**

Sergeant Lisa Dahlberg  
Dr. Patrick Jablonski  
Chief Timothy P. Ryan  
Deputy Chief Scott Bradstreet  
Deputy Chief Cornita Riley  
Donna Loyko  
Toni Hutchinson  
Officer Cynthia Corrado  
Captain Tom Hungerford  
Lieutenant Mark Underhill  
James Keeble  
Don Bjoring  
Scott Phelan  
Lee Isbell  
Major Richard Anderson  
Lieutenant Sean Farrell  
Sergeant Vincent Abato  
Officer Annette Coleman  
Dr. Jill Hobbs



LOGIC MODEL: Orange County, Florida, Corrections Department

Continued next page.

RESOURCES / INPUTS

PROGRAM ACTIVITIES

NOTE:

This logic model is provided to assist with replication of aspects of the Orange County, Florida, Corrections Department operations that enhance safety through classification and housing procedures. Logic models provide a roadmap for implementation and program monitoring. It provides a logical sequence of related events that connect the program plans with the results. Remember, it is critical to bring stakeholders together to design your own logic model to reach your intended goals.

- Philosophy values safety for both staff and inmates
- Strong staff professionalism
- Leadership values safety
  - > Treating inmates with respect
  - > Responding to all inmate complaints
- Leadership values transparency of jail operations
- Staff values safety
- Culture of staff accountability
- Philosophy that values proactively preventing problems
- Well-trained booking/classification staff
- Commitment to open communication between staff and inmates
- Broad array of community stakeholders invested in developing strategies to improve the response to people who had mental health, substance abuse, and criminal justice problems
- Data-driven approach to accountability
  - > Documenting incidents with trend data: Monthly Primary Indicators Report (PIR)
- Direct supervision architecture
- Direct supervision philosophy
- Community services include pretrial program for offenders with mental illness and substance abuse problems
- Special needs unit
- Well trained staff
- Jail Oversight Commission *Report of Findings*
- Feedback from inmate families
- Guidance offered by "Intent to Sue" notifications
- Use of force policy
- Sexual assault policy
- Information about use of force from video tapes
- Philosophy that values programs to keep inmates busy
- Sheriff department investigators

- Training in a repertoire of effective, non-forceful responses to behavior
- Interpersonal communication training
- Crisis Intervention Team training
- Special training on suicide risk
- Mental health screenings for inmates
- Development of data management system that tracks all incidents and locations
  - > Regular review and response to information generated from data management system
- Risk management investigation, initiated after the "intent to sue" notification
  - > Reviews of log books
  - > Interviews with trustees
  - > Interviews with staff
- Revise policy based on new information
- Supervisors present at all force incidents
- Videos of force reviewed by captains
- Primary Indicators Report serves as a "report card"
  - > Reviewed at monthly staff meetings
- All incidents documented
- All incident reports reviewed by staff and administrators
- Respond to all incidents
- All grievances reviewed by staff and administrators
- Develop internal investigation team to respond to allegations in potential litigation
- Adjusting specific practices based on PIR
- Dept officials work directly with litigating attorneys
- Frequent face-to-face contact with inmates
- Isolation cells equipped with cameras
- Team rounds conducted on high-needs inmates by shift commanders, the head nurse, and the litigation unit staff
- Multidisciplinary rounds conducted on inmates with mental health problems in isolation
- Litigation unit assumes case management responsibilities for inmates transferred to hospital for mental health care.
  - > Provides critical inmate information to the hospital staff
  - > Makes security recommendations to hospital staff
  - > Does security checks
- Specific responses to all allegations of sexual assault:
  - > Isolate involved individuals
  - > Preserving the crime scene
  - > Provide medical and mental health evaluations
  - > Transport victim(s) to outside facility to collect a rape kit
  - > Call the Sheriff's Office to initiate an investigation
  - > Complete critical incident report
  - > Encourage prosecution when facts support it
- Jail staff contact probation officers to learn about offenders' jail experience
- Jail staff collaborate with outside agencies



**LOGIC MODEL: Orange County, Florida, Corrections Department**

*Continued from previous page.*



# BUILDING BLOCKS

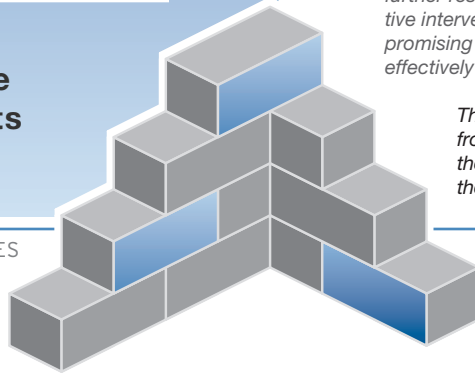
## for Institutional Safety

OCTOBER 2007

► **Using Data To  
Prevent Inmate  
Sexual Assaults**

4

ISSUE FOUR IN A SERIES



Keep a lookout for new **Building Blocks Bulletins** over the next few months.

**Project staff:**

- Peggy Heil, *Project Manager*
- Diane Pasini-Hill, *Manager Special Projects*
- Kim English, *Research Director*
- Pat Lounders, *Research Specialist*

**Special thanks to:**

- Walter “Kip” Kautsky
- Barbara Krauth

*The Division of Criminal Justice is documenting practices that were designed to promote safety in jails and juvenile facilities and decrease inmate/resident sexual assaults. While these practices appear promising, further research is necessary to validate whether these are indeed effective interventions. It is also important to stress that the implementation of promising practices does not ensure that all forms of violence have been effectively eliminated.*

*The newsletters are provided under grant # 2004 RP BX 0095 from the National Institute of Justice. Points of views are those of the authors and do not necessarily reflect the official position of the U.S. Department of Justice or the National Institute of Justice.*

Colorado Department of Public Safety  
Division of Criminal Justice  
**Office of Research & Statistics**

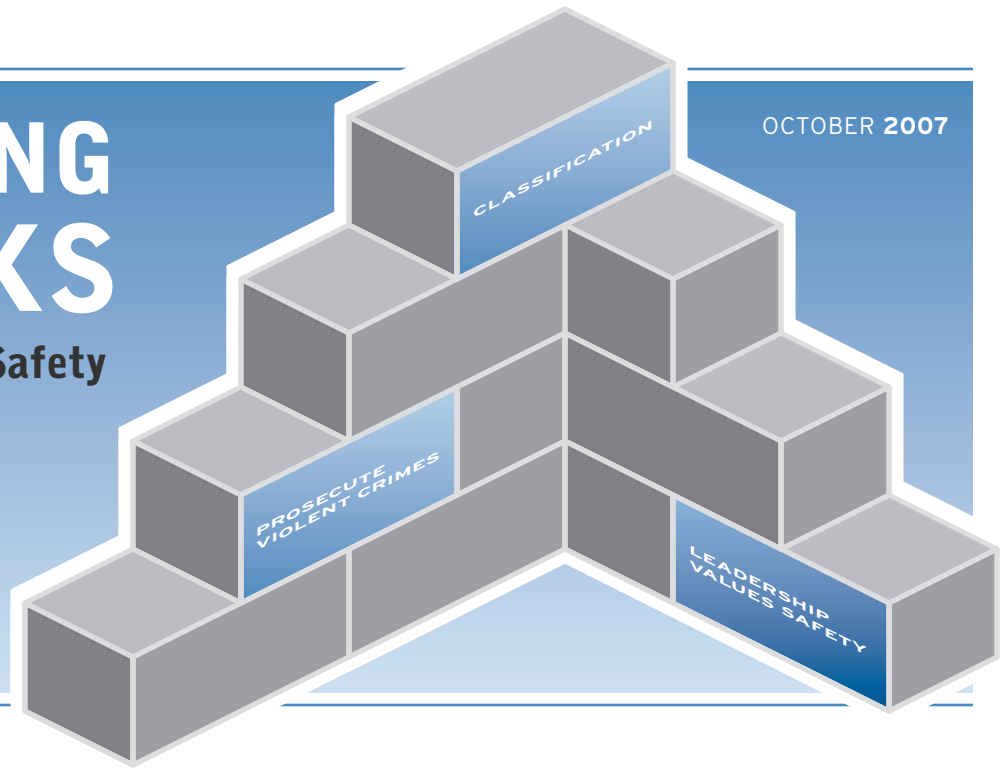
700 Kipling Street, Suite 1000  
Denver, CO 80215

# BUILDING BLOCKS

## for Institutional Safety

### Preventing Inmate Sexual Assault

OCTOBER 2007



5

ISSUE FIVE IN A SERIES

## ► A bibliography of resources available from the National Institute of Corrections Information Center

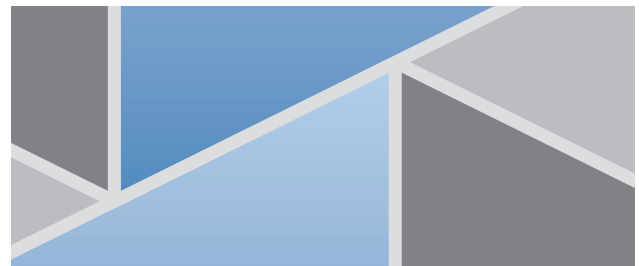
This newsletter is the fifth in a series on promising practices in preventing and responding to inmate-on-inmate sexual assaults in the nation's jails and juvenile correctional facilities. For an overview of the topic, see the first *Building Blocks* newsletter, "Responding to the Prison Rape Elimination Act," available at <http://dcj.state.co.us/ors>. The newsletters are provided under grant # 2004 RP BX 0095 from the National Institute of Justice to the Colorado Division of Criminal Justice. The newsletter series profiles promising practices in jails and juvenile facilities; however, in an effort to coordinate current efforts to promote PREA compliance, this *Building Blocks* directs readers to an excellent—and ever expanding—array of resources available from the National Institute of Corrections. In sidebars throughout this *Building Blocks*, corrections expert and former special master Walter "Kip" Kautzky offers his insights on how best to use some of the material highlighted below. We encourage readers to go to [www.nicic.org](http://www.nicic.org) to learn more about improving facility safety.

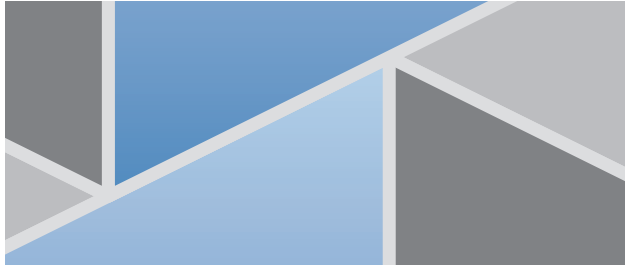
This *Building Blocks* series reflect findings from our current study of promising practices. We encourage facility administrators elsewhere in the nation to visit our web site at the address above, read about the accomplishments of their colleagues, and replicate these extraordinary efforts to prevent inmate sexual assaults.

If you would like to be placed on the mailing list to receive upcoming newsletters in this series, please contact Pat Lounders at the Colorado Division of Criminal Justice, [Pat.lounders@cdps.state.co.us](mailto:Pat.lounders@cdps.state.co.us).

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## About this bibliography

Since 2003, when the U. S. Congress passed the Prison Rape Elimination Act (PREA), a variety of materials have been developed to help correctional staff understand what constitutes sexual assault and abuse in a correctional facility, how to create safe environments to prevent its occurrence, and how to respond effectively if it does occur.

This *Building Blocks* newsletter provides an annotated bibliography of resources related to PREA, sexual violence in jails, immigration detention facilities, and juvenile facilities, and inmate management. In addition, resources are provided on direct supervision, as research suggests that direct supervision management and design can be effective in protecting inmates. Also included are descriptions of training materials and other general resources that might be valuable to correctional staff seeking to address sexual violence in jails. All resources are listed in chronological order under each heading, with the most recently published materials listed first.

All materials are from the National Institute of Corrections (NIC) library, which houses a variety of materials that address correctional management and operations; correctional policies and standards; facility planning, design, and transition; offender programs; and special offender issues. NIC's library collection is unique because its focus is on unpublished research reports and analyses, program descriptions and evaluations, and staff training materials developed by correctional agencies; it also contains journals, newsletters, published books and monographs, video and audio tapes, and reference sources produced by or for National Institute of Corrections.<sup>1</sup>

To access most of the items in this list of resources:

- Visit the NIC Information Center library <http://www.nicic.org/Features/Library>, and

<sup>1</sup> National Institute of Corrections: <http://www.nicic.org/Features/Library>.

We are grateful to the National Institute of Corrections Information Center for allowing us to reproduce in this publication the following annotations, taken from its online library or from the actual publication. We hope that you find this information helpful as you seek to reduce the incidence of inmate sexual abuse and assault in your facility. NIC continues to expand its library with relevant materials. If you would like more information and resources relating to PREA or are interested in participating in discussions about inmate sexual assault and abuse, visit NIC's online PREA clearinghouse at <http://community.nicic.org/blogs/prea/default.aspx>.

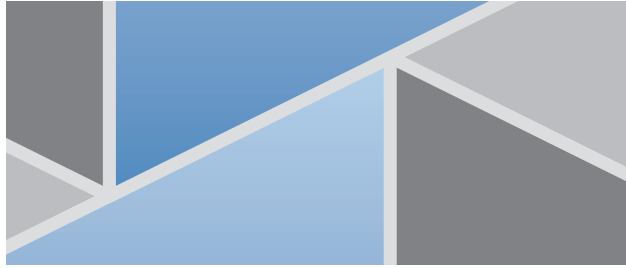
- Type the Accession Number (listed after each annotation in this Bulletin) in the Search function. A description of the item will appear.
- Download the item as a PDF or order a hardcopy directly from NIC.

Some items described in this bibliography are not available online because they are either non-digital, copyright-restricted, or sensitive material and therefore only available in the main library; these items are marked with an asterisk (\*) in the bibliography and the Kutak number (refers to location in library) is provided. You can request these materials and others from corrections research experts at the NIC library through the Help Desk system.

- On NIC's library homepage, look in the left-hand column for the heading "Assisted Research" and click on "Ask an Expert."
- You will be taken to the NIC library Help Desk system, which will prompt you to log in (if you have used the system before) or to create a new account. You will then be able to quickly get in touch with an expert who can assist you in acquiring materials.



The value of some of the resources listed here is captured in sidebars with comments from Walter "Kip" Kautzky, longtime corrections administrator and former special master.



## Prison Rape Elimination Act (PREA)

>>>

**Report to the Congress of the United States on the Activities of the Department of Justice in Relation to the Prison Rape Elimination Act (Public Law 108-79). 2006.** National Institute of Corrections (Washington, DC).

This is the second annual report to Congress summarizing the activities of the Office of Justice Programs (i.e., the National Institute of Justice, the Bureau of Justice Statistics, and the Bureau of Justice Assistance) and the National Institute of Corrections to curtail prison rape. This report contains the following sections:

- Introduction and background; activities and accomplishments;
- BJA grant summaries; and
- Roundtable feedback from regional workshops.

Activities and accomplishments are noted for the Office of Justice Programs (OJP):

- National Institute of Justice (NIJ)—legislative mandate, research on sexual violence in corrections and the protection of human subjects, research awards, and requests for proposals (RFPs);
- Bureau of Justice Statistics (BJS)—legislative mandates, administrative survey collections;
- Bureau of Justice Assistance (BJA)—legislative mandate, awarding of Protecting Inmates and Safeguarding Communities Grants; and
- National Institute of Corrections (NIC)—legislative mandate, training and education, regional workshops for executive leadership, informational video of “Responding to Prison Rape,” NIC videoconference, continued distribution of “Video Tool Kit 1: Facing Prison Rape,” agency/staff focus groups, technical assistance, and national clearinghouse. Accession Number: 022122.

>>>

**Staff Perspectives: Sexual Violence in Adult Prisons and Jails: Trends from Focus Group Interviews. 2006.** National Institute of Corrections (Washington, DC); The Moss Group, Inc. (Washington, DC).

Findings from focus group interviews of correctional personnel are reported on the following topics:

- Staff perspectives on sexual violence policy;
- Changing attitudes;
- Inmate culture;
- Causes and conditions of sexual violence;
- Indicators of assault;
- Characteristics of potential inmate victims and predators;
- Places of sexual assault;
- Staff responding to sexual assault;
- Staff and inmate training;
- Women’s facilities;
- Jails;
- Investigations;
- Prosecution;
- Community awareness; and
- Staff recommendations.

An executive summary precedes these comments. Accession Number: 021619.

>>>

**Prison Rape Elimination Act (PREA): Considerations for Policy Review. 2006.** A policy review guide designed to assist in drafting PREA policies for review by the National Institute of Corrections is provided. Sections of this document are: purpose; questions to consider—policy organization, definitions, zero tolerance, staff/offender duty to report, prevention, and investigations (e.g., general, selection and training of investigators, protocols, and aftermath); and list of resources. Accession Number: 021512.

>>>

**Shining Light in Dark Corners: An Overview of PREA Legislation and Introduction to Current Research. 2006.** Jennifer Macy Sumner and Kristy N. Matsuda. University of California, Irving. Center for Evidence-Based Corrections (Irving, CA). UC researchers discuss current and prior research efforts on sexual assault of inmates. Accession Number: serial949.





## Planning for Prevention

NIC's *Resource Guide for Newly Appointed Wardens* warns:

*Change is a balancing act—you cannot have too much or too little. Too little is the greater trap.*

To assist staff, the *Resource Guide for Jail Administrators* offers a model planning process to capture and direct staff suggestions (see page 24). At a practical level, the *Resource Guide* shows jail or prison staff how to make rape prevention a measurable performance objective in Policy and Post Orders (see pages 32-33). Following the planning process after an incident, staff may suggest prevention strategies requiring structural changes to facility design. System changes to closed circuit cameras or locking systems, or schedule changes limiting inmate access to a specific area may require further facility design study.

Chapter 4 of the *NIC Resource Guide for Jail Administrators* provides a blueprint for change beginning with a review of physical plant and systems that vary in “age, size, mission, and function.” With its application to both jail and prison operations, the *Resource Guide for Jail Administrators* provides practical building blocks to define the specific relationships between control centers and housing areas that determine how effectively staff can supervise inmate activities.

Facility design and systems are critically important to achieving effective prevention strategies:

- Direct supervision designs place the correctional supervisors in contact with offenders by limiting sight and sound barriers.
- Remote podular designs provide line of sight but from a secure control room dependent upon communication technology to the general housing area or to individual cells.
- Linear designs pose the greatest challenge by requiring the officer to go to the dayroom or cell area or to release the inmate to come to the supervisor.

Some jails and prisons are designed to rely on closed circuit television to provide supervision. In some cases installing additional cameras is a simple and cost effective way to prevent inmate sexual assault. In other cases, employing additional staff or rescheduling certain activities may be more useful and less costly steps toward prevention.

Chapter 4 identifies the “Characteristics That Support Effective Jail (Prison) Operations.” Systems evaluations help staff define the location of high risk areas such as shower and toilet areas, dayroom areas, janitor closets, and storage areas that help focus on prevention strategies. With the checklist to guide staff (See Appendix C) the administrative team can identify the stra-

tegic steps to prevent sexual assault in intake areas, visiting areas, inmate housing, support service areas, and program and recreation areas. Each presents unique circulation and control problems that require staff commitment to reducing the risk of sexual assault or assault in general. Chapter 4 concludes with additional resources such as “Correctional Technology: A User’s Guide” by C. Kichen, J. Murphy, and R. Levinson and “Guidelines for Development of a Security Program” (1997), by J.D. Henderson, W. H. Rauch, and R. L. Phillips.

Chapter 5 focuses on “Jail Staffing and Scheduling” as integral parts of the prevention strategy. By reexamining inmate activity schedules, the jail or prison can determine “how many and what kinds of staff are needed to work at various times of the day and week” to improve prevention. It also shows peaks in the workload that might be leveled out by rescheduling activities.

Chapter 8, “Jail Security, Safety, and Emergency Preparedness,” connects primary supervision of inmates through direct staff-inmate interaction with the jail’s means to monitor its overall security. For security and operations staff reliant on building systems, this chapter provides strategies to improve control during Inmate Movement. This section provides the steps to examine procedures to respond to the increased security risk presented by inmates during each type of movement. The *Resource Guide* suggests that “all internal movement should be monitored to maintain accountability of inmates while they are outside their assigned housing units.” How this is accomplished can lead to reducing incidents of sexual aggression. As part of the accountability process, the *Resource Guide* provides Checklist 9 and 12 to assist staff in achieving the prevention outcomes required by PREA.

Chapter 9 allows administrators and operations staff to consider their major performance indicator: inmate behavior management, which is also the title of the chapter. By focusing on the legally established safety requirement to protect inmates from other inmates and themselves, jail and prison officials are reminded of their commitment to safety and prevention. Risk management is essential in carrying out the correctional duty to respect an inmate’s due process rights in making decisions about housing assignment, supervision level, program placement, and access to services. Fundamental to this process is “[a]ssignments .... based on a proper assessment of risk and needs conducted with valid instruments.”

Accession Number: 020030.



&gt;&gt;&gt;

**PREA Update: Stop Prisoner Rape's Report on the Prison Rape Elimination Act. 2005.** Stop Prisoner Rape (Los Angeles, CA); SPR (Los Angeles, CA). This publication is an analysis of the law's impact to date and highlights some areas of concern, which, if addressed, will help to ensure PREA's success. The activities of the following agencies are reviewed: the National Prison Rape Elimination Commission; the Bureau of Justice Statistics; the National Institute of Justice; the U.S. Bureau of Justice Assistance; and the National Institute of Corrections, including its video series "Facing Prison Rape" and "Responding to Prisoner Rape," regional and focus group meetings, the 3-hour videoconference "How PREA Affects You," and the PREA "tool kit." Accession Number: 020478.

&gt;&gt;&gt;

**Summary Report: Regional Workshops. 2005.** National Institute of Corrections (Washington, DC); The Moss Group, Inc. (Washington, DC).

Feedback from four executive level regional workshops regarding the PREA is reported. Extended responses from groups of executive-level administrators and policy makers representing community corrections, prisons, jails, and juvenile justice follow an executive summary. Comments are organized according to the four roundtable groups mentioned above on the following themes:

- Critical issues currently faced in the successful implementation of PREA;
- Barriers and obstacles which may be encountered in the implementation of the elements of PREA; and
- The kind of support that would be helpful from the National Institute of Corrections (NIC) and the other federal partners.

Accession Number: 020508.

&gt;&gt;&gt;

**Sexual Offenders and Victims. 2005.** Palm Beach County Sheriff's Office (West Palm Beach, FL). A policy designed to follow the guidelines set forth by the PREA is presented. Procedures cover:

- What a deputy arriving on the scene of a reported crime should do;
- The protection of crime scene and preservation of evidence;
- The medical care of an alleged victim;
- What to do with written reports;

- The screening of arriving inmates;
- The distribution of booklets on sexual abuse/assault;
- Training requirements for staff.

Accession Number: 020360 / Kutak VF 2216.21.\*

&gt;&gt;&gt;

**Facing Prison Rape, Part 1; How the Prison Rape Elimination Act Affects You [Videoconference Held July 21, 2004]; How the PREA Affects You.**

National Institute of Corrections (Washington, DC); The Moss Group, Inc. (Washington, DC). The first part of a multi-phase program about the PREA, a federal law that affects all correctional facilities, is presented. This 3-hour satellite/Internet broadcast will: provide a comprehensive overview of PREA; explore the potential operational impact on prisons, jails, and community corrections facilities; identify available resources; describe the legal liabilities of PREA; and discuss implementation strategies.

Also included is "Facing Prison Rape," an informational video that discusses the elements of the PREA and the critical issues facing administrators. It is accompanied by a Facilitators Guide, a PowerPoint presentation, a copy of the Act, and a bibliography of additional resources that, with the video, provide an overall introduction to the PREA for correctional leaders. Accession Number: 019765.

&gt;&gt;&gt;

**A Town Hall Meeting – Addressing the Prison Rape Elimination Act [Satellite/Internet Broadcast].**

**2004.** National Institute of Corrections Academy (Longmont, CO). 1 computer disk; DVD-ROM (120 min.).

This 2-hour program in a town hall format was broadcast live from the American Correctional Association's Winter Conference in Phoenix, Arizona on January 10, 2005. The discussion panel includes various leaders working in and with corrections and criminal justice professionals. The intent of the broadcast is to provide education and up-to-date information on PREA to the field of corrections. Discussion topics include the following:

- Issues of misconduct that initiated the legislation;
- What drove the Act through Congress; and
- The issue of misconduct.

Accession Number: 020157.



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**Prison Rape Resources. 2004.** Vachss, Andrew. Sources on the World Wide Web regarding prison rape are organized into the topical areas of articles and commentary and opinion. Accession Number: 019670.

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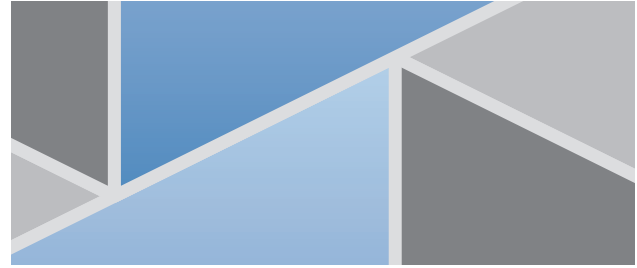
**Prison Rape: A Critical Review of the Literature Executive Summary [and] Working Paper. 2004.** By Gerald G. Gaes and Andrew L. Goldberg. This paper reviews prior and current research, and offers substantive suggestions on the best ways to measure the prevalence and incidence of sexual victimization in prison, including problems that will be encountered in assessing and interpreting results of a national survey of prisons and jails. This report covers:

- Federal legislation;
- Defining sexual victimization – prevalence and incidence;
- Prison rape literature;
- Studies involving primarily men, or men and women;
- Studies involving exclusively women – coerced sex among women;
- U.S. national probability sample of rape during incarceration;
- U.S. national probability sample of forced sexual activity among youth in juvenile facilities;
- Summary of prison rape estimation studies;
- A meta-analysis of prison sexual assault studies;
- Social desirability of responses and the nature of sensitive questions;
- Study procedures and the problem of selective bias;
- Recall and telescoping;
- Interview modes;
- The problem of validity;
- Sample size and question wording;
- Adjustments to the prison rape estimates and
- The ranking of problematic prisons.

Accession Number: 019813.

>>>

**Prison Rape Education Project (PREP): Manual/ Overview for Jail/Prison Administrators and Staff. 1997.** Stephen Donaldson. Safer Society Press. While this manual focuses on prisoner-related materials, brief information can be found by the reader about various components for understanding, controlling, and responding to rape and sexual aggression in correctional facilities. Accession Number: 019809 / Kutak 2216.21 PREP.\*



## Jails and PREA

>>>

**Proceedings of Large Jail Network Meetings. July 2006, January 2006, July 2004.** National Institute of Corrections. Jails Division (Longmont, CO). Contents of these Proceedings include discussions of PREA in local jails.

- “Prison Rape Elimination Act (PREA) and Jails” by Larry Solomon, July 2006; Accession Number: 021711.
- “Discussion: PREA in Local Jails,” January 2006; Accession Number: 021279.
- “Prison Rape Elimination Act of 2003,” July 2004; Accession Number: 019957.

>>>

**The Prison Rape Elimination Act: What Police Chiefs Need to Know. 2007.** Andrew Jordan, Marcia Morgan, and Michael McCampbell. Information regarding PREA for police chiefs of agencies operating lockups and holding facilities for adult and juvenile arrestees can be found in this article. Sections of the piece include:

- What PREA is;
- Definition of terms;
- Key components of PREA;
- The national PREA Commission (NPREC);
- Attitudes and barriers;
- Impact on the department; and
- Five steps to take now.

Accession Number: 022170.

>>>

**Responding to the Prison Rape Elimination Act. 2006.** Colorado Division of Criminal Justice. Office of Research and Statistics (Denver, CO). Peggy Heil and Kim English. This bulletin, called *Building Blocks for Safer Institutions*, provides practical information on established approaches that encourage safe environments in jails and



juvenile facilities regarding prison rape. Sections of this issue are:

- Sexual violence in adult correctional facilities;
- Why administrators should care about sexual assault;
- Sexual violence in juvenile facilities;
- Other current research efforts;
- A few recommendations;
- Definitions of sexual violence;
- Logic models as program development, management, and feedback tools.

A logic model is a tool that helps translate the intent of a practice into actual operations, therefore facilitating program replication and evaluation. This bulletin is the introduction to the *Building Blocks* series, a description of promising practices based on field research undertaken by the Office of Research and Statistics and funded by the National Institute of Justice. Additional issues of *Building Blocks for Safer Institutions* can be found at <http://dcj.state.co.us/ors>. Accession Number: 022279.

>>>

**Prison Rape Elimination Act and Local Jails: The Facts. 2006.** National Institute of Corrections (Washington, DC); The Moss Group, Inc. (Washington, DC). This brochure explains the impact of PREA on jails. Topics include: what PREA is; how PREA applies to jails; what jails need to be doing; and answers to frequently asked questions. Accession Number: 021455.

>>>

**Prince George's County Policy on PREA: Inmate Rights. 2005.** This policy establishes a zero tolerance for prison rape and sex-related offenses, including attempts. The document includes procedures for

- Intake;
- Victim identification;
- Verifying suspected sexual misconduct;
- Staff intervention with victims;
- Staff training; and
- Data collection.

Accession Number: 020880 / Kutak VF 2216.21.\*

>>>

**Inmate Sexual Assault. 1998.** Prince William-Manassas Regional Adult Detention Center (Manassas, VA). A standard operating procedure requires "any alleged

sexual assault of an inmate be responded to immediately." Accession Number: 019296 / Kutak VF 2216.21.\*

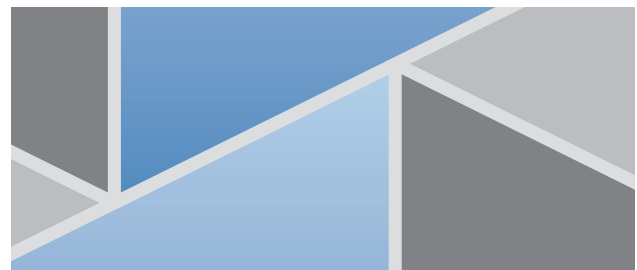
**Dennis Kimme links facility design with staffing and supervision requirements in the *Jail Design Guide: A Resource for Small and Medium-Sized Jails*.**

*There is a close link between classification and the issues of surveillance/supervision mode and staffing. (Jail Design Guide, 1998 pages 3-28)*

**He adds a critically important point for prevention planning:**

*Buildings contain behavior. Staff controls inmate behavior. (Jail Design Guide, 1998, pages 3-58)*

**The design guides help correctional administrators define the links between facility design, risk management approaches, and staffing with their operations staff. Design changes, system changes such as closed circuit television cameras, schedule changes, and additional staffing each play a definable role in preventing sexual assault. Accession Number 015061.**



## Training materials

>>>

**Responding to Prisoner Rape, Part 2; Assessing Your Agency's Response to Prison Sexual Assault [Satellite/Internet Broadcast]. 2005.** National Institute of Corrections Academy (Longmont, CO); The Moss Group, Inc. (Washington, DC). One computer disk; CD-ROM + 3 computer disks; DVD-ROM (344 min.). The second phase of a multi-part program about the PREA, is presented. "Assessing Your Agency's Response to Prison



Sexual Assault” is a 6-hour training program, broadcast on January 26 and 27, 2005, which examines practitioners’ perspectives on inmate sexual assault and critical issues faced by all confinement institutions and community corrections agencies that house adult or juvenile offenders. Presenters build on “How the PREA Affects You” (NIC accession no. 019765) and discuss potential operational impacts on jails, prisons, and community corrections. There is also information about activities of federal agencies and the national PREA Commission. Input from focus groups across the past year will be shared throughout this training, and the program will begin exploring response strategies in correctional settings.

The 28-minute-long video “Responding to Prison Rape” examines effective strategies for preventing sexual assault and misconduct in both male and female correctional settings. Also included is a “Resource Disk” that contains a facilitator’s guide for “Responding to Prisoner Rape,” an overview of PREA presentations, a bibliography, and a copy of the law itself. Also available as a PDF or hardcopy: Site Coordinator’s Guide for “Assessing Your Agency’s Response to Prison Sexual Assault” and “Participant’s Guide for “Assessing Your Agency’s Response to Prison Sexual Assault.” Accession Number: 020158.

**Assessing your agency’s response to prison sexual assault**

For the administrator committed to preventing sexual assault, special staff meetings to examine after-action reports following a prison rape may not accomplish the rape prevention standard envisioned by PL 108-79. To guide staff discussion toward PREA’s goal of eliminating sexual assault through prevention, the U. S. Department of Justice National Institute of Corrections offers a video *Assessing Your Agency’s Response to Prison Sexual Assault*. NIC Accession Number 020158.

>>>

**Sexual Assault and Misconduct with Offenders Training and Policies and Procedures. 2002, 2005.** Corrections Center of Northwest Ohio. 162 p. document + computer disk; CD-ROM. A collection of training materials regarding sexual assault and sexual misconduct can be found on this CD-ROM. Contents include:

- “Prison Rape Elimination Act” lesson plan by Jim Dennis and Toby Bostater (1.5 hours, 2006);

- “Staff Sexual Misconduct Training” lesson plan by Jim Dennis and Dennis Sullivan (2 hours, 2002);
- “Sexual Misconduct PreService” PowerPoint presentation;
- “Prison Rape Elimination Act of 2003 (PREA)” PowerPoint presentation;
- “Sexual Misconduct with Offenders” policy (2005);
- “Internal Investigations” policy (2002); and
- PREA additions to the inmate handbook.

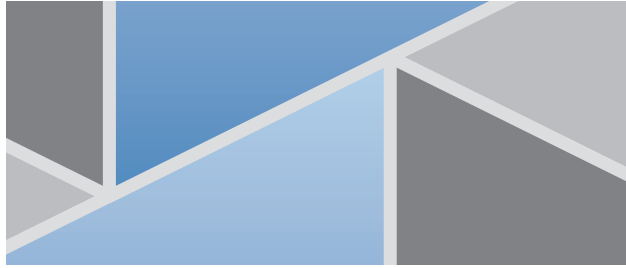
Accession Number: 020795/Kutak TR 2216.21.\*

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**Sexual Assault Prevention in the Correctional Environment (Lesson Plan). 2003.** Jerry Wagner. The prevention of sexual assault in correctional facilities is discussed during this 1.5-hour course. Participants will be able to: describe the Prison Rape elimination Act (PREA); define sexual assault as it pertains to prisons and jails; identify the traits and characteristics of the potential victim; identify the traits and characteristics of the predator; describe Rape Trauma Syndrome (RTS); identify staff intervention practices; and discuss crime scene preservation protocol for sexual assault. Copies of overheads, handouts, test, and answer key are also included. Accession Number: 020795/Kutak TR 2216.21.\*

>>>

**Recognizing and Addressing Sexual Abuse, Assault Prevention and Intervention Issues In Your Juvenile Justice Setting: A Companion Workshop to the Overview of the Prison Rape Elimination Act (PREA) [Participant’s Manual] 2006.** National Institute of Corrections Academy (Longmont, CO). This Overview Workshop covers PREA in juvenile justice settings. Participants will be able to: recognize signs and symptoms of potential sexual abuse and assault in juveniles under their care; articulate the “dos” and “don’ts” related to working with juvenile victims of sexual abuse and assault; and analyze a scenario and decide upon an effective and appropriate course of action related to recognizing and addressing sexual abuse, assault, prevention, and intervention in their work setting. Accession Number: 021452.



## Sexual violence in immigration detention facilities

>>>

**No Refuge Here: A First Look at Sexual Abuse in Immigration Detention. 2004.** Alex Coolman, Fateema Johnson, Melissa Roudabush, and Lara Stemple. Addresses issues surrounding inmate sexual assault in U.S. immigration detention centers. Six sections make up this report:

- Introduction;
- Sexual abuse in immigration detention;
- STOP PRISON RAPE's investigation;
- Weaknesses in ice (immigration and customs enforcement) standards; and
- Overview of better policies on sexual assault.

Accession Number: 020025

>>>

**In the Shadows: Sexual Violence in U.S. Detention Facilities. 2006.** Stop Prisoner Rape (Los Angeles, CA). This report highlights the widespread sexual abuse of incarcerated men, women, and youth in U.S. detention facilities and offers recommendations for remedying this acute human suffering. The report includes an executive summary and the following sections:

- Introduction;
- Legal framework;
- Systemic conditions giving rise to sexual assault in detention;
- Populations vulnerable to sexual assault in detention; and
- In the aftermath of assault, the lack of services and redress.

Accession Number: 021522.

### ***Resource Guide for Jail Administrators***

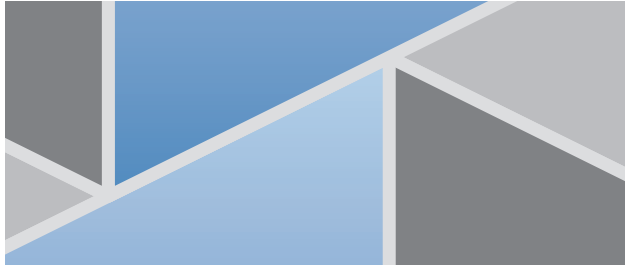
For more detailed operational planning, the administrator can access the *Resource Guide for Jail Administrators* (2004). The *Resource Guide* helps the administrator shape a planning process that engages key operational staff in executing strategies that prevent sexual assault. PREA raises prison rape elimination to the federal policy level suggesting that delegating its implementation to general staff meeting and continuous planning meetings may not achieve the "top priority" envisioned by Congress. With an emphasis on operational issues that apply to both prison and jails, the *Resource Guide for Jail Administrators* may provide the more useful tool for both jail and prison administrators. NIC Accession Number 020030.

### ***Using the Resource Guide for Jail Administrators in the planning process***

To begin the staff discussion, the *Resource Guide for Jail Administrators* sets the legal framework for prevention strategies:

1. Inmates have a right to safe, humane living conditions. The basis of most "conditions of confinement litigation are inadequacy in the facility's space, environmental conditions, safety, or sanitation.
2. Federal and State laws and regulations govern the safety and environmental quality of public buildings and worksites.

Chapter 3 of the *Resource Guide for Jail Administrators* offers administrators a structured planning approach. Chapters 4, 5, 8, and 9 cover staffing, security systems, risk management and classification systems. Improvements and changes in each of these areas flow naturally from the design issues that lead to improved inmate risk management. NIC Accession Number 020030.



## Protecting juveniles from sexual assault and abuse

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### **Preventing Sexual Abuse of Children and Youth in Custody [Satellite/Internet Broadcast] 2006.**

(2 computer disks DVD-ROM). Incidents of sexual abuse of juveniles in custody are reported at a rate 10 times higher than the rate in adult corrections. This 3-hour program, originally broadcast June 28, 2006, addresses this serious issue and introduces administrators, managers, advocates, and practitioners working with juvenile offenders to the requirements of PREA. At the end of this broadcast, participants will have a strong grasp of: requirements of the PREA that aim to prevent, address, and provide sanctions for the abuse of children and youth under the custodial care of juvenile and other authorities; legal and other implications when the sexual abuse of children and youth in custody are not addressed appropriately; best practices to begin developing policies, procedures, and practices to prevent and address the sexual abuse of children and youth in custody; and key points in the Act applicable to facilities used for the custody and care of youth and an action plan for implementing the PREA in these settings. Accession Number: 021504.

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**Recognizing and Addressing Sexual Abuse, Assault Prevention and Intervention Issues in Your Juvenile Justice Setting: A Companion Workbook to the Overview of the Prison Rape Elimination Act (PREA) [Participant's Manual]. 2006.** National Institute of Corrections Academy (Longmont, CO). This Overview Workshop covers PREA in juvenile justice settings. Participants will be able to: recognize signs and symptoms of potential sexual abuse and assault in juveniles under their care; articulate the “dos” and “don’ts” related to working with juvenile victims of sexual abuse and assault; and analyze a scenario and decide upon an effective and appropriate course of action related to recognizing and

addressing sexual abuse, assault, prevention, and intervention in their work setting. Accession Number: 021452.

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### **PREA Summary of Responses from Juvenile Focus Group on Staff Sexual Misconduct and Youth on Youth Sexual Assault. 2005.**

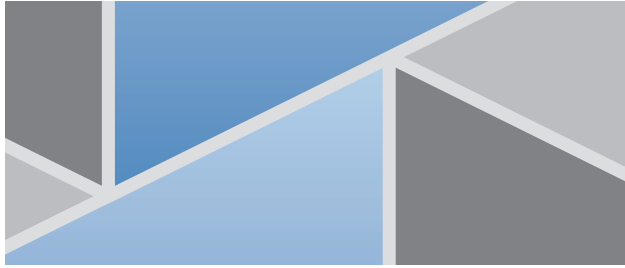
The Moss Group, Inc. (Washington, DC); National Institute of Corrections (Washington, DC). Responses to thirteen questions regarding curriculum related to staff sexual misconduct with youth and youth-on-youth sexual assault are provided. The focus groups gathered data to (1) inform NIC in how to best develop a juvenile-oriented curriculum on staff sexual misconduct; (2) guide NIC in identifying the major staff sexual misconduct related issues in juvenile corrections, including what stakeholders should be consulted, and strategies that should be used in naming the issues and building knowledge about the PREA; and (3) learn more about youth on youth sexual assault. Accession Number: 021569.

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### **Meeting the Challenge of Housing Juveniles in Adult Facilities. 1994.**

(Longmont, CO); National Institute of Corrections Information Center (Longmont, CO). Frank Henn, LIS, Inc. This article describes Arapahoe County’s approach to juvenile supervision through a co-located facility, housing both adult and juvenile offenders in separate living spaces. It describes the state’s contributions, the role of the county’s sheriff’s office, facility planning, policy development, and direct supervision management. The article also discusses bedspace management, control measures, and inmate behavior. Accession Number: period106.

**The use of direct supervision as a method for improving the safety of incarceration facilities is a central strategy for moving the corrections profession forward and prioritizing the humane treatment of inmates. When architectural barriers interfere with direct supervision methods, NIC recommends a comprehensive inmate management technique that prioritizes face-to-face communication and respectful, responsive interactions between facility staff and inmates. See Chapter 9 in *Resource Guide for Jail Administrators*, Accession Number: 020030.**



## Facility design: Protecting inmates through direct supervision

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**Direct Supervision Jails: 2006 Sourcebook. [3rd ed.]. 2006.** National Institute of Corrections (Washington, DC). A directory of facilities that utilize the direct supervision concept of jail design and management is provided. Organized by state, entries provide the following information: facility name, address, description and status, year opened, contact person, facility capacity, direct supervision pods, direct supervision beds, largest direct supervision pod size, maximum inmates per officer, direct supervision dormitories, non-direct pods, disciplinary or high-security beds, and notes. An appendix provides jail indexes by physical design of facility, such as converted facilities, facilities with a combination of design styles, and all direct supervision facilities. Accession Number: 021968.

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**Jails in America: A Report on Podular Direct Supervision, Version 2 [videorecording] 2005.** (1 computer disk; DVD-ROM (26 min.)). The strengths of podular/direct supervision are explained. This video provides information regarding:

- The three types of jail design and inmate management (i.e., linear/intermittent surveillance, podular/remote supervision, and podular/direct supervision);
- Benefits of direct supervision;
- The eight key principles of direct supervision;
- Inmate management strategies;
- Booking;
- Orientation;
- Classification;
- The day room;
- The housing unit;

- Disciplinary segregation housing; and
- Inmate programs.

Jail officials from around the U.S. comment on direct supervision. Accession Number: 020741.

>>>

**Jail Design Guide: A Resource for Small and Medium-Sized Jails. 1998.** Kimme and Associates, Inc. Addresses architectural design as it relates to functional components of the jail, discusses overall design considerations, and reviews pre-design planning, renovation, construction costs, and facility transition. Accession Number: 015061.

>>>

**Audits of Podular Direct-Supervision Jails. 1996.** Jay Farbstein; Dennis Liebert; Herbert Sigurdson. Three facilities varying in size and region were audited to measure the state of the art in podular direct-supervision jails, to test how well direct supervision was performing, and to identify strengths and challenges. Staff and inmates in facilities in Minnesota, Florida, and Massachusetts were surveyed on issues such as safety and security, effective supervision of inmates, classification, staffing and training, and design and environment. Findings are presented in detail by facility. Floor plans are included for all units. Accession Number: 013633.

>>>

**Podular, Direct Supervision Jails: Information Packet. 1993.** National Institute of Corrections. Jails Division (Longmont, CO). Designed to give the reader an introduction to the concept, this collection of articles discusses the principles of podular, direct supervision and local detention's experience with it. Articles are:

- "Direct Supervision of Correctional Institutions,"
- "Resolution – Isolation of Staff from Inmates,"
- Special Focus On – Comparison of Direct and Indirect Supervision Facilities," and
- "New Generation Jails."

Accession Number: 015527.

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**A Comparison of "Direct" and "Indirect" Supervision Correctional Facilities: Final Report. 1989.** Richard E. Wener and Greg Barker. This report quantifies the differences between direct and indirect supervision and specifies the design implications of each mode so that jurisdictions faced with changing or expanding

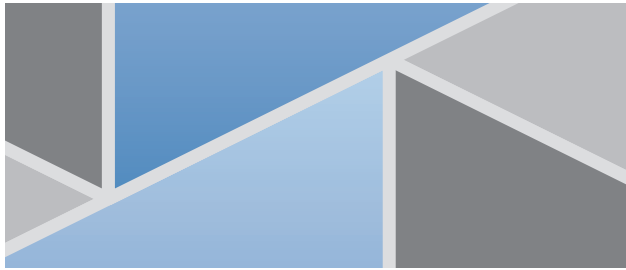




correctional programs will have a sound basis for choosing between them. Includes bibliography and attachments to final report. Accession Number: 007807.

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**Direct Supervision Jails: Interviews with Administrators. 1987.** Barbara Krauth and Constance Clem, eds. Library Information Specialists, Inc. (Boulder, CO); National Institute of Corrections Information Center (Boulder, CO). Details of the experiences of eleven jurisdictions in developing and operating direct supervision jails are presented in this report. Accession Number: 005408.



## Valuable general resources

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**Annotated Bibliography on Prison Rape/Inmate Sexual Assault. Rev. [ed.] 2007.** Connie Clem. One hundred and sixty-four resources about inmate sexual assault/prison rape are cited. Entries are organized into the following areas:

- General information on inmate sexual assault – statutes and caselaw, journal literature, books and reports, and bibliographies and weblographies;
- Federal initiatives to address inmate sexual assault – general resources, annual reports to congress, and incidence research (methodology and findings);
- Resources for correctional operations – general resources, agency policies, and staff training materials; and
- Resources for inmates and advocates – publications and websites.

Accession Number: 019764.

**Writing for NIC, Connie Clem describes 164 resources in *Annotated Bibliography on Prison Rape/Inmate Sexual Assault. Rev. [ed.] 2007.* NIC Accession Number: 019764.**

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**Correctional Internal Affairs Investigators Job Analysis. 2006.** National Institute of Corrections (Washington, DC). A job profile for an Internal Affairs Investigator in state operated adult correctional facilities is provided. This report contains these sections: executive summary; introduction; overview of the DACUM<sup>2</sup> job analysis; DACUM job analysis results for Correctional Internal Affairs Investigators; top training tasks for new and veteran Internal Affairs Investigators in the Kentucky Department of Corrections; comparing Correctional Investigator training needs with the PREA; PREA Training Topic Exercise; and focused conversation. Appendixes include: a detailed overview of the DACUM job analysis process; PREA Subject Matter Expert Review of Investigator Job Profile; knowledge, skills, traits exercise; and Department of Corrections DACUM Job Analysis Chart. Accession Number: 021984.

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**Confronting Confinement: A Report of the Commission on Safety and Abuse in America's Prisons. 2006.** Commission on Safety and Abuse in America's Prisons (Vera Institute for Justice, Washington, DC). Results of the Commissions examination of the safety of America's prisons and jails are presented. Sections of this report are: summary of findings and recommendations; conditions of confinement – prevent violence, provide health care that protects everyone, and limit segregation; labor and leadership – change the culture and enhance the profession; oversight and accountability – invest in external oversight, strengthen accountability within the profession, and educate and involve the public; and knowledge and data – measure safety and effectiveness. Accession Number: 021556P

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**Addressing Sexual Violence in Prisons: A Snapshot of Approaches and Highlights of Innovative Strategies. Final report. 2006.** Janine M. Zweig; Rebecca L. Naser; John Blackmore; Megan Schaffer. Urban Institute. Justice Policy Center (Washington, DC).

Responses of state departments of corrections (DOCs) to prison sexual violence (PSV) are discussed. Sections of this report are: highlights; introduction and why addressing sexual violence in prisons matter; developing policies;

<sup>2</sup> Designing a curriculum (DACUM) is a process that analyzes an occupation.



prevention efforts; investigation and prosecution; victim services; staff training; documenting incidents of sexual violence; collaborating to address sexual violence; and conclusions and implications. Appendixes provide summaries of 11 case studies about states' programs to address prison sexual violence (i.e., CT, ID, KS, ME, MA, MN, OH, OR, PA, TX, and UT). Accession Number: 021875.

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**Sexual Violence Reported by Correctional Authorities. 2005.** Allen J. Beck and Paige M. Harrison. PREA legislation requires that the Bureau of Justice Statistics (BJS) collect information on the incidence and prevalence of sexual violence within correctional facilities. This report, the second BJS national survey of administrative records on sexual violence in adult and juvenile correctional facilities, provides detailed information on substantiated incidents, including the circumstances surrounding each incident, characteristics of victims and perpetrators, the type of pressure or physical force, victim injuries, sanctions imposed, and victim assistance. Accession Number: serial929.

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**Still In Danger: The Ongoing Threat of Sexual Violence Against Transgender Prisoners. 2005.** American Civil Liberties Union Foundation. Stop Prisoner Rape (Los Angeles, CA); National Prison Project (Washington, DC). This report reviews the legal implications of *Farmer v. Brennan* for prisoner claims of Eighth Amendment violations and an assessment of changes to conditions for transgender prisoners in the 11 years since *Farmer*. Sections following an executive summary are: introduction; *Farmer v. Brennan* as legal precedent; excessive reliance on isolation; risk of assault in the general population; some positive signs; and conclusions and recommendations. Accession Number: 020892.

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**Sexual Violence Reported by Correctional Authorities, 2004.** Allen J. Beck and Timothy A. Hughes. This Bureau of Justice Statistics report presents the first national survey of administrative records on sexual violence in adult and juvenile correctional facilities. Some highlights include: more than 2,700 correctional facilities holding 79 percent of all adults and juveniles in custody were surveyed; 8,210 allegations of sexual violence were reported in the U.S. during 2004 – 42 percent involved staff sexual misconduct, 37 percent inmate-on-inmate nonconsensual sexual acts; 11 percent staff sexual harassment, and 10 percent abusive sexual

## Mark Goldman's Jail Design Review Handbook (2003)

Mark Goldman immediately asks the hard questions:

*Will the proposed (existing) layout allow staff a clear view of all inmate areas without having to move or turn around so much they get dizzy or tired? How might the design (or equipment) be improved to facilitate staff control and make it easier for supervisors to manage their staff? Are barriers between staff and inmates kept to a minimum to encourage proactive communication and to prevent, rather than react to, problems. (Jail Design Review Handbook, pages 1-2)*

Chapter 4 should be required reading for staff whether investigating a single sexual assault incident or planning prevention strategies. For some, this chapter may create discomfort by raising complex design and systems questions. However, working through the issues can help staff answer those questions and determine whether changes can help prevent future assaults:

- Blind spots in housing units
- Housing unit layouts that require excessive number of staff to provide adequate supervision
- Security electronics require replacement shortly after occupancy because staff have not been trained to operate them efficiently
- Security electronics are replaced because companies with appropriate spare parts and trained staff were not able to respond as required by the institution.
- Cells are large but cannot be double bunked because of too few showers or inadequate day-room space.

At the end of the review, administrative, custody, and program staff will understand the physical plant and how essential are its systems in reducing opportunities for sexual assault. The planning process engages correctional staff in a planning process that places safety as a key responsibility in improving their work environment. Accession Number: 018443.



contact; and nearly 2,100 incidents of sexual violence were substantiated by correctional authorities. Accession Number: 020656.

>>>

**Resource Guide for Jail Administrators. 2004.**

Mark D. Martin, and Thomas A. Rosazza. This guide is designed to enhance the leadership skills, knowledge, and capabilities of jail administrators on issues of basic jail administration. Fourteen chapters include the introduction; role, purpose, and characteristics of the jail; administration; facilities; staffing and scheduling; staff recruiting, selection, and retention; staff training; security, safety, and emergency preparedness; inmate behavior management; inmate discipline and grievance; special management; inmate services and programs; jail intake and release; and getting started on the job. Sixteen checklists allow administrators to assess performance and effectiveness of jail operations. Accession Number: 020030.

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**A National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents. 2004.**

U.S. Dept. of Justice. Office of Violence Against Women (Washington, DC). This medical forensic protocol is intended to assist jurisdictions develop a response that is both sensitive to victims of sexual assault and that promotes offender accountability. Three sections follow goals, recommendations at a glance, and an introduction:

- Overarching issues—coordinated team approach, victim-centered care, informed consent, confidentiality, reporting to law enforcement, and payment for the examination under VAWA (Violence Against Women Act);
- Operational issues—sexual assault forensic examiners, facilities, equipment and supplies, sexual assault evidence collection kit, timing considerations for collecting evidence, and evidence integrity;

- And the examination process—initial contact, triage and intake, documentation by health care personnel, the medical forensic history, photography, exam and evidence collection procedures, drug-facilitated sexual assault, STI (sexually transmitted infection) evaluation and care, pregnancy risk evaluation and care, discharge and follow-up, and examiner court appearances.

Appendixes provide guidance for developing customized jurisdictions and associated considerations for jurisdictions and the creation of a sexual assault response team (SART). Accession Number: 020532.

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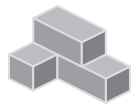
**Ohio Correctional Institution Sexual Assault Abatement: A Ten Point Plan [and] Ohio Prisons Chief Release [sic] 10 Point Plan on Sexual Assault Abatement. 2004.**

Strategies for combating inmate sexual abuse are described. Zero tolerance is reflected in ten areas of focus: staff training; inmate education; sanctions; victim support persons; investigation procedures/training; electronic tracking/identification of inmate aggressors/manipulators; data collection; audits; process involvement team to address fear of reporting; and the federally mandated PREA. Accession Number: 019511.

>>>

**Labeling Theory as a Paradigm for the Etiology of Prison Rape: Implications for understanding and intervention. 2003.**

Robert D. Hanser. This paper demonstrates how prison rape differs from rape in outside society so that therapists can adequately assist sexual assault victims. The paper includes sections on labeling theory and etiology, structural issues, implications for treating victims. Accession Number: 019245.



# BUILDING BLOCKS

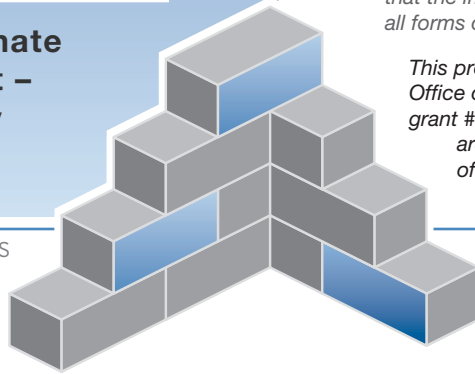
## for Institutional Safety

OCTOBER 2007

▶ **Preventing Inmate  
Sexual Assault –  
A Bibliography  
of Resources**

5

ISSUE FIVE IN A SERIES



Keep a lookout for new **Building Blocks Bulletins** over the next few months.

**Project staff:**

- Peggy Heil, *Project Manager*
- Kim English, *Research Director*

**Special thanks to:**

- Walter “Kip” Kautsky
- Barbara Krauth

*The Division of Criminal Justice is documenting practices that were designed to promote safety in jails and juvenile facilities and decrease inmate/resident sexual assaults. While these practices appear promising, further research is necessary to validate whether these are indeed effective interventions. It is also important to stress that the implementation of promising practices does not ensure that all forms of violence have been effectively eliminated.*

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