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Addressing Sexual Violence in Prisons: A National Snapshot of Approaches and Highlights of Innovative Strategies

Final Report

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REPORT HIGHLIGHTS

WHAT WAS THE PURPOSE OF THIS PROJECT?

Before the Prison Rape Elimination Act (PREA) of 2003, it was not clear the extent to which state departments of corrections (DOCs) were addressing sexual violence in systematic ways. In fact, little information existed about what strategies were being put into practice in prison systems across the country. PREA has changed the way DOCs are addressing prison sexual violence (PSV). Mandatory recordkeeping and a push for eliminating such incidents has moved many DOCs to develop specific responses to PSV or to further refine approaches already in place. The purpose of the current project was to provide a national snapshot of DOC initiatives to address PSV, as well as to identify specific practices that seemed to be, in the absence of formal evaluations, particularly promising or innovative in nature.

HOW WAS THIS PROJECT CONDUCTED?

We conducted three tasks:

1. The Survey of State Correctional Administrators involved written surveys and follow-up phone interviews with leaders of state DOCs. Forty-five states participated (a 90 percent response rate). During the survey, state administrators described the state's overall approach to PSV and nominated specific strategies as particularly promising.

2. The Survey of Promising Practices involved phone interviews with 58 DOC representatives who spoke about 67 promising practices nominated during the Survey of State Correctional Administrators. Interviews were conducted with facility directors, service providers, or other state personnel affiliated with nominated approaches.

3. Case studies involved site visits to states we determined could provide the most informative lessons on addressing sexual violence in prison to the largest audience of practitioners, researchers, and policymakers. Eleven case study states were chosen: Connecticut, Idaho, Kansas, Maine, Massachusetts, Minnesota, Ohio, Oregon, Pennsylvania, Texas, and Utah.

We employed a broad definition of sexual violence for the purposes of this project. We asked states to tell us about their programs and procedures for all types of sexual violence and coercion that might be happening, including inmate-against-inmate, inmate-against-staff, and staff-against-inmate violence. Much of the focus of this report is on inmate-against-inmate and staff-against-inmate violence as few states addressed inmate-against-staff PSV. For some states, procedures and polices were the same regardless of who might be perpetrating the violence. For others, procedures varied based on perpetrator type.

Findings presented represent the time period during which information was collected (November 2004 through September 2005). Some states, however, may have initiated policies and approaches since data were collected because PREA prompted new action and thought about

PSV policies for many state administrators. Table H.1 indexes the states highlighted in each chapter of this report. The list of states highlighted is not an exhaustive list of those actually implementing particular responses; rather, these are the states we chose to discuss in the narrative of this report as illustrative examples.

WHAT TYPES OF APPROACHES ARE STATES IMPLEMENTING TO ADDRESS SEXUAL VIOLENCE IN PRISONS?

The results of the current project show that DOCs are doing many things to prevent sexual violence, as well as responding to incidents in appropriate ways through investigation, prosecution, documentation, and victim services. A wide variety of strategies are being implemented, with some states conducting comprehensive plans while others are focusing on particular programs. The following list summarizes overall findings from the individual chapters of the report.

Developing Policies

- Twenty-seven states reported specific written policies related to PSV, 19 of which seem to comprehensively address the issue through prevention, investigation and response, and victim services.

- Ten states' policies were either under development at the time of our data collection or were not written as formal procedures.

- Eight states reported having written policies that covered violence in general, but such policies did not articulate responses to PSV in particular.

- Numerous states reported being in the process of reviewing and revising written policies to be either more comprehensive or more up to date reflecting the full PREA requirements. Thirty-one DOCs identified PREA either as the principal reason that PSV-specific policies and procedures had been developed or that the enactment of PREA prompted an agencywide review of current policies and practices relating to PSV.

- The directors of at least four DOCs said that they either were not convinced that PREA was necessary or that there was insufficient empirical support to justify overhauling existing departmental policies that already seemed to be working.

- Some DOCs were experiencing difficulties responding to PREA reporting requirements, either because mandates were confusing or because no additional resources were included to help agencies defray the expense of complying with requirements.

- Most states were implementing statewide policies that were developed at the central DOC level. In a very few cases, PSV approaches were developed by staff in local facilities that states were then implementing systemwide, or where the departments were at least considering large scale implementation.

- Barriers to developing PSV policies include changing correctional culture, staff resistance, fears of inmates making false allegations, lack of adequate resources, and operational issues.

Ohio: Enhancing Existing Policies

The Ohio Department of Rehabilitation and Correction (ODRC) has implemented the *Ohio Correctional Institution Sexual Assault Abatement: A Ten Point Plan*. The Plan took effect in July 2004 and continues to be developed and modified as agency managers learn from their experience with it. Although most of the Ten Point Plan was written prior to the passage of PREA, when PREA was signed into law, the plan was reviewed to ensure it included all the appropriate provisions. The main provisions of the plan include (1) staff training, (2) inmate education, (3) sanctions, (4) victim support persons, (5) investigation procedures and training, (6) electronic tracking and identification of inmate aggressors, (7) data collection, (8) audits, (9) process improvement team to address fear of reporting, and (10) PREA compliance.

Prevention Efforts

- Thirty-five states reported having policies and programs to prevent sexual violence in prisons. The most frequently cited preventative measures included inmate housing assignment and transfer strategies, initiatives to address overcrowding, and inmate education.

- A common theme that served as the foundation for many states' new policies and procedures regarding PSV is a commitment at the most senior levels of the department to change the correctional culture, thereby affecting the attitudes of staff and inmates.

- Some states put together security review teams, mapping systems, and surveillance strategies to identify and address facility design vulnerabilities.

- All states have inmate classification systems for making housing decisions, and some use these systems to prevent PSV by identifying potential victims and perpetrators of sexual violence.

- Unit management procedures, such as special staffing approaches for dealing with problems inmates may face, have been employed to prevent PSV.

- Many states have specific inmate education or awareness campaigns about PSV—how to prevent it, how to identify vulnerabilities, and what to do if one becomes victimized.

- A small number of states use peer education and mentoring programs to help prevent sexual violence.

- A small number of states focus on staff hiring strategies as a way to prevent PSV.
- Barriers to PSV prevention efforts include changing correctional culture, lack of resources, facility environmental design issues, and challenges and unintended consequences of using classification systems to identify victims and perpetrators.

Texas: The Safe Prisons Program

The Safe Prisons Program in the Texas Department of Criminal Justice (TDCJ) was created to address all issues of violence and extortion, including three main focus areas: (1) sexual assault, (2) extortion, and (3) life endangerment. The Safe Prison Program Management Office was created to oversee the programs, specifically to (1) conduct statistical analysis of alleged sexual assaults, (2) monitor each reported incident to guarantee staff compliance with policies, (3) facilitate staff training and awareness programs for offenders, and (4) identify issues for further policy development. The programming includes staff training, a database to track aggressors and victims, the visual tracking grid to track gang related incidents, "Wall Talk" (a peer education program), offender awareness, and unit culture profiles. TDCJ also created a special prosecution unit to relieve local district attorneys from the burden of prosecuting prison cases.

Investigation and Prosecution

- Thirty-eight states reported having policies and programs in place to investigate reports of PSV and prosecute cases as appropriate.
- Across DOCs, official policies or protocols include many similar elements, such as response to incidents that occurred in the past, immediate response to recent incidents, separation of the victim and perpetrator, securing the crime scene, evidence collection from perpetrators and victims, chain of command and notification requirements, and reporting and documentation requirements.
- States use different resources to implement the investigation process. In many states, investigation of allegations of PSV is the responsibility of wardens, other facility managers, or investigators assigned to specific facilities. Other states use external agencies, such as the state highway patrol or the county law enforcement agency to investigate. States' policies regarding which agency leads the investigative process may vary depending on whether the perpetrator is an inmate or a department employee or volunteer.
- A number of states identified the importance of community medical facilities' involvement in administering rape kits to collect forensic evidence.

- Several states have made significant investments in technologies intended to aid staff during the investigation process, such as polygraph machines.

- Several states have engaged in proactive efforts to encourage local district attorneys to prosecute cases of PSV, which is critical to holding inmate and staff perpetrators accountable.

- Barriers to effective investigation and prosecution of PSV incidents include inmate unwillingness to report victimization, staff fear of false allegations, difficulties in compiling information across different entities for investigators to use (e.g., medical information, evidence, the unit management report, investigator's report, etc.), lack of staff training, delayed reporting of incidents that happened in the past, and lack of will to tackle PSV cases by law enforcement agencies and local prosecutors.

Prosecuting Staff Sexual Misconduct in Pennsylvania

Staff-against-inmate sexual misconduct and assault are pursued aggressively in Pennsylvania—both through DOC disciplinary action and through prosecution. An allegation of staff-against-inmate sexual assault can come from anyone: an inmate, a family member, or the victim could write to someone, such as the state police. All cases involving staff are referred to the Office of Professional Responsibility (OPR). Their purpose is to investigate employee misconduct, and, when appropriate, develop strong cases that district attorneys are not likely to reject. Since 1998, 10 staff members have been convicted.

Victim Services

- Thirty-eight states reported having procedural responses in place to address victim reports and victim safety.

- Forty states reported providing some victim services, such as medical services to address injuries, medical testing for contraction of communicable diseases, housing unit assignment strategies to address concerns related to the victimization, services to collect forensic evidence, and mental health crisis intervention and ongoing counseling.

- A number of states create opportunities for inmates to report PSV incidents, such as through hotlines and interviews where they are specifically asked about such experiences.

- Many states have first response strategy protocols that detail how to work with victims to address their needs while at the same time managing the investigation. Some states tackle this through the use of Sexual Assault Response Teams or through involving victim advocates who are either specially trained DOC staff or are from community-based sexual assault service providers.

- If victims report within the required timeframe, many DOCs transport them to community hospitals and clinics for medical services, use of rape kits, and other evidence collection.

- Some states are employing unique programs to deal with post-traumatic stress related to PSV for both inmate and staff victims.

- Some states are working with parole to create a continuum of care such that inmate victims will continue to receive services for mental health issues related to victimization once they are released from facilities.

- Barriers to implementing services for victims of PSV include changing correctional culture, determining which organizations should be serving inmate victims, inmate reluctance to report victimization, staff reluctance to report PSV incidents of which they are aware, and confidentiality.

Staff Training

- Thirty-six states reported having staff training programs specific to their state's response to PSV.

- Training efforts are heavily focused on frontline staff. Fewer states train management and central office staff.

- Most states that provide training do so through both preservice academy and in-service training.

- States employ various training strategies, in some cases in combination with one another, such as using written materials, video/media-assisted training, lectures, and interactive discussions.

- DOCs around the country use their own staff as well as other outside resources to provide training, such as experts from sexual assault service providers.

Staff Training in Maine

The staff training highlighted in the report for Maine was developed at a particular facility—the Maine Correctional Center (MCC)—rather than at the central office. The investigator at MCC, prompted by concerns about staff sexual misconduct, initiated local efforts to ameliorate PSV. The investigator, along with other DOC representatives and a representative from the local attorney general's office, attended NIC training on PSV. Upon returning from this training, he then worked with other staff at MCC to develop training on staff sexual misconduct, including a handbook. The result was a four-hour in-service training that includes the handbook, *Addressing Sexual Misconduct with Prisoners Handbook: Creating and Maintaining Professional Boundaries.* As of our visit, all MCC staff, contractors, and volunteers had been trained.

Documenting Incidents

- Forty-four states reported documenting incidents of sexual violence in some way, either keeping both paper and electronic records on incidents, only paper records, or

only electronic records.

- Some states have embarked on major efforts to integrate different data systems used by internal departments, for example combining security information around PSV with medical and mental health information.

- Some states use their data to map incidents to understand the environmental circumstances of PSV so that they can implement new security and prevention strategies.

- Barriers to documenting incidents include the quality of the state's management information system and limited financial and staff resources.

Collaboration

- Bringing together organizations to collaborate around PSV seems to be an innovative approach within the correctional world. A number of states are pulling together collaborative partnerships both within the DOC—across internal departments—and with partners from outside community-based agencies.

- Some agencies are using lessons learned from community-based approaches to sexual assault services and are creating Sexual Assault Response Teams.

- A number of agencies have developed standing interdisciplinary PREA steering committees or task forces.

- Some state DOCs are collaborating with state-level sexual assault coalitions and are using the expertise of these outside organizations to enhance their approach to PSV.

- Several states are collaborating with community hospitals, law enforcement, and prosecutors.

- Some states are collaborating with staff unions in order to overcome challenges related to staff resistance to new PSV policies and programs.

- Barriers to collaboration include confidentiality, determining which entities should be serving inmate victims, and buy-in within the DOC collaborative work.

Collaborating for Victim Services

First response strategies are implemented once reports of sexual violence incidents have been made. Employing lessons learned from community-based responses to sexual assault, some DOCs around the country have developed protocols involving interdisciplinary teams of staff, often called Sexual Assault Response Teams or SARTs. The concept behind SART work is that first responders with varying agendas—such as law enforcement investigators, victim advocates, and medical staff—work together to comprehensively address victims' needs while investigative efforts are taking place. The joint work minimizes the burden of the process on the victim, yet maximizes the likelihood of holding a perpetrator accountable by generating useable evidence. SARTs vary in form and function across DOCs that use this approach, but each involves a team of staff attempting to address sexual violence appropriately through victim services and investigation. DOC SART approaches to PSV can be found in Oregon, Idaho, and Utah.

Funding

- DOCs accomplished much of the work to address PSV described in this report without PREA grant funding.

- Sixteen states received funding to implement PSV programming through the Bureau of Justice Assistance in 2004. At the time of this report, a second grant announcement was in place to fund more projects. Only four of the 11 case study states highlighted in this report as having promising and innovative practices to address PSV received PREA funding in 2004. Thus, many jurisdictions are implementing innovative strategies using departmental funds or other sources of funding.

- A small number of state DOCs have sought funding from other state agencies (e.g., health departments) and the state legislature to fund PSV efforts.

- Lack of funding was cited as a barrier in implementing PSV projects.

Implications for Policy and Practice

Information gathered from surveys and case study site visits conducted for this project has implications for policy development and practice innovations. The suggestions listed below are dependent on the ability of DOCs to garner the necessary support and resources.

1. Administrators, staff, and other relevant partners in states implementing comprehensive approaches to PSV agree that changing a DOC's culture and implementing a multi-pronged approach are critical if PREA's goal of eliminating PSV is to be realized. Thus, DOCs may consider how open their staff is to tackling PSV issues and examine approaches to identify gaps in programming structure. Multipronged approaches include specific policies and programs around prevention efforts (e.g., inmate education, classification), staff training, investigation, prosecution, victim services (e.g., medical, mental health), and documenting incidents.

2. DOCs historically have not developed expertise in addressing sexual violence. Correctional work is far-reaching and dealing with this issue is a part of that work. DOCs may want to consider including outside experts in the field of sexual violence—such as state-level sexual assault coalitions and other community-based organizations—to enhance efforts and improve the appropriateness of response strategies.

3. Policymakers may want to consider providing new funding sources to community-based organizations to assist DOCs in tackling sexual violence in prisons. Since such agencies' current funding is earmarked for other types of sexual assault services, new funding would allow staff to work with prisoners or former prisoners without taking resources away from their current service offerings.

4. Since many states noted difficulty with staff resistance and culture change around understanding PSV and implementing appropriate responses to assist victims and hold

perpetrators accountable, DOCs may want to include union representation on PREA steering committees and increase PSV training opportunities.

5. Since the interest and cooperation of prosecutors are often key to holding perpetrators accountable, DOCs may want to reach out to local district attorneys and prosecutors to participate in educational meetings about PSV and to initiate partnerships that can make the work of both agencies more effective in bringing cases forward for successful prosecution. In the case of inmate perpetrators, since most will be released within a relatively short period of time, prosecuting sexual predators effectively while they are in prison is sound public safety policy.

6. DOC administrators may want to consider implementing staff training efforts that involve multiple modalities (such as written materials, lectures, interactive discussions, and media) and multiple opportunities to communicate a message (such as both preservice and in-service training in which these messages are constantly reinforced).

7. PREA requires DOCs to document comprehensively incidents of PSV. This information is useful not only for the mandated reporting requirements of PREA, but for states to identify "hot spots" and facility vulnerabilities to improve security and prevention, to track the appropriateness of PSV response strategies, and to determine the effectiveness of efforts to help victims and hold perpetrators accountable. DOCs may want to consider PREA funding as a resource to building and enhancing state data systems.

Implications for Research

Aside from an evaluation of one portion of one program presented in this report (the Texas's Wall Talk peer education program), formal evaluations are not taking place to assess the impact of the policies and programs being implemented to address PSV. Given the lack of information about the effectiveness of these strategies and without the hard evidence required to label them best practices, we can only note that they appear to be promising and innovative. Future research endeavors can determine if these practices are effective. Thus, a number of research considerations have been developed as a result of this project.

1. Many research questions remain unanswered related to policies and programs to address PSV:

    a. Do the programs described in this report matter?

    b. Are incidents of PSV being eliminated in DOCs implementing prevention efforts?

    c. Are victims being helped and provided effective services to improve their safety and well-being?

    d. Are perpetrators of PSV, both staff and inmates, being held accountable, through DOC sanctions and administrative penalties as well as criminally?

    e. Does holding perpetrators accountable have a preventative effect on PSV? What is the impact on public safety?

f. What are the unintended consequences of the programs being implemented in DOCs? Are there any negative or unexpected results?

2. Identifying appropriate outcome measures becomes an issue when developing evaluations of PSV programs. For instance, are lower incidence and prevalence rates an appropriate outcome to expect from such programming? Perhaps not. PSV is assumed to be a historically underreported issue. If DOCs implement programs to respond more appropriately to this issue, then inmates may be more inclined to report a victimization incident. Incidence and prevalence rates (either collected via administrative records or via inmate surveys) may actually increase over the course of an evaluation effort. Such an increase may appear to be a failure on the part of the DOC; however, the increase in inmate comfort to *actually report* the crime is a success. Thus, evaluation results may be subject to interpretation problems. Any evaluation effort would need to carefully consider what outcomes are appropriate and what direction of the result can be considered a success.

3. Choosing the right evaluation design is also complex when it comes to corrections research. A number of issues must be considered when designing an evaluation of PSV programming: Should we employ random assignment designs? Should we withhold programming from inmates that may protect them from harm related to PSV? Who represents the appropriate comparison if you are considering the effects of a policy or program in one site versus another? Should different states be compared to one another? (Then you have the difficulty of comparing different prison systems with different legislative contexts.) Should different facilities within one state be compared? (Then the unique structures of different facilities perhaps affect the ability to tease out program effects.) Should different units within a single facility be compared? (Then you have the difficulty of withholding program or policy implementation for the purposes of a study.) Can studies of such programs rely on administrative data only or are inmate or staff surveys necessary? The answers to these questions are not simple and depend on the type of program or policy being evaluated. Evaluators and funders of the research should seriously consider the utility of the findings versus the impact of the research on the participants.

Table H.1. Index of Prison Sexual Violence Policies and Programs Highlighted in This Report

Chapter 2: Developing Policies	Chapter 3: Prevention	Chapter 4: Investigation and Prosecution	Chapter 5: Victim Services	Chapter 6: Staff Training	Chapter 7: Documenting Incidents	Chapter 8: Collaborating to Address Sexual Violence	Chapter 9: Funding
Developing Research-based Policies and Programs: Oregon Utah	***Changing DOC Culture:*** Ohio Oregon Idaho Texas	***Implementing Investigation Efforts:*** Oregon	***Creating Opportunities to Report Sexual Violence:*** Alaska Kansas Idaho Massachusetts Maine Montana Ohio Oregon	***Implementing Staff Training Efforts:*** Connecticut Idaho Kansas Massachusetts Maine Minnesota Ohio Oregon Pennsylvania Texas Utah	***Integrating Systems:*** Ohio Pennsylvania	***Implementing Sexual Assault Response Teams in Corrections:*** Kansas Idaho Oregon Utah	***Overview of Funding:*** PREA Grantees
Executing Change from the Top: State-led Initiatives: Idaho Ohio Texas	***Identifying Facility Design Vulnerabilities:*** Connecticut Kansas Ohio Pennsylvania Texas	***Conducting Investigations Using Internal and External Resources:*** Connecticut Georgia Louisiana Massachusetts Ohio Oregon Pennsylvania	***Implementing First Response Strategies:*** Ohio Texas		***Mapping or Tracking Incidents:*** Connecticut	***Standing DOC Committees to Address Sexual Violence:*** Pennsylvania	***Funding from Other States Agencies or State Legislature:*** Nevada Oregon Texas Utah

Table H.1. Index of Prison Sexual Violence Policies and Programs Highlighted in This Report (Continued)

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Executing Change Locally: When Individual Facilities Take the Lead: Indiana Kansas Maine	***Creating Inmate Classification Scales:*** California Connecticut Kansas Missouri North Dakota Ohio Oregon Texas	***Using Other Types of External Resources:*** Massachusetts Utah	***Treating Injuries and Gathering Evidence: The Medical Response and Forensic Evidence Collection:*** Connecticut Massachusetts Minnesota Pennsylvania		***Documenting Cases in Other Innovative Ways:*** Idaho Oregon	***Collaborating with State-Level Sexual Assault Coalitions:*** Iowa Ohio Pennsylvania Texas Utah	***PREA Funding in Case Study States:*** Idaho Ohio Pennsylvania Texas
	Designing Innovative Approaches to Unit and Facility Management: Arkansas Louisiana Minnesota	***Using Technology as Innovative Investigative Techniques:*** Idaho Ohio	***Addressing Trauma: The Mental Health Response:*** Connecticut Delaware New Jersey			***Collaborating with Outside Hospitals:*** Massachusetts	

Table H.1. Index of Prison Sexual Violence Policies and Programs Highlighted in This Report (Continued)

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	Implementing Inmate Education Programs and Awareness Campaigns: Arkansas Connecticut Idaho Kansas Massachusetts Maine Minnesota Ohio Oregon Pennsylvania Texas Utah	***Prosecuting Sexual Violence in Prison:*** Maine Massachusetts Pennsylvania Texas	***Involving Community-Based Sexual Assault Service Providers:*** Ohio Pennsylvania			***Collaborating with Law Enforcement and Prosecutors:*** Alaska Maine Ohio Pennsylvania	
	Implementing Peer Education and Mentoring Programs: Louisiana Michigan Oklahoma Texas		***Protecting Victims from Further Harm: The Safety Response:*** Ohio Oregon Texas			***Collaborating with Union Management:*** Michigan Wisconsin	
	Staff Screening: Ohio		***Planning the Continuum of Care After Release:*** Pennsylvania Texas Utah				

Note: The states listed in this table are those discussed in the narrative chapters of the report and are not meant to be an exhaustive list that include all states implementing each type of policy or program.

CHAPTER 1: INTRODUCTION

WHY DOES ADDRESSING SEXUAL VIOLENCE IN PRISONS MATTER?

The Prison Rape Elimination Act of 2003

The Prison Rape Elimination Act (PREA) was signed into law on September 4, 2003 in response to growing public and governmental concerns about prison sexual violence (PSV) and its effects on inmates while in prison and once they return to communities. The act mandates a series of steps related to understanding the nature and extent of the PSV problem and how it is being addressed in facilities across the United States. The National Institute of Justice (NIJ), the Bureau of Justice Statistics (BJS), and the Bureau of Justice Assistance (BJA) are leading these activities.

NIJ has funded several research projects to understand the nature of the problem and its effects on inmates and communities at large, as well as how facilities are addressing PSV issues through policies and programs and the effectiveness of these strategies. BJS has been tasked with documenting the incidence and prevalence of PSV in facilities across the country. As a result, BJS has conducted a survey of administrative records in both adult and juvenile facilities (BJS 2005; 2006) and has a series of studies underway estimating incidence and prevalence through inmate self-report in prisons, jails, and juvenile facilities and among the population under community supervision. BJA is implementing the $40 million grant program seeded through the PREA legislation, the "Protecting Inmates and Safeguarding Communities" funding program.

PREA also establishes a zero-tolerance standard for PSV in the United States and makes the prevention of it a top priority in prison systems. Prison systems are required to increase the availability of information about incidents and use standard definitions of prison rape for collecting data. Through the act, prison officials have increased accountability when they fail to protect inmates by detecting, preventing, reducing, and punishing PSV. Other PREA efforts involve developing national standards for addressing prison rape and establishing the National Prison Rape Reduction Commission, charged with understanding "the penological, physical, mental, medical, social, and economic impact" of PSV.

The Prevalence of Sexual Violence in Prisons

Available data suggest that the need for more effective responses to PSV is widespread, despite that precise estimates of the national PSV prevalence rate are not available (Dumond 2000; Dumond 2001). Previous studies show varying prevalence rates and many methodological flaws have been identified in these works (English and Heil 2005; Gaes and Goldberg 2004). Thus, below, we provide estimates from two sources: (1) empirical studies based on anonymous surveys of inmates, which found relatively high rates of PSV; and (2) BJS's study of administrative records, which reported relatively low rates of PSV. Providing both sets of information provides the reader with the range of findings related to prevalence without devoting too much of this report to such a discussion, which can be found in other resources (e.g., see Gaes and Goldberg 2004)

Two empirical studies of male PSV show that, based on anonymous surveys, about one-fifth of male prisoners reported experiencing some form of sexual victimization in prison (Struckman-Johnson et al. 1996; Struckman-Johnson and Struckman-Johnson 2000). About 12 percent of prisoners surveyed were raped and about another 10 percent experienced some form of forced sexual contact. Perpetrators included other inmates and staff, and single as well as multiple perpetrators. Sexual victimization was more common in maximum- than minimum-security facilities. Younger inmates also appeared to be more vulnerable to sexual violence than older inmates (Man and Cronin 2002).

Few studies have been conducted on the prevalence of sexual violence in female institutions; however, it is estimated that, depending on the state DOC system, between 8 and 27 percent of women reported such experiences when surveyed (Struckman-Johnson and Struckman-Johnson 2002). Among those in the facility with a 27 percent coercion rate, about one in five incidents identified by inmates as the worst case they experienced qualified as rape. No particular group of female prisoners seems more at risk for experiencing PSV, although young and first time prisoners may be more vulnerable (Human Rights Watch 1996). Contradicting previous research that inmate-against-inmate sexual abuse in women's prisons is rare (Bell et al. 1999; Human Rights Watch 1996), Struckman-Johnson et al. (2002) found that perpetrators of the most extreme incidents of PSV were equally divided between inmates and one or more staff members. Despite this, staff-on-prisoner sexual victimization seems to account for a greater share of PSV incidents in female prisons than in male prisons. Because of this, Bell et al. (1999) posit that the phenomenonology of PSV for women is different than for men and is, perhaps, a much more "repugnant" issue because many of the perpetrators are "actors of the state." The researchers describe cases where guards perpetrate sexual coercion by offering special privileges to women inmates in return for sexual favors. Given the power differential between a correctional officer and a female inmate, the likelihood of the inmate filing a complaint seems low (Human Rights Watch 1996).

Products released as part of the PREA efforts by BJS show lower PSV prevalence rates as measured by administrative records than as measured by inmate self-reports described above (BJS 2005; 2006). The latest report documents a national estimate of 6,241 allegations of PSV reported to prison and jail administrators in 2005—a rate of 2.83 allegations of sexual violence per 1,000 inmates. For completed investigations in state prisons, 15 percent of allegations of staff sexual misconduct were substantiated, 14 percent of inmate-against-inmate nonconsensual acts were substantiated, and 26 percent of inmate-against-inmate abusive sexual contacts were substantiated. Eighty-five percent of the victims of substantiated inmate-against-inmate incidents in prisons were male, and 86 percent of the perpetrators were male. About 68 percent of victims of staff sexual misconduct were male, and 62 percent of staff perpetrators were female.

The most common outcome of an investigation was lack of evidence (66 percent of staff sexual misconduct cases and 49 percent of inmate-against-inmate cases) while more than a third (37 percent) of state prison investigations were determined to be unfounded (BJS 2006). BJS researchers (2005) posit that relying on administrative records alone does not result in estimating the true prevalence of PSV given the widespread belief that many incidents go unreported to authorities. They note that rates in administrative records are underestimates, perhaps due to inmates' fear of repercussions by perpetrators, embarrassment, lack of trust in facility administrators, and a "code of silence" among inmates.

The Consequences of Sexual Violence in Prisons

In the general population, individuals who have experienced sexual violence have reported problems with depression, self-esteem, social anxiety, sexual satisfaction, anger, fear, and intimate relationships (Kilpatrick et al. 1988; Miller et al. 1995; Muehlenhard et al. 1991; Resick 1993; Siegel et al. 1990; Zweig et al. 1997, 1999). Research on prisoners suggests similar problems, with many victims of PSV experiencing depression, anxiety, post-traumatic stress disorder, rape trauma syndrome, and suicide ideation (Dumond and Dumond 2002; Human Rights Watch 2001; Stop Prisoner Rape 2003; Struckman-Johnson et al. 1996). Almost 80 percent of victims identified by Struckman-Johnson et al. (1996) reported having a significant emotional reaction to the PSV they experienced, and half experienced depression. Dumond (2001) proposes that due to the "unique structure of incarceration," the psychological effects of PSV may be even more devastating for victims than sexual assault outside of prison.

Victims of PSV may also experience serious physical injury and the risk of other health conditions. Struckman-Johnson and colleagues (1996) found that 16 percent of male prison rape victims sustained physical injury. Another significant concern is the increased risk of contracting HIV/AIDS and other sexually transmitted infections (STIs—Dumond 2001; Human Rights Watch 2001; Saum et al. 1995; Vestein 1997). Prisoners who have become infected with HIV and other STIs may spread the diseases to partners once released, posing a serious concern to public health (Hensley 2002).

PREA and past research efforts have shed light on the importance of addressing PSV through prevention, investigation and prosecution, and victim services given the potential for ongoing psychosocial adjustment and physical health implications for victims. How this issue is being addressed in state prisons nationally is the focus of this project.

How Are States Addressing Sexual Violence in Prisons?

Prior to PREA, it was not clear to what extent state departments of corrections (DOCs) were addressing sexual violence in systematic ways. In fact, little information existed about prevention, investigation, and victim service strategies. Further, a number of research efforts have documented that correctional staff may represent one obstacle to addressing PSV (Dumond 2000; Wortley 2002). Specifically, correctional staff acceptance and tolerance of PSV, lack of willingness to intervene in incidents, and lack of interest in informing new inmates about such a threat were considered among the major stumbling blocks to prevention.

Human Rights Watch (2001) requested information about PSV prevention practices from state DOCs and the Federal Bureau of Prisons, and found that few departments were proactively addressing PSV at the time.[1] While no specific number of departments was reported as taking at least some type of preventative measure, most responding DOCs did not have any type of sexual abuse prevention program in place. Only six departments responded that they provided specialized training to correctional officers in recognizing and responding to sexual violence in

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[1] An initial request for information letter was sent to correctional authorities in all 50 states; 47 responded, although the nature of the responses was not reported.

particular. Only 23 departments reported that they maintained any statistical records on the number of inmate sexual assault incidents.

The advent of PREA has changed this. Mandatory recordkeeping and a push for eliminating such incidents has moved many DOCs to further develop specific responses to PSV or to further refine approaches already in place. Despite this, the extent to which this issue is addressed varies across state prison systems, and many states are acting on this issue without sufficient knowledge to inform their efforts. For example, in 2004, only 36 percent of substantiated incidents of staff sexual misconduct toward inmates had been referred for prosecution (BJS 2005). In only 50 percent of these incidents were staff members discharged.

THE CURRENT PROJECT METHODOLOGY

This project squarely addresses the goals of PREA. The objectives of the project were to present a national picture of state responses to PSV as well as present case studies about promising strategies that describe specific policies, programs, and practices being implemented. To that end, the Urban Institute (UI) and the Association of State Correctional Administrators (ASCA) aimed to (1) capture a national snapshot of how state DOCs are attempting to prevent and respond to sexual violence in prison, and (2) identify and document promising and innovative practices being conducted in states. To accomplish these goals, project activities were divided into three discrete tasks. Findings from earlier tasks informed the selection of participants and the information collected in later tasks. Because PREA initiated new action and thought about PSV policies, many state administrators contacted for this study indicated that their policies were under review, approaches to addressing this problem were in flux, and plans to initiate new programming were underway. Thus, the findings presented only reflect what was occurring at the time the information was collected (November 2004 through September 2005). Some states may have initiated new policies and approaches since those data were collected.

We employed a broad definition of sexual violence for this project. We asked states to tell us about their programs and procedures for all types of sexual violence and coercion that might be happening, including inmate-against-inmate, inmate-against-staff, and staff-against-inmate violence. Much of the focus of this report is on inmate-against-inmate and staff-against-inmate violence as few states addressed inmate-against-staff PSV. For some states, procedures and polices were the same regardless of who might be perpetrating the violence. For others, procedures varied based on perpetrator type.

Task 1: A National Snapshot of How State DOCs Are Addressing Sexual Violence in Prison

In November 2004, UI/ASCA conducted a Survey of State Correctional Administrators (SSCA), including both a written survey and a follow-up telephone interview. All 50 state DOCs received the written survey that asked them to document ongoing programs and policies around sexual violence in prison. The survey aimed to provide a forum for states to share what they are doing and their views on which efforts were effective, noteworthy, or problematic. The survey included questions about inmate-against-inmate, staff-against-inmate, and inmate-against-staff sexual violence and covered the following topics: state policies, prevention approaches, investigation and response, staff training, documentation of incidents, and victim services. Surveys were sent to the head of the agency, but some states chose to have other or multiple people complete the

questionnaire. Most states completed and returned the survey to UI/ASCA between December 2004 and March 2005. Five states chose not to participate, resulting in a 90 percent response rate (n=45).

Once a state's completed written survey was received, UI/ASCA asked DOC leaders to participate in a follow-up phone interview. During this follow-up interview, respondents were asked to clarify and expand on their survey responses and to nominate specific promising and innovative practices in their state. Phone interviews were completed between January and June 2005. All 45 states that completed written surveys also participated in the follow-up phone interview.

Information garnered from these written survey responses and telephone interviews with state officials provided a snapshot of states' PSV responses at that time, identified promising programs and practices within each state, and provided contextual information for later work.

Task II: Identifying Promising and Innovative Practices Being Conducted in States

During the Task I interviews, state correctional leaders identified 67 programs and practices as promising. In some cases, one aspect of a facility's response, like inmate education or victim services, was identified as promising. In other cases, states nominated multiple aspects of a particular facility's response or agencywide initiatives, such as a staff training curriculum.

Between March and July 2005, UI/ASCA conducted a Survey of Promising Practices (SPP) including 58 phone interviews with facility directors, service providers, or state personnel affiliated with nominated approaches. Only 58 interviews were completed because some officials spoke about more than one of the 67 nominated initiatives during a single interview. Prior to placing a call, UI/ASCA asked the state leaders who had completed Task I to call personnel associated with the program(s) they nominated to introduce the study and inform personnel that they may be contacted about their PSV programming. Such measures increased cooperation by program personnel; only two programs' staff did not respond to UI/ASCA's repeated attempts to conduct the survey. In most cases, personnel associated with nominated programs chose to have more than one person complete the interview; for instance, both a warden and a facility's chief psychologist may have been on the call. Interviews typically lasted between 30 and 60 minutes. While the goal of the surveys administered under Task I was to capture a snapshot of all aspects of a state's response to PSV, Task II interviews focused on capturing the details of particular innovative approaches.

Task III: Documenting the Specific Activities Being Implemented by Promising Programs through Case Studies

In order to more fully understand how the most innovative and promising approaches to PSV are implemented, we conducted a series of case studies. Between June and September 2005, we visited 11 states that we determined could provide the most informative lessons on addressing sexual violence in prison to the largest audience of practitioners, researchers, and policymakers. We chose case study states based on a number of criteria. Specifically, we included:

- sites both with and without PREA funding;

- sites at all different points in the implementation process, from just implementing policies to having implemented policies years before the passage of PREA;
- sites where state-level policies direct what individual facilities implement or sites where an individual facility has taken the lead on developing policies and programs that the entire state has since adopted or is considering adopting;
- sites that allow us to capture sexual violence policies being implemented in both male and female facilities;
- sites that allow us to capture sexual violence policies being implemented at various security levels; and
- sites that are geographically diverse.

Further, UI/ASCA aimed to include at least one comprehensive site with strengths in each discipline of a PSV response—prevention, investigation and prosecution, staff training, victim services, and collaboration.

Two members of the research team conducted each case study site visit. Site visits lasted two to three days. While on site, researchers aimed to collect information on all aspects of the state's response to PSV, but paid particular attention to the practices and programs previously identified as promising. Accordingly, efforts were made to meet with all relevant stakeholders in the response, including both state and facility-level personnel and personnel from external, affiliated agencies, such as prosecutors or the staff at local advocacy organizations. Personnel in all different roles—from administrators to direct service providers to investigative and security staff—were interviewed. Topics covered during the interviews included the history of the state's approach to PSV, state policies, prevention policies and programming, prosecution and investigation, staff training, victim services, collaboration, and documentation of incidents. Where appropriate, site visit teams observed or participated in activities such as staff training. To ensure teams left with a detailed understanding of the promising programs or practices for which states had been visited, specific questions on program services and components, collaborative networks used to implement the program, program funding and evaluation, and barriers to implementation were asked. Not all topics were covered during each interview and not all program-specific questions were asked of each interviewee, as researchers aimed to gear individual meetings to each respondent's role.

The Case Study Sites

The 11 case study states were

- Connecticut
- Idaho
- Kansas
- Maine
- Massachusetts
- Minnesota

- Ohio
- Oregon
- Pennsylvania
- Texas
- Utah

Each state was chosen as having some innovative or promising policy or strategy based on the criteria listed above. Many of the states were implementing several PSV approaches simultaneously, focusing on different issues such as prevention, prosecution, and victim services. Ten states were chosen because of innovations that were created at the state policy level that local facilities were then implementing. In contrast, Maine's nominated innovative work was initiated at a particular facility—the Maine Correctional Center—and at the time of our visit was under review for statewide expansion. Seven of the 11 states noted that they were still updating PSV approaches at the point we were collecting information from them, so more changes were to come after we completed our site visits. Four of these 11 states (Idaho, Ohio, Pennsylvania, and Texas) had PSV funding through PREA grants.

All 11 states have criminal statutes making staff-against-inmate sexual contact a felony and all 11 prosecute such cases. One state, Maine, criminalizes staff members knowing of but not reporting PSV incidents. Three states have criminal statutes about any type of inmate-against-inmate sexual contact in addition to criminalizing nonconsensual sexual contact. All but three states prosecute inmate-against-inmate PSV cases; however, a number of respondents noted that this approach was just getting underway or policies were in place but it had not yet happened.

All 11 states provide staff training specific to PSV and nine states are actively working toward institutional culture change around PSV issues. Nine of the 11 case study states include agencies and collaborators from outside the DOC to implement their innovative strategies, and seven look to outside agencies to administer forensic exams for evidence collection after reports of PSV. Only one state is formally evaluating an innovative approach documented in this report (Texas's Wall Talk peer education program), although nine states have special data collection efforts underway, and some are conducting audits as required by the PREA funding.

The Structure of This Report

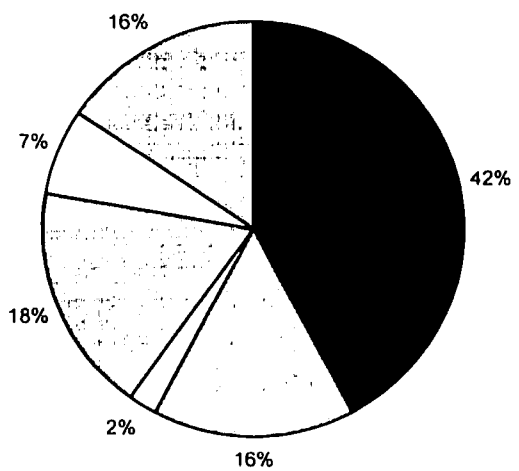
The remainder of this report documents the results of the three tasks described above. The first section of each topical chapter (chapters 2-7) starts with the results from the SSCA and presents the national snapshot of findings related to that topic (e.g., prevention). Following the national snapshot, we describe innovative and promising approaches that are state programs and policies highlighted during the SPP and during the case studies. These chapters conclude with a discussion of the barriers and challenges faced when implementing programs related to the topic of focus in the chapter. Chapter 8 describes innovative and promising programs that incorporate collaborative relationships both within DOCs and with external partners and describes the perceived benefits and challenges to such approaches. Chapter 9 focuses on funding issues related to DOC efforts to address sexual violence. Chapter 10 presents conclusions related to each topic addressed in chapters 1-9 and also presents implications of this project on policy and practice, and on research in the field. Finally, the appendices detail each case study state's approach to PSV programming and include contact information of relevant DOC personnel.

CHAPTER 2: DEVELOPING POLICIES

A NATIONAL SNAPSHOT OF WRITTEN STATE POLICIES

The Survey of State Correctional Administrators (SSCA) asked respondents to describe policies addressing sexual violence. All 45 state Departments of Corrections (DOCs) that participated in the survey articulated their written policies in place at the time of data collection (see figure 2.1). Nineteen states (42 percent) reported having written policies that include prevention, investigation, and victim service elements to procedures about prison sexual violence (PSV). Another 7 states (16 percent) reported having written policies that only cover investigation and victim services and 1 state (2 percent) reported policies that cover prevention and investigation, but not victim services. Seven states (16 percent) reported that specific written policies related to PSV were currently under development and three states (7 percent) reported that written policies were not being implemented as of yet, but that there were expectations for how staff should respond to PSV incidents. The remaining states did not have written policies specific to addressing PSV. Eight states (18 percent) reported having written policies that covered violence in general, but such policies did not articulate responses to PSV in particular.

Figure 2.1. Articulation of Sexual Violence Programs, Policies and Strategies



- ■ Written policies cover: prevention, investigation & victim service components
- □ Written policies cover: investigation & victim service components
- □ Written policies cover: prevention & investigation components
- □ Written policies cover: general violence but are not specific to PSV
- □ Written policies are not yet in place. There are expectations about how staff will deal with PSV.
- □ Written policies are in process.

Note: n=45. Five DOCs did not participate in the written survey.

Findings from figure 2.1 demonstrate how state policies around PSV are in flux. Ten states' policies are either under development or were not written as formal procedures. Some states reported in follow-up phone interviews that they were using PREA legislation as a way to develop totally new policies to address PSV unrelated to previous polices and procedures. Although 27 states reported specific written policies, 19 of which seem to comprehensively

address PSV, numerous states reported being in the process of reviewing and revising written policies to be either more comprehensive or more up to date reflecting the full PREA requirements. Some states used preexisting policies (such as those related to general violence or general misconduct) as a foundation for PSV-specific policies, others wrote new policies unrelated to past procedures with an eye toward PREA requirements, and still others used a combination of these approaches.

What is covered in the broad categories of written policies presented above can be narrowed into more specific types of programs and strategies. States documented in detail the topics covered by their state-level written policies (see table 2.1). The two most frequently cited topics of policies were related to responding to reports of sexual violence, specifically sanctioning perpetrators (84 percent, $n = 38$), and investigating reports of sexual violence (82 percent, $n = 37$). Nearly as many also reported specific policies on how to document incidents of sexual violence (80 percent, $n = 36$). Two-thirds of states reported policies that protect victims from ongoing violence and from retaliatory violence (64 percent, $n = 29$) and nearly that many have policies related to staff training (62 percent, $n = 28$). Just over half of states reported more proactive policies with 25 (56 percent) reporting prevention policies and 24 (53 percent) reporting policies to detect incidents. Only half (51 percent, $n = 23$) reported explicit written policies to provide services for victims of sexual violence.

Table 2.1. Topics Covered in State-Level Written Policies

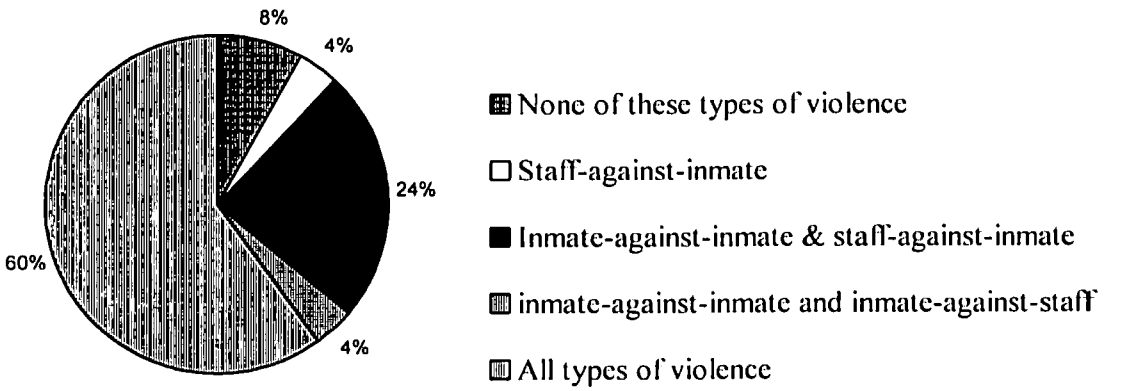
	Number of states with this policy	Percent of states with this policy
Sanctioning perpetrators	38	84
Investigating reports of sexual violence	37	82
Documenting incidents of sexual violence	36	80
Procedures related to victim reporting	32	71
Protecting victims from ongoing violence	29	64
Protecting victims from retaliatory violence	29	64
Staff training related to sexual violence	28	62
Apprehending perpetrators	26	58
Preventing sexual violence	25	56
Detecting incidents of sexual violence	24	53
Programs to serve victims of sexual violence	23	51

Note: n=45. Two DOCs did not have written policies on any of the topic areas identified here.

Only 25 states reported having a formal written definition of PSV enumerated in policies and procedures (see figure 2.2). The written definitions include a number of different types of PSV, with 15 states (60 percent) reporting their definition includes inmate-against-inmate PSV, staff-against-inmate PSV, and inmate-against-staff PSV. Six states (24 percent) reported including incidents involving inmate-against-inmate and staff-against-inmate in their formal definitions. One state (4 percent) includes only inmate perpetrators in its definition and one state (4 percent) includes only staff perpetrators. Two states (8 percent) reported none of these types of violence being explicitly covered by their formal definition of PSV. In most states (84 percent; $n = 21$) the

written definition of PSV applies to all institutions at all security levels, and only one state (4 percent) said the policies applied to minimum-, medium-, and maximum-security institutions, but not administrative security. Of the 25 states reporting that they have a formal written definition of PSV, most (92 percent, $n = 23$) reported that the same definition is applied in both male and female institutions.

Figure 2.2. Types of Violence Included in Written Definitions of Sexual Violence



Note: n=25. Twenty DOCs participating in the survey said they did not have a formal written definition of PSV. Therefore, they were not asked to answer this question.

Designing PSV Approaches: The Impetus for Change

Over the past 15 years, most of the nation's DOCs have established new policies and practices to address the challenge of PSV. At the time of the survey and follow-up interviews with administrative staff (December 2004 through March 2005), 33 state departments, or 73 percent of the 45 states responding to the survey and follow-up interviews, had PSV policies in place. Twenty-three departments (51 percent) had comprehensive policies in effect addressing the broad spectrum of PSV issues, including prevention, detection, response to incidents, training, and services for victims. Ten others (23 percent) had policies in place relating to most, but not all of these issues. Furthermore, nine other states were actively in the process of developing comprehensive PSV policies, most expecting them to be rolled out within a year's time (by 2006). Only three of the 45 states surveyed had no comprehensive PSV departmental policies in place and did not intend to have any before the end of 2006.

This is indeed a substantial accomplishment when one recognizes that not one of the states surveyed had policies in place 20 years ago specific to prevention and detection of PSV or its consequences. Further, 13 of the 23 departments that have promulgated comprehensive policies in this area have done so in the past five years. What has happened in such a relatively short period of time and the processes of change that have been undertaken by the DOCs are the focus of the remainder of this chapter.

The impetus for change in corrections' policies comes from many sources and takes many forms. As it relates to PSV, there appear to be several important stimuli for policy development. First,

and most importantly, is the enactment of the Prison Rape Elimination Act of 2003 (PREA). The leaders of 31 of the 45 state DOCs surveyed gave credit to PREA either as the principal reason that PSV-specific policies and procedures had been developed (n=19; 42 percent) or that the enactment of PREA prompted agencywide review of preexisting policies and practices relating to PSV (n=12 agencies; 27 percent). Several state administrators reported that their agencies had undertaken major policy and program reforms even before PREA was signed into law in anticipation of the act's guidelines and provisions. Others said that PREA's guidelines and provisions gave order to a previously fragmented PSV response system.

"We want to be in line with PREA standards," said a program manager from a mountain state. "PREA helped us focus on what needed to be done and provided a single, comprehensive system to identify, protect, investigate, and respond to prison sexual violence. We did it piecemeal before. Now we are instituting a system with flow."

"[There is] no question that PREA has gotten our attention," noted the director of a New England department. "We are in the midst of a [PSV] policies and procedure initiative prompted by PREA. We have ramped up on every front. We are developing a training program for staff, an orientation program for incoming inmates, and adding to our orientation staff a person to focus sexual abuse in custody."

In many states, agency task forces or steering committees were created to develop PSV policies and procedures consistent with PREA.

"PREA prompted our policy development effort," noted the director of a mid-Atlantic state agency. "What we've done is to take the prisoner rights and PSV elimination language from PREA and formed a workgroup to look at what we are doing now and to develop a new set of comprehensive policies in this area."

"I wouldn't say that PREA has brought about a great change in our policies and procedures," reported a correctional program manager in one Midwestern state, "but rather a reexamination of the policies and procedures we already have in place to ensure that they meet PREA objectives and guidelines."

A number of state agency leaders reported that the principal effect of PREA had little to do with PSV policy and programs, but rather with the necessity of revamping incident data protocols to be able to meet PREA's data reporting requirements.

"We have not made changes to our policies or practices in any way [in response to PREA], other than to make sure that our data systems are ready to respond to the data requirements of PREA," reported a Midwestern agency director.

Senior staff of 11 of the states surveyed (41 percent) reported that PREA was the main impetus for establishing agency PSV policies, though PSV was not perceived as a significant problem. The directors of at least four of these DOCs said that they either were not convinced that the act was necessary, though they felt compelled to follow its dictates, or that there was insufficient empirical support to justify overhauling existing departmental policies that were already working.

"PREA has forced us to take another look at PSV and spend a lot of time on it," said a director of a southern state. "We don't think this is as serious a problem as Congress feels that it is. I think

we are wasting time, effort, and resources on something we were already handling. [These resources] could be better spent in other areas of correctional concerns."

"All PREA has done is to give us a desire to know more about prison sexual violence and to ensure that our current polices and approach are working and have the proper result," said a director of a Western state that does not currently distinguish in its policies and procedures between sexual and other forms of inmate violence. The director said that his agency is waiting for more evidence that their current approach of not distinguishing sex and violence needs to be changed. Until the evidence is there, they do not plan to make changes in their policies and procedures. "If our current approach is not adequate, and we need to have a separate track on sexual assault, then we'll do that," he said.

Others reported that their agencies were experiencing difficulties responding to the reporting requirements of the act, either because the act's mandates were confusing or because no additional resources were included in the act to help the agencies defray the expense of complying with its requirements.

"PREA brought attention to the prison sexual violence issue," noted a Southern correctional director. "But it has been a challenge to address PREA's data requirements. [There is] no uniform way of defining behavior in the PREA incidents."

The leaders of 11 departments (24 percent) reported that the PSV initiatives they had in place were either there before PREA was enacted or were established without regard to PREA's guidelines and requirements. Several states cited the promulgation of the American Correctional Association (ACA) Standards, and particularly a revision in ACA's health standards that addressed dealing with victims of sexual assault, as the impetus for development of new policies and procedures relating to PSV. In Maine, for instance, the department's sexual assault response protocol was developed in 2003 as part of a rewriting of its medical policies to align with ACA standards.

Because change in correctional operations is often prompted by reactions by the public or external authorities to events occurring in prisons, such as court orders, negative press, or unwelcome public and political attention stemming from incidents, it is perhaps surprising that only six of the agency directors (13 percent) reported that the impetus for their PSV initiatives primarily stemmed from incidents of sexual violence in their prisons or as a result of public or legal attention brought to bear on them because of such incidents.

Finally, sometimes a policy change process is stimulated not by an incident or external authority, but because a correctional official determines it is the right thing to do. This was the case in at least one agency, where a facility director, upon hearing about issues during discussions leading up to the enactment of PREA, put together a work group to develop policies and procedures at his institution. Neither he nor his colleagues could recall a PSV incident at the facility in recent memory. "It was just the right thing to do," he said.

Developing Research-Based Policies and Practices

In an ideal policy initiative, sufficient time and resources are available prior to framing new policies and practices to undertake needs assessments and program planning so the best solutions can be devised. A model policy and program initiative might entail many months of preliminary

work defining the problem; conducting needs assessments and investigating approaches that have succeeded in addressing the needs identified; selecting approaches that make the most sense for the agency and its needs profile; and conducting a pilot during which new approaches are implemented on a trial basis, and assessed and modified according to their relative merits. Only after the candidate approaches are past their trial runs would they be codified into policy, procedures, and training protocols. The policy and program development process does not stop there. Once in place, policies, programs, and strategies need to be subjected to oversight and evaluation, and modified to take into account changes in staff, the populations served, and the ever-changing needs profile that results.

However, given the constraints of real world timelines for such work and scant resources available to carry it out, correctional policy and program development initiatives typically must go forward without much time to research fully the nature of the problem or investigate the available options to address it. This was borne out in the surveys and interviews we conducted with correctional agencies. The message conveyed by most state administrators was that, with the enactment of PREA, their agencies had to hit the ground running in order to meet the federal data collection and reporting requirements and to be in compliance with the act's other mandates.

On the other hand, correctional authorities in some states surveyed engaged in a more complete policy and program development process. Before developing their PREA strategies, the DOCs in Utah and Oregon, for instance, explored the nature and extent of sexual assault within their prisons and conducted field research to help determine their policy and program options. As a part of its program development process, Utah conducted field research and inmate focus groups to help identify their needs and approaches to address those needs. In Oregon, the research process was more opportunistic. A year before the enactment of PREA, the Oregon DOC commissioned a research study to determine the nature and extent of high-risk inmate behavior in prison that might contribute to the spread of sexually transmitted infections both within prison walls and on the outside. The research design included queries concerning prison rape, the responses to which formed the basis of the needs assessment and program development components of the Oregon DOC PREA Action Plan. The two states' policy development processes are detailed below.

In 2005, Utah rolled out its comprehensive policies and procedures designed to coordinate the agency's response to PSV and to improve investigation of allegations and services to victims. Prior to development, the agency organized a planning and program development process involving key actors throughout the agency. A PREA Steering Committee was organized comprising representatives from victim services staff, inmate placement staff, investigations, and medical staff, as well as other agency staff members based on their position and responsibilities in the DOC.

The Utah PREA Steering Committee decided the department should consider adopting practices similar to the helping responses implemented for victims of sexual violence in community settings. To accomplish this, committee members conducted field research. They visited various local community programs that respond to victims of sexual assault, and ultimately decided to engage the Utah Coalition Against Sexual Assault (UCASA) to help inform its members about community-based responses to sexual assault. With their help, the Steering Committee developed its Ten Point PREA Implementation Plan. The plan included the development of a Sexual Assault Response Team (SART) comprising correctional staff responders from the

security/housing placement, investigations, victim services, medical, and mental health departments. It engaged UCASA to develop rape crisis advocacy training for agency staff and SART members.

In planning its approach, members of the PREA Steering Committee conducted focus groups with inmates to get feedback about sexual misconduct within the prison. Based on these focus groups, the department decided it was important to set up a confidential hotline to encourage the reporting of PSV incidents.

Oregon's PREA Action Plan, which became effective in May 2005, aims to aggressively respond to, investigate, and support the prosecution of sexual misconduct in Oregon's prisons. In particular, the plan focuses on creating institutional cultures that discourage sexual aggression and misconduct, separating and carefully monitoring both predatory and vulnerable inmates to reduce the incidence of sexual misconduct, and educating inmates about how to report incidents and how to access victim services, if needed.

Oregon's approach was informed by a study of high-risk inmate behaviors—including consensual and nonconsensual sexual contact—that the department commissioned in 2003 to examine how sexually transmitted infections are spread in prison. Upon completion of the study, a steering committee and two working groups—the High-Risk Inmate Behavior Policy Group and PREA Policy Group—were established. The PREA Policy Group was charged with developing recommendations for a comprehensive policy addressing sexual violence in Oregon's prisons. The result of their work is the Prison Rape Elimination Act Action Plan. As part of its ongoing commitment to research-based responses to PSV, the department plans to establish data collection systems to track sexual misconduct, facilitate identification of the core causal factors, and annually incorporate "lessons learned" into improved operations and services toward a sustainable zero-tolerance standard.

Implementing a Change Process

As with the impetus for change, each DOC pursued its own distinctive path in developing PSV programs and policies. In the vast majority of DOCs (93 percent), the PSV policy and program development initiative was prompted by an order from the director to respond to current or potential PSV problems occurring in their prisons. Most state PSV policy directives were rolled out—or were slated to be rolled out—in relatively short timeframes. In such cases, the program development process typically is subordinate to and follows the promulgation of agencywide PSV policies or directives. As in Utah and Oregon, program planners in most states responded by establishing a working group to investigate the problem and devise solutions in the form of new agencywide policies and agency directives. The centrally led policy initiatives of Ohio, Texas, and Idaho are presented here as examples.

Alternatively, in at least three states, wardens or other facility staff developed programs or strategies on their own initiative. In two of these states, the programs and policies developed for the facility were adopted in whole or in part as a model for the entire state. The facility-led program initiatives in Indiana, Kansas, and Maine are discussed below.

Executing Change from the Top: State Led Initiatives

Two state DOCs cited often by their colleagues in other states as models for preventing and responding to PSV are Ohio and Texas. Correctional administrators in both states recognized the issues presented by PSV and were determined to respond prior to the enactment of PREA. Similarly, managers of several DOCs reported that they believed that before reforms pertaining to PSV could take hold in their agencies, institutional culture needed to be changed. This was the case at the Idaho DOC, where the director recognized that before reforms could take effect, staff and inmate cultural norms toward PSV needed to be changed and, in particular, the code of silence about sexual violence needed to be broken.

Ohio: Expanding Efforts

The Ohio Department of Rehabilitation and Correction (ODRC) had central policies in place pertaining to sexual abuse in prisons for many years prior to the enactment of PREA, but they mostly related to inappropriate staff-inmate relationships. Sexual violence among inmates was covered by policies pertaining to incidents of inmate violence in general. The ACA standards relating to PSV in 2003, along with publication that same year of a report alleging sexual predation by staff upon inmates at an Ohio women's prison, prompted the department's director of investigations to establish the Sexual Abuse Oversight Committee.

Under the guidance of the director of investigations, who served as the committee chair, committee members were charged with developing and implementing strategies to address sexual violence in prison both between inmates and between inmates and staff. The Sexual Abuse Oversight Committee was made up entirely of ODRC staff, which included central office managers; mental health and medical professionals; training, education, research, and sex offender specialists; and front-line employees, including offender case managers, a unit manager, a victim coordinator, and an investigator. Involving the various departments as well as the rank and file in the development of central policy had the benefit of yielding policies that were realistic and reflected day-to-day operations, as well as laying the groundwork for new policies and strategies to be broadly accepted by those charged with carrying them out.

The result of the Committee's effort was the Ohio Correctional Institution Sexual Assault Abatement: A Ten Point Plan. The plan took effect in July 2004 and continues to be developed and modified as agency managers learn from their experience with it. Although most of the Ten Point Plan was written prior to the passage of PREA, when PREA was signed into law, committee members reviewed it to make sure they had included all the appropriate provisions in their policies and procedures. The plan maintains that they will comply with any provisions set forth by PREA as well as the ACA standards addressing sexual assault. The main provisions of the plan include (1) staff training, (2) inmate education, (3) sanctions, (4) victim support persons, (5) investigation procedures and training, (6) electronic tracking and identification of inmate aggressors, (7) data collection, (8) audits, (9) process improvement team to address fear of reporting, and (10) PREA compliance.

Texas: Repairing a System

The impetus for change in the Texas Department of Criminal Justice (TDCJ) began in response to a lawsuit filed in 1972. The Ruiz case asked for relief from TDCJ regarding poor prison

conditions. In 1981, a U.S. District judge ruled that imprisonment in Texas represented cruel and unusual punishment and placed TDCJ under his oversight. Over the next 20 years, TDCJ made numerous changes in the system and, in 2001, a rider was added to the provisions in the Ruiz case that mandated the Safe Prisons Program with the intention of focusing on sexual assault.

The Safe Prisons Program was created to address all issues of violence and extortion including three main focus areas: (1) sexual assault, (2) extortion, and (3) life endangerment. By making prison safe and addressing PSV, staff believe other safety issues are addressed at the same time. The Safe Prison Program Management Office was created to oversee the programs, specifically to (1) conduct statistical analysis of alleged sexual assaults, (2) monitor each reported incident to guarantee staff compliance with policies, (3) facilitate staff training and awareness programs for offenders, and (4) identify issues for further policy development. The programming includes staff training, a database to track aggressors and victims, the Visual Tracking Grid to track gang related incidents, "Wall Talk" (a peer education program), offender awareness, and unit culture profiles. TDCJ also created a Special Prosecution Unit to relieve local district attorneys from the burden of prosecuting prison cases.

Idaho: Changing the Correctional Culture

The central DOC office in Idaho acknowledged that some correctional staff do not consider PSV to be "their business." Administrators determined that such staff must not stand in the way of what needed to be done to protect inmates from sexual harassment and assault. Accordingly, they developed a culture change initiative to prepare the ground for new reforms. It was noted that without the culture change, none of the other PSV policies, practices, and program initiatives now underway would take hold. The core feature of the initiative was to demonstrate to staff and inmates alike that sexual violence is not an expected part of prison life—and that, indeed, inmates could be victims.

In response to PREA and training by the National Institute of Corrections (NIC), the Idaho DOC formed a team of central office and prison facility staff to develop a comprehensive statewide policy toward PSV. The director ordered the development of statewide training and the implementation of a comprehensive statewide policy to improve the system's response to incidents. Realizing that change in staff and inmate attitudes toward PSV would be a necessary prerequisite to making new policies and programs effective, the workgroup developed the theme of "Maintaining Dignity" for statewide staff training and inmate education.

The team developed and, in August 2004, the director issued Idaho DOC Policy Directive No. 325, a statewide policy addressing zero tolerance to PSV. It included provisions for staff and inmate education, confidentiality, prevention, reporting, detection, investigation, victim services, and accountability for sexual violence perpetrators. Data collection and reporting protocols were developed and adopted.

Executing Change Locally: When Individual Facilities Take the Lead

Although most state DOCs developed PSV policies and programs centrally and disseminated them to facilities throughout the state, in some states, facility managers and staff took the lead in developing responses to PSV. Twenty-three departments, or slightly more than half (51 percent) of the DOCs surveyed, reported having facility-specific approaches, but the vast majority of

them were developed to address perceived special needs of the populations held at those institutions, and did not serve as a model for PSV prevention or intervention practices at other agency facilities. Indeed, 14, or more than 60 percent of the agencies claiming facility-based practices, reported that they were in place at women's prisons, and that they were developed to respond to the special needs and circumstances of female prisoners. Likewise, nine others were targeted to meet the special needs of a particular facility's population. Three of these facilities developed approaches designed to meet the needs of mentally ill inmates, including sex offenders; two were developed for orientation and education at prison intake units; and one each was developed to address the special needs of juveniles being held in adult facilities and for HIV-infected inmates. In addition, several DOCs reported facility-specific environmental designs being implemented either at newly constructed prisons or in older prisons being retrofitted to address potential hazards for inmates and staff, as well as facility-specific training initiatives at DOCs where staff training is facility-based and not centrally directed.

In only one of the states surveyed, Indiana, was a comprehensive facility-based approach to PSV adopted as a model for other facilities in the state. In Maine, a local initiative was being reviewed for statewide adoption at the time of our visit. In one other state, Kansas, the agency director encouraged facility managers to look to the needs of their institutions and adapt the centrally mandated programs with strategies of their own to meet facility-specific needs.

Indiana: Policy, Programming, and Training

The Indiana DOC provides the only example revealed in our survey and phone interviews where a local, facility-based initiative became the template for the entire agency's PSV programs and policies. The Superintendent of the Indiana's Lakeside Correctional Facility (a medium security institution for men) became aware of the requirements of PREA. When he understood that federal law mandates addressing PSV, he determined not to wait for the central office to address the issue, but took initiative to establish policies and programs for the facility he directed. He did this, he said, not because sexual violence was a current or historical problem at Lakeside (the Lakeside Facility has never had a reported sexual assault in its history), but to prevent it from occurring.

His first step was to identify key members of his staff—the nursing supervisor, a program officer, an investigator, an intake counselor, and a training supervisor—to serve on an institutional committee to develop programs and policies. The committee developed a classification procedure to identify potential aggressors and victims, began a facilitywide staff training program on PSV, and initiated an orientation program on PSV for offenders assigned to Lakeside. By December 2004, the program was fully operational. Facility mental health staff assessed any offender who was identified as a possible PSV victim or aggressor. Those identified were given housing assignments where they would be physically close to an officer station and clearly in view of security cameras.

The program first came to the attention of the Indiana DOC's central office in January 2005, when a newly appointed commissioner visited the Lakeside facility. As a result, the Lakeside committee formed the basis of the department's Prison Sexual Assault Prevention Committee for the state, which was charged with developing and implementing policies and programs

throughout the state DOC. Subsequently, the department's policy manager recommended that the procedures at Lakeside form the core of the agencywide PSV program.

Maine: Training

Maine provides another example of a local, rather than a state, initiative. In March 2004, the investigator and superintendent from the Maine Correctional Center (MCC), a human resources staff member from Maine's central DOC office, and a representative from the local attorney general's office attended the NIC training entitled, *Addressing Staff Sexual Misconduct with Offenders*. These staff members took the knowledge they obtained at the training and developed a four-hour program and a handbook entitled, *Addressing Sexual Misconduct with Prisoners Handbook: Creating and Maintaining Professional Boundaries*. Within six months of attending the training, all staff, contractors and volunteers at MCC were trained using this program and handbook. The MCC and the representative from the local attorney general's office delivered the training. The curriculum addressed expectations for staff conduct, including reporting, defined sexual violence, detailed relevant state laws on staff sexual misconduct, described MCC investigation procedures, detailed staff vulnerability and liability around this issue, and identified "red flag" behaviors that staff members should be wary of in other staff. This training on sexual violence is now a part of preservice training for new staff since current staff has completed the in-service training. This MCC training was being considered for expansion to other state facilities at the time of our visit in summer 2005.

Kansas: Detection of PSV and Inmate Education

The Kansas DOC is one of several state agencies that has promulgated central PSV policies and has comprehensive programs in place at all of its facilities, but at the same time encourages the facility directors to adapt what is centrally mandated with programs of their own to meet local needs as long as the local initiatives are consistent with overall departmental policies.

Thus, wardens at two Kansas facilities—the Topeka Correctional Facility and the Hutchinson Correctional Facility—have taken advantage of the latitude to develop program components that go well beyond those mandated by the central office. Central office managers have taken note of what these facility directors have accomplished, and have an eye open for enhancements that might be replicated to serve the needs of inmates and staff at other facilities.

At the Topeka Correctional Facility, an institution for women, the staff training covers the full curriculum as prescribed by the Kansas DOC central office, but local managers have added additional components focusing on inmate-staff relations and staff misconduct. All staff having contact with inmates—uniform and nonuniform staff, as well as contractors—must take part.

Staff members at the Topeka Correctional Facility have also implemented an additional procedure for the centrally mandated 120-day inmate review (by central office policy, each inmate's status is assessed every quarter). Inmate counselors at Topeka now ask explicitly during the 120-day interview whether the inmate has been sexually harassed or pressured in any way by other inmates or staff. The warden believed this would give inmates an opportunity to report incidents of sexual harassment and violence in a nonthreatening, safe environment.

At the Hutchinson Correctional Facility, staff members have designed a facility-specific Inmate Orientation Manual for newly arriving inmates. The manual lists facility staff by name and gives a brief synopsis of their responsibilities. It also provides a description of the various services that each inmate is eligible to receive—such as clinical services, mental health services, education, and release planning—and includes a goal-setting component with a survey asking about making right choices, making goals, and creating and keeping a life plan. The manual includes discussion of inmate safety, provides guidance for what inmates should do if sexually harassed or assaulted, and informs inmates of what protections and services are available to them if they are. Other preventive measures developed at the Hutchinson Correctional Facility include preventive films that are shown over an internal television network. The prevention film includes a taped message from the warden's office specifically addressing the issues of sexual harassment and assault—in particular, the department's zero tolerance policy, "do's" and "don'ts" for inmates and staff, and the risks of consensual sex.

Barriers to Developing Policies

Of the 45 states surveyed, slightly more than half (51 percent, $n = 23$) reported encountering significant barriers when developing agency policies and programs to respond to PSV. The most commonly cited barrier had to do with agency staff. Some line staff and supervisors were not used to the idea that an incarcerated offender could also be a victim. Some "old timers" still maintained that the public needed to be protected from offenders, not inmates from other inmates and that, in fact, life in prison was supposed to be "hard" and punishing. The PREA Coordinator in one southern state characterized this attitude as "the Oz Syndrome," referring to the popular cable television program about prison life. The response to such attitudes, some respondents noted, was extensive and effective preservice and in-service training, along with efforts to change staff attitudes and negative culture.

Other agency directors who reported staff resistance as a major impediment to effective policymaking noted that negative staff response to new policies and programs had to do with their fear that inmates, once encouraged to come forward with information about sexual harassment and assault, would unfairly accuse staff members. Managers of those agencies initiated strategies to educate staff to get them on board with the new programs and policies, giving them assurances that they would be protected from false allegations. In two unionized states, the collective bargaining agents protested the implementation of new PSV programs and policies for fear their members would be victims of false allegations by inmates. The directors in those states countered by working closely with collective bargaining representatives to convince them that the new programs and policies represented a higher professional standard of work, and that management would work in league with the unions to ensure that staff were treated fairly when such accusations were made. The details of these partnerships are outlined in chapter 8.

Other impediments to policy development cited by more than one agency included the lack of adequate resources to mount new PSV programs and operational difficulties, such as overcrowding and fragmentation of the response to PSV.

CHAPTER 3: PREVENTION EFFORTS

A NATIONAL SNAPSHOT OF PREVENTION EFFORTS

States reported efforts to prevent prison sexual violence (PSV) that reflect measures to address the structure of the facility and its management, as well as measures that involve arming inmates with information to thwart incidents. Thirty-five (78 percent) of the 45 states participating in the Survey of State Correctional Administrators (SSCA) reported having policies and programs in place to prevent sexual violence in prisons (see table 3.1). From those states that report having prevention efforts, the most frequently cited preventative measure was inmate housing assignment and transfer strategies, with 29 states (83 percent) saying they implemented this strategy. Most states also reported initiatives to address overcrowding (80 percent, $n = 28$), to employ enough correctional officers in the right locations to observe behaviors (77 percent, $n = 27$), and to alter environmental design to increase surveillance (71 percent, $n = 25$).

Inmate education was also identified as a common preventative effort, although the focus of the inmate education varied across states. Many states (80 percent, $n = 28$) provided inmates education about how to report incidents that happen to them and what behaviors are unacceptable. Three-quarters of states (74 percent, $n = 26$) provided inmates information about what to do when they feel threatened. Only 20 states (57 percent) provided information to inmates on reporting incidents known to them that have happened to others.

Table 3.1. Programs and Strategies to Prevent Sexual Violence

	Number of states with this program or strategy	Percent of states with this program or strategy
Inmate housing unit assignment and transfer strategies	29	83
Initiatives or planning around addressing prison overcrowding	28	80
Inmate education about reporting incidents that happen to themselves	28	80
Inmate education about what behaviors are unacceptable	28	80
Ensuring enough correctional officers are on duty and in the right place to observe behavior	27	77
Inmate education about what to do if they feel threatened	26	74
Environmental design initiatives	25	71
Inmate education about reporting incidents that happen to others	20	57

Note: n=35. Ten DOCs participating in the survey said they did not have specific programs or strategies in place to prevent PSV. Therefore, they were not asked to answer this question. Two of the 35 DOCs that answered this question did not have programs or strategies to prevent PSV in any of the topic areas identified here.

Some state administrators noted that prevention strategies varied based on the type of PSV of focus. These states characterized staff-against-inmate PSV as distinct from inmate-against-inmate PSV, requiring different measures to prevent incidents. One respondent noted that not only did the type of perpetrator matter (i.e., staff or inmate), but the gender of the perpetrator mattered for how best to prevent PSV (i.e., male versus female staff). Alternatively, other states described PSV incidents as similar regardless if the perpetrator was a staff member or another inmate. For these respondents, the same strategies for inmate education, reporting, and structural approaches could be employed to prevent both types of incidents.

IMPLEMENTING PREVENTION EFFORTS

Developing prevention programs is the process by which states might achieve the goal of eliminating PSV. States employ a number of strategies to reach this goal. The following presents examples of such practices we learned about during the Survey of Promising Practices and case study site visits.

Changing Culture in Departments of Corrections

Most of the 11 case study states that were identified as having particularly innovative programs and policies to address and prevent PSV went through the process of developing overarching statewide polices that include many similar components, such as staff training, investigation procedures, documentation procedures, victim services, and prevention efforts. One common theme that serves as the foundation for many states' new policies and procedures regarding PSV is a commitment at the most senior levels of the department to change the correctional culture, thereby affecting the attitudes of staff and inmates. Many of these departments have officially adopted policies of zero tolerance toward PSV.

Texas' Safe Prisons Program, along with the Ohio Department of Rehabilitation and Correction's (ODRC's) Ten Point Plan, are considered to be the most comprehensive statewide PSV initiatives so far undertaken by state DOCs. The Texas Department of Criminal Justice (TDCJ) formulated its Safe Prison Program, the centerpiece of which is the proclamation that TDCJ has "zero tolerance" for sexual abuse or any form of predation on offenders, and makes it an obligation of every TDCJ employee to ensure the safety and security of offenders in its custody. Ohio's Ten Point Plan also emphasizes a position of zero tolerance and has been used to guide the development of policies and procedures related to sexual assault and misconduct in Ohio prisons. Generally, both facility level staff and administrators feel that there has been an "overall change in tone" over the past several years and that the change has come from the director down.

Oregon DOC officials do not view policies directed at addressing and preventing PSV as a stand-alone initiative in response to PREA, but as part of an overall DOC reform. The Oregon approach to sexual violence is part of a larger effort to institute cultural change within the DOC, as reflected in the Oregon Accountability Model. Specifically as it relates to sexual violence, their objective is to raise awareness and create a zero tolerance policy as a way of doing business. The approach includes protecting inmates, protecting staff, and improving security, which includes making inmates feel safe. Those we spoke to during the case study site visit

identified the cultural change within the system as one of the main strengths of the DOC's approach.

Idaho's Maintaining Dignity program is another example of a statewide initiative that seeks to effect a culture change in the attitudes of staff and inmates toward PSV by reinforcing the message that rape is not just part of prison life. Those we spoke to during the case study site visit commented that changing the prison staff culture has been one of the greatest challenges in implementing Directive No. 325 (the Idaho DOC's official policy pertaining to PSV). Other state departments' staff and administrators expressed similar views. In most of the case study states, both facility-level administrators and staff and senior administrators within the departments identified strong leadership from the top as critical to achieving cultural change.

Identifying Facility Design Vulnerabilities

In chapter 7, we discuss in detail several states' efforts to develop automated systems that allow them to track incidents of PSV by location and time, such as Pennsylvania's Web-enabled Timeline Analysis System (WebTAS) and Connecticut's Statistical Tracking Analysis Report (STAR). These systems are critical in that they help states document incidents, but they are also important in aiding the development of strategies to prevent future incidents of sexual assault and violence. Other examples of initiatives that states are undertaking to identify vulnerabilities within their prison facilities follow.

Ohio established a security review team and conducted "back to basics" security reviews of their three women's prisons. The team consisted of a security administrator, a major, a deputy warden, a health and safety coordinator, and an administrative assistant. The purpose of the reviews was to assess building security and security in other areas (i.e., warehouses, farms). Issues studied included placement of officers' desks, lighting, use of cameras and mirrors, and line-of-sight issues. The review also included an assessment of daily procedures to ensure effective security and accountability.

Kansas uses video surveillance to deter sexual misconduct. They recently added equipment at the Winfield Correctional Facility and the Topeka Correctional Facility, their women's facility, and have pending requests for additional cameras from other institutions as well. Staff perceive that the inmates view the cameras as effective security measures—reportedly, the more cameras, the more secure inmates feel. They have remodeled parts of the Hutchinson Correctional Facility, including the kitchens, to improve line-of-sight; made changes in the shower areas (all showers are supervised because it is a critical place for assaults to occur); added cameras throughout; and added a monitoring room.

Texas has a paper mapping system, the Visual Tracking Grid, which was developed to track cases of sexual assault. In July 2004, an officer working with the Security Threat Group (STG), which tracks gang members, began the task of tracking gangs and gang activity within his unit. He placed a map of his unit on a bulletin board. The grid tracks fights, assaults, suspicious activity, and sexual assaults. For each incident, or suspect, a tack is placed on a map, indicating the location of the incident. Information about both victims and suspects is added. This allows the officers to get a quick visual reference for where incidents are occurring and helps them to identify potential problem areas. The grid helps correctional officers maintain better information

between shifts. One of the strongest outcomes of the tracking grid has been the documentation of "blind spots" in the facilities (places where the officer on post cannot easily see).

Creating Inmate Classification Scales

All state correctional systems have inmate classification systems and many include efforts to determine which inmates are most in need of isolation from others, either because they are vulnerable to attack or at risk of victimizing others. With the exception of two states, the case study states use inmate classification strategies or processes to identify potential victims and perpetrators of sexual violence. States characterize these classification efforts as important components of their prevention strategies. A few examples of the kinds of classification strategies that states employ follow.

Connecticut has assessment teams made up of supervisors from each department—mental health, medical, and security. The team meets daily in the morning and discusses each new inmate and their readiness for general population. At this time, inmates will be identified as potential victims if they show signs indicating vulnerability (such as weakness, or if they are new, first time offenders). In addition to initial classification decisions, the team discusses incident and disciplinary reports to determine if there are hot spots for victimization or areas prone to problems.

Effective July 1, 2005, upon arrival at the Ohio's Reception Center, all new inmates are to be screened for violence indicators, including sexually predatory behaviors. The results of this screening are forwarded to the inmate's parent institution and continue to move with him/her if transferred. Unit managers and other staff use classifications when making housing assignments and other administrative decisions. In addition, within 24 hours of arriving at an institution, inmates are to receive a mental health screening, which includes a review to identify history of sexual victimization and sexually predatory behavior. If it is determined that an inmate is at significant risk of sexual victimization—either at the time of this screening, or at any other time—the inmate is referred to the Sexual Assault Committee (SAC) within the institution. Further, as discussed in detail in chapter 7, the ODRC created a new data application within their Department Offender Tracking System (DOTS) called the Inmate Assault Report. When an inmate is flagged as an aggressor or victim, an alert is generated that appears on certain frequently used DOTS screens. Staff then use this information when making administrative, housing, program, and work assignments for inmates who posses either flag.

Kansas has implemented two innovative programs to help prevent PSV: the High-Risk Inmate Program and the Surveillance Inmate Program. The High-Risk Inmate Program targets inmates who are classified as security risks due to histories of maladaptive behavior or isolated acts in which there was significant violence. The Surveillance Inmate Program is designed to identify inmates who may have skills or associations that could be used in a negative manner, but no immediate threat has been determined. These classifications are used in housing decisions and other assignments.

In Texas, a collaborative effort between the Safe Prisons Program Management Office and the Office of the Inspector General has led to the development of a database to track aggressors and victims. The prison database keeps track of "predators" (those with confirmed cases of being a

predator), "suspected victims" (those with either numerous claims of victimization, or those with a confirmed claim of sexual assault), and "potential predators" (those who have not been found guilty but have been named a predator numerous times). In addition, the database monitors information about each victim and offender (e.g., height, weight, offenses), as well as information about the offense itself (e.g., location, time). A crime analyst within TDCJ analyzes trends and tracks unfounded cases. Further, inmate classifications are used in making inmate housing assignments.

Few states employ validated classification instruments to determine which inmates are most in need of isolation, either because they are vulnerable to attack or at risk of victimizing others. However, Oregon and California are examples of states that do use such validated instruments.

The screening of inmates to assess at intake whether they are at risk of being victims or perpetrators of sexual violence began in Oregon in April 2005 (only male inmates were assessed at that point, but plans to implement screening for female inmates were underway). The DOC developed two assessment tools: (1) the Intake Risk Screening for Predatory Inmates, and (2) the Intake Risk Screening for Vulnerable Inmates. Based on the assessments, indicator scores are assigned to inmates found to be at risk of either victimization or predatory behavior. These scores are entered into the inmate database and are used to make housing assignments and other decisions such as work and other programming assignments. A longer-term goal identified by those we interviewed is to use these assessments to help identify vulnerable and predatory inmates and to develop treatment plans specific to each inmate.

The California Department of Corrections and Rehabilitation (CA DCR) employs what is considered to be among the most thoroughly tested inmate classification scoring systems operating in the country. The scoring system has been subjected to numerous validation studies, most recently by social scientists at University of California, Los Angeles.

Upon reception, records from earlier detention are reviewed to see if the inmate previously has been flagged either as a predator or as a victim, and test results from jail records and previous incarcerations are checked for any indication of need for special housing or protection. CA DCR personnel administer their own battery of assessments. A correctional counselor compiles this information and then employs a classification scoring sheet, which results in a rating of the inmate's level of risk. Based on this rating, the counselor makes a housing recommendation, which is presented for review to a classification case representative specializing in placing inmates. At the time of placement, if segregation is recommended, the inmate's case is referred to the Institutional Classification Committee—the "Warden's Committee"—which reviews all placements to segregation within 10 days of placement.

If there is a history or indication of cell violence, the inmate may be single-celled or placed in a restrictive housing area. A person who is determined to be a potential perpetrator is flagged in the CA DCR data system as potentially dangerous either with an "S-suffix" (needing to be single celled) or an "R-suffix" (needing restrictive housing). This helps departmental officials identify potentially dangerous inmates so that when housing assignments or moves are considered, staff are aware of any such classifications and housing placement errors are minimized.

If a potential victim, the inmate may be assigned to a "Sensitive Needs Yard" (SNY), where they are housed with other inmates needing protection. The SNY system allows the department to house vulnerable inmates who want to participate in prison vocational, educational, and recreational programs separate from the general population, without having to isolate them in protective custody. Departmental officials say that this gives the department a tool they can use both to protect vulnerable inmates as well as to reserve an increasing amount of inmate housing for those who will take their future seriously.

Over the past few years, the Missouri DOC has employed several inmate risk assessment instruments in order to identify inmate problems in the making before they develop into more serious problems, especially PSV. Missouri DOC trains correctional officers to report all credible instances of sexual misconduct and behavior, even if not immediately threatening, and tracks and follows up on each of these instances. All such incidents, even minor ones, are closely monitored in order to identify patterns that are emerging. Missouri officials say that this practice is akin to George Kelling's "Broken Windows" theory of community policing—that, if you enforce even minor, "life-style" offenses, you can prevent more major, injurious incidents. The department's PREA workgroup meets biweekly to refine the department's protocols to identify predators and potential victims.

While comprehensive case planning that includes inmate classification tools is not unique to the North Dakota DOC, because of the small size of the system and the core priority the department gives it, North Dakota DOC is a good example of how case planning can be deployed to prevent PSV and address the needs of potential victims and concerns about potential perpetrators. North Dakota's unit management/case planning protocols are set into motion as soon as the inmate is committed to the DOC. Immediately upon arrival, medical and mental health screens are conducted. As part of the assessment, screeners try to determine if the inmate is either sexually vulnerable or sexually aggressive. If either is the case, further assessments are undertaken to determine whether the inmate needs to be single-celled. Both potential victims and potential predators are referred to the department's case planning committee—which includes representatives of institutional treatment, community-based treatment, prison classification, parole support (staff responsible for preparing inmates for parole interviews), and the unit managers based at the correctional facility. Committee members are responsible for devising a case plan that addresses the inmate's needs both while in the custody of the department, as well as one that prepares the inmate for successful reintegration after release. Potentially vulnerable inmates are flagged in the inmate tracking system to alert all staff who might have contact with them so they can take appropriate measures to protect them. The department also flags potential predators and makes provisions to house them separately. They may also be referred to the department's sex offender treatment unit, whose staff determines if the inmate requires intervention and makes arrangements to provide appropriate treatment interventions, such as anger management, victim empathy group, and cognitive behavioral counseling. Referral to the case planning committee occurs routinely at reception, but the committee may be convened any time while an inmate is in custody if there is an indication of a new problem or need.

Designing Innovative Approaches to Unit and Facility Management

Unit management, a management strategy of authorizing unit-based correctional supervisors and staff to make decisions locally on how best to manage their units, has been implemented to good

effect in many correctional systems throughout the country. Though unit management was not devised specifically to prevent PSV, many state DOCs employ unit management systems to empower correctional staff who are most familiar with unit operations and concerns to manage day-to-day operations. Unit management systems help detect and protect inmates from PSV.

Arkansas DOC officials say that their department's unit management program provides inmates with more effective eye-on supervision, as well as access to someone trusted to turn to for protection when confronted with a sexual threat or a threat of any kind. Each operational unit within a facility houses approximately 250 inmates. Each unit has a duty team assigned to it comprised of a unit manager, a correctional officer, a case manager, and a mental health staff person who collectively are authorized to make local decisions about unit operations. Since they are able to develop a rapport with every inmate on the unit and to learn first hand their issues and concerns, they are able to respond more flexibly and decisively to unit needs and issues as they arise.

Louisiana operates a unit management system that has a specific feature found to be useful in addressing threats of sexual violence. Any inmate who feels threatened can request the help of the "Protection Court," which, in the person of the unit manager, hears pleas for protection from inmates. At the inmate's request, or due to a concern about the safety of an inmate, the unit manager will consider a request for protection from threats, pressure, and "strong-arming," and will determine whether an inmate should be removed from the general population. The Protection Court is available for inmates facing any threat to their well-being, not just sexual threats.

In 1998, the Minnesota DOC developed an inmate incompatibility committee to review issues of incompatibility between inmates. The goal of the committee is to establish a consistent, centralized inmate incompatibility system to enhance the security and safety of inmates and staff at all adult facilities. Each warden has established a facility incompatibility committee to review inmate incompatibilities. The committees receive input from case managers, security, and the Office of Special Investigations. Any staff can initiate the incompatibility review process by writing an incident report. Within seven business days of receiving an incident report, the committee reviews each issue of incompatibility and the supporting documentation and recommends whether an incompatibility panel should be assigned. If the committee recommends assigning an incompatibility panel, the supporting documentation is electronically forwarded to the auditor (who is charged with ensuring that incompatibility panels are assigned fairly and consistently across all institutions), with a copy to each facility committee chair. The auditor reviews the committee's recommendation, determines whether to assign an incompatibility panel, and electronically notifies the committee within three business days. If the auditor agrees with assigning an incompatibility panel, the auditor will contact the chair of the facility's committee. During the inmate's annual review, the case manager reviews any incompatibilities that have been assigned. The case manager forwards information from the annual review to the facility incompatibility committee. The committee may recommend that assigned incompatibility panels be inactivated. If so, this recommendation is forwarded to the auditor who makes the final decision.

Implementing Inmate Education Programs and Awareness Campaigns

Inmate education programs that specifically provide information about PSV are considered an important part of the prevention strategies of all 11 case study states identified as having innovative approaches to addressing and preventing PSV (see table 3.2).

Table 3.2. Topics Covered in Inmate Education Curriculum in Case Study States

	Connecticut	Idaho	Kansas	Maine[a]	Massachusetts[b]	Minnesota	Ohio	Oregon	Pennsylvania	Texas	Utah
Defining PSV	√	√	√	√	√	√	√	√	√	√	√
Specifics about PREA	√		√		√	√		√		√	√
Specifics around state legislation and criminal statutes			√	√	√	√				√	√
Rights as a victim of PSV	√	√	√	√	√	√		√	√		√
Information about the effects of PSV on victims	√	√	√	√	√	√	√	√	√	√	√
Education about what behaviors are unacceptable around PSV	√	√	√	√	√	√		√	√		√
What to do if inmate feels vulnerable to PSV	√	√	√	√	√	√	√	√		√	√
How to report incidents that happen to Self	√	√	√	√	√	√	√	√	√	√	√
What to do if assaulted (beyond reporting: e.g., not showering, etc.)	√	√	√	√	√	√	√	√	√	√	√
How to contact outside victim service provider	√				√	√			√	√	√
How to report incidents that happen to others	√	√	√	√	√	√		√		√	√
Ways to avoid PSV	√	√	√	√	√	√	√	√	√	√	√
Dynamics of inmate-against-inmate PSV	√	√	√	√	√	√	√	√	√	√	√
Dynamics of staff-against-inmate PSV	√		√	√	√	√		√	√	√	
Dynamics of inmate-against-staff PSV			√		√	√					
What happens if inmate makes a false report	√	√		√	√	√		√			√
Confidentiality	√	√	√	√	√	√		√	√		√

[a] Training topics identified for Maine are for training provided in Maine Correctional Center specifically

[b] Massachusetts's inmate training curriculum was under development at the time this report was published. Items marked as included are under development or review and will likely be a part of the final curriculum.

All 11 states either have inmate education programs or are in the process of developing such programs. The components included in inmate education curricula pertaining to PSV are summarized in table 3.2. Regardless of how the inmate education is provided and who delivers it,

education curricula in case study states cover a wide variety of topics related to sexual violence. The curricula focus on the nature of PSV and its effects on victims, information on how to avoid PSV, the policies and procedures around reporting an incident, and information about what to do if assaulted.

Of the 17 topics identified in the table 3.2, six are included in the curricula of all 11 case study states. All case study states provide educational information to inmates on (1) defining PSV, (2) information about the effects of PSV on victims, (3) how to report incidents that happen to self, (4) what to do if assaulted (beyond reporting—e.g., not showering), (5) ways to avoid PSV, and (6) dynamics of inmate-against-inmate PSV. Ten states provide information on what to do if an inmate feels vulnerable to PSV, and all but two case study states provide information on (1) inmate rights as a victim of PSV, (2) education about what behaviors are unacceptable around PSV, (3) how to report incidents that happen to others, and (4) confidentiality. Eight states provide information about the dynamics of staff-against-inmate PSV. Seven states cover what happens if an inmate makes a false report. Six states include information on how to contact outside victim service providers and provide information on the specifics around state legislation and criminal statutes. Only three states include information on the dynamics of inmate-against-staff PSV. Minnesota's curriculum includes all 17 topics listed and Massachusetts's curriculum (once finalized) will likely do the same. Curricula in Utah and Connecticut include all but two topics.

All case study states provide some form of inmate education pertaining to PSV at reception and many states have policies that dictate that offenders receive educational information any time they transfer to a new facility within the system. Most states convey information verbally and in writing, and several states, such as Minnesota, Kansas and Oregon, have developed videos that inmates watch during their orientation session. Examples of how inmate education programs are conducted in selected states follow.

Inmate education on PSV at Arkansas's Reception and Diagnostic Center happens on the first day of an inmate's stay, when the orientation sergeant goes over what one should do if approached in a sexual manner by an inmate or staff member. The sergeant lets inmates know where to go and who to turn to should they be threatened or assaulted. Inmates are encouraged not to be ashamed of reporting it, and are assured that anything they report concerning PSV will be kept confidential. The PSV orientation is imparted so that the messages will stay with the inmate when he or she is assigned to a permanent placement or transferred to a new one. Staff at all Arkansas correctional facilities is trained to respond immediately and consistently to inmates' reports of PSV and their requests for protection.

The Minnesota DOC offers an inmate orientation at each facility consisting of formal classes, video presentations, and written materials. Upon arrival at the facility, inmates receive written and verbal notification regarding sexual assault, including prevention and intervention, and self-protection; notification of the prohibition of sexual misconduct; how to identify and report misconduct (including the option to report to nonuniformed staff); and information on what defines a false accusation and the penalties for making a false accusation. Specifically, within the first 28 days of admission, all inmates watch the video "Sexual Misconduct for Staff" and receive the brochure "Sexual Abuse/Assault Prevention and Intervention." The brochure defines the meaning of sexual misconduct as sexual abuse or sexual assault. Inmates are given steps to

take to reduce the chances of sexual assault. The department provides a supplemental orientation within one week of admission to offenders transferred from another department facility and offenders admitted to a facility as a release violator without a new felony conviction. Offenders readmitted to a facility within a one-year period are not required to retake the orientation.

In addition to the inmate educational program on PSV that inmates must attend during their orientation to the Oregon DOC, at least twice a year, each institution publishes an article in its inmate newsletter concerning various aspects of the department's effort to eradicate sexual assault, focusing particular attention on encouraging inmates to report sexual assaults. The inmate hotline phone number is also published regularly in the inmate newsletter. Like many states, each institution also displays posters in appropriate locations that are designed to inform inmates that the DOC has a zero-tolerance policy toward sexual assault and to encourage inmates to report any and all instances of sexual assault or coercion.

Implementing Peer Education and Mentoring Programs

Various state DOCs have established peer education programs that make use of specially trained inmates to orient and educate their peers on sexually transmitted infections (STIs) and other areas of concern related to sexual health and conduct. At the time of the survey, peer education on sexual health issues were reported in operation at facilities of three DOCs: Louisiana, Michigan, and Texas.

In Louisiana, the DOC engages trainers from the Red Cross to train peer counselors and keep them up to date about the most current information concerning STIs. Inmates trained by the Red Cross meet with all inmates in the reception center during the reception process and present a program on HIV and other STIs, and are also available as peer counselors during the week for individuals who are seeking information. The program offers inmates rapid HIV testing at their request any time during incarceration, as well as at the time of release.

Peer counselors of the Michigan DOC's HIV peer education program are also trained to impart information about preventing, detecting, and addressing communicable diseases and the consequences of inappropriate sexual behavior. The Michigan program also includes peer counselors in "an orientation conversation" with correctional officers on how to get along with staff and other inmates with the goal of engendering an atmosphere of mutual respect. Their peer counselors encourage new inmates to trust and confide in officers when they feel they need help or protection. They impart the message that officers are there not only to enforce rules, but also to assist inmates and to keep them from harm.

Texas (TDCJ) operates "Wall Talk," a peer education course on coming to terms with HIV and other STIs. TDCJ contracts with the Houston AIDS Foundation to provide training for trainers to inmate peer counselors, who volunteer for this task. The Safe Prison Program coordinator at each facility solicits students to participate. The curriculum is designed to impart what AIDS is, how it is transmitted, how to prevent it, as well as information about each of the main STIs, followed by cultural and health issues relating to STIs, such as risk taking, healthy choices, prevention, and treatment. TDCJ is following up on the success of Wall Talk with a new peer education program on sexual assault. It will be available at every unit. Participation will be mandatory for all new inmates.

In Oklahoma, a different kind of mentoring program is being implemented. Officials at the Joseph Harp Institution of the Oklahoma DOC have developed a particularly innovative program called the Resident Assistant Program, in which vulnerable inmates are matched with inmate volunteers, who live with them as cellmates and serve as their "mentors" and protectors. The inmate resident assistants receive special training on how to help their vulnerable cellmates, teach them skills to cope with other inmates, and come to their aid if needed. Inmate resident assistants report weekly to staff about their "mentorees." Most of the inmates deemed vulnerable and eligible for inmate resident assistants have developmental and/or mental disabilities.

Screening Staff

Some states work to prevent PSV through hiring practices that ensure staff that may be inappropriate are not brought on board. For example, prevention efforts within Ohio (ODRC) include efforts to screen out potential new employees who may be at risk of engaging in inappropriate relationships with inmates. The ODRC employs an Admissions Screening Video as a tool used to assess the fitness of potential new ODRC correctional officers. Potential new hires view a video with 66 scenarios and must answer a series of questions intended to measure their behavior in similar situations. Some of the scenarios include inappropriate sexual contact between staff and inmates. This process is intended to screen out candidates who are unsuitable for work in a correctional setting. In addition, background screening of potential employees has become more thorough.

Barriers to Prevention

As discussed previously, one of the common elements that serves as the foundation of many states' policies to prevent PSV is a commitment to change the culture within DOCs. While this was identified as one of the most important components of many states' prevention initiatives, resistance to cultural change—by staff and inmates—was also identified as posing some of the most challenging barriers. One facility warden compared changing the culture in prison to "bending granite." Administrators in many states report that developing confidence within their inmate population, so that they believe the department takes PSV seriously and will take swift action to deal with reported incidents, has been a challenge. States also report challenges associated with getting staff and correctional officers to change their attitudes and behaviors. It is difficult for some correctional officers to ever view inmates as victims. While many states identified cultural change as a significant challenge to implementing prevention efforts within their systems, most identified strong, consistent leadership from the very senior levels within their departments as the most effective method of addressing this challenge.

Another commonly mentioned challenge or barrier to implementing prevention efforts is a lack of resources. This obviously can affect many different components of a state's prevention efforts, depending on how states have allocated resources. One administrator expressed that he feels a resistance from senior levels within the department to committing the full resources necessary (staff and financial) to adequately implement some of the new policies and procedures to address and prevent PSV. Another facility superintendent mentioned that they could use more resources to improve their inmate educational materials.

Addressing environmental design issues, particularly in systems that continue to use old facilities to house inmates, is a substantial challenge for some departments. A considerable financial investment would be required to renovate old facilities that some DOCs continue to use. Also a function of resources, several states mentioned overcrowding as a significant challenge to population management and therefore PSV prevention efforts. Similarly, states that have a limited ability to transfer or isolate perpetrators and victims find this poses a barrier to prevention efforts.

Finally, staff and administrators identified several challenges to using classification systems to identify inmates as potential victims or predators. Staff that provide mental health and other victim services are acutely aware of the potential negative consequences of labeling inmates as "victims" or "predators" and many resist efforts to do so. Staff in Idaho and Oregon identified the very complex nature of the dynamics of sexual violence in prisons as a challenge to implementing inmate classification systems. Since the main goal of prevention programs is to reduce the number of sexual abuse victims in prisons, these departments recognizes the importance of ensuring that categorization does not result in providing a "target rich" environment for individuals who have been victimized, but also may be seeking to victimize others.

CHAPTER 4: INVESTIGATION AND PROSECUTION

A National Snapshot of Investigation and Prosecution Efforts

Most states reported efforts to respond to (PSV) that included investigation and prosecution efforts. Thirty-eight (84 percent) of the 45 states participating in the Survey of State Correctional Administrators (SSCA) reported having such policies and programs in place (see table 4.1). Of these, almost all reported measures to investigate reports of PSV (97 percent, $n = 37$) and to impose disciplinary segregation of perpetrators (95 percent, $n = 36$). Thirty-two states (84 percent) reported having strategies to sanction perpetrators and prosecute incidents of PSV. Thirty-one states (82 percent) reported having strategies to apprehend perpetrators and to implement disciplinary transfers. Less than half of responding states (45 percent, $n = 17$) reported referring cases to grand juries.

Table 4.1. Programs and Strategies to Investigate and Prosecute Sexual Violence

	Number of states with this program or strategy	Percent of states with this program or strategy
Programs or strategies related to investigating reports of PSV	37	97
Programs or strategies related to disciplinary segregation for perpetrators	36	95
Programs or strategies related to sanctioning perpetrators of sexual violence	32	84
Programs or strategies related to prosecuting incidents of PSV	32	84
Programs or strategies related to apprehension of perpetrators	31	82
Programs or strategies related to disciplinary transfer for perpetrators	31	82
Programs or strategies related to referring cases to grand juries	17	45

Note: n=38. Seven DOCs participating in the survey said they did not have specific programs or strategies in place to respond to reported incidents of PSV. Therefore, they were not asked to answer this question.

Implementing Investigation Efforts

To protect inmates from further victimization and to ensure staff consistently engage in proper evidence collection, investigation techniques, and documentation, many states have developed step-by-step protocols for responding to and investigating allegations of sexual assault and staff misconduct. Across departments of corrections (DOCs), these official policies or protocols include many similar elements, such as response to incidents that occurred in the past, immediate response to recent incidents, separation of the victim and perpetrator, securing the crime scene, evidence collection from perpetrators and victims, chain of command and notification

requirements, and reporting and documentation requirements. Oregon provides one example of such a process, including the following 12 steps:

1. When there is a reported incident by an inmate, the staff member

- Notifies the officer in charge (OIC).
- Ensures the inmate victim is safe and kept separated from the inmate aggressor.
- Ensures the inmate victim does not shower, eat, or drink until after evidence collection.
- Secures the incident area and treats it as a crime scene until released.

2. The OIC isolates the inmate victim by moving the victim to health services and asks the following questions:

- When did the assault occur?
- Where did the assault occur? (Ensuring the area is secured as a crime scene)
- Was the assault anal, oral, other?
- When was the last time the victim showered?
- Has the victim changed clothes since the assault?
- If yes, where is the clothing?
- Has the victim brushed their teeth since the assault?
- Is yes, where is the toothbrush?
- Who assaulted the victim?

3. The OIC notifies health services of the sexual assault; the health services staff provides necessary and appropriate treatment without compromising evidence.

4. The OIC notifies the (in-prison) Sexual Assault Response Team (SART) and advises them on the status of the victim.

5. If the report is made within 72 hours of the assault, the OIC

- Places the suspected, identified inmate aggressor in a dry segregation cell.
- Interviews the aggressor, only if authorized by the Oregon State Police (OSP) or a representative of the DOC investigations unit.
- Does not allow the victim to shower or change clothing.
- Secures clothing of both the victim and aggressor following the chain of custody rules, if authorized by the OSP or the DOC investigations unit. (Removes all clothing from victim and perpetrator; bags and marks evidence bags; places undergarments in separate evidence bags.)

6. The OIC notifies the investigations unit in order to coordinate the investigation response by the OSP.

7. The OIC notifies the OSP of the sexual assault.

8. OIC notifies and briefs the assistant superintendent of security or security manager and the superintendent. Notification is also made to the institutions administrator or assistant director for

operations and the communications manager or public affairs director consistent with DOC policy.

9. The OIC works with the institution's health services staff to arrange for transport to the local hospital for treatment, examination, documentation, collection of forensic evidence, testing for sexually transmitted infections (STIs), and referral for counseling.

10. The OIC prepares a trip authorization and assigns staff to escort.

11. For cases handled by the OSP,

- The OIC maintains the crime scene until it is released by the OSP.
- The OIC maintains chain of custody for evidence until it is released to the OSP.
- The OIC prepares an unusual incident report (UIR), attaching all related documentation, including memos and misconduct reports.

12. If the sexual assault is reported more than 72 hours after the alleged incident, the OIC shall:

- In consultation with the sexual assault liaison and DOC investigators, review and apply the steps listed above as appropriate.
- Work with the institution's health services staff as they evaluate the case and make determinations about on-site medical evaluation versus transport to the local hospital for treatment, evaluation, documentation, testing for STIs, and referrals for counseling.

Conducting Investigations Using Internal and External Resources

According to the Bureau of Justice Statistics (BJS), 21 state DOCs use external authorities outside of the department to investigate reports of inmate-against-inmate PSV, while others use internal resources. In 22 systems, prison authorities are charged with the responsibility of investigating reports of staff-against-inmate sexual misconduct. In other systems, investigations of staff misconduct are conducted jointly with an external agency or by an external agency alone (BJS 2005). Our survey and case study site visits explored this issue of who conducts investigations of PSV incidents further.

States use different resources to implement the investigation process. In many states, investigation of allegations of PSV is the responsibility of wardens, other facility managers, or investigators assigned to specific facilities that often report to the warden. Other states use external agencies, such as the state police or the county law enforcement agency to investigate. States' policies regarding which agency leads the investigative process often vary, depending on whether the perpetrator is an inmate or a department employee or volunteer.

Those states that support similar approaches to investigation and prosecution, regardless of the type of perpetrator, note the importance of using like strategies across all PSV incidents. For example, any report of PSV automatically triggers an investigation by an outside agency such as the state police. Alternatively, states that distinguish PSV incidents by type of perpetrator (inmate or staff) note that the two aggressors require different investigative techniques and that separate efforts may yield better investigative outcomes. For example, allegations of staff misconduct or assault may be investigated through a central internal affairs unit or an outside

investigative agency, while regional staff within the facility of focus may investigate inmate-against-inmate allegations.

In Massachusetts, investigations involving alleged inmate perpetrators are handled primarily by the internal DOC investigator at the local facility and allegations of staff sexual misconduct are handled by the DOC central office Internal Affairs staff. When criminal charges are warranted, the local investigator or the chief of the Internal Affairs Unit collaborates with the local district attorney and their investigators from the Massachusetts State Police. Regardless of the district attorney's charging decision, the internal DOC investigation continues.

Some states, such as Georgia, have regionalized their investigative units. After two significant incidents of coerced sexual activity involving prisoners and staff, one of which implicated facility managers, the Georgia DOC decided to remove the investigation process from facility control. In July 2005, the Georgia DOC combined and regionalized its two investigative units, Internal Affairs and the Special Investigation Unit, to investigate all allegations of wrongdoing involving inmates or staff, including those relating to sexual behavior. The DOC divided the state into four regions, and assigned a senior investigator in charge and a team of investigators in each of the regions. In order to ensure the integrity of the investigation process, the investigators work at arm's length from both the institutional line of command and the central office hierarchy. Having a geographical team, Georgia can deploy different investigators to different prisons—so, as one Georgia investigator put it, they do not get overly collegial, or "chummy" with the facility staff, which had proven to be a problem in the past when investigators and operators worked in the same environment and reported to the same chain of command. The investigation unit also conducts operational audits of the facilities. The audits are conducted on a routine basis, as well as when a specific incident pattern or concern is detected. The unit has identified certain triggers for the audits—the emergence of personnel problems and operational problems—and conducts the audits in order to assess whether an incident is an indication of a systemwide problem, related to a facility or operation, or entirely localized. The findings and recommendations of such audits are reported to the state Board of Corrections, as well as to the Human Resources Division, so ameliorative action (such as policy changes, or new trainings) can be undertaken.

The proactive investigation protocol developed at Angola State Prison, Louisiana's principal maximum security prison for men, appears to be a collaborative approach to responding to PSV—especially in that the chief investigator sees both prosecutions and prevention-secure operations to be the focus of the prison's efforts. From the department's point of view, the result of a successful investigation is identifying and putting into place operational adjustments needed to ensure a safe institution. The process is as follows: When a case comes to the attention of the investigation services unit, unit personnel contact the local county sheriff's office to report the incident and offer to collaborate on the investigation. The sheriff's office determines whether and how to proceed—especially whether or not to charge the alleged perpetrator and refer him to prosecution—and the DOC follows the sheriff's lead and provides additional assistance. If the sheriff's office wants the DOC to conduct the criminal investigation, the unit has that capability. Typically, the sheriff's office chooses to take the lead, and leaves it to the correctional investigations unit to provide services and resources to the sheriff's investigation, such as photographing the victim and perpetrator, searching the property of both, identifying and interrogating witnesses, checking the phone call log of the complainant and the accused for the

previous six months and otherwise assisting the sheriff's officers to conduct their investigation. Staff of the investigation unit will also escort the victim to the prison hospital for administration of the rape kit and treatment, contact mental health personnel to conduct a mental health assessment, determine whether crisis counseling is needed, and arrange other victim services as needed.

In addition, the investigation unit conducts its own "proactive investigation" of why, how, and where the alleged incident occurred and uses its findings to ascertain whether the department can do a better job in protecting inmates and detecting and responding to such incidents in the future. Copies of the internal report go to the warden and the deputy warden in charge of the unit where it occurred. Each incident prompts a follow up "sit-down conference" to review the incident and to determine what the department should be doing differently. The management debriefing may prompt a change in procedures, a retraining of staff, or a rethinking of environmental factors.

Pennsylvania, Ohio, Connecticut, and Oregon are examples of other states that use external law enforcement agencies to conduct investigations of allegations of sexual violence within their prisons. All allegations of criminal activity that occur within Pennsylvania DOC facilities are investigated by the Pennsylvania State Police (PSP)—including both staff-against-inmate and inmate-against-inmate sexual assaults. If a staff person is the accused perpetrator, the DOC Office of Professional Responsibility is likely to conduct a separate and independent investigation as well. Similarly, the Ohio Department of Rehabilitation and Correction (ODRC) has a formal relationship with the Ohio State Highway Patrol (OSHP). OSHP conducts all formal investigations of criminal activity that occur in the prisons (not just criminal activity of a sexual nature). Whenever an allegation of inmate-against-inmate assault is made, the OSHP investigator assigned to the respective prison conducts his or her own investigation. Staff-against-inmate allegations in Ohio are initially handled internally by the Chief Inspector's Office and referred to the local prosecutor if criminal charges are warranted.

In Connecticut and Oregon, generally the same procedures are applied whether the alleged perpetrator is an inmate or a staff person. Both states use the state police to conduct investigations of sexual assault. In Connecticut, the facility also conducts their own internal administrative investigation, but it does not commence until the state police have completed their investigation. In Oregon, if a staff person is the perpetrator, the Inspector General's Office also becomes involved and conducts their own independent investigation.

Using Other Types of External Resources

State administrators also recognized other outside agencies as critical to the investigation and prosecution of PSV incidents beyond the involvement of outside investigators. A number of states identified the importance of community medical facilities' involvement in administering rape kits and collecting forensic evidence. Some of these relationships are formalized through contracts or memoranda of understanding, while others are informal agreements that have developed and strengthened over time.

The Utah DOC investigations department has a contract with a group of forensic nurses called the Sexual Assault Response Team of Salt Lake County. Forensic nurses are on call at all times to perform the sexual assault forensic exams and rape kits on all PSV victims.

In Massachusetts, for incidents that occur within five days of the report, all victims of sexual assaults that involve penetration, statewide, are transported to Beth Israel Deaconess Medical Center Rape Crisis Intervention Program for the administration of a rape kit and the collection of forensic evidence. DOCs in Minnesota, Ohio, Oregon, and Pennsylvania send victims of sexual assault to local community hospitals where sexual assault exams are conducted and rape kits are administered.

Using Technology as Innovative Investigative Techniques

Several states have made significant investments in technologies intended to aid staff during the investigation process. In Idaho, the DOC sees the ability to provide polygraph examinations with appropriate attendant surveillance as an important element of both inmate-against-inmate assault and staff misconduct investigations. They have also obtained enhanced interviewing equipment, including digital audio/visual capabilities, high quality cameras, digital voice recorders, and other tools that will assist investigators in performing their duties.

In Ohio, the ODRC uses computerized voice stress analysis (CVSA) technologies as an investigative tool. CVSA is a device that electronically measures the stress in an individual's voice. Several ODRC investigators have been trained in the use of this technology and investigators have used CVSA to identify both staff and inmate perpetrators of sexual assault or misconduct. ODRC policy dictates that CVSA may be used to compliment other investigative techniques, but it cannot be used as the sole determining factor in an alleged case.

Prosecuting Sexual Violence in Prison

State administrators also identified local prosecutors as key to holding inmate and staff perpetrators accountable. Many states' DOCs are committed to a serious and sincere effort to criminally address PSV incidents. However, often the likelihood of cases moving forward rests on prosecutors, and support from prosecutors appears to vary within and among states.

According to BJS, inmate-against-inmate incidents resulted in legal sanctions including arrest, referral for prosecution, or a new sentence in 86 percent of the 36 prison systems reporting substantiated incidents in 2004. Eighty-nine percent of systems reported change in custody sanctions including removal from the general population to solitary confinement, change to higher custody, or transfer to another facility. Loss of good time and loss of privileges both occurred in over 50 percent of substantiated cases (BJS 2005). In this project, all but one of the 11 case study states have either prosecuted inmate-against-inmate cases or indicated they are willing to do so if the evidence warrants criminal prosecution.

Several states have engaged in proactive efforts to encourage local district attorneys to prosecute cases of PSV. In Pennsylvania, facility superintendents and staff have been meeting with local district attorneys in an effort to discuss issues related to PSV and get them more involved. The county district attorneys in Massachusetts have appointed prison liaisons. The institutions' on-site investigators work to maintain solid working relationships with the liaisons from the four county district attorneys offices, where the majority of institutions are located.

In Texas, county district attorneys have access to the resources of the state's special prosecution unit (SPU), a specialized investigative and prosecution service created by the state legislature in

1984 in recognition that the spate of prison gang violence prosecutions at the time were depleting the limited resources of Texas counties where prison units were concentrated. When staff determines that an alleged case should go forward, it is referred to the county district attorney's office where the prison unit is located for consideration for prosecution. County district attorneys have the option of handling the case on their own, taking charge of the investigation and prosecution with the assistance and expertise of SPU attorneys and investigators, or handing over the case completely to the SPU. The state fully funds the services of the SPU, which is staffed by seasoned litigators specially trained and experienced in prison prosecutions. This costs the counties nothing. While DAs can call upon SPU assistance for any case involving inmates, the enactment of the Safe Prisons Act in 2000 and PREA in 2003 have prompted unit managers to acquire and impart specialized knowledge to the unit staff about prosecuting PSV incidents. The SPU has been well-received by the county district attorneys, some of whom had previously resisted actively pursuing prison prosecutions because of the drain on their resources.

Regarding staff sexual misconduct, in 2004, only 39 percent of substantiated cases of staff sexual misconduct were referred for prosecution—despite laws making it illegal in all 50 states (BJS 2005). All 11 case study states have prosecuted staff-against-inmate cases. Two especially promising examples are Pennsylvania and Maine.

Staff-against-inmate sexual misconduct and assault are pursued aggressively in Pennsylvania—both through DOC disciplinary action and through prosecution. An allegation of staff-against-inmate sexual assault can come from anyone: an inmate, a family member, or the victim could write to someone, such as the state police. All cases involving staff are referred to the Office of Professional Responsibility (OPR). OPR's purpose is to investigate employee misconduct and, when appropriate, develop strong cases that district attorneys are not likely to reject. OPR staff report directly to the secretary of the DOC. Since 1998, 10 staff members have been convicted: two received probation, seven received county jail time (which can be up to two years incarceration in Pennsylvania), and one received state prison time.

Maine is an example of a prosecutorial response to PSV that grew from a single facility. In 1999, two incidents of staff sexual misconduct (and knowledge of previous, unpunished staff indiscretions) spurred the investigator at the Maine Correctional Center (MCC) to pursue case law and criminal sanctions against staff perpetrators. By utilizing his existing relationships in the community, the investigator, with support from MCC's superintendent, was able to convince the local attorney general's office to try the cases. The defendants were found guilty of gross sexual assault and sentenced to 30 days of served jail time. More importantly, a precedent was set—staff sexual misconduct would not be tolerated; perpetrators would be held criminally accountable. Since 1999, awareness around the issue of staff sexual misconduct has grown substantially. In the last four years, 24 staff members have been terminated for staff sexual misconduct. Four of the 24 staff members were also held criminally liable for their actions. They were convicted of gross sexual assault and sanctioned accordingly. Seven staff were terminated, nine resigned in lieu of disciplinary actions, and four were terminated and reinstated through arbitrations. As further evidence of their commitment to seriously pursue allegations of staff sexual assault and misconduct, in 2005, Maine became one of the first states to enact a bystander law, which holds DOC staff criminally liable if they do not report information on sexual crimes committed by their coworkers.

BARRIERS TO INVESTIGATION AND PROSECUTION

Barriers around Reporting PSV

Clearly, before the investigation of an alleged sexual assault can commence, the authorities must receive a report that such an incident has occurred. In many jurisdictions, the report does not have to be an official incident report or a formal report—it may come in the form of a call to a hotline or a conversation with a DOC staff person—but a report must occur, and the reporting process is laden with many barriers and challenges. Outside prison, many barriers to reporting sexual victimization exist, such as guilt, stigma, and fear of retaliation. These barriers, and others also exist in prison. Several states' DOC administrators and staff feel that inmates' general distrust of "the system," their lack of confidence that investigators will treat their allegations as credible, and their belief that "the system" cannot protect them have a chilling effect on reporting incidents of inmate-against-inmate and staff-against-inmate PSV.

Further, inmate-against-inmate sexual assault is almost exclusively same-sex assault. The stigma of being victimized by someone of the same sex (whether staff or inmate) can also have a chilling effect on an inmate's willingness to report an assault. Whether assaulted by a fellow inmate or a staff person, inmate victims may fear retaliation, in the form of violence or in the form of punishment or lost privileges, if they report being the victim of sexual assault. Similarly, administrators and staff also pointed out that the receipt of privileges, protection, or contraband might serve as an incentive for inmates to engage in coerced sexual acts with other inmates or staff.

Another reporting concern echoed by several correctional officers and staff has to do with inmates misunderstanding or purposefully misinterpreting the policy and making false reports of sexual misconduct. Administrators, correctional officers, and treatment and other facility staff have varied opinions about the frequency with which inmates make false allegations of sexual assault, but most felt that false reporting does occur. Some of the reasons administrators and staff believe inmates may make false reports include trying to get staff or another inmate in trouble, securing a new housing assignment, or avoiding shame or disciplinary actions when caught in a consensual sexual act with another inmate. Fear of inmates taking advantage of new PSV policies to "get at" staff was reported frequently as a cause for concern. Chapter 8 presents strategies that some DOCs have employed to deal with this concern by working with unions.

On the other hand, administrators and staff also acknowledge that there are several disincentives for inmates to make false allegations at work as well. These include the risk of retaliation from staff and other inmates and losing privileges or being transferred to a high security facility for safety reasons. Furthermore, most departments have formulated official policies regarding false reporting, and disciplinary action is taken against those who are determined to have made a false report. Some share such policies with inmates in education programs (see chapter 3). One respondent noted the real challenge is distinguishing between consensual and nonconsensual sex and determining what is coercion and what is not coercion. Others noted balancing the needs of staff and the needs of inmates as part of the challenge.

Barriers around Investigating and Prosecuting PSV

Many states identified logistical or administrative issues inherent in setting up entirely new systems as barriers to conducting thorough investigations. One DOC administrator reported that simply getting all the information that is reported to all the different entities (medical information, evidence, the unit management report, investigators report, etc.) in one central place so that investigators can use the materials is a major challenge.

Some states identified a lack of training for investigators and other staff as a barrier to the investigative process. In some states, investigators do not receive formal training regarding conducting investigations, and each facility may have its own investigation department. Some respondents noted that the investigative process would be greatly improved and enhanced through the establishment of a central unit that oversees all investigations and supervises all investigators.

Delayed reporting can lead to significant challenges as they relate to evidence collection—often PSV cases are reported a significant time after the incident occurred. Therefore, the evidence trail is cold and the investigation is difficult. Another identified challenge involving evidence collection and training involves the administration of rape kits. In Pennsylvania, rape kits are conducted by community hospitals with standing DOC contracts for medical care. However, two such hospitals are not credentialed in sexual assault forensic evidence collection. Thus, the Pennsylvania Coalition Against Rape (PCAR) is working on behalf of the DOC to identify credentialed hospitals in those geographic areas to provide such services. As with many barriers and challenges discussed here, a potential issue is the source of funding for this evidence collection. Without a DOC contract to provide medical services in these hospitals, PCAR is working to find a funding source. A number of victim-focused funding streams are not appropriate or fully adequate. The Victims of Crime Act (VOCA) funding cannot be used for inmates and the Violence Against Women Act (VAWA) STOP (Services* Training* Officers* Prosecutors) money can only be used for women.

As noted in chapter 2, most states cited the need to change the prevailing culture within DOCs, law enforcement agencies, and other criminal justice system agencies as the biggest challenge to investigating and prosecuting PSV. The traditional corrections culture often assumes that sexual contact between inmates is consensual, and therefore, there is a resistance to perceiving inmates as victims. Many states have worked diligently to train and educate DOC staff, investigators, law enforcement, judges, and prosecutors about the dynamics of PSV. In Idaho, they held focus groups with investigators, the state police, and a National Institute of Corrections group to learn more about perceptions and attitudes pertaining to PSV. The Idaho PREA coordinator continues to work with local prosecutors on the issue of PSV and to encourage them to prosecute cases. She is also developing relationships with law enforcement, judges, and prosecutors.

Another barrier to collaboration cited by DOC administrators is prosecutors' lack of interest in prosecuting PSV cases for various reasons, such as the following: staff-against-inmate incidents are not as important as rapes in the community, limited resources make focusing on prison incidents more challenging, and inmate-against-inmate incidents are not important or they were probably consensual. Respondents reported a lack of community will to prosecute such cases, a lack of sympathy for inmate victims from community grand juries, a lack of understanding that

inmates do not deserve to be sexually assaulted in prison, and a lack of support for tax dollars being spent on such cases. These issues may lead elected prosecutors be less inclined to focus on PSV cases or may lead them to plead out prison cases that they would otherwise try to prosecute. Some facilities and states have dealt with this by developing their own investigative strength and bringing prosecutors very strong cases with appropriate evidence. This may force prosecutors to take a closer look and may make the cases harder to refuse. Some have also tried to educate prosecutors through their work, and some have had attorney general's offices put pressure on local prosecutors and educate them about the PREA legislation.

Finally, there are legal obstacles that serve as barriers to prosecution or that serve to blunt the effects of prosecution. The Office of the Inspector General (OIG) of the U.S. Department of Justice recently released a report on preventing staff sexual misconduct and assault in federal prisons (2005), which may echo some of what is happening in state DOCs. Among the many findings is that in cases of staff-against-inmate sexual misconduct that do not involve force or the threat of force, the maximum penalty is a misdemeanor with a maximum imprisonment of one year (OIG 2005). The report notes that the imposed sanctions for staff sexual misconduct in federal prisons are often too lenient and therefore do not serve as strong deterrents to engaging in such activity. More federal staff-against-inmate cases result in administrative punishment than criminal charges (OIG 2005).

CHAPTER 5: VICTIM SERVICES

A National Snapshot of Victim Service Efforts

States reported efforts to provide services to victims of sexual violence in prison (PSV) that address both safety and personal needs. Thirty-eight (84 percent) of the 45 states participating in the Survey of State Correctional Administrators (SSCA) reported having procedural responses in place to address victim reports and victim safety (see table 5.1). Of these, 33 states (87 percent) reported having explicit programs in place for victims to report incidents to departments of corrections (DOC) staff; however, only 20 states (53 percent) had programs in place to detect incidents of PSV. Thirty-two states (84 percent) had programs in place to protect victims from ongoing violence and the same number had programs in place to protect victims from retaliatory violence.

Table 5.1. Programs and Strategies to Respond to Reports of Sexual Violence

	Number of states with this program or strategy	Percent of states with this program or strategy
Programs or strategies related to victim reporting of incidents	33	87
Programs or strategies related to protecting victims from ongoing violence	32	84
Programs or strategies related to protecting victims from retaliatory violence	32	84
Programs or strategies related to detecting incidents	20	53

Note: n=38. Seven DOCs participating in the survey said they did not have specific programs or strategies in place to respond to reported incidents of PSV. Therefore, they were not asked to answer this question.

Forty (89 percent) of the 45 states participating in the SSCA reported providing victim services (see table 5.2). Of these, all states (100 percent) provide medical services to victims to address injuries. Almost all states (98 percent, n = 39) provide medical testing for contraction of communicable diseases. Nearly all states (95 percent, n = 38) provide inmates with housing unit assignment strategies to address their concerns related to the victimization. This may involve moving either the victim out of a unit where an inmate perpetrator resides or staff perpetrator works. Alternatively, it may involve the perpetrator moving—either moving the inmate perpetrator into a different residential unit or the staff perpetrator to a different assignment or to administrative leave. Thirty-seven states (88 percent) provide services to collect forensic evidence. Some states collect forensic evidence within their DOC facilities while others contract with or collaborate with outside medical facilities to provide this service.

Table 5.2. Services for Victims of Sexual Violence

	Number of states that offer this program	Percent of states that offer this program
Medical services to address injuries	40	100
Medical testing for contraction of communicable diseases	39	98
Housing unit assignment strategies	38	95
Forensic examiner services for collection of forensic evidence	37	90
Individual crisis counseling to deal with the emotional consequences of PSV	35	88
Ongoing counseling to deal with the emotional consequences of PSV	33	83
Victim support groups	9	23

Note: n=40. Five DOCs participating in the survey said they did not provide services to victims of PSV. Therefore, they were not asked to answer this question.

Providing for victims' mental health needs is also a common service provided by DOCs. Thirty-five states (88 percent) reported providing individual crisis counseling to assist victims with dealing with the consequences of PSV. Thirty-three states (83 percent) reported being able to provide ongoing counseling to victims beyond crisis intervention. Only nine states (23 percent) provided victim support groups. State administrators reported that providing these groups was difficult because although the intent may be to keep information confidential in a support setting, victims would be identifying themselves as such by participating. Victims may increase their vulnerability to more victimization if other staff and inmates learn of their experiences.

IMPLEMENTING VICTIM SERVICE STRATEGIES

Based on information gathered from the SSCA presented above, states do many things to assist inmate victims. But what exactly does it mean to provide services to victims in a prison context? The following highlights some approaches that were identified during the Survey of Promising Practices (SPP) and the case study site visits.

Creating Opportunities to Report Sexual Violence

Correctional officials in most states actively encourage inmates to report threats or instances of sexual abuse but say that they sometimes encounter resistance due to inmates' fear of renewed threats or retaliation, or lack of trust that the report will be taken seriously. The first step to developing a service response to sexual violence is to encourage inmates to report incidents that happen to them or that they witness. In many jurisdictions, inmates wanting to report that they have been victimized have one option: to report the incident to the officer on duty. This is note the case in all states, however. Some DOCs have put into operation programs that create additional opportunities for victims to report experiences with PSV. One such strategy is

hotlines. A number of states have set up hotlines through which inmates can report an incident of sexual violence to investigators or can request services. Some of these hotlines are routed to internal DOC offices, while others are linked directly to outside entities. What follows are illustrations of ways DOCs have created opportunities to report PSV.

In Idaho, victims or observers of sexual violence can make reports using a confidential hotline that became operational on March 1, 2005. The central DOC office coordinator of Prison Rape Elimination Act (PREA) activities and facility-specific victim services coordinators routinely check messages left on the line. The number can be dialed from any inmate phone, bypassing inmate codes. Thus, the inmates are not charged for the call and their anonymity is protected. Facilities in Kansas have similar hotlines. In this case, inmates dial *50 on any inmate phone to reach the Central Office Sexual Assault Line at no cost to the inmate.

A number of the hotline systems across the country are specifically geared toward initiating an investigation. In Massachusetts, the inmate hotline to report staff sexual misconduct links to the Office of Investigative Services, a central DOC office. The hotline at Maine Correctional Center links to the facility's on-site investigator. In Ohio, the inmates can access a hotline from inmate phones that goes directly to the voicemail of the chief of investigation. Oregon's hotline has a similar approach—dedicated telephone numbers have been posted and distributed for all inmates and staff to use. The hotlines are available so anyone can report an alleged misconduct on the part of any inmate or staff, including incidents of sexual violence. The caller provides information on an answering machine reviewed every business day by the DOC Inspector General's Office. Respondents noted that calls specifically related to sexual contact or sexual assault make up a small fraction of the calls received.

Unlike other hotlines that link to internal investigative units, Alaskan prisoners have the opportunity to contact the state police on their own with the assurance that their privacy and confidentiality will be maintained. The state DOC provides telephones on each of its residential units and lets inmates know that they have the right to call directly. A speed dial number that will give them direct access to the state police is displayed at each telephone station. Correctional officials report that inmates do call the state police to file complaints about sexual misconduct and violence. Inmates are cautioned, however, that they will be held accountable if they make a false claim.

Encouraging reports of PSV is not just about developing hotlines, however. Facility staff members at one location in Kansas have created another type of opportunity for inmates to report sexual victimization. A unit team counselor conducts a case review every 120 days, or annually for inmates with more than five-year sentences, which involves an assessment interview. During this review with the inmate, recommendations are made regarding custody, housing assignments, employment, incentive levels, and guidelines for parole eligibility dates. Specific questions have been added to the review asking inmates about sexual victimization experiences. Respondents noted these questions communicate to inmates an interest in addressing such issues and an increase in the ease of reporting.

Montana DOC officials discovered a way to encourage inmates to come forward with information about sexual victimization by asking inmates if they had been victimized during exit interviews conducted at the time of release from a prison facility. The exit interview procedure

was not designed as a response to PSV, but rather was developed as part of the DOC's contract compliance system for overseeing private prisons in the state. Montana correctional officials conduct exit interviews with inmates leaving contract institutions—upon their transfer to another institution or prior to their release—as a quality control provision, in order to ensure that the contractors are operating safe and secure institutions. An unintended consequence of the exit interview protocol is that Montana officials have found that inmates have been more forthcoming about threats and incidents of sexual violence if they have an opportunity to talk to a person who is not associated with the institution where the incidents took place and are assured that they will not be returning to that institution. There was at the time of our survey no protocol in Montana for conducting exit interviews with offenders who have been incarcerated at the state-operated facilities. Montana DOC staff reported it might be a good idea to do so, but thought that such interviews—to be credible and to give inmate sufficient assurances of confidentiality and safety—would have to be conducted by an agency independent of the DOC.

Implementing Sexual Assault Response Teams and Other First Response Strategies

First response strategies are implemented once reports of sexual violence incidents have been made. Employing lessons learned from community-based responses to sexual assault, some DOCs around the country have developed protocols involving interdisciplinary teams of staff, often called Sexual Assault Response Teams or SARTs. The concept behind SART work is that first responders with varying agendas—such as law enforcement investigators, victim advocates, and medical staff—work together to comprehensively address victims' needs at the same time investigative efforts are taking place. The joint work minimizes the burden of the process on the victim, yet maximizes the likelihood of holding a perpetrator accountable by generating useable evidence. SARTs vary in form and function across DOCs that use this approach but each involves a team of staff attempting to appropriately address sexual violence through victim services and investigation. Examples of DOC SART approaches to PSV and the details of how they are implemented in Oregon, Idaho, Utah, and Kansas can be found in chapter 8.

Ohio provides a different type of an interdisciplinary first response strategy. Each prison has a sexual assault committee (SAC). The SAC comprises of the deputy warden of operations (chair), the institutional investigator, the victim services coordinator (described below), the deputy warden of special services, and any other staff that may have relevant input. The victim service coordinator meets with the victim to conduct a preliminary assessment of the inmate regarding safety issues, housing needs, medical needs, mental health needs, threats of harm, and any other areas of concern the victim raises. The full SAC is required to meet to discuss the case within seven days of the alleged incident. At that time, the committee discusses next steps for the victim and the offender. No later than eight days after the report of the incident, the SAC provides the warden with a written recommendation regarding the overall management of the case, tailored to meet the needs of the victim. SAC recommendations can include housing, program assignments, treatment, and other follow-up. The warden makes the final decisions pertaining to the long-term placement and care of the victim.

The victim service coordinators in Ohio focus on inmate victims' needs and are supervised by the central director of victim services office. Coordinators can be any type of staff, including correctional officers, case managers, chaplains, etc., who volunteer for the position in addition to their other responsibilities. Coordinators are trained to recognize signs and symptoms of

victimization. The role of the coordinator is to provide support to inmate victims through the reporting and investigation process—from evidence collection to interviews with investigators to obtaining referrals and accessing needed services. Coordinators inform victims about the steps in the investigative process and offer to be present with victims during interviews with correctional and police investigators. Coordinators also inform the victim about the activities that will take place at the hospital (the elements of the exam, rape kit, and any other evidence collection). By policy, rape kits are conducted on all victims who report the incident within 72 hours and are conducted at community-based hospitals rather than by DOC-medical services. Victims can decline the assistance and support of the coordinator, but respondents noted this rarely occurs.

By state law, Texas correctional staff must offer anyone who is raped access to an advocate victim representative as part of their first response to a report of victimization. While a victim is at the medical department or at the hospital, a victim representative is allowed to be present during the exam, if the inmate requests one. A victim representative can be any employee (a psychologist, sociologist, caseworker, or clergy) who has volunteered for the position and received the relevant training. The University of Texas Medical Branch, which has a hospital that conducts the rape kits for some prisons, trains the victim representatives on sexual assault, rape trauma syndrome, the rape kit, and PREA. These representatives provide support and counseling to offenders as well as information regarding their rights as victims. In 2004, 164 offenders requested an advocate's assistance.

Treating Injuries and Gathering Evidence: The Medical Response and Forensic Evidence Collection

Facility-based medical services in all states provide emergency treatment for physical injuries when necessary. Beyond this, the full medical response to PSV incidents and approach to forensic evidence collection varies across departments and depends on the timing of the report made. Different protocols are followed if victims report within 24 to 72 hours of the event, compared with reports of incidents that occurred less recently. The ability to collect evidence through forensic exams and rape kits is lessened if victims wait to report.

If victims report within the required timeframe, many DOCs transport them to community hospitals and clinics for medical services, rape kits, and other evidence collection. In some cases, the relationships with such medical providers are not formalized. For example, in Minnesota local hospitals are used for sexual assault exams if the victim agrees to it, but there are no formal agreements or contracts between the hospitals and DOC. Alternatively, the hospitals used for this purpose in Pennsylvania are hospitals contracted with DOC for all types of medical services.

The Massachusetts DOC has maintained a longstanding relationship with the Beth Israel Deaconess Medical Center since the early 1990s. Transporting inmate victims to the center has been a cornerstone of the sexual assault response policy since its enactment in 1995. Prior to using Beth Israel Deaconess Medical Center's Rape Crisis Intervention Program, DOC staff conducted a risk assessment of the facility. As a result, the layout of the examination room was altered to ensure both inmate privacy and public safety. Policy #520, section "Guidelines for Referring Massachusetts State Prison Inmates to the Beth Israel Deaconess Medical Center Rape Crisis Intervention Program," details the procedure for using the center's services. If the PSV incident occurred within five days of the report, inmate victims of sexual assault that involved

penetration are transported to the program. Specific procedures were developed around who to notify, where to park, what services the inmate may receive, where he or she may receive them, who may receive a copy of the medical records (unless the inmate is medically or mentally at risk, the inmate must give written consent to the medical center for the DOC to be sent a copy), and what to do with the evidence kit to maintain the chain of evidence as it is transported to the State Crime Laboratory for analysis.

Access to outside medical services was frequently linked to the investigative needs of the case, especially with regard to evidence collection. If victims do not report in the required time for evidence collection, then facility-based medical services are relied upon for any medical needs. In these cases, states have different protocols they follow to address medical needs, often testing for HIV/AIDS and other sexually transmitted infections as part of the medical response. For example, facilities in Connecticut follow a specific protocol—the University of Connecticut Managed Health Care Policy and Procedure—around sexual assault and testing for sexual transmitted infections.

Addressing Trauma: The Mental Health Response

According to the survey responses, most states provide some sort of mental health response to deal with the emotional consequences of experiencing PSV. How states approach accessing and providing mental health services varies. In the case study states, mental health departments were typically part of the response to sexual assault, with some states having a greater focus on this part of the response than others. At minimum, a mental health staff person conducts an assessment of the victim after reporting a PSV incident to determine if services are needed—either crisis services or long-term services. For example, in Texas, mental health referrals are mandatory for sexual assault crimes. Mental health service professionals provide crisis counseling, assistance with coping skills and suicide prevention, and long-term mental health counseling as needed. The staff also provide recommendations about housing placement based on relevant and available reports regarding the victim. In Connecticut, mental health professionals respond after the medical department, and victims are not left alone until a mental health staffperson clears them.

New Jersey is also implementing a promising strategy to address the mental health needs of PSV victims. The New Jersey DOC has established a comprehensive clinical protocol for providing specialized post-traumatic stress counseling services to inmate victims of sexual assault. Recognizing that it is important to address post-traumatic stress immediately, and that the effects of post-traumatic stress can be long lasting, services are initiated immediately upon detection, followed by a seamless continuum of services provided to victims for as long as they require assistance.

Upon receiving a report of victimization, a mental health counselor from one of the psychological services teams stationed at each of New Jersey's facilities is dispatched to assess the mental status of the inmate, to provide crisis counseling and support, and to conduct a suicide risk assessment. Whatever the result of the suicide assessment, inmate victims are assigned to suicide watch and are observed at all times. If at all possible, the counselor accompanies the inmate victim to the emergency room, where HIV and Hepatitis B testing are conducted and the rape kit is administered. Further assessments are made upon the victim's return from the

emergency room and appropriate counseling and services are provided. The counselor will determine whether the inmate has physical or emotional signs of emotional trauma—signs of post-traumatic stress—and decides if there is an indication of need for psychotropic medications. If so, the victim is referred to a psychiatrist.

From the initial contact, the counselor conveys to the victim a sense of trust and support and encourages the victim to talk about the trauma they are experiencing. The clear message is given that this is an ongoing process—and that although inmates may not be experiencing distress immediately, it may come later. They are encouraged to come forward if that happens. There is a strong inmate education component to help inmates recognize that reliving the event, numbness, and nightmares are important symptoms that the inmate need not live with. Respondents noted that if victims do not come forward for help, and the experience is not integrated and resolved, it may have implications for the inmates own predatory behavior.

The New Jersey DOC has a similar protocol for responding to staff victims of attacks—sexual and otherwise—through its Critical Incident Stress Management Team program. The response is very similar: rapid assessment, rapid intervention, messages that the process has begun and is ongoing, and the commitment to provide services and counseling for as long as it takes for the victim to recover. Although the protocol has been engaged following incidents of violence against staff by inmates, so far no incidents (as of the data collection for this report) have been sexual in nature.

Whether relating to inmate or staff victims of sexual violence, the first step in instituting such a protocol, New Jersey correctional officials say, is for departmental managers and staff to understand what post-traumatic stress is, how it affects victims of sexual violence, and that the right response can successfully mitigate it.

Another promising practice focused on staff victims' mental health is being implemented in Delaware. In 1985, the Delaware DOC was the first agency in the state to follow the governor's mandate to establish a "Troubled Employee Program," an employee assistance program (EAP) designed to address the full range of employee needs and problems, including post-traumatic stress counseling for victims of sexual assault. The service, which a private mental health provider makes available as part of the state's employee benefits package, includes the first six sessions of professional counseling without cost, followed by assistance with a modest co-pay if the employee requires longer-term treatment. Employees needing post-traumatic stress services can self-refer without having to go through an EAP counselor. They can call a toll-free number and engage services any time of day or night and arrange to see somebody right away. The program is now operated for all state agencies by the state Department of Personnel. Assurance of full confidentiality may make employees more likely to come forward if they have such a need. As a result of confidentiality safeguards, department officials have no way of knowing who requests EAP services or even how many services are requested or provided in any year.

Involving Community-Based Sexual Assault Service Providers

Some states actively assist inmates in gaining access to services from community-based sexual assault service providers. There are many reasons why this might be considered a promising practice, including accessing quality services from specialists in the field, working with

professionals outside of the DOC whose only agenda is to advocate for and support the victim, and dealing with different stipulations around confidentiality, as appropriate. Some case study states have developed such collaborative relationships.

In Ohio, in addition to the facility-based victim service coordinators, the department works with community-based sexual assault service organizations to provide rape advocates for inmate victims. These advocates are notified when an inmate victim is being transported to the local hospital and often meet the inmate victim at the hospital. Those we interviewed indicated that most community-based sexual assault advocates readily agree to participate as an inmate's advocate when an incident is reported.

The Pennsylvania DOC has a subcontract with the Pennsylvania Coalition Against Rape (PCAR) as part of their PREA Grant. PCAR provides technical assistance to the DOC related to their staff training and inmate education efforts. Relevant to victim services, inmates are given PCAR's address and contact information upon admission to use when seeking help related to a PSV incident or to report an incident. Local rape crisis center advocates are poised to come into facilities to assist victims as needed. They are also available to meet inmate victims at local hospitals when taken there for rape kits. Also, at the time of our site visit, the DOC was in the process of funding the production of PCAR brochures (on risk reduction, sexual violence generally, and male victimization) to have available in facility visiting rooms and medical areas.

Protecting Victims from Further Harm: The Safety Response

Protecting victims who report PSV from further harm is a critical aspect of the response to such reports. Indeed, Human Rights Watch (1996) found that every woman they identified as having filed a sexual misconduct complaint had also faced retaliation from either correctional officers or from other prisoners. Our survey results show that DOCs acknowledge this problem. More than 80 percent reported some strategies were in place to protect victims from ongoing violence or retaliatory violence. Responding to safety needs often means separating the perpetrator and the victim, either by changing housing units for one or both so that both inmates are not in the same unit if the alleged perpetrator is an inmate, or by moving the victim to a different housing unit or the staff person's assignment, if the alleged perpetrator is staff.

What is challenging for DOCs is how best to handle the follow-up safety issues for victims. Should DOCs segregate victims and, if so, for how long? Some states have typically moved victims to an administrative custody unit. By doing this, however, some believe that dealing with safety issues has revictimized the victims. For example, moving victims to higher security units often means a loss of privileges, perhaps providing a disincentive for inmates to report PSV incidents. Further, they may be moving the victim to the same unit to which the alleged perpetrator is being moved. Another challenge when facing reclassifications arises when prisons are already dealing with overcrowding issues or when the DOC is a small agency, both instances leaving administrators with few options to move either victims or perpetrators.

Some states have developed approaches to address safety issues while at the same time responding to concerns about maintaining victims' privileges. In Ohio, as part of the initial meetings with the victim, the victim services coordinator assesses the inmate's current safety needs and privilege levels to ensure the victim is afforded the same level of opportunities they

received before the incident in the safe housing area they are assigned to after the incident. In Texas, inmate victims are housed in the "transient" or "safe-keeping" area of the prison while they await the results of their mental health assessment and the investigation of the incident. This area is less restrictive than a protective custody unit but can still be used to care for vulnerable populations. The assessment and investigation results in one of three recommendations: (1) return to the general population at the current prison, (2) place in protective custody, or (3) transfer to a different institution. In Oregon, follow-up with inmate victims continues beyond the initial resolution of the issue. The sexual assault liaison that is part of a SART maintains at least monthly contact with the victim to assure that she or he is not subjected to any unintended negative consequences resulting from their victim status, such as not participating in services and losing privileges.

Planning the Continuum of Care after Release

Some DOCs have worked to ensure that inmate victims receive a continuum of care once they are released, meaning access to any needed services in the community as a result of the sexual violence experienced while incarcerated. Some examples of approaches that we learned about from case study states involve either community-based rape crisis/sexual assault agencies or parole.

In Utah, the Victim Services Coordinator is in contact with community-based agencies including rape recovery centers to arrange for a continuum of care once victims are released. They have tried to identify which agencies will help former inmates, who may be perceived as "scary" by some providers, and who will pay for needed services. Respondents' concerns are that rape victims from the community are provided a range of services at no cost, but that providers may reject serving former inmates who require ongoing assistance or the former inmates may be sent to other organizations that serve the low-income population's health and mental health needs on a sliding scale.

Pennsylvania is working parole to help former inmates with a continuum of care once released, as well as provide a context in which they can report incidents that were unreported while incarcerated. Staff members from parole and PCAR are working together to develop and implement a staff training program so that all officers are fully knowledgeable about PSV and its potential consequences. At the time of our visit in 2005, PCAR was also in the process of developing a resource guide for parole officers to use when assisting parolees in need of services related to PSV experiences. Finally, DOC and parole are collaborating to create and administer anonymous surveys to parolees to understand how frequently PSV incidents are occurring and the nature of those incidents.

Texas's Department of Criminal Justice is also working with parole around PSV issues. The parole division is part of Texas's Safe Prisons Council and has agreed to develop a training program for its officers to recognize symptoms of sexual assault victimization and the steps to take if an incident of PSV is discovered after the inmate is released. At the time of our site visit, a policy had been developed between the Correctional Institutions Division (CID) and parole regarding notifying CID if a victim comes forward after release. Parole procedures as stated in Policy and Operating Procedure 1.2.9 are as follows for district parole officers:

"1. Ascertain as much information regarding the assault as possible:
   a. Who assaulted offender;
   b. When and where did it occur;
   c. Was it an isolated incident;
   d. Without going into too much detail, get a description of what type of assault occurred.

2. Immediately notify his/her unit supervisor, who will complete an offender related incident (ORI) and forward it as required. The region director will forward the ORI to Central and to the Safe Prisons Program [....];

3. Encourage the offender to contact local law enforcement to file formal charges against the perpetrator, if possible;

4. Make referrals to rape crisis centers, medical/mental treatment services, etc., as needed; and

5. Review information to verify the perpetrator's location to ensure no contact will be made between the offender and the perpetrator."

Using this approach, victims get the services they need, perpetrators may possibly have criminal actions taken against them, and CID will learn about the incident for planning purposes.

Barriers to Victim Services

Providing victim services to inmates and doing so appropriately requires overcoming a number of obstacles. Participants in our study identified many such challenges. Not least among these barriers is the cultural shift in DOCs to understand that inmates can indeed be victimized, as noted in chapters 2 and 4. Believing this requires that institutional staff treats inmate victims with dignity rather than revictimizing them through insensitive responses. Some respondents expressed concerns that by acknowledging inmate victimization and providing services to them, some staff would believe DOCs were protecting inmates more than they were protecting their staff.

A related concern is that if inmates can indeed also be victims, then who is appropriate to provide services to them? Some DOC victim services coordinators are not willing to provide services for inmate victims as they view this work as a conflict of interest relative to their more traditional roles of providing services to the victims of DOC inmates. Their belief is that they cannot serve inmates who have perhaps victimized others in the community. In these cases, the DOC victim services coordinators are likely to involve outside advocacy groups or volunteers (such as from faith-based groups) to address victimization issues with inmates. Alternatively, other DOC victim services coordinators believe that "a victim is a victim is a victim" and that serving inmates who have been victimized is not in conflict with their more traditional DOC role.

Also noted in chapter 4, another barrier to providing services to victims is the reluctance on the part of inmates to report the incident in the first place. This reluctance could be perhaps due to lack of confidence in the reporting system and the follow-up investigation, a fear of losing privileges or other issues that arise as a result of a new housing unit, or worry about retaliation

from either staff or other inmates. Respondents noted that inmates weigh the costs and benefits of reporting to judge if services they may receive outweigh the potential of making the situation worse for themselves. Some DOCs are trying to learn and understand when in the inmate world it is okay to report a sexual assault and when is it okay to seek help from authorities. By doing so, they hope to setup programming that encourages inmates to come forward. Some respondents noted that efforts such as this to address PSV will result in the number of reports increasing in the short-term because of the increased willingness to report, but then eventually incidents will decrease because of the effective response.

Interestingly, concerns were expressed not only about inmates' reluctance to report PSV but the staff's reluctance to report incidents that come to their attention. Reasons given for staff reluctance include not wanting to act with limited facts and that anonymity cannot be protected when making a report, thus resulting in being seen as a "snitch." Some states have tried to overcome this barrier. Massachusetts has installed a confidential reporting mechanism in their management system that allows staff to send a confidential note directly to the superintendent. Minnesota has tackled this by setting up systems that allow staff to share information with administrative staff other than one's supervisor, if discussing such situations with one's supervisor did not work or was uncomfortable for some reason. Maine has taken this one step further. In 2005, the legislature passed a felony bystander law by which staff can be prosecuted if they know of sexual misconduct of other staff yet fail to report it.

DOCs and other service providers face other challenges to providing services. Many DOCs are working with limited resources, especially in providing mental health treatment. Inmates have access to few services, and facilities have difficulty maintaining a professional staff. Even when outside agencies, such as community-based sexual assault service agencies, are willing and able to provide services to inmate victims, some traditional funding sources for victim programming do not allow the money to be used on inmates. For example, Victims of Crime Act funds cannot be used for inmates.

Finally, confidentiality issues have risen as a challenge to providing effective victim services to inmates. Outside prison, services for sexual assault victims are confidential, sometimes even anonymous. Within prison, however, there is the challenge of balancing the inmate's confidentiality with the legitimate security concerns and accountability issues that may arise with a report of PSV. In many cases, inmates who report to DOC staff that they have been or have knowledge of another inmate who has been sexually assaulted or sexually coerced do so with the understanding that DOC will investigate the report and, when appropriate, will seek to prosecute the case. Some respondents noted that inmates have little expectation of confidentiality when it comes to communication with correctional staff. Mental health and medical staff have confidentiality parameters already established. However, if it is necessary to share certain information to protect the victim, or to protect other inmates from a prospective perpetrator, staff are obliged to share such information with appropriate correctional staff and administrators.

Some states are trying to sort out the best way to deal with confidentiality issues. In Oregon, for example, all information inmates provide to DOC staff is subject to verification by investigators. Information provided in confidential communications to the professional DOC staff is shared, consistent with the standard required by state statute, professional licensure, and ethical standards (i.e., DOC medical staff, mental health services, and chaplains). When interviewing

inmates concerning PSV, DOC staff are supposed to inform inmates of any limits to confidentiality prior to conducting the interview. It is DOC policy that under no circumstances should an inmate victim be denied access to treatment resources solely because the inmate will not fully disclose details to investigative staff. Oregon also has a waiver of confidentiality added to the consent for treatment form that specifically addresses incidents of sexual abuse. It states that information is confidential except in the case of suicidal or homicidal intentions, or if the inmate shares information about child abuse or animal abuse. If a staff member or inmate is deemed to be in eminent danger, staff are required to disclose the information to the proper authorities.

In Pennsylvania, the collaboration with the state-level coalition—PCAR—was challenged by the confidentiality issues stated above. Typically, PCAR services are confidential, but how would that work in the context of providing such services to an incarcerated individual? The Pennsylvania DOC and PCAR worked hard to develop a strategy that met the justifiable needs of both organizations. Thus, the local rape crisis center advocates who are called upon to work with inmates inform inmates that they must tell a single designated facility person about any *current* reports of PSV to address legitimate safety and security concerns. In turn, the DOC staff person will only tell others as needed to address the issue appropriately. The purpose of this disclosure is to ensure that any perpetrators are not able to continue to victimize others in prison.

CHAPTER 6: STAFF TRAINING

A National Snapshot of Staff Training Efforts

We asked states to tell us about their efforts to train staff on dealing with prison sexual violence (PSV). Thirty-six (80 percent) of the 45 states participating in the Survey of State Correctional Administrators (SSCA) reported having staff training programs. Training efforts are heavily focused on frontline staff (see table 6.1). Of the 36 states with training programs, all but one (97 percent) train correctional officers, 31 (86 percent) train correctional counselors, and 30 (83 percent) train medical staff. Fewer states train management and central office staff; 28 states (78 percent) train facility directors and management, 22 (61 percent) train state-level agency staff, and 17 (47 percent) train legal staff.

Table 6.1. Types of Staff Who Receive Training on Sexual Violence Issues

	Number of states that train these staff	Percent of states that train these staff
Correctional officers	35	97
Correctional counselors	31	86
Medical staff	30	83
Facility directors or management	28	78
State-level agency staff	22	61
Legal staff	17	47

Note: n=36. Nine DOCs participating in the survey said they did not provide staff training on PSV. Therefore, they were not asked to answer this question.

Most states that provide training do so through both preservice academy (89 percent, $n = 32$) and in-service training (89 percent, $n = 32$—see table 6.2). States employ various training strategies, in some cases in combination with one another, such as using written materials (64 percent, $n = 23$) and video/media-assisted training (58 percent, $n = 21$). Only 8 states (22 percent) reported using unit supervision and instruction as a training strategy.

DOCs around the country use their own staff as well as other outside resources to provide training to staff. Thirty-two states (89 percent) reported using only internal DOC staff to provide training to other DOC staff. Three states (8 percent) reported using a combination of both staff from other agencies and internal DOC staff to provide training, and one state (3 percent) reported using only external staff to train DOC employees. More specifically, 29 states (81 percent) use state-level agency staff as trainers, 19 states (53 percent) use facility directors as trainers, and 11 states (31 percent) use correctional officers as trainers (see table 6.3). Outside trainers include staff from community-based organizations (11 percent, $n = 4$), staff from local prosecutor's

offices (3 percent, $n = 1$), and National Institute of Corrections's staff (6 percent, $n = 2$).[2] One state (3 percent) uses computer-based training.

Table 6.2. Staff Training Modalities

	Number of states that conduct PSV training in this Venue	Percent of states that conduct PSV training in this venue
Pre-service academy	32	89
In-service training sessions	26	72
Written training materials and manuals	23	64
Video or other media-assisted training	21	58
Unit supervision and instruction	8	22

Note: n=36. Nine DOCs participating in the survey said they did not provide staff training on PSV. Therefore, they were not asked to answer this question.

Table 6.3. The Trainers

	Number of states that use these trainers	Percent of states that use these trainers
State-level agency staff	29	81
Facility directors or management	19	53
Correctional officers	11	31
Staff from community-based organizations	4	11
NIC training[a]	2	6
Staff from local prosecutor's offices	1	3
Computer-based training	1	3
Other contractors	1	3

Note: n=36. Nine DOCs participating in the survey said they did not provide staff training on PSV. Therefore, they were not asked to answer this question.
[a]The survey did not explicitly ask about receiving NIC training. Instead, two respondents chose "other type of trainer" and wrote in NIC. Thus, this number does not accurately reflect the number of states that may have reported receiving NIC training had that specific question been asked.

The most common topics covered by DOC training for sexual violence focus on staff as perpetrators (see table 6.4). Specifically, most states reported providing information on staff-

[2] The survey did not explicitly ask about receiving NIC training. Instead, two respondents chose "other type of trainer" and wrote in NIC. Thus, this number does not accurately reflect the number of states that may have reported receiving NIC training had that specific question been asked.

against-inmate PSV (86 percent, $n = 31$) and education about what behaviors are unacceptable related to sexual violence (86 percent, $n = 31$). States are less inclined to train staff about inmate perpetrators with only 25 (69 percent) providing information on inmate-against-staff PSV and 24 (62 percent) providing information on inmate-against-inmate PSV.

Other common topics for training include responses to inmate reports of threatening situations (81 percent, $n = 29$), how to document PSV incidents (81 percent, $n = 29$), and investigating reports of PSV (78 percent, $n = 28$). Three-quarters of states train staff on the definition of PSV (75 percent, $n = 27$) and nearly as many train staff on ways to prevent PSV (72 percent, $n = 26$). Just over half of states specifically train staff on how to detect PSV (56 percent, $n = 20$) or on how to meet victims' needs (53 percent, $n = 19$).

Table 6.4. Topics Covered in Sexual Violence Training

	Number of states that train on this topic	Percent of states that train on this topic
Information about staff-against-inmate PSV	31	86
Education about what behaviors are unacceptable related to PSV	31	86
Addressing situations where inmates report being threatened with PSV	29	81
How to document reported incidents of PSV	29	81
Investigating reports of PSV	28	78
Defining PSV	27	75
Preventing PSV	26	72
Information about inmate-against-staff PSV	25	69
Information about inmate-against-inmate PSV	24	67
Detecting PSV	20	56
Addressing victim needs related to PSV	19	53

Note: n=36. Nine DOCs participating in the survey said they did not provide staff training on PSV. Therefore, they were not asked to answer this question.

Implementing Staff Training Efforts in Case Study States

During our case study site visits, we were able to gather much greater detail about the training efforts in those 11 states. In many cases, addressing sexual violence had been covered in training in some form for years, for example as part of training on professional ethics. However, in every case, PREA either prompted a new training program that exclusively focused on sexual violence (for example, in Pennsylvania) or a revision to prior training that enhanced the focus on sexual violence (for example, in Ohio, where the enhanced training program now includes information on inmate-against-inmate sexual violence in addition to information on staff-against-inmate incidents). As a result, the case study sites had either recently completed PSV training of their full staff through in-service training efforts or were in the midst of training at the time of our visit.

The case study states used a number of approaches to develop or enhance their staff training on PSV. For example, in Idaho, the PREA Coordinator worked with local investigators, NIC, and the state police to develop their training program. In Pennsylvania and Texas, correctional staff developed the PSV training, but then state-level sexual assault coalition members reviewed the training and provided feedback. In both cases, the advice provided by such outside experts in the field was incorporated into the training.

Unlike the states mentioned above, the staff training of interest in Maine was developed at a particular facility– the Maine Correctional Center (MCC)—rather than at the central office. In this case, the investigator at MCC, prompted by concerns about staff sexual misconduct, initiated local efforts to ameliorate PSV. The investigator, along with other DOC representatives and a representative from the local attorney general's office, attended NIC training on PSV. Upon returning from this training, he then worked with other staff at MCC to develop training on staff sexual misconduct, including a handbook. The result was a four-hour in-service training that includes the handbook, *Addressing Sexual Misconduct with Prisoners Handbook: Creating and Maintaining Professional Boundaries.* As of our visit, all MCC staff, contractors, and volunteers had been trained through this program, and new staff will receive the training during their pre-service orientation.

Types of Staff Who Receive Training on Sexual Violence Issues

All the case study sites require specific training around PSV issues, and this is addressed through both in-service training for existing staff and preservice training for new staff. All the states require that staff who have contact with inmates, including volunteers and contractors, be trained. In some states, such as Oregon, central office employees are also trained on PSV topics. Likewise, some states have specialized training for particular staff in addition to the standard training. Mental health staff, investigators, or DOC victim advocates/liaisons may receive enhanced training due to their particular role in responding to PSV incidents. For example, in Texas, all staff receive the Safe Prison Program training, yet victim representatives, medical staff, and investigators are all required to participate in an additional training more focused on their roles.

Staff Training Modalities

The case study states use a variety of learning strategies when implementing PSV training and will often use varying elements in their preservice and in-service trainings. All the states use classroom training as one avenue for PSV training, at least for recruits. This may involve a lecture format to impart particular knowledge about PSV, often supplemented by slide presentations and, in ten states, written materials for participants to keep once the training concludes. Eight states also use video media as part of this classroom format. Often the video presentations are the stories of an inmate's victimization—either told by the inmate himself or by a narrator. Some personnel report that these videos are very important to the training as it makes the issue more salient to staff.

Two states use computer-based training (CBT) technology. For example, the in-service PSV training in Pennsylvania is CBT. As part of their response to PREA, all staff were required to participate in an interactive CBT course, which included a pretest and a posttest of knowledge on

the issues. Staff must pass the posttest to get credit for having participated in the course and if they do not pass the posttest they are required to take the training course again. The CBT works like this: if staff pass the pretest at the beginning of the course, they are given the option of skipping the course and trying to pass the posttest, or participating in the curriculum and then trying to pass the posttest. The CBT is designed to be taken at the pace of the trainee and could take as little as 30 minutes or as long as the trainee needs to read and digest the information. At the time of our visit in July 2005, all DOC staff, approximately 14,000, people had been trained using this CBT format.

Seven states use an interactive modality as part of their training approach. This can involve hands-on practice or role-playing various scenarios and response protocols. In Connecticut, the pre-service training is an "adult learning model" including three days of standard classroom training per week, with two days on-site at a facility observing and practicing what was learned under the guidance of a peer mentor. As a part of this training, new staff participate in 1.5 hours of training titled, "Sexual Assault in Prison," which includes a 12-minute video of an inmate discussing his victimization.

Massachusetts uses hands-on practical drills in its nine-week preservice academy. Training staff use the academy's physical structure—the building was a minimum security institution prior to 2003 when it became the training academy—to act out various scenarios that recruits will likely encounter as correctional officers in prison. For example, in the middle of a lecture, a cadet may receive a transmission over his radio that a particular inmate is facing a particular scenario. DOC training staff will be acting out that particular scenario as if they were inmates facing the issue, which may or may not be PSV-related. It is the cadet's duty, acting as a correctional officer, to assemble his response team, lead the team to the scene, address the issue and the other inmates that may be involved, and report the situation to his supervisor. This hands-on practical drill is combined with lectures, video, and written materials. Its goal is to bridge the gap between training and the job. The PSV portion of the training is primarily lecture-based, and includes written materials, a slide presentation, and a video of one inmate's story.

The Minnesota training covers the topic of PSV in several ways and through a number of curricula. The "Crossing the Line" training was developed to ensure that all employees, volunteers, and contractors understand that they must maintain a professional association with and a personal detachment from offenders at all times. This curriculum has both preservice and in-service components. It involves a series of lectures, large and small group discussions, and mini-lectures. The lectures and group discussions are enhanced with audiotapes (e.g., a synopsis of an investigator's interview with a female staff member), videotapes (a transcript of a North Carolina female offender, who is a former staff member now serving a 20-year sentence for her involvement in a homicide with an ex-offender—she began her relationship with the offender while he was incarcerated and it resulted in her resignation), and slide presentations. Staff also read letters from staff to inmates found during past investigations to illustrate the power of obsession with the offenders, the power of control over the offender, and the high possibility for breaches in security.

Other curricula in Minnesota that address sexual violence issues include the following: (1) Avoiding Set Ups—a three-hour preservice class that includes a discussion of sexual misconduct; (2) Life Inside—a 2-hour preservice class focused on day-to-day life of the

inmates, which includes discussion of PREA (what the act means, what staff need to do, and a copy of the policy); and (3) Sexual Misconduct—an on-line course with an assessment that can be used for in-service credit. Staff members are provided a handbook, *Sexual Misconduct with Offenders*, and are required to sign affidavits acknowledging that they received training.

The length of the preservice and in-service trainings that focus exclusively on PSV vary widely across states from as little as 30 minutes to as much as four hours. In Maine and Idaho, the in-service training is four hours long and in Oregon it is up to an hour long. In Massachusetts, the preservice training lasts three hours. In Ohio, the preservice is two hours long, and the in-service is 1.5 hours long. In states that use CBT, the training time investment is geared toward individual staff. For states that offer it, additional training for specialized staff (e.g., investigators, mental health staff) requires more training time investment.

Finally, some states are now requiring that the training on sexual violence be repeated over time as "refresher" courses or "booster" sessions for staff. Texas repeats the in-service training annually. In Oregon, the in-service PSV training will be conducted every other year and, in Pennsylvania, the in-service training requirement will be every three years.

The Trainers

The people who deliver the training in the case study states are most often correctional staff from the central office or from local facilities. For example, in Massachusetts, the preservice sexual assault training curriculum is delivered by Dr. Robert Dumond, director of research and planning for the department. Notably, Dr. Dumond is an expert in both corrections and the field of sexual assault, as he conducted much of the seminal research examining the nature and consequences of sexual violence in prisons. This represents a very unique case for a corrections department—most do not have national leaders of the field on staff.

In other cases, correctional staff members have been specially trained on this topic to provide training to others. For instance, in nine states, the correctional staff providing the training to others participated in training provided by NIC. In Maine, the local investigator at MCC participated in NIC training before developing and delivering the training on staff sexual misconduct in place now. In Minnesota, specific staff members were selected to facilitate the "Crossing the Line" training in each of the facilities, and these staff participated in a centralized one-day "train the trainers" workshop to prepare them to do so. Management intentionally did not choose investigators for this training role because, they reported, they wanted to ensure that other staff would be willing to talk openly and honestly peer to peer. In Oregon, specially trained Sexual Assault Response Team (SART) members conduct the preservice and in-service trainings for other staff.

In five states, external experts in the field provide training along with correctional staff. In Maine, the representative from the local attorney general's office that works with the MCC investigator to build and prosecute cases also helps deliver the training to other MCC staff. In Utah, the Utah Coalition Against Sexual Assault (UCASA) developed and helped provide training to SART members and other DOC staff required to train other staff. The training coordinator was a psychiatric nurse with 11 years experience with victim services, and the

presenters included UCASA staff, DOC staff, and representatives from other relevant community agencies (for example, a social worker presented on vicarious trauma).

Topics Covered in Sexual Violence Training

Regardless of how the staff training is provided and who delivers it, training curricula in case study states cover a wide variety of topics related to sexual violence. The curricula focus on the nature of PSV, the policies and procedures around responding to an incident, and information about PREA. Table 6.5 identifies the topics covered in staff training courses in the 11 case study states specifically and provides a detailed list of issues.

Of the 20 topics identified in the table, only one is included in the curricula in each of the case study states. All 11 states provide training on the definition of PSV. Ten states cover (1) specifics around PREA, (2) information about the effects of PSV on victims, (3) detecting victims, (4) the dynamics of inmate-against-inmate PSV, (5) information about investigating incidents, (6) information about addressing victim's safety needs, and (7) information about addressing victim's medical needs. All but two states provide (1) information about the punishments, prosecution, and liability of staff perpetrators, (2) information about the effects of PSV on the prison community, (3) information addressing forensic evidence collection, and (4) information on how to document reported incidents. Notably, only four states provide information to staff on the dynamics of inmate-against-staff sexual violence, and only three states provide information on how to detect staff perpetrators.

Idaho is the only state that covers all 20 topics identified in the table in their staff training curriculum. Minnesota and Utah cover all but one topic listed. Minnesota does not cover the dynamics of inmate-against-staff sexual violence and Utah does not cover detecting staff perpetrators. Kansas and Massachusetts cover all but two topics listed.

Barriers to Staff Training

As noted in previous chapters, although some respondents noted that staff became more accepting of this topic over time, a commonly cited barrier to staff training programs is changing the organizational culture in a way that gets correctional staff focused on and caring about sexual violence issues. A number of administrators noted that the atmosphere of "turning the other way" or the belief that offenders deserve to be victimized in this way as part of their punishment still persists in some places. This challenge was not only cited to us, but also demonstrated to us. Even within the interviews we conducted in states with promising practices, we heard from a few respondents that they did not take the issue of PSV seriously. They noted that the training was "just political" and that administrators were using it to "cover their butts," or that the focus on this issue was overblown and protected the inmates more than the staff. What is demonstrated by these comments is the challenge that correctional administrators noted—getting staff to realize that staff-against-inmate sexual misconduct was unacceptable and that inmate-against-inmate incidents can be nonconsensual, and that both types of PSV matter.

Table 6.5. Topics Covered in Sexual Violence Training in Case Study States

	Connecticut	Idaho	Kansas	Maine[a]	Massachusetts	Minnesota	Ohio	Oregon	Pennsylvania	Texas	Utah
Defining PSV	√	√	√	√	√	√	√	√	√	√	√
Specifics about PREA	√	√	√	√	√	√	√	√	√		√
Specifics around state legislation and criminal statutes	√	√			√	√	√		√	√	√
Specifics around punishments, prosecution, and liability of staff perpetrators		√	√	√	√	√	√	√	√		√
Information about the effects of PSV on victims	√	√	√	√	√	√		√	√	√	√
Information about the effects of PSV on the prison community	√	√	√	√	√	√		√		√	√
Education about what behaviors are unacceptable around PSV		√	√		√	√		√	√	√	√
Addressing situations where inmates report being vulnerable to PSV	√	√	√		√	√		√			√
Detecting victims	√	√	√		√	√	√	√	√	√	√
Detecting staff perpetrators		√			√	√					
Detecting inmate perpetrators		√	√		√	√	√	√		√	√
Dynamics of inmate-against-inmate PSV	√	√	√	√		√	√	√	√	√	√
Dynamics of staff-against-inmate PSV		√	√	√	√	√		√	√		√
Dynamics of inmate-against-staff PSV		√	√						√		√
Investigating incidents	√	√	√	√	√	√	√	√		√	√
Addressing victims' safety needs		√	√	√	√	√	√	√	√	√	√
Addressing victims' medical needs		√	√	√	√	√	√	√	√	√	√
Addressing forensic evidence collection	√	√	√		√	√	√	√		√	√
How to document reported incidents		√	√		√	√	√	√	√	√	√
Implementing disciplinary action		√	√	√	√	√	√	√			√

[a]Training topics identified for Maine are for training provided in Maine Correctional Center specifically.

Some respondents illustrated strategies to overcome the culture barrier. One administrator noted that you cannot just address these issues during preservice; rather, they must also be repeatedly addressed in the workplace, including through in-service training. The changes must be enforced with leadership, so that the new employees have the support to implement what their training instructs them to do. It is important to introduce changes with both flair and the conviction that the new approaches are the "right way to go" and will happen regardless. This is one way to shift the organization's culture.

Another respondent found it especially poignant to highlight in training specific behaviors that may indicate staff sexual misconduct and to discuss the liability related to misconduct. Staff members were engaged when they were provided tangible examples of suspicious behaviors and the consequences and repercussions of such behaviors, and when expectations were clarified.

A second barrier to training programs was high staff turnover. When DOCs are faced with a steady influx of new staff, getting all the staff trained on a particular issue and behaving consistently is a challenge. It takes effort and resources to ensure that the "right" messages are passed down from one cohort of staff to the next.

Finally, some respondents noted the need for more high quality training programs. Some states developed their own training programs using local experts. Other states based their training materials on those developed in different states. Whatever avenue taken, respondents agreed that addressing this issue through effective and efficient training efforts is important.

CHAPTER 7: DOCUMENTING INCIDENTS OF SEXUAL VIOLENCE

A NATIONAL SNAPSHOT OF EFFORTS TO DOCUMENT INCIDENTS OF SEXUAL VIOLENCE

As a part of efforts to respond to and prevent prison sexual violence (PSV), 44 (98 percent) of the 45 states that participated in the Survey of State Correctional Administrators (SSCA) report documenting incidents of sexual violence in some way. Of these 44 states, 72 percent report keeping both paper and electronic records on incidents, 23 percent keeping paper records, and 5 percent keeping records electronically.

Table 7.1. Items Recorded in Documentation of Incidents of Sexual Violence

	Number of states that record this item	Percent of states that record this item
Type of perpetrator	44	100
Type of victim	43	98
Who made the report	42	96
If an investigation was started	42	96
The outcome of the investigation	42	96
If the victim had injuries	42	96
If the case was referred for prosecution	41	93
The type of injuries the victim received	40	91
The punishment or sanction the perpetrator received	39	89
The outcome of the case	36	82
If the victim was referred to services	35	80
If the victim received services	34	77
If sexual violence was threatened, but not carried out	33	75
The type of services the victim received	32	73
If a communicable disease was present	27	61
If the victim has a disability	16	36

Note: n=44. One DOC participating in the survey said it did not document alleged incidents of PSV. Therefore, this DOC was not asked to answer this question.

Table 7.1 provides information on the particular data elements in states' documentation of incidents of sexual violence. Data elements in many states focus on the investigation of incidents. All 44 states record the type of perpetrator and all states but one (98 percent) record the type of victim. Forty-two states (96 percent) record information pertaining to: who made the report, whether an investigation was initiated, the outcome of the investigation, and whether the victim sustained injuries—40 states (91 percent) document the type of injuries the victim sustained. Forty-one states (93 percent) include information in their documentation of incidents regarding whether the case was referred for prosecution; 39 states (89 percent) and 36 states (82

percent), respectively, include information on the punishment or sanction the perpetrator received and the outcome of the case.

Fewer states document victim-focused data. Thirty-five states (80 percent) document whether the victim was referred to services, and most of those document whether the victim received services (34 states) and the type of services received (32 states). Three-quarters of states (33 states) document cases in which sexual violence was threatened but not carried out. Twenty-seven states (61 percent) include information in their documentation of incidents regarding whether a communicable disease was present, and only 16 states (36 percent) include information pertaining to whether the victim has a disability.

Implementing Documentation Efforts in Case Study States

States engage in efforts to document incidents of PSV for a number of reasons, including to develop a better understanding of the dynamics of PSV within their prison system, to calculate prevalence rates, to track aggressors and victims, to aid in the development of treatment and prevention efforts, and to help inform policy development as it relates to responding to and preventing PSV. The case study states document incidents of PSV in several different formats, including paper forms and reports, databases, and other computer applications.

Many states report that prior to PREA, they did not track incidents of sexual assault, separate and apart from general assault. In recent years, several states have modified current systems or developed new systems, specifically to collect information pertaining to reports of PSV and to document incidents of PSV. Some innovative examples of ways DOCs document incidents of PSV follow.

Integrating Systems

In an effort to integrate existing systems for monitoring, reporting, and analyzing PSV incidents, so that they can better track incidents through a single application, the Pennsylvania DOC dedicated a substantial portion of their PREA grant funding to the development and implementation of the Web-enabled Timeline Analysis System (WebTAS). Prior to the development of WebTAS, data on sexual assaults were collected in various reports and systems that were not integrated, such as misconduct reports, extraordinary circumstances reports, and medical reports. Implemented in 2005, this new system allows for mapping of incidents and tracking of elements such as the timing and location of incidents, and the inmates involved. It also enables staff to examine links between victims and offenders and to explore historical relationships between victims and offenders. All inmate charges of rape and involuntary deviate sexual intercourse are tracked in WebTAS. Other sexual charges are added to an Excel spreadsheet that links with WebTAS for comprehensive tracking, reporting, and analysis purposes. The information recorded includes

- Assaults (inmate or staff, sexual or nonsexual)
- Characteristics of the perpetrator
- Characteristics of the victim

- Characteristics of the offense
- The impact of the assault on the victim based on an assessment survey

Ohio provides another example of innovative efforts to integrate multiple applications intended to collect information on different aspects of sexual assault incidents. Information regarding reported incidents of sexual assault or misconduct is documented in several different forms, reports, and computer applications in Ohio, including, but not limited to incident reports, investigation reports, and medical and mental health evaluation findings reports. In fall 2003, Ohio Department of Rehabilitation and Correction (ODRC) created a new data application to better document inmate-against-inmate sexual assaults within the Department Offender Tracking System (DOTS) called the Inmate Assault Report. When the Rules Infraction Board (RIB) finds an inmate guilty of sexual misconduct, information pertaining to the case is entered into the DOTS Inmate Assault Report. Information entered includes details of the incident, the alleged perpetrator, and the victim. The system does not include information on medical, mental health, or other services. Inmates involved in cases are then flagged as aggressors (AGG) or victims (AGV). If an inmate is flagged as AGG or AGV, an alert is generated that appears on certain, highly used DOTS screens so that ODRC staff are aware of the inmate's status as a victim or aggressor. The information is then used by staff in making administrative, housing, program, and work assignments. The Bureau of Research has added back cases to the Inmate Assault Report, so that the database is comprehensive. In the near future, ODRC plans to use the Inmate Assault Report for a variety of purposes, such as tracking when and where assaults occur for procedural review and to aid in the development of preventive policies.

Tracking or Mapping Incidents

States are also interested in tracking or mapping incidents of PSV, so that they can modify security practices and implement other prevention policies. In 2003, the Connecticut DOC developed and implemented the Statistical Tracking Analysis Report (STAR), an incident-based electronic database used to track all incidents within their prisons, not just those of a sexual nature. The information is originally recorded on paper forms within each facility and on a daily basis, facility captains are responsible for entering the information into the STAR system. The information collected includes the type of incident (there are 13 classification options for type of incident, one of which is "inmate on inmate rape alleged and founded") and the time and location of the incident. Administrators can examine the information contained within STAR for their own facility, which allows them to identify potential problem areas before they have escalated into major problems. Furthermore, the wardens have a monthly meeting with the commissioner during which they discuss incidents and issues within the facilities. Data from the STAR system are critical to these discussions. With STAR, administrators are able to track incidents by type, time of day, and location. They use this information to promptly address vulnerabilities and identify developing problem areas within their facilities.

Documenting Cases in Other Innovative Ways

A particularly innovative approach to collecting additional information on sexual victimization in prison can be found in Idaho, where the Idaho DOC provides self-administered exit surveys to offenders being released from prisons, jails, and juvenile detention centers. The surveys are

given to inmates as they leave custody. They are encouraged to complete the surveys and return them anonymously. The exit surveys are intended to aid in measuring reported and unreported sexual victimization to assist the DOC in assessing and monitoring the effectiveness of prevention and detection efforts as well as in assessing and addressing the institutional culture within DOC prisons. The survey also provides an opportunity to request assistance or services in the community. The names and contact information of those who indicate they would like assistance (and provide their personal information) are provided to the victim coordinator who then contacts the individual and makes appropriate referrals to community service providers.

Ensuring that confidentiality and sensitive information are protected are additional challenges to developing systems to document PSV incidents that states identify. While not fully implemented yet at the time of our visit, the Oregon DOC is in the process of revising and automating their Unusual Incident Report (UIR) form (it is currently a paper form). They are developing a series of drop down fields that will allow correctional officers to collect more detailed information on reported PSV incidents. The database will be "searchable" by numerous fields of interest, for example, name, type of incident, location of incident, and time of day of incident. One goal is to develop a system by which they can obtain accurate sexual assault prevalence rates, without compromising the identities of individuals who report incidents but do not want the incident investigated or prosecuted. Oregon DOC recognizes the need to identify these incidents so that victims can access services, and so they have an accurate accounting of the prevalence of sexual violence in their prisons.

However, they are struggling with how exactly to design such a system, so that access to confidential or sensitive information is only available to appropriate staff (i.e. treatment staff). Another goal is to link the automated UIR to a number of other databases (Oregon DOC Offender Information System, disciplinary reports, etc.) so they have comprehensive information on individual cases. These multiple systems will allow the DOC to calculate prevalence rates accurately and explore patterns of PSV incidents in terms of location, time of day, and facility, among other factors. Confidentiality is a concern in this effort too. They have been working with the attorney general's office to address the confidentiality issues they are encountering.

Barriers to Documenting Incidents

Many states identified their departments' Management Information Systems (MIS) and data collection systems as posing significant barriers and challenges—both to developing preventative efforts and to evaluating their efforts. Limited financial and staff resource availability to develop and maintain systems are common themes among states. Data quality is compromised and matters are complicated for DOCs that lack the resources to deal with issues due to problems with internal departments using separate databases, inconsistent staff compliance with data entry, and inconsistent entry of information across facilities. Furthermore, as discussed previously, prior to PREA, many states did not distinguish sexual assaults from nonsexual assaults. Many states with already limited budgets are struggling with the amount of resources required to capture detailed information about past incidents as a part of their efforts to update their data systems.

CHAPTER 8: COLLABORATING TO ADDRESS SEXUAL VIOLENCE

As we conducted phone interviews with Department of Corrections (DOCs) administrators and case study site visits, we learned that efforts to address prison sexual violence (PSV) often were not implemented by DOCs alone. Rather, we learned of a number of initiatives that brought together various entities within DOCs, as well as outside legal system agencies, medical providers, and sexual assault victim service and advocacy groups. Bringing together entities to collaborate around this issue seems to be an innovative approach within the corrections world. Across many service areas, collaboration among relevant agencies is often encouraged by federal legislation and grant programs as a way to improve practices and sustain system change beyond the life of a particular funding source or pioneering initiative. The ways DOCs are collaborating to address sexual violence is the focus of this chapter.

UNDERSTANDING SEXUAL ASSAULT RESPONSE TEAMS

Corrections can learn from community-based efforts to address sexual assault when it comes to collaboration and interaction among different service sectors and agencies. Collaboration and coordination among agencies has been a characteristic of much of the work in the violence against women field. The STOP Violence Against Women Formula Grants Program[3] provides support for collaborative efforts among community agencies to address sexual assault, domestic violence, and stalking. It is a major federal funding stream that promotes institutionalized system change in communities so victims of violent crime can encounter a supportive and effective response from the criminal and civil justice systems, and from victim service programs.

It is widely believed that when legal system agencies, victim service agencies, and medical entities work together to provide services, sexual assault victims are better served and improved legal outcomes are achieved. Zweig and Burt (2003) reported that interaction between community agencies predicted local agencies' legal response to victims in STOP-funded communities. The researchers found that the more law enforcement and prosecution worked with victim service programs in communities, the more likely legal services were to improve for victims, according to victim service providers. Similar findings were documented when women victims were asked about their perceptions of community collaboration. When women perceive community agencies to be interacting to assist them in their cases, the interaction is positively related to the likelihood of arrest in sexual assault cases (Zweig and Burt 2006).

Results from the National Evaluation of the STOP Formula Grants Program support the idea that interaction between community agencies matters for legal outcomes and victim support (Burt et al. 1999, 2000, 2001). Staff involved in coordinated approaches that include both legal system and victim service agencies believe their approach results in better treatment and support of victims and better criminal justice outcomes. In communities where such coordinated approaches have been developed to address sexual assault, agency representatives report that victims receive

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[3] STOP was authorized by Chapter 2 of the Safe Streets Act, which, in turn, is part of the Violence Against Women Act, Title IV of the Violent Crime Control and Law Enforcement Act of 1994 (P.L. 103-322).

better services due to the cooperation and that more convictions have occurred compared to when the coordination did not exist (Burt et al. 2000, 2001).

Having a Sexual Assault Response Team (a SART—including representatives from legal, medical, and victim service agencies), has also been shown to increase the likelihood that victims will receive services they need (Campbell and Bybee 1997). Victims were significantly more likely to receive information about how sexual assault may impact their physical and mental health in communities with SARTs compared with victims in communities without SARTs. Victims of sexual assault who lived in communities with more coordinated services had more positive experiences with the legal, medical, and mental health systems than women in communities with less coordinated services (Campbell 1998). Zweig and Burt (2004) found that collaboration between legal system and victim service agencies led to program providers' reports that they were better able to meet the needs of sexual assault victims.

These lessons from community approaches to sexual violence can be translated into the corrections context, perhaps with similar results of better services for victims and greater legal outcomes. It seems likely that when investigative staff members from within DOC collaborate with local police and prosecutors, along with medical and mental health DOC personnel and local victim service groups, victims of sexual violence in prison may be more likely to report the experiences and receive adequate services. It also seems likely that perpetrators of such violence, whether DOC personnel or other inmates, would be held accountable in different ways than if DOC staff members act alone. What follows are examples of prison systems that have acted to bring together relevant parties to collaborate around PSV issues.

Implementing Sexual Assault Response Teams in Corrections

Employing lessons learned from community-based responses to sexual assault, some DOCs around the country have developed protocols involving interdisciplinary teams of staff, or SARTs. The joint work is meant to minimize the burden of the process on the victim, yet maximize the likelihood of holding a perpetrator accountable by generating useable evidence. Thus, first responders with varying agendas—such as law enforcement investigators, victim advocates, and medical staff—work together to comprehensively address victims' needs at the same time investigative efforts are taking place. SARTs vary in form and function across DOCs that use this approach.

In Oregon, the SART is a team of institutional staff consisting of a mental health staff member, a health services staff member, the chaplin (in some instances), and the sexual assault liaison who, in every facility, is designated by the superintendent to respond to all incidents of inmate sexual assault or sexual coercion. The sexual assault liaison coordinates the response, reporting, monitoring, and follow-up to incidents of inmate sexual assault within each institution, and serves as the SART leader. An officer in charge (OIC) is notified of a sexual assault at the time of the report and, in turn, contact's the sexual assault liaison. Once the report is made, a member of the SART contacts the victim within 24 hours. By communicating with the victim, the sexual assault liaison coordinates with the OIC and the remaining members of the SART to ensure the inmate victim is physically safe and to access treatment by health and mental health services as necessary. The sexual assault liaison maintains at least monthly contact with the inmate victim to ensure he or she is not subjected to unintended negative consequences (i.e., not participating in

other services or privileges) as a result of their victim status. Respondents noted that while this process has been formalized (via the official formation of SART teams), essentially this is how they responded to claims of sexual violence and coercion prior to PREA.

The SARTs in Idaho comprise one medical staff member, one security staff member, one mental health professional, and one person designated as the facility's victim services coordinator (a nonsecurity staff member). The team addresses victims' needs such as transportation to community hospitals or clinics for examinations, safety and protection through housing assignments, and counseling and healthcare as needed. The SART team contacts shift commanders who, in turn, contact the investigation unit.

Utah is also employing a SART approach as a first response to sexual assault. The goals of this victim-focused SART approach are to (1) meet the immediate needs of the victim with crisis intervention and support services; (2) provide a joint, effective, sensitive approach to victims of sexual assault; (3) conduct an investigation of the crime; and (4) document and preserve forensic evidence for prosecution of the sexual offender. The teams include staff respondents from the following departments: security/housing placement, investigations, medical, mental health, and victim services. The victim services worker is a voluntary position in each facility and the state-level PREA steering committee members nominated staff members to serve in these roles. Importantly, the victim services workers identified were nonuniformed staff, so that victims might be more inclined to trust them and might be more comfortable with them. Victim services workers conduct needs assessments, assist with referrals, orient victims or witnesses to upcoming criminal proceedings, and notify family or friends if asked to do so. They may provide individual support for months, if needed.

The idea behind Utah's approach is that inmates who are victims of PSV should be treated just as victims of crime in the community would be treated. In the past, the obvious physical needs of offenders were met after PSV incidents, but the victim advocacy and supportive services role was absent. The victim services worker, who serves a supportive role, meets with the victim and is involved with helping him or her through the consequences of the incident, referring him or her to mental health specialists and other needed services. Victims receive medical and mental health services and changes in housing arrangements as needed from team responders. The investigations department is called and evidence is collected for prosecution. The victim services are dependent on individual need and interest in receiving support. The Utah SART approach was developed in collaboration with the Utah Coalition Against Sexual Assault (UCASA), the statewide coalition leading community-based advocates and victim service providers. UCASA also provided the training for the SART teams in conjunction with DOC staff. At the time of our visit, the SART was just beginning to be implemented.

Female inmates in Kansas at the Topeka Correctional Facility for Women who report a PSV incident within 24 hours of the event have access to a community-based, rather than DOC-based, Sexual Assault Nurse Examiner (SANE)/SART team at the local Stormont-Vail HealthCare facility. The SANE/SART program is composed of representatives from law enforcement, victim service advocates, and the district attorney's office. The group responds to sexual assault victims together, avoiding repetitive and unnecessary interviewing and additional trauma. The victims are examined in a private and calm setting where registered SANE nurses provide emotional support and care.

STANDING DOC COMMITTEES TO ADDRESS SEXUAL VIOLENCE

Within the central office of DOCs around the country, PREA has prompted a move toward having standing PREA committees reviewing and implementing their approach to PSV. Each state has taken a slightly different approach, but a common theme is that these committees are often interdisciplinary groups with representatives from across the department, as well as outside stakeholders. The work of these groups has included reviewing the PREA requirements, reviewing the policies and practices the DOC has in place, and modifying the DOC's approach as appropriate to meet the needs of the Act. Some respondents noted that cross-agency collaboration has been heightened as a result of these efforts.

One example comes from Pennsylvania, where a PREA committee was created shortly after the act was passed. The committee includes every functional entity within the department that may be related to implementing its requirements (such as inmate services, legal, health care, staff training, victim services, standards and practices, grant management, data collection, probation and parole, mental health, the sex offender program, and community corrections). Also included from outside the DOC are the Pennsylvania State Police, who investigate incidents, and the Pennsylvania Coalition Against Rape (PCAR). The committee has met monthly while they developed their approach, reviewing what was in place and what needed to be improved in their approach. Committee members agree that although they often represent different points of view on the issue, they can work together to get work completed.

DEVELOPING WORKING RELATIONSHIPS WITH OUTSIDE AGENCIES

Throughout other chapters of this report, we have noted how DOCs have worked with outside agencies to develop their response to PSV, as well as built ongoing collaborations to implement policies and programs. The examples are far-reaching and come from a number of states. The purpose of this section of the report is just to highlight the variety of entities with whom DOCs are working to prevent PSV and act once an incident is reported. The examples below are not exhaustive but are merely illustrative of who is involved in PSV response.

Collaborating with State-Level Sexual Assault Coalitions

Several state departments of corrections have entered into relationships with community-based rape counseling and victim services organizations to obtain expertise and access to community-based services for victims of PSV. As mentioned above, PCAR works with Pennsylvania's DOC in many different ways. Of note is that their role is funded in part by a subcontract to the DOC through the DOC's PREA grant. PCAR staff has provided technical assistance to the DOC throughout the PREA implementation process. Beyond committee membership, PCAR has been involved in the DOC staff training program and inmate orientation and education program by reviewing and providing feedback on the training and education curricula. This process helped sensitize DOC staff to PSV issues in a way that would not have happened had PCAR not been a part of the process. PCAR also reviewed and provided comment on DOC's post-sexual assault interview instrument, laying out questions for the investigation of the incident. They also notified the local rape crisis centers and community hospitals about the PREA legislation and how that might result in more inmate victims coming forward and requiring services, forensic exams, and medical attention.

Before joining the PREA committee in the DOC, PCAR proactively learned about the issue of sexual violence in prisons. PCAR invited the Stop Prisoner Rape organization to their annual conference with members (the local rape crisis centers throughout the state) to educate themselves about the issue and how best to respond. At the time of our visit, PCAR was working with parole to develop training for the 10 regional parole offices. This training will teach officers how to recognize symptoms of the consequences of PSV and how to deal with victimized former inmates who are on parole. The training will be a coordinated effort between parole, DOC, and PCAR and have more of a community focus than the current DOC training. They are also developing a resource list for parole officers to use when providing help to former inmates in need of services related to PSV. Finally, PCAR advocates from around the state are poised to provide one-on-one assistance to inmate victims upon request and when they are transported to local hospitals for rape kit examinations. Inmates are given PCAR's address and contact information if they would like to contact someone for assistance or report an incident. DOC and PCAR seem to be collaborating effectively in Pennsylvania—representatives from both agencies admitted that they sometimes have a difference of opinion on issues, but they work to resolve these differences as much as possible.

The Iowa DOC has also contracted with the Iowa Coalition Against Sexual Assault to provide expertise on training and the provision of victim services. Iowa is using an existing statewide sexual assault hotline for anyone who wants contact with a trained sexual abuse counselor so they can get referrals, advice, and contacts. The hotline is operated by the Iowa Coalition Against Sexual Assault, a not-for-profit organization with expertise in sexual abuse issues. The DOC has established a conduit for inmates to this hotline via built-in phone accounts to an inmates-only toll-free number. This line provides the same services as the hotline for the general population, but the counselor will know a caller is a prisoner. Through the hotline, inmates will have access to and can receive help from people outside of the institution. Counselors have contact information with correctional duty officers in case something needs to be acted on immediately—for instance, if the prisoner needs to be taken to local hospital. When calling the outside hotline, the decision whether to seek further assistance, such as a medical exam, is left up to the inmate. If the inmate desires assistance, the counselor also has direct access to and will report to the warden of the institution if circumstances relating to the safety and well-being of the victim or others at the institution need to be addressed.

Respondents noted that Iowa correctional officials see the hotline as providing an opportunity for inmate victims to talk to someone outside the prison. This enhances their ability to address, react to, investigate, and protect inmates. Because the hotline allows the incident to be addressed on the outside, important information can be relayed back to local personnel and dealt with very quickly, if an inmate chooses to do so. Decisions can be made quickly and efficiently without having to go up the chain of command. The entire process of providing inmates with access to an external hotline and external advocates, departmental officials believe, provides credibility to the response effort and gives inmates a greater level of comfort. For inmates who do not elect to make a report at the time they call the outside hotline, the support and information provided may increase the probably of a report at a later date.

The Iowa DOC has a long-standing relationship with the Iowa Coalition Against Sexual Assault to educate staff and to provide expert consultation in preventing PSV. The coalition trains staff on effectively working with victims in investigating and responding to PSV, especially on topics

relating to addressing and protecting victims of sexual violence, offering services in different situations, and providing crisis counseling.

As in Pennsylvania and Iowa, a number of states include their statewide sexual assault coalition on their standing PREA committees and as a resource to focus their staff training on PSV. In Utah, the Utah Coalition Against Sexual Assault (UCASA) developed and helped deliver the rape crisis advocacy staff training, a training event for all staff members who are themselves now training other staff in their respective facilities and departments on PREA policies. They also helped research prison rape and modified the standard training to add focus on offenders' mental health disabilities and to meet correctional staff needs. The Texas Association Against Sexual Assault (TAASA) reviewed all components of the Safe Prisons Program, including all training materials for the sexual assault staff training program and policies. TAASA also helped provide the training to the Safe Prison Program Coordinators (sergeants in the prisons) who are in charge of investigating and making sure services are provided to all victims within their institution. And in Ohio, the Ohio Coalition on Sexual Assault was a resource for the department when developing their training for the facility-based victim service coordinators.

Collaborating with Outside Hospitals

Many DOCs collaborate with outside hospitals to administer rape kits for victims of PSV. In fact, all 11 case study states had either formal or informal relationships with hospitals to provide such services. A particularly illustrative example is the collaboration between the Massachusetts DOC and the Beth Israel Deaconess Medical Center's Rape Crisis Intervention Program. The DOC has maintained a relationship with the Medical Center since the early 1990s, well before PREA was passed. Before the DOC began transporting victims to the center for assistance, the staff conducted a risk assessment of the center to ensure that it met the needs of both inmate privacy and public safety. The room was altered to meet both sets of needs.

Collaborating with Law Enforcement and Prosecutors

A number of states work with outside law enforcement and prosecutors to investigate incidents of PSV and hold perpetrators accountable. In a number of states the state police or the highway patrol are the law enforcement agencies assigned to prisons for all reports of criminal behavior, of which sexual assault is just a part. But, as noted throughout this chapter and others, many of the case study states include state police in their PSV response not only as outside investigators, but also as members of standing PREA committees. For example, in Ohio, the Ohio State Highway Patrol conducts all formal investigations of criminal activity that occurs in prisons, and a trooper is assigned to each prison. The relationship also includes a specific training regarding sexual assault. In Alaska, the inmate hotline to report incidents is linked directly to the state police, not to an internal DOC office.

Some states also collaborate with local prosecutors to bring charges against perpetrators of PSV. For example, in Maine, the local DOC investigator at the Maine Correction Center was able to convince the local attorney general to try two cases of staff sexual misconduct in 1999. This allowed a precedent to be set in the state: staff sexual misconduct would not be tolerated and perpetrators would be held criminally accountable. Since 1999, awareness around the issue of staff sexual misconduct has grown. MCC and the local county prosecutor have successfully

prosecuted two additional cases. Local district attorneys throughout the state are now interested in prosecuting DOC staff involved in incidents of sexual misconduct. In Pennsylvania, the Office of Professional Responsibility (OPR) in DOC has worked collaboratively with some district attorneys to convict staff in 10 different sexual misconduct cases. Although not all district attorneys are "on board" in terms of interest in prosecuting PSV cases, OPR has been able to successfully work with some by bringing forward strong cases that are solid and will likely bring convictions.

Collaborating with Union Management

Some DOCs have reached out to unions as part of their PSV response. It is in the best interests of correctional management and staff—and those who represent them—to ensure that allegations of sexual violence by staff members are impartially investigated; successfully prosecuted, if the allegations are credible; and the records and reputations of accused staff persons cleared, if they are not. Management and collective bargaining agents, however, all too often find themselves in an adversarial position when faced with allegations against staff, with correctional managers concerned that the unions will inflexibly resist any attempt to investigate and prosecute wrongdoers, and union leaders concerned that managers will not do enough to protect their members from false and vindictive accusations.

In Michigan, correctional managers and union personnel have achieved significant progress in opening lines of communication about prison staff sexual misconduct issues and worked together to devise investigation protocols that are effective and they both can trust. When a union member is brought up on charges, the union is notified of the departmental disciplinary conference and invited to participate. The union representatives are given the opportunity to respond to all information gathered by departmental investigators regarding the allegation and granted time to prepare and a venue to present their case. Based on the evidence, a guilty or not-guilty determination is made, and sanctions are imposed according to a sanctioning grid that was developed by the department and provided to the union. If the staff member is found to be in violation, the union can file a grievance. If the grievance is not decided in favor of the staff member, the union can then file a prearbitration petition. If this does not go his or her way, then the union can file papers to undergo arbitration, a process that is conducted by external arbitrators. The process worked out between the department and the union has engendered such credibility and trust that, in circumstances when the evidence of the staff member's wrongdoing is clear and abundant, the union typically does not pursue arbitration.

When rolling out its new inmate orientation, staff training, and investigational initiatives relating to PSV, Wisconsin DOC officials were concerned that the correctional staff and their union representatives might misunderstand the new protocols and view them as potentially punitive to them and overly "soft" on inmates, who might be encouraged to take advantage of the new protocols by making retaliatory false allegations against staff members. In order to avoid this "disconnect," the Wisconsin DOC Commissioner and his senior staff determined to professionalize its training message that is, to respond to the highest professional ideals and standards of staff conduct, rather than having staff view the new PSV policies as punitive. By their report, this strategy has been effective in getting the correctional officer unions to buy into the new policies.

This collaboration was initiated at the monthly meeting the department routinely has with senior union officials. The DOC managers used this forum to "dialog" with the unions during the development of the executive directive that covered sexual misconduct. The union officials disagreed with some aspects of the directive. They were particularly concerned that inmates might take advantage of protections offered to come forward with charges of inappropriate sexual activities to retaliate against correctional staff. But in their discussions, they agreed that sexual misconduct involving staff was unacceptable and would not be tolerated. The new executive directive, which was revised and clarified to address union concerns, has been issued and is now the subject of a series of in-service staff trainings. The directive makes it clear, for instance, that the department will protect staff, and make sure that any inmates who enter false allegations are disciplined.

Barriers to Collaboration

DOCs interested in bringing together agencies from the outside and even entities from within the department face many challenges. Collaboration is often discussed as a necessary element to work such as this, but it is not often said that such work is difficult to develop and perhaps harder to sustain. It is time-intensive work, requiring that groups take the time necessary to build trust; understand one another's role; resolve any differences, to the extent they can be resolved; and minimize any turf issues (Burt et al. 2000). Once the group is started, it takes work and organization to maintain, to become part of the "system." Without this type of focus and care from the start, efforts to collaborate may fail.

DOC administrators and staff identified a number of barriers and challenges to collaborating to effectively address PSV. In many instances, the barriers to collaboration have been discussed in other chapters. For example, one barrier to collaboration that was frequently mentioned related to confidentiality issues and the disparate agendas of the agencies serving inmate victims. The details of this and how some agencies are dealing with it are described in chapter 5.

Also included in chapter 5 is a discussion of defining who victims are and, therefore, who is willing and most appropriate to provide to services to them. In that case the focus was on DOC victim services and how, in some states, departments are willing to serve inmate victims and in other states they are not due to a perceived conflict of interest. A similar conflict was described by some states around attempts to collaborate with community-based victim advocacy organizations. As has been described above and in other chapters, some state DOCs are enjoying collaborative relationships with such agencies. However, in other states, DOCs have met resistance from these advocacy organizations, which report a conflict of interest if they were to serve the offender population. This has forced some DOCs to look to religious organizations and other community agencies to fulfill this role.

One respondent discussed a barrier to within-DOC collaborations. In this state, administrators faced challenges in developing cohesive units and in creating "buy-in" to the collaboration from each of the internal departments. However, once the collaborative processes were developed, staff generally saw the value of the system and how well such a system can work.

Finally, the last barrier to collaboration that was cited was related to mental health treatment for victims of PSV. One respondent noted that DOC treatment staff were reluctant to recognize the

utility of using an outside agency, like rape crisis center staff, to provide services to inmate victims. Some think the facility treatment staff can and should be providing this service. Meanwhile, staff from other DOCs thought using outside services was important to garner credibility to their PSV response and to rely on the individuals who can be considered experts in the field. Related to this, another respondent noted that few collaborative relationships were in place to assist people in finding mental health care in the community once they are released from prison. This relationship is important to further create a continuum of care, as discussed in chapter 5.

CHAPTER 9: FUNDING TO ADDRESS SEXUAL VIOLENCE

INTRODUCTION

The Prison Rape Elimination Act (PREA) requires state departments of corrections (DOCs) to proactively address prison sexual violence (PSV). While many states had some programming in place before the act, most are reviewing policies and practices, and implementing changes in the prison system. Some changes are minimal, but in other cases, states are embarking on massive culture change and policy efforts requiring substantial resources. Thus, the Bureau of Justice Assistance (BJA) has implemented a grant program seeded through the PREA legislation.

As part of this project, we asked states about funding issues during the Survey of State Correctional Administrators (SSCA) and purposely chose case study states such that some had PREA funding (four states), while others did not. Notably, much of the work described here by the states (case study states and otherwise) was accomplished without PREA grant funding. Below we provide an overview of the BJA PREA grant program and other funding sources to states, followed by a specific look at how the four case study states with PREA grants used their money.

OVERVIEW OF FUNDING TO ADDRESS SEXUAL VIOLENCE IN PRISONS

Overall, 16 state agencies received grants from BJA's 2004 "Protecting Inmates and Safeguarding Communities" funding program, often called PREA grants. DOCs receiving PREA grants were required to use the funding for specific purposes set forth in their proposals. Also, agencies were required to provide a match—whether in the form of funding, materials, or services.

In the first round of funding announced in June 2004, grants totaling $10,695,078 were awarded to the 16 states (California, Colorado, Idaho, Iowa, Louisiana, Michigan, Missouri, Nevada, New Jersey, New York State, Ohio, Pennsylvania, Rhode Island, Texas, Vermont, and Washington State). The grants ranged in size from $197,207 to $1 million, with an average grant of $606,000. A summary of the state programs receiving grant funds can be accessed at the National Institute of Corrections web site at http://www.nicic.org/WebPage_56.htm. The availability of a second round of BJA funding was announced in January 2006 with a February 9, 2006 deadline for submission. Information about which states were awarded grants was not available at the writing of this report.

Administrators at nearly all correctional agencies receiving 2004 PREA grants used at least a portion of their grants to support staff training efforts. Although most applied the additional training in resources to support their departmental training efforts, at least two of the state agencies (Iowa and Pennsylvania) used grant funds to contract with community-based sexual assault victim service agencies for assistance with staff training programs.

Most correctional agencies (10 of 16), utilized their 2004 PREA grants for policy and program development. Several states (New Jersey, Ohio, Texas, Vermont and New York State) used grant funding to support inmate surveys or institutional assessments to support their program and

policy development purposes. A number of states, such as Idaho and Texas, used their grants to hire or support the salaries of state PREA coordinators and other staff assigned to assist in PSV prevention, detection, and response efforts. At least seven of the PREA grantees applied grants funds to amplifying their classification and risk assessment systems to identify potential perpetrators and victims of sexual violence and to institute measures to house such identified inmates separately and safely.

Some DOCs were able to obtain support from other state agencies, or the state legislature. For example, in Oregon and Nevada, state health department funding was secured to support research and services related to PSV. In Utah, the DOC received state funding to support expansion of its offender tracking system capabilities to analyze, assess, and track PSV incidents. Others received additional support from their state legislature for targeted PSV prevention or response initiatives. The Texas Department of Criminal Justice (TDCJ) received financial support to develop and implement its Safe Prisons Program from the state legislature. These funds were authorized in part as a resolution plan for a longstanding series of lawsuits, as noted in chapter 2.

In at least one jurisdiction, the Texas Department of Criminal Justice (TDCJ), a not-for-profit contractor, succeeded in securing a federal grant to support its inmate services. In 2002, the AIDS Foundation of Houston (AFH) received a federal Health Resources and Services Administration (HRSA) grant to establish a peer education program relating to HIV and AIDS for state inmates. The program, "Wall Talk," is expanding to include sexual assault issues.

The remaining state DOCs—by far the majority—had no external resources at their disposal to implement new PSV policy development and programming. They employed existing internal agency budget funds to support the planning and operation of their PSV initiatives.

PREA Funding in Case Study States

Of the 11 case study states identified as having innovative and promising strategies in place, four received 2004 "Protecting Inmates and Safeguarding Communities" grants to subsidize their program development and implementation efforts: Idaho, Ohio, Pennsylvania, and Texas. Their experiences are as follows.

In Idaho, the federal PREA grant, with the required 50 percent match, funds the PREA coordinator; the research principal (at 60 percent); the acquisition of materials and equipment (e.g., a polygraph machine, investigative tools such as cameras, training materials such as the inmate handbooks); the toll free line for inmate reporting; contracts with outside investigators; health care providers and counseling; and the planned facility vulnerability assessments. The Idaho DOC plans to absorb these costs after the federal funding ends to sustain improvements achieved. The department is outfitting its investigators with digital audio and visual capabilities, high quality cameras, digital voice recorders, and other equipment to help them perform their duties.

Ohio received a PREA grant after the Ten Point Plan described throughout this report had been developed. Thus, the grant money was mostly used to support the purchase of new technology to aid in prevention (e.g., systems to electronically monitor areas in the prisons) and in

investigation (e.g., the purchase of the Computer Voice Stress Analysis system). The PREA grant funds were also used to purchase multimedia equipment to develop the training films and to support additional data collection requirements. Finally, funding supported the "Back to Basics" security reviews in three women's prisons. The purpose of the reviews was to assess building security and security in other areas (e.g., warehouses, farms). The team consisted of a security administrator, a major, a deputy warden, a health and safety coordinator, and an administrative assistant. Issues studied included placement of officers' desks, lighting, use of cameras and mirrors, line-of-sight issues, etc. The review also included an assessment of daily procedures to ensure effective security and accountability.

A major part of the Pennsylvania DOC's PREA approach focuses on data collection and analysis. Using a substantial portion of their PREA funding, the Pennsylvania DOC purchased a Web-enabled Timeline Analysis System (WebTas), which is a consolidated data system to help track reported incidents of sexual assault, as well as other assaults and prison incidents. WebTAS is free software, which was installed to insure data mining capabilities for the various reporting systems currently in place in the DOC by combining various reporting systems throughout the department. PREA grant money supported implementation and training of users of this software. WebTAS is described in detail in chapter 7.

The remaining funds were used to contract with the Pennsylvania Coalition Against Rape (PCAR), which became involved with the department's PREA committee soon after it was initiated. PCAR is contracted with the DOC to provide technical assistance around their PSV response. Among other responsibilities, PCAR reviews staff training materials, provides input in the development of inmate education programs, and provides local hospitals assistance in developing effective ways to deal with rape kits for prisoners. Also, advocates from local rape crisis centers (PCAR members) are available to work with individual facilities when allegations are brought forward and to accompany inmates to community hospitals for rape kits as necessary.

In the Texas, the Coordinator for Safe Prisons Program came into the position in 2003 at the time when the Program Management Office was created—a year prior to the 2004 PREA grant offering. The Safe Prisons Program Management Office has also engaged a unit character profile manager, an offender peer education coordinator, and a sexual assault examination coordinator. Though all of the Safe Prison Program staff came from previous work within the TDCJ, they are currently funded under the PREA grant.

In addition, there are 23 grant-funded, full-time Safe Prisons Program coordinators in 23 of the largest prison facilities, intake facilities, and facilities housing more aggressive or vulnerable offenders. Beyond these coordinators, there are 83 coordinators who work as coordinators as a collateral duty. TDCJ is hoping to extend the grant to pay for 23 more full-time coordinators in facilities.

Finally, TDCJ purchased investigative equipment with PREA funding. Specifically, investigators have been trained on serology and on how to handle new equipment, such as special light sources that detect bodily fluids. This equipment costs $5,000 per unit and the department purchased five using PREA funding.

BARRIERS TO FUNDING PRISON SEXUAL VIOLENCE PROGRAMS

During the interviews with state administrators, a number of directors noted that meeting PREA mandates—especially in revamping offender recordkeeping systems in line with PREA's data reporting requirements—required significant resources, often more than were readily available in existing agency budgets. As noted in chapter 2, some directors saw these reporting requirements as an unfunded federal mandate that forced already financially strapped agencies to redeploy funds allocated for other important agency purposes in order to meet the PREA requirements.

When asked if the BJA's "Protecting Inmates and Safeguarding Communities" funding program had been helpful in this regard, directors receiving the PREA grants answered yes, though some noted that the resources were insufficient to cover the agency's overall outlay for PSV record keeping, programming, and research. A number of DOC directors noted that they had intended to apply for the first round of funding, but lack of prior and sufficient notice about the issuance of federal request for proposals and the rapid turnaround time for submitting proposals precluded them from doing so. In at least one state, correctional officials noted that the state has a policy in effect to decline any federal funding that requires an outlay of matching funds, constraining them from applying.

Other state correctional officials cited state budget constraints as a significant barrier to obtaining additional funding to carry out newly crafted PSV policies or to meet the federal recordkeeping and reporting requirements. Officials in Utah did obtain state funding to expand its offender-tracking database in order to comply with PREA requirements, but respondents there noted further increases in funding for prison programs in future years were not likely. Many states face fiscal constraints such as these, and priorities make it unlikely that increased funding to protect prisoners will be considered.

CHAPTER 10: CONCLUSIONS AND IMPLICATIONS

CONCLUSIONS

Before the Prison Rape Elimination Act (PREA) of 2003, it was not clear the extent to which state departments of corrections (DOCs) were addressing sexual violence in systematic ways. In fact, little information existed about what strategies were being put into practice in prison systems across the country. PREA has changed the way DOCs are addressing prison sexual violence (PSV). Mandatory recordkeeping and a push for eliminating such incidents has moved many DOCs to develop specific responses to PSV or to further refine approaches already in place.

The purpose of the current project was to provide a national snapshot of DOC initiatives to address PSV, as well as to identify specific practices that seemed be, in the absence of formal evaluations, particularly promising or innovative in nature. Thus, we conducted three tasks:

1. The Survey of State Correctional Administrators involved written surveys and follow-up phone interviews with leaders of state DOCs. Forty-five states participated (a 90 percent response rate). During the survey, state administrators described the state's overall approach to PSV and nominated specific strategies as particularly promising.

2. The Survey of Promising Practices involved phone interviews with 58 DOC representatives who spoke about 67 promising practices nominated during the Survey of State Correctional Administrators. Interviews were conducted with facility directors, service providers, or other state personnel affiliated with nominated approaches.

3. Case studies involved site visits to states we determined could provide the most informative lessons on addressing sexual violence in prison to the largest audience of practitioners, researchers, and policymakers. Eleven case study states were chosen: Connecticut, Idaho, Kansas, Maine, Massachusetts, Minnesota, Ohio, Oregon, Pennsylvania, Texas, and Utah.

Findings presented represent the time period during which information was collected (November 2004 through September 2005). Some states, however, may have initiated policies and approaches since data were collected because PREA prompted new action and thought about PSV policies for many state administrators.

The results of the current project show that DOCs are doing many things to prevent sexual violence, as well as responding to incidents in appropriate ways through investigation, prosecution, documentation, and victim services. A wide variety of strategies are being implemented, with some states conducting comprehensive plans while others are focusing on particular programs. The following list summarizes overall findings from the individual chapters of the report.

Developing Policies

- Twenty-seven states reported specific written policies related to PSV, 19 of which seem to comprehensively address the issue through prevention, investigation and response, and victim services.

- Ten states' policies were either under development at the time of our data collection or were not written as formal procedures.

- Eight states reported having written policies that covered violence in general, but such policies did not articulate responses to PSV in particular.

- Numerous states reported being in the process of reviewing and revising written policies to be either more comprehensive or more up to date reflecting the full PREA requirements. Thirty-one DOCs identified PREA either as the principal reason that PSV-specific policies and procedures had been developed or that the enactment of PREA prompted an agencywide review of current policies and practices relating to PSV.

- The directors of at least four DOCs said that they either were not convinced that PREA was necessary or that there was insufficient empirical support to justify overhauling existing departmental policies that already seemed to be working.

- Some DOCs were experiencing difficulties responding to PREA reporting requirements, either because mandates were confusing or because no additional resources were included to help agencies defray the expense of complying with requirements.

- Most states were implementing statewide policies that were developed at the central DOC level. In a very few cases, PSV approaches were developed by staff in local facilities that states were then implementing systemwide, or where the departments were at least considering large scale implementation.

- Barriers to developing PSV policies include changing correctional culture, staff resistance, fears of inmates making false allegations, lack of adequate resources, and operational issues.

Prevention Efforts

- Thirty-five states reported having policies and programs to prevent sexual violence in prisons. The most frequently cited preventative measures included inmate housing assignment and transfer strategies, initiatives to address overcrowding, and inmate education.

- A common theme that served as the foundation for many states' new policies and procedures regarding PSV is a commitment at the most senior levels of the department to change the correctional culture, thereby affecting the attitudes of staff and inmates.

- Some states put together security review teams, mapping systems, and surveillance strategies to identify and address facility design vulnerabilities.

- All states have inmate classification systems for making housing decisions, and some use these systems to prevent PSV by identifying potential victims and perpetrators of sexual violence.

- Unit management procedures, such as special staffing approaches for dealing with problems inmates may face, have been employed to prevent PSV.

- Many states have specific inmate education or awareness campaigns about PSV—how to prevent it, how to identify vulnerabilities, and what to do if one becomes victimized.

- A small number of states use peer education and mentoring programs to help prevent sexual violence.

- A small number of states focus on staff hiring strategies as a way to prevent PSV.

- Barriers to PSV prevention efforts include changing correctional culture, lack of resources, facility environmental design issues, and challenges and unintended consequences of using classification systems to identify victims and perpetrators.

Investigation and Prosecution

- Thirty-eight states reported having policies and programs in place to investigate reports of PSV and prosecute cases as appropriate.

- Across DOCs, official policies or protocols include many similar elements, such as response to incidents that occurred in the past, immediate response to recent incidents, separation of the victim and perpetrator, securing the crime scene, evidence collection from perpetrators and victims, chain of command and notification requirements, and reporting and documentation requirements.

- States use different resources to implement the investigation process. In many states, investigation of allegations of PSV is the responsibility of wardens, other facility managers, or investigators assigned to specific facilities. Other states use external agencies, such as the state highway patrol or the county law enforcement agency to investigate. States' policies regarding which agency leads the investigative process may vary depending on whether the perpetrator is an inmate or a department employee or volunteer.

- A number of states identified the importance of community medical facilities' involvement in administering rape kits to collect forensic evidence.

- Several states have made significant investments in technologies intended to aid staff during the investigation process, such as polygraph machines.

- Several states have engaged in proactive efforts to encourage local district attorneys to prosecute cases of PSV, which is critical to holding inmate and staff perpetrators accountable.

- Barriers to effective investigation and prosecution of PSV incidents include inmate unwillingness to report victimization, staff fear of false allegations, difficulties in compiling information across different entities for investigators to use (e.g., medical information, evidence, the unit management report, investigator's report, etc.), lack of staff training, delayed reporting of incidents that happened in the past, and lack of will to tackle PSV cases by law enforcement agencies and local prosecutors.

Victim Services

- Thirty-eight states reported having procedural responses in place to address victim reports and victim safety.

- Forty states reported providing some victim services, such as medical services to address injuries, medical testing for contraction of communicable diseases, housing unit assignment strategies to address concerns related to the victimization, services to collect forensic evidence, and mental health crisis intervention and ongoing counseling.

- A number of states create opportunities for inmates to report PSV incidents, such as through hotlines and interviews where they are specifically asked about such experiences.

- Many states have first response strategy protocols that detail how to work with victims to address their needs while at the same time managing the investigation. Some states tackle this through the use of Sexual Assault Response Teams or through involving victim advocates who are either specially trained DOC staff or are from community-based sexual assault service providers.

- If victims report within the required timeframe, many DOCs transport them to community hospitals and clinics for medical services, use of rape kits, and other evidence collection.

- Some states are employing unique programs to deal with post-traumatic stress related to PSV for both inmate and staff victims.

- Some states are working with parole to create a continuum of care such that inmate victims will continue to receive services for mental health issues related to victimization once they are released from facilities.

- Barriers to implementing services for victims of PSV include changing correctional culture, determining which organizations should be serving inmate victims, inmate reluctance to report victimization, staff reluctance to report PSV incidents of which they are aware, and confidentiality.

Staff Training

- Thirty-six states reported having staff training programs specific to their state's response to PSV.
- Training efforts are heavily focused on frontline staff. Fewer states train management and central office staff.
- Most states that provide training do so through both preservice academy and in-service training.
- States employ various training strategies, in some cases in combination with one another, such as using written materials, video/media-assisted training, lectures, and interactive discussions.
- DOCs around the country use their own staff as well as other outside resources to provide training, such as experts from sexual assault service providers.

Documenting Incidents

- Forty-four states reported documenting incidents of sexual violence in some way, either keeping both paper and electronic records on incidents, only paper records, or only electronic records.
- Some states have embarked on major efforts to integrate different data systems used by internal departments, for example combining security information around PSV with medical and mental health information.
- Some states use their data to map incidents to understand the environmental circumstances of PSV so that they can implement new security and prevention strategies.
- Barriers to documenting incidents include the quality of the state's management information system and limited financial and staff resources.

Collaboration

- Bringing together organizations to collaborate around PSV seems to be an innovative approach within the correctional world. A number of states are pulling together collaborative partnerships both within the DOC—across internal departments—and with partners from outside community-based agencies.
- Some agencies are using lessons learned from community-based approaches to sexual assault services and are creating Sexual Assault Response Teams.
- A number of agencies have developed standing interdisciplinary PREA steering committees or task forces.

- Some state DOCs are collaborating with state-level sexual assault coalitions and are using the expertise of these outside organizations to enhance their approach to PSV.
- Several states are collaborating with community hospitals, law enforcement, and prosecutors.
- Some states are collaborating with staff unions in order to overcome challenges related to staff resistance to new PSV policies and programs.
- Barriers to collaboration include confidentiality, determining which entities should be serving inmate victims, and buy-in within the DOC collaborative work.

Funding

- DOCs accomplished much of the work to address PSV described in this report without PREA grant funding.
- Sixteen states received funding to implement PSV programming through the Bureau of Justice Assistance in 2004. At the time of this report, a second grant announcement was in place to fund more projects. Only four of the 11 case study states highlighted in this report as having promising and innovative practices to address PSV received PREA funding in 2004. Thus, many jurisdictions are implementing innovative strategies using departmental funds or other sources of funding.
- A small number of state DOCs have sought funding from other state agencies (e.g., health departments) and the state legislature to fund PSV efforts.
- Lack of funding was cited as a barrier in implementing PSV projects.

IMPLICATIONS FOR POLICY AND PRACTICE

Information gathered from surveys and case study site visits conducted for this project has implications for policy development and practice innovations. Obviously, the suggestions listed below are dependent on the ability of DOCs to garner the necessary support and resources.

1. Administrators, staff, and other relevant partners in states implementing comprehensive approaches to PSV agree that changing a DOC's culture and implementing a multi-pronged approach are critical if PREA's goal of eliminating PSV is to be realized. Thus, DOCs may consider how open their staff is to tackling PSV issues and examine approaches to identify gaps in programming structure. Multipronged approaches include specific policies and programs around prevention efforts (e.g., inmate education, classification), staff training, investigation, prosecution, victim services (e.g., medical, mental health), and documenting incidents.
2. DOCs historically have not developed expertise in addressing sexual violence. Correctional work is far-reaching and dealing with this issue is a part of that work. DOCs may want to consider including outside experts in the field of sexual violence—such as

state-level sexual assault coalitions and other community-based organizations—to enhance efforts and improve the appropriateness of response strategies.

3. Policymakers may want to consider providing new funding sources to community-based organizations to assist DOCs in tackling sexual violence in prisons. Since such agencies' current funding is earmarked for other types of sexual assault services, new funding would allow staff to work with prisoners or former prisoners without taking resources away from their current service offerings.

4. Since many states noted difficulty with staff resistance and culture change around understanding PSV and implementing appropriate responses to assist victims and hold perpetrators accountable, DOCs may want to include union representation on PREA steering committees and increase PSV training opportunities.

5. Since the interest and cooperation of prosecutors are often key to holding perpetrators accountable, DOCs may want to reach out to local district attorneys and prosecutors to participate in educational meetings about PSV and to initiate partnerships that can make the work of both agencies more effective in bringing cases forward for successful prosecution. In the case of inmate perpetrators, since most will be released within a relatively short period of time, prosecuting sexual predators effectively while they are in prison is sound public safety policy.

6. DOC administrators may want to consider implementing staff training efforts that involve multiple modalities (such as written materials, lectures, interactive discussions, and media) and multiple opportunities to communicate a message (such as both preservice and in-service training in which these messages are constantly reinforced).

7. PREA requires DOCs to document comprehensively incidents of PSV. This information is useful not only for the mandated reporting requirements of PREA, but for states to identify "hot spots" and facility vulnerabilities to improve security and prevention, to track the appropriateness of PSV response strategies, and to determine the effectiveness of efforts to help victims and hold perpetrators accountable. DOCs may want to consider PREA funding as a resource to building and enhancing state data systems.

Implications for Research

Aside from an evaluation of one portion of one program presented in this report (the Texas's Wall Talk peer education program), formal evaluations are not taking place to assess the impact of the policies and programs being implemented to address PSV. Given the lack of information about the effectiveness of these strategies and without the hard evidence required to label them best practices, we can only note that they appear to be promising and innovative. Future research endeavors can determine if these practices are effective. Thus, a number of research considerations have been developed as a result of this project.

1. Many research questions remain unanswered related to policies and programs to address PSV:

    a. Do the programs described in this report matter?

b. Are incidents of PSV being eliminated in DOCs implementing prevention efforts?

c. Are victims being helped and provided effective services to improve their safety and well-being?

d. Are perpetrators of PSV, both staff and inmates, being held accountable through DOC sanctions and administrative penalties as well as criminally?

e. Does holding perpetrators accountable have a preventative effect on PSV? What is the impact on public safety?

f. What are the unintended consequences of the programs being implemented in DOCs? Are there any negative or unexpected results?

2. Identifying appropriate outcome measures becomes an issue when developing evaluations of PSV programs. For instance, are lower incidence and prevalence rates an appropriate outcome to expect from such programming? Perhaps not. PSV is assumed to be a historically underreported issue. If DOCs implement programs to respond more appropriately to this issue, then inmates may be more inclined to report a victimization incident. Incidence and prevalence rates (either collected via administrative records or via inmate surveys) may increase over the course of an evaluation effort. Such an increase may appear to be a failure on the part of the DOC; however, the increase in inmate comfort to *actually report* the crime is a success. Thus, evaluation results may be subject to interpretation problems. Any evaluation effort would need to carefully consider what outcomes are appropriate and what direction of the result can be considered a success.

3. Choosing the right evaluation design is also complex when it comes to corrections research. A number of issues must be considered when designing an evaluation of PSV programming: Should we employ random assignment designs? Should we withhold programming from inmates that may protect them from harm related to PSV? Who represents the appropriate comparison if you are considering the effects of a policy or program in one site versus another? Should different states be compared to one another? (Then you have the difficulty of comparing different prison systems with different legislative contexts.) Should different facilities within one state be compared? (Then the unique structures of different facilities perhaps affect the ability to tease out program effects.) Should different units within a single facility be compared? (Then you have the difficulty of withholding program or policy implementation for the purposes of a study.) Can studies of such programs rely on administrative data only or are inmate or staff surveys necessary? The answers to these questions are not simple and depend on the type of program or policy being evaluated. Evaluators and funders of the research should seriously consider the utility of the findings versus the impact of the research on the participants.

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APPENDICES: SUMMARIES OF CASE STUDY STATES' PROGRAMS TO ADDRESS PRISON SEXUAL VIOLENCE

Connecticut

Connecticut Department of Corrections

Nominated for: Prevention Efforts, Documentation of Incidents, and Training

STATE OVERVIEW

The Connecticut Department of Correction (CDOC) maintains 18 facilities in the state of Connecticut. This includes one women's facility, one maximum security facility, and three correctional centers (jails). The CDOC is a unified system, which both the jail system and the prison system are served by the state of Connecticut. The jails serve as intake facilities for the state prisons, detention centers for defendants during the pretrial period, and correctional institutions for those given shorter sentences. As of July 1, 2005, the CDOC inmate population included 18,150 inmates (sentenced and accused). The racial/ethnic composition of this population was 43 percent black, 29 percent white, 28 percent Hispanic, and less than 1 percent other. There is one female facility, comprising approximately 8 percent of the total inmate population. Also, on that date there were approximately three staff persons for every 10 inmates, for an estimated total of 6,500 staff persons across all state facilities.

STATEWIDE POLICY: THE ACTION PLAN

Goal: To ensure that CDOC institutions were adhering to requirements found in the Prison Rape Elimination Act (PREA).

Target Population: All staff and inmates were targeted for this action plan.

Date Implemented: In June of 2005, the CDOC distributed the Action Plan for addressing sexual assault, statewide. All policies and directives were implemented as of December 2005.

Number Served to Date: All CDOC employees and inmates have received training regarding prison sexual violence (PSV).

History: In 1993, the CDOC began policy development and staff trainings on PSV issues. After the passage of PREA in 2003, the CDOC began a monthly review of their policies, procedures, and training. On a monthly basis, agency head administrators from across the state meet to discuss the issue of sexual violence, to take a look at their policies and procedures, to examine how they train the inmates and the staff, and to review how they control contraband and evidence.

Partners and Administration: The issues surrounding prison sexual violence have led to new collaborations within the CDOC. Each facility that provides intake, orientation, and assessment of new inmates has created a team of each department head within the facility including, security, mental health, and medical. Prior to the development of these teams, departments functioned separately.

Outside agencies were not involved in the development of PREA policies.

Description of Policy: In June of 2005, the CDOC developed an Action Plan for the department with the objective of educating staff and inmates regarding the prevention, detection, and tracking of sexual assaults that occur within an institution and assuring that prison rape prevention is a top priority.

The following actions were developed and implemented from this plan:

1. Reporting and tracking of sexual assaults began inside each facility. Documentation of incidents regarding the Statistical Tracking and Analysis Report (STAR) is discussed in more detail below.

2. A zero tolerance policy statement was delivered to the inmate population.

3. The administrative directives regarding reporting and control of contraband and physical evidence were reviewed to ensure the directives met PREA requirements.

4. Training for staff in prevention, detection, and response to sexual assault incidents was implemented for pre-service and in-service. The staff training and the inmate education are discussed in more detail below.

5. Inmate orientation was reviewed and education on sexual assault was incorporated into the intake procedures.

6. University of Connecticut Health Care (UCHC) protocols were reviewed for compliance with PREA. These protocols are intended to assure mechanisms are in place for the medical and psychological treatment of victims, including appropriate testing for HIV, TB, and other sexually transmitted diseases.

7. Screening procedures at the intake facilities were reviewed to ensure appropriate measures were being taken to identify inmates at risk of being assaulted. This information regarding assessment teams is discussed in more detail below.

Staffing and Staff Time Dedicated to the Initiative: All policies, procedures, and program changes have been done with existing resources. No new staff members were hired as part of the PREA initiative. No additional funding has been required for PREA work.

Funding Source: Connecticut did not receive a PREA grant. Policy changes and training have been funded with the existing CDOC budget.

Staff Training

Goal: The CDOC instituted staff training to ensure that all staff were trained in the prevention, detection, and investigation of sexual assault.

Date Implemented: The CDOC began PSV training in 1993. The curriculum was updated in September 2004 to incorporate requirements from PREA.

Policy: The CDOC Training Academy is accredited by the American Correctional Association. The newest training curriculum, which was incorporated to train staff regarding the prevention, detection, and investigation of sexual assault, conveys to staff that they should be humane toward inmates while preserving security. The CDOC values being respectful, fair, firm, and consistent. Emphasis is also placed on understanding the dynamics of PSV, identifying victim and perpetrator profiles, and training staff on their responsibility to report an incident. All staff complete either in-service or preservice training on sexual assault prevention, detection, and documentation. In addition, information taught during training is posted in all facilities, and prison wardens are instructed to review the postorders during roll call.

Staffing: Training lieutenants and medical staff provide training. All trainers are CDOC staff. Staff training is delivered at the central academy and at five satellite academies across the state. Training liaisons at each facility are instrumental in observing local emerging trends and identifying training needs. Preservice staff is trained through a mentoring program in which they spend three days a week at the training facility and two days a week at a prison facility under the guidance of an on-the-job mentor.

For more information on the training initiative, contact Sandra Sawicki at (203) 271-5100.

Inmate Education and Prevention

Goal: To train inmates in the prevention, detection, and reporting of sexual violence incidents in prison.

Date Implemented: The multidisciplinary assessment teams were established in June 2004. The Administrative Directive for Inmate Orientation on PSV became effective on August 1, 2005.

Policy: All inmates enter CDOC facilities through the correctional centers (jails). During the initial intake phase, inmates are asked several questions to help predict whether he or she will likely become a PSV victim. After intake, an inmate spends between 7 and 12 days in the orientation unit. During this orientation phase, there is a review of the inmate's addiction service needs, the inmate watches a video on HIV/AIDS, and the inmate receives information on accessing medical services. The inmate also watches a video on sexual violence that features an anonymous inmate discussing how to avoid being assaulted, the effects of being assaulted, and what to do if assaulted. After this video, the employees review the policies of the unit, and finally a video regarding gangs in prison is shown. Inmates are given the opportunity to ask questions at the end of the orientation. Within the orientation unit, there are more services and supervision available to inmates than in the general prison population. For example, there is a caseload counselor, addiction services, and unit disease control, and health services tours the orientation unit twice a day.

After orientation, a classification assessment team evaluates the inmate to determine if he or she is ready to enter the general population. Information learned during the intake phase is taken into consideration. The assessment team is made up of the supervisors of medical, mental health, and security staff. If an inmate enters the facility as a prior victim of sexual assault, or if he or she is a first-time offender, the inmate is placed on a "vulnerable" classification list and generally placed into restrictive housing. Additionally, "red flags" are given to inmates who are new, may

be perceived as vulnerable, or are undergoing their first incarceration. These inmates are the first to visit a counselor (a mental health professional meets with each inmate who enters the facility). Moreover, these inmates are housed with similar inmates (potential victims are housed with other potential victims).

Documentation of Incidents

Goal: The STAR (Statistical Tracking Analysis Report system) is used to track and identify trends in facility incidents as a means of predicting and proactively responding to inmate behavioral issues before they are able to become a threat to safety, security, and order.

Date Implemented: The Statistical Tracking and Analysis Report (STAR) system was put into use in 2003.

Policy: PSV incidents are documented and tracked through the STAR system, which includes other types of incidents in addition to PSV. With STAR, administrators are able to track incidents by type, time of day, location, etc. They use this information to address vulnerabilities within a facility. Based on the monthly meetings and information learned from STAR, policies and practices are modified as needed. Within the last five years, there has been a decline in the number of reported PSV incidents across CDOC institutions.

Other Initiatives

All intake facilities in Connecticut began implementing similar procedures when the commissioner standardized the intake, orientation, and assessment process. Tracking of incident reports is done at the facility level and forwarded to the central office for discussion in monthly management meetings.

For more information on this state's PSV response, contact Brian K. Murphy at Connecticut Department of Correction, BrianK.Murphy@po.state.ct.us

2005 Connecticut Department of Corrections Annual Report.
http://www.ct.gov/doc/lib/doc/PDF/PDFReport/annualreport2005.pdf

Idaho

Idaho Department of Corrections

Nominated for: Overall Policy, Staff Training, and Offender Exit Surveys

State Overview

The Idaho Department of Corrections (IDOC) operates nine state prisons and four pre-release community work centers. The institutions include community, minimum, medium, and close security levels. One prison and one community work center house women; the other facilities house men. Some of the state's 44 counties operate county jails for pretrial detainees and those serving short sentences. Some county jails also house state prisoners due to the overcrowding problem in the state system (about 400 to 500 prisoners, mostly parole/probation violators and those in a diversion program). The Idaho Department of Juvenile Correction operates facilities for juveniles. There is one privately operated correctional facility. The IDOC health care provider, Correctional Medical Services, is accredited through the National Association of Corrections Health.

The IDOC system-wide population totalled between 6,500 and 6,700 inmates, with a capacity of 6,068. Eighty-nine percent were male, and 11 percent female. The racial demographic composition was 77 percent white, 16 percent Hispanic, 4 percent Native American, 2 percent black, and 2 percent Asian/other. All inmates are felons. Just 88 percent of these inmates are incarcerated in prisons, 5 percent in community work centers, and 7 percent in county jails due to overcrowding of state facilities. Twenty-five percent are incarcerated for property crime, 25 percent for drug-related crimes, 21 percent for assault, 19 percent for sex crimes, 6 percent for alcohol-related crimes, and 5 percent for murder or manslaughter. Eighty-six percent are incarcerated under a court-ordered sentence for a term of imprisonment, 11 percent are incarcerated during a 120-day diversion program under which incarceration for the term can be averted, and 3 percent are parole or probation violators. IDOC employs about 1,500 staff, including those who supervise offenders in the community on parole or probation.

Statewide Policy: Directive 325 and "Maintaining Dignity" PREA Implementation Project

Directive 325: The IDOC has a zero-tolerance standard regarding the incidence of prison rape. The IDOC has issued Directive 325, which details policies and practices with respect to rape and sexual activity among its offender population, including administration responsibilities, facility management responsibilities, offender education, staff training, detection and prevention, offenders at increased risk, confidentiality, offender reporting process, reporting and investigating, medical attention and sexual assault examination, sexual assault response teams, sexual activity, reporting sexual activity, false allegations, victim services, victim crisis counseling, and data collection and analysis.

Purpose: The IDOC seeks to reduce the number of sexual abuse victims in prison and detention facilities and improve the department's response to incidents of prison sexual

violence (PSV). The primary goal of the federally funded PREA implementation project "Maintaining Dignity" is to change staff and inmate cultural norms toward prison sexual violence and to break the code of silence through statewide training, inmate education, and implementation of a comprehensive policy (Directive 325). The department believes inmates should be able to serve their sentence with dignity and should not leave IDOC custody more dangerous to the public than when they entered due to victimization.

Target Population: Directive 325 applies to all IDOC staff and inmates. Both staff and inmates receive training on Directive 325 policies.

Date Implemented: Directive 325 was adopted in August of 2004, revised in October 2004, and again revised in August of 2005.

History: Before the Prison Rape Elimination Act (PREA) was passed, an administrator at IDOC became aware of prison sexual violence issues through contact with the NIC and brought PREA to the program coordinator's attention. The program coordinator put together a committee of senior level IDOC staff, shift commanders, deputy wardens, counselors, and a representative from the prison statistics group. The committee developed the IDOC standard operating procedures and policy, Directive 325, outlining the department's response to sexual assaults and prison rape. The directive was reviewed by all wardens and deputy wardens to gather input on the policy and promote buy-in. The committee then applied for and was awarded a grant from the Bureau of Justice Assistance for additional funds to implement the "Maintaining Dignity" project.

Realizing that culture change was essential to policy implementation, in May 2005, an additional workgroup session was conducted with lieutenants and deputy wardens to identify management issues related to the PREA implementation. The workgroup recommended that PREA issues should become part of the daily shift briefings and that all levels of management should make a habit of discussing these issues openly with staff at all opportunities. The IDOC administration now sends a constant and repeated message at regular staff meetings that addressing PSV is a priority. The PREA coordinator's leadership on the issue sends a signal to the staff and IDOC partners that the IDOC administration has made addressing PSV a priority.

Number Served to Date: All staff and inmates have received training and training materials on Directive 325

Partners and Administration: The IDOC's internal response to PSV is detailed in Directive 325 and requires the collaboration of institutional management, security staff, medical staff, and investigative staff. IDOC partners with the Idaho Department of Juvenile Correction, county jails, the State Police, and the Commission on Pardons and Parole to develop and implement policies and training. The implementation of response programs is enhanced by partnerships with law enforcement, prosecution, the courts, and community-based sexual assault victim service providers, which is under development in some localities.

Staffing and Staff Time Dedicated to the Initiative: A full-time project coordinator was hired in February 2005. A part-time research principal was hired in August 2005 to improve data collection and implement reporting and evaluation activities.

Description of Program

Sexual Assault Response Team: Each facility has a SART team comprised of one medical staff member, one security staff member, one mental health professional, and one person designated as the facility victim services coordinator. The SART team responds to reports of incidents. Victims may be transported to community hospitals or clinics for examinations and evidence collection. Victims' and/or perpetrators' housing may be changed for the victim's protection and/or to sanction the perpetrator. Victims also receive counseling and health care as needed, which may be provided by prison or community providers.

Enhanced Investigation Capabilities: Currently each institution uses internal investigators; however, the IDOC has grant funds available to contract with investigators in the community for assistance with the investigation of inmate against inmate cases and staff sexual misconduct cases. The department also has funds for enhanced interviewing equipment, polygraph equipment, and polygraph training.

Reporting Hotline: Victims or observers can report incidents to staff or use a confidential PSV reporting line that became operational in March 2005. The PREA coordinator answers calls and the victim service coordinator checks messages left on the line. The hotline can be dialed from any inmate phone. Inmates can bypass entering an inmate code for the call, maintaining confidentiality, and inmates are not charged for the call. The number was advertised by word-of-mouth and posters will be placed in facilities.

Inmate Education: Initially there was no educational curriculum specific to inmate-on-inmate sexual assault. The PREA coordinator worked with investigators, an NIC group, and the State Police to develop training. During the reception and diagnostic process, all offenders entering the department attend an educational program designed to prevent the occurrence of rape and sexual activity. The education includes how to avoid risk situations, safely report rape and sexual activity, and obtain counseling if victimized. They also receive the department's handbook, *Maintaining Dignity: Prison Rape and Sexual Activity Elimination.* All inmates were provided with the handbook and education regarding PSV, which is now handled in Receiving and Diagnostics Units for incoming new inmates. Facilities will utilize inmate education tapes as soon as they are available from the National Institute of Corrections (NIC) and will provide materials in both English and Spanish.

Staff Training

A four-hour training curriculum was developed and has been administered at the state academy to all new institutional and field staff since March 2005. Current staff received

IDOC Directive 325 and training on the new policy through formal training as well as informal briefings. "Train-the-trainer" sessions were complete in January 2006 and facility in-service training is now ongoing. The coordinator has developed a standard lesson plan and presentation materials for use in yearly training. The lesson plan includes an overview and quiz on the contents of Directive 325, information on recognizing signs and symptoms of sexual assault, and tabletop exercises designed to promote group discussion regarding response to incidents. Prevention strategies are also addressed in this annual mandatory training.

IDOC is also working in conjunction with NIC to develop a curriculum specific to institutional investigations of rape and sexual assault. The intention is to provide one week of training to members of the SART (Sexual Assault Response Team) with a special emphasis on investigator training. IDOC intends to provide the curriculum and training materials on NIC's web site for use by other agencies.

The PREA coordinator has started to train the county jail staff and the juvenile corrections department staff on PSV issues and Directive 325. Prosecutors, judges, and outside community agencies have also received training. In addition, training has been provided to the Idaho Commission of Pardons and Parole and at the victim service provider's annual conference.

Offender Exit Survey: IDOC facilities are currently utilizing an offender exit survey process, as are some of their partner agencies. Inmates leaving custody complete and return the surveys anonymously. The surveys ask inmates about any sexual victimization that may have occurred while they were in custody. The exit survey is intended to aid in measuring victimization that is reported and not reported and monitor the effectiveness of prevention and detection efforts as well as assess and address the institutional culture. The tool also provides offenders with a means to request assistance after release if they desire. This request is passed to the victim coordinator who then contacts the individual and makes appropriate referrals to community service providers. The department intends to enhance its current inmate exit survey by incorporating measures from the recently released BJS Survey on Sexual Violence to ensure that all areas of pertinent data collection are addressed. The research principal will analyze data collected from offender exit surveys and compare data by facility and unit to determine if inmates are more vulnerable in some facilities or some units of facilities. The results of this analysis will help the departments select appropriate interventions and guide policy decisions.

Funding Source: A federal PREA grant from BJA in the amount of $370,784 funds the full-time PREA coordinator position with a required 50 percent match of funds from the department. The grant also funds 60 percent of the research principal position, acquisition of materials and equipment (e.g., polygraph machine and investigative tools such as cameras, training materials such as the inmate handbooks), the reporting hotline number, contracts with outside investigators and healthcare/counseling providers, and planned Facility Vulnerability Assessments. IDOC plans to absorb costs after the federal funding ends to sustain improvements achieved.

Planned Improvements to the Response

Outreach efforts to additional law enforcement agencies, prosecutors, and judges, along with county jails and juvenile correctional facilities will continue, as well as improved documentation, data collection, and evaluation activities. A sexual violence alert system for use in classification and housing decisions is also under development. Another focus for future efforts is developing an aftercare protocol for victims who have been released into the community.

For more information on Idaho's PSV response, contact Lorie Brisbin, PREA Program Coordinator at (208) 658-2102 or lbrisbin@corr.state.id.us

Kansas

Kansas Department of Corrections

Nominated for: Prevention Efforts, Responses to Incidents, and Victim Services

State Overview

The Kansas Department of Corrections (KDOC) oversees operations of eight correctional facilities located in 12 communities. Also, KDOC is responsible for supervising parole field operations in 17 communities and grant administration to 31 local community corrections programs. KDOC has two groups of managers that meet regularly to coordinate systemwide operations. The KDOC system was fully accredited but most facilities' accreditations are now expiring because of budget constraints (accreditation managers alone were costing $250,000/year). It was decided during the 2003 legislative session that the goal will be to comply with accreditation standards, but KDOC will not do the required record keeping or engage in outside audits. Instead, KDOC will conduct inter-facility audits. According to the Kansas Department of Corrections Briefing Report (January 2006), as of December 2005, the KDOC systemwide population totalled 9,090 with a capacity of 9,357. Ninety-two percent were male and 8 percent were female. The racial demographic composition was 64 percent white, 33 percent black, 1.7 percent American Indian, and 0.9 percent Asian

Statewide Policy: Sexual Assault Prevention and Intervention Program

Goal: The primary goal and objective to addressing prison sexual violence (PSV) is to provide a safe and secure environment for all inmates. Each facility implements a Sexual Assault Prevention and Intervention Program that includes staff training, prevention, victim services, and investigation and prosecution. KDOC has an official zero tolerance policy.

Target Population: Employees, contractors, volunteers, and inmates of the KDOC

Date Implemented: KDOC implemented a written policy on PSV in 2002. The policy was amended in November 2004.

History: KDOC has been addressing the issue of PSV for over 20 years. In 2002, KDOC implemented its Sexual Assault Prevention and Intervention Program in response to PSV that covered all aspects of reporting, investigations, and mental health services and included an investigation protocol. The policy was amended in November 2004 to ensure that it directly addressed involuntary sexual contact. To accomplish this, definitions from the Prison Rape Elimination Act of 2003 were incorporated into the policy. The current policy states that KDOC will provide a safe and secure environment for all inmates. Each facility is expected to implement the program, and each warden has designated one

person to coordinate the program and have overall responsibility for ensuring that all elements of the program are met.

Partners and Administration: The central office of the Department of Corrections has been solely responsible for implementing policies and procedures. Individual facilities have followed suit.

Description of the Policy: The Kansas Sexual Assault Prevention and Intervention Program includes staff training, prevention, victim services, and investigation and prosecution components.

Staff training: All staff members that have direct contact with inmates are trained. The focus of the training is on staff misconduct and recognizing the signs of sexual assault.

Prevention: KDOC has implemented several practices geared toward PSV prevention including an informational inmate brochure and short video, environmental designs, and an inmate hotline. Furthermore, each facility warden designates a Sexual Abuse/Assault Prevention/Intervention Coordinator (SAPC) to ensure that all rules are followed. The SAPC reportedly is given resources, services needed, and training to facilitate this work.

Victim Services: In the event of a sexual assault, victims have access to services including: medical examination, documentation and treatment of any injuries received, testing for HIV or other sexually transmitted diseases, mental health crisis intervention, family support or peer support, and protection from future sexual assaults. Medical services are provided by CorrectCare Solutions. If there is a sexual assault, the physician on duty in the medical department examines the inmate and treats any injuries related to the assault (e.g., cuts, lacerations). The examination includes testing for HIV and any other sexually transmitted diseases. The mental health staff on call (24 hours per day, seven days per week) provide mental health crisis intervention. There is no charge for medical or mental health services.

Investigation and Prosecution: Victims can report PSV incidents to staff by calling the new central office hotline or by calling from an inmate phone to hot lines in the facility's intelligence and investigation office. Staff members who receive the information notify a team of people who then investigate the matter and proceed accordingly. The team includes the unit team manager, shift supervisor, sexual abuse/assault prevention/intervention coordinator, and the deputy warden. Each facility has its own intelligence and investigation team, and the central office has a chief investigator and director of investigations.

Staff Training

Goal: To train staff to recognize the physical, behavioral, and emotional signs of sexual assault; understand the identification and referral process when an alleged sexual assault occurs; and have a basic understanding of sexual assault prevention techniques.

Target population: All staff (uniform, nonuniform, and contractors)

Policy: Training starts for staff during the first week of their orientation. Staff that conduct investigations are given three hours of training on PSV and inmate assaults. Staff then return a few months later for two hours of basic training. The investigative unit spends three hours on the subjects of misconduct and ethics. An annual training is conducted where investigative staff talk with staff about real PSV events. All staff at the training are also given information regarding the Employee Assistance Program that provides free counseling, advice, and referrals to licensed professionals when there is concern that a staff member may be developing improper thoughts or feelings about an inmate. A staff guide, *Undue Familiarity and Sexual Misconduct with Offenders*, is given to new staff at orientation and to current staff during in-service training. The guide outlines the definition of sexual misconduct, the laws and regulations that govern staff/offender sexual misconduct, issues of offender consent, and it defines undue familiarity and how it relates to sexual misconduct. The guide also discusses risk factors that may lead to misconduct, signs that a relationship is developing, and how to avoid an improper relationship.

Inmate Education

Goal: To educate inmates on ways to prevent sexual assault and misconduct and to know what to do in the event of an incident.

Target population: All new inmates, current inmates, and inmates transferring from one facility to another.

Policy: Inmates are given the brochure *Offender's Guide to Sexual Assault Prevention*, which outlines the definition of inmate-against-inmate sexual assault, the types of inmates that are most likely to be targets of this crime, how to avoid sexual assault, and what to do if an inmate is a victim of sexual assault. The brochure also covers if an inmate has to reveal the name of the perpetrator, what medical care is available to victims, and a message to potential perpetrators. In addition, KDOC developed an 11-minute video that addresses the issue of sexual misconduct among inmates and what is expected from inmates. The video is shown to incoming inmates at orientation. Some institutions also show the video as inmates are transferred from one facility to another. The video is also shown as programming on the system's closed circuit televisions.

Environmental Design

Goal: To assist in the prevention of sexual assaults and misconduct.

Policy: KDOC's uses video surveillance to deter sexual misconduct. They recently added some equipment at Winfield Correctional Facility and the women's facility and have pending requests for additional cameras from other institutions as well. Staff perceive that the inmates view the cameras as useful security measures—reportedly, the more cameras, the more secure inmates feel. Hutchinson has remodeled areas (e.g., kitchens) to improve line of sight, altered shower areas (all showers are supervised

because it is a critical place for assaults to take place), added cameras, and also added a monitoring room.

SANE/SART

Goal: To provide inmates with appropriate victim services when responding to PSV incidents.

Policy: A unique victim service at two facilities is the use of a Sexual Assault Nurse Examiner/Sexual Assault Response Team (SANE/SART). This service is provided at the Topeka Correctional Facility For Women and at the Stormont-Vail facility. The SANE/SART team is composed of dedicated representatives from law enforcement, advocates for sexual assault victims, and the district attorney's office. The team response helps sexual assault victims avoid repetitive and unnecessary questioning and additional trauma. Sexual assault patients are examined in a private and calm setting where registered nurses provide emotional support and care.

Intelligence and Investigation Protocol

Goal: To investigate all reported PSV incidents in an efficient and appropriate manner.

Policy: After staff receive information about a PSV incident, the staff member immediately advises the Unit Team Manager (UTM) who then speaks with the victim and decides if medical care or protection is needed. If the incident occurred within the previous 48 hours, no shower, washing, eating, drinking, smoking, using the restroom, or changing clothes takes place until the victim is examined. When there is physical evidence that an assault occurred, an investigator responds to the scene and collects and preserves any evidence found on the victim or at the scene. The UTM advises the sexual abuse/assault prevention/intervention coordinator (SAPC) who notifies mental health staff. The mental health staff arranges to see the victim within 24 hours of the report. The SAPC notifies the deputy warden of the incident who presents the matter before the Program Management Committee (PMC) for review. The PMC considers placing one or more inmates in central monitoring status, protective custody for the victim, and counseling or treatment for the victim. The perpetrator is considered for central monitoring, restrictions in housing or work assignments, long-term segregation, or interstate transfer. If the investigation finds that a sexual assault did occur, disciplinary action is pursued against the perpetrator and the case is referred to the District Attorney for prosecution.

Funding to Address PSV

The Sexual Assault Prevention and Intervention Program is internally funded by the Kansas Department of Corrections.

Other Initiatives

KDOC also has other policies and practices that they are implementing to help prevent PSV. For example, they have instituted the High-Risk Inmate and Surveillance Inmate programs. The High-Risk Inmate program targets inmates who are classified as security risks due to histories of maladaptive behavior or isolated acts in which there was significant violence. The Surveillance Inmate Program is designed for inmates who may have skills or associations that could be used in a negative manner, but no immediate threat has been determined. In addition, each inmate is given a 120-day review during which a unit team counselor conducts a case review. If an inmate is serving more than five years, the review is conducted on an annual basis. During the 120-day review, recommendations are made regarding custody, housing assignment, employment, incentive level, and guidelines for release dates or parole eligibility dates. Topeka Correctional Facility includes questions about PSV victimization as part of its reviews.

None planned at time of site visit.

For more information on this state's PSV response, contact Robert Harrison at bobh@kdoc.dc.state.ks.us

Maine

Maine Department of Corrections

Nominated for: Prosecution and Investigation and Staff Training

State Overview

The Maine Department of Corrections (DOC) has one facility that is ACA accredited and five others that are currently in different stages of the accreditation process. The Maine Correctional Center was accredited by ACA in January of 2006. All of Maine's facilities are public facilities and fall under the authority of the Maine Department of Corrections.

As of July 2005, Maine had a prison population of 2,023 inmates. The racial composition of the inmate population was as follows: 85 percent white, 5 percent black, 1 percent Native American, 0.1 percent Asian, and 8 percent unknown. One percent of the population could be identified as Hispanic. Twenty-four percent of inmates were incarcerated for crimes against persons; another 14 percent were incarcerated for sex offenses. People incarcerated for property and motor vehicle offenses and crimes against the government represented 50 percent of the population. The remainder of the population (9 percent) was incarcerated for drug offenses (Lord 2005).

As of July 2005, the Maine prison system was operating at 5 percent over budgeted capacity. The staff to inmate ratio was 39 staff members for every 100 inmates.

Staff Training Program and Investigation Procedures

Goal: The goals of the MCC program are (1) to ensure all staff members, volunteers, and contractors at MCC are aware of staff sexual misconduct policies and that each staff member understands his or her responsibilities under the policies and the repercussions associated with violating such policies, and (2) to ensure incidents of staff sexual misconduct are thoroughly investigated.

Target Population: staff (DOC staff, contractors, and volunteers) and inmates

Maine Correctional Center Initiative

Public Facility

Facility Population: 492 males, 115 females (as of September 14, 2004)

Percent of Facility Population Considered Violent Offenders: An estimated 22 percent

Percent Facility Over or Under Capacity: 24 percent

Facility Staff to Inmate Ratio: 51:100, including contracted staff

Number Served to Date: To date, approximately 400 MCC staff members have been trained on staff sexual misconduct, including all employees, contractors, and volunteers at MCC. In the last four years, 24 staff members have been terminated for staff sexual misconduct. Four of the 24 staff members were also held criminally liable for their actions. They were convicted of gross sexual assault and sanctioned accordingly.

Date Implemented: MCC implemented the training as described here in September 2004; investigation procedures continue to evolve as incidents arise. The first criminal sanctions for an incident of staff sexual misconduct were imposed in 2000.

History of Investigation Policies: Since 1989, Maine public law has prohibited sexual misconduct by figures of authority. However, in practice, awareness and accountability around the issue of staff sexual misconduct in prisons was low. Before 1999, standard operating procedure throughout the Maine Department of Corrections was to invoke only disciplinary sanctions (usually, termination but not decertification) against staff perpetrators of inmate sexual violence. In 1999, two incidents of staff sexual misconduct (and knowledge of previous, unpunished staff indiscretions) spurred the investigator at MCC to pursue case law and criminal sanctions against staff perpetrators. By using his relationships in the community, the investigator, with support from MCC's superintendent, was able to convince the local attorney general to try the cases. The defendants were found guilty of gross sexual assault and sentenced to 30 days of actually served jail time. More importantly, a precedent was set—staff sexual misconduct would not be tolerated; perpetrators would be held criminally accountable. Since 1999, awareness around the issue of staff sexual misconduct has grown. MCC and the local county prosecutor have successfully prosecuted two additional cases. Awareness and intolerance of staff sexual misconduct has also spread to the rest of the state. Local district attorneys throughout the state are now interested in prosecuting DOC staff involved in incidents of sexual misconduct. The DOC has formalized its definition of staff sexual misconduct and incorporated a more stringent policy around staff sexual misconduct. (This policy became effective on May 19, 2003. The original DOC policy prohibiting staff sexual misconduct was enacted in 1990.) The DOC is also in the process of incorporating more detailed policies around the investigation of and staff training on sexual violence. Statewide policies will be built from the procedures developed and currently employed at MCC (see "Description of Procedure" and "Staff Training" boxes below for details on MCC's current procedures). In the spring of 2005, Maine became one of few states to pass a bystander law that holds staff members who do not report information on sexual crimes committed by their coworkers criminally liable.

History of Staff Training Program: In March 2004, the MCC's investigator and superintendent and one DOC central office human resources staff member attended the NIC training entitled Addressing Staff Sexual Misconduct with Offenders. These staff members took the knowledge they attained at the training and disseminated it to MCC staff. Within six months of attending the training, a handbook was created and all staff, contractors, and volunteers at MCC had participated in a four-hour training that covered the topics detailed in the handbook.

Partners and Administration: The local district attorney, assistant attorney general, and state police (specifically, members of the Crime Prevention and Control Unit) collaborate with MCC staff, namely the onsite investigator and the superintendent, to investigate and prosecute incidents of sexual violence that occur within MCC. The assistant attorney general and MCC's superintendent, investigator, and human resources staff have worked together to develop and disseminate the current prison sexual violence training program at MCC.

Staffing and Staff Time Dedicated to the Initiative: MCC's investigator and superintendent investigate incidents of sexual violence and train other staff on sexual violence as part of their ongoing job responsibility to maintain a safe prison environment.

Staff Training: At MCC, all staff, including volunteers and contractors, receive four hours of in-service training on sexual misconduct. The local DOC investigator at MCC and the local attorney general's office investigator, both of whom attended NIC training on prison sexual violence in 2004 and developed the MCC curriculum, conduct most training sessions. The curriculum addresses expectations for staff conduct (including reporting), defines sexual violence, details relevant state laws on staff sexual misconduct, describes MCC investigation procedures, details staff vulnerability and liability around this issue, and identifies "red flag" behaviors that staff members should be wary of in other staff. The training is guided by the "Addressing Sexual Misconduct with Prisoners Handbook: Creating and Maintaining Professional Boundaries" professional conduct guide (developed by MCC and produced in September 2004 at MCC). Trainers highlighted the section entitled "Red Flags," which lists specific behaviors that may be indicative of sexual misconduct, and discussions around liability as especially poignant. They believe that providing staff with tangible examples of suspicious behaviors and consequences clarified expectations, repercussions, and the seriousness of the crime for staff members.

(Note: This training on sexual violence is now a part of preservice training for new staff since the in-service training was completed by all staff.)

Description of Procedures at MCC: The investigation and prosecution of incidents of staff sexual misconduct are handled at MCC by the onsite DOC investigator, who, in turn, coordinates with local, external investigators and court personnel. An inmate or staff member may report an incident of staff sexual misconduct via the hotline (which goes straight to the on-site DOC investigator's office), by filing a formal grievance form, or he or she may tell a staff member (for example medical or mental health personnel), who is mandated to report the incident up the chain of command. Regardless of how the incident is reported, the allegation will quickly come to the attention of the local onsite MCC investigator, who, along with the mental-health and medical staff, is among the first to respond to incidents of sexual violence. As soon as the alleged victim's immediate medical needs are met and he or she is deemed stable by mental health staff, the investigator interviews the alleged victim. (After the initial interview is complete, the alleged victim may receive further care from mental health and medical staff.) At any time during the investigation, the investigator may request the assistance of state law enforcement, an organization with which the facility has a long-standing mutual aid

agreement, in the collection of forensic evidence on-site and/or the assistance of the local attorney general investigator. Once the investigation is complete, all findings are confirmed by an external public safety officer (either at the state police or attorney general's office) and decisions to pursue criminal charges are made collaboratively by internal and external investigators and local attorneys. If criminal charges are pursued, prosecution is handled by the local district attorney or the attorney general. Prison staff sexual misconduct is classified as a gross sexual assault and is a class C felony.

Procedures for handling sexual assault complaints made by inmates against other inmates are handled similarly and by the same staff as complaints against staff members. Consensual relations among inmates are only punishable by disciplinary action. However, inmates accused of forcefully or coercively engaging another inmate in a sexual act may be prosecuted and sanctioned in the court system in addition to any sanctions they may receive through the internal, disciplinary process. However, MCC has not focused as much attention on inmate against inmate complaints as they have on staff sexual misconduct. Precedence and policies are not yet as concrete as they are for staff allegations.

Staff members at MCC credit the success of their staff sexual misconduct response to relationships they have developed with external investigators, attorneys, and court personnel. Staff also says the investigator's training as a law enforcement officer adds credibility to the investigations he conducts and the follow-up he pursues. Support from MCC's superintendent was credited as critical in establishing MCC's zero tolerance atmosphere and its successful investigation and prosecution procedures.

Funding Source: Internally funded

Evaluation Results: MCC's staff sexual misconduct policies, procedures, and training have not been evaluated.

For more information on this initiative, contact MCC Superintendent Scott Burnheimer at 207-893-7000.

Planned Improvements to the MCC Response

MCC plans to improve inmate education around sexual violence. A section on sexual violence has been added to the prisoner handbook as of the fall of 2005. The handbook is given at orientation. The handbook and orientation include the laws protecting inmates from sexual violence, a discussion of institutional policies around sexual violence, a discussion of how to report incidents of sexual violence, and details on the consequences for false reporting.

Other State-level Initiatives

In January 2005, the Maine central DOC formed a PREA subcommittee. Members include the superintendent of the Downeast facility and four agency-level staff: the DOC health planner, victim services coordinator, the chief advocate for inmates and the correctional planner. The initial focus of the committee as identified through an informal needs assessment and the DOC mandate for the committee is revising and/or drafting new departmental sexual assault response policies. The committee will also focus on improving departmental prevention efforts—specifically, inmate and staff education. Other committee initiatives may include conducting exit interviews with inmates to capture the prevalence of sexual violence in Maine prisons. At the time of the site visit, this last task was in the very early stages of development and would require additional funding (not yet procured) to be completed.

All investigative staff are now supposed to be trained by the MCC investigator (acting on behalf of the Maine DOC) on best practices in investigating sexual violence in prison (as learned by the MCC investigator at the NIC training in July 2005). Also, all staff at other facilities are to receive training, based on MCC's model, on addressing sexual violence in prison.

For more information on this state's PSV response, contact MCC Superintendent Scott Burnheimer at 207-893-7000.

Source: Maine Department of Corrections web site.
http://www.state.me.us/corrections/index.html. Retrieved July 3, 2005.

Lord, Denise, Associate Commissioner for Legislative and Program Services. Personal Communication. July 8, 2005.

Massachusetts

Massachusetts Department of Corrections

Nominated for: Prosecution and Investigation and Staff Training

State Overview

The Massachusetts Department of Corrections (DOC) oversees 18 public correctional facilities. The DOC in Massachusetts and all but one of its institutions are currently accredited by both the American Correctional Association and the National Association of Corrections Health.

As of January 1, 2004, the Massachusetts DOC housed 9,060 criminally sentenced inmates; 94 percent were male and 6 percent were female. Ninety-seven percent male inmates were serving state prison sentences, while only 53 percent of incarcerated females were serving state prison sentences. (The department provides care and custody to female pretrial detainees and female offenders sentenced to a house of corrections from counties without female correctional facilities.)

The racial and ethnic composition of the criminally sentenced inmate population (9,060) was as follows: 67 percent of inmates were white; 31 percent were black. Twenty-seven percent of the population self-identified as Hispanic. Sixty-seven percent of the population was incarcerated for a violent offense.

Investigation Policy

Goal: The goals of the investigation policy are three-fold: (1) to establish a policy regarding sexual misconduct in institutions, (2) to discourage and prevent sexual misconduct, and (3) to establish uniform procedures for reporting, investigating, and adjudicating incidents of sexual misconduct in the Massachusetts DOC.

In February 2005, the commissioner of Massachusetts Department of Correction established a PREA Workgroup to review, revise and update all of the department's policies, procedures, protocols, and programs regarding prisoner sexual violence, which it is now defining as "sexually abusive behaviour (SAB)". A key part of this effort has been the revision of its two existing policies into a single, comprehensive, sexually abusive behavior prevention and intervention policy. Although not finalized, the goals of the new policy will expand the focus of current policies to include the following:

(1) Establishing prevention of sexually abusive behaviour as a major priority for the department;

(2) Increase the reporting of incidents of SAB;

(3) Accurately identifying and tracking perpetrators and inmate victims of SAB;

(4) Developing an internal classification process to identify inmates who are potentially at risk;

(5) Providing ongoing education to DOC employees, contractors, and volunteers regarding their responsibility toward the prevention and intervention of incidents observed or reported;

(6) Providing effective and ongoing orientation to inmates regarding how to avoid victimization and the reporting of victimization;

(7) Providing for a thorough investigation of reported incidents and certain discipline and/or prosecution of perpetrators when appropriate; and

(8) Providing effective short and long-term treatment for victims of SAB.

Target Population: Employees, contractors, volunteers, and inmates of the Massachusetts DOC

Statewide Policy

Number Served to Date: In 2004, 28 staff members were investigated for staff sexual misconduct. The outcomes for the 28 reported allegations of staff sexual misconduct are as follows: 17 investigations are ongoing; 7 allegations were unfounded; 2 allegations were unsubstantiated; and 2 were substantiated. One staff member involved in a substantiated occurrence was terminated; the other was referred for prosecution.

Date Implemented: In July 1999, the department promulgated a staff sexual misconduct policy; the investigation policy, as described here, was last revised in September 2004. However, Massachusetts has had a policy on responding to allegations of inmate sexual assault since July 1995.

History: No current Massachusetts state laws exist prohibiting inmate-against-inmate sexual violence, although violations of existing sexual assault statutes are prosecuted utilizing the appropriate sections of chapter 265 (crimes against persons) and chapter 272 (crimes against chastity, morality, decency and good order) as appropriate. Agency policies and programs specific to sexual violence were designed around these state laws. Specifically, sexual violence policies in Massachusetts, which are namely investigative, were developed in 1995 for inmate-against-inmate sexual assault and a new policy was established for staff sexual misconduct in 1999, which has been reviewed and revised on an annual basis. A new comprehensive sexually abusive behavior prevention and intervention policy (which incorporates the two previous policies) is currently under development and will be completed in 2006.

As detailed below, Massachusetts DOC's investigation policies require the cooperation of staff from outside agencies, namely Beth Israel Deaconess Medical Center, local district attorneys offices and the State Polices' Crime Prevention and Control Units (CPAC). The DOC has maintained a relationship with the Beth Israel Deaconess Medical Center since the early 1990s, and transporting inmate victims to the center has been a cornerstone of the response policy since its enactment in 1995. Relationships with the four county district attorneys where the majority of institutions are located are also longstanding. They are maintained by local institutions' onsite investigators.

Prior to utilizing Beth Israel Deaconess Medical Center's Rape Crisis Intervention Program, DOC staff conducted a risk assessment of the Rape Crisis Center at Beth Israel. The layout of the examination room was altered to ensure both inmate privacy and public safety. Also, detailed policies around the transportation and handling of inmate victims taken to Beth Israel Deaconess for evidence collection were built. They are outlined in policy number 520 under the section entitled "Guidelines for Referring Massachusetts State Prison Inmates to the Beth Israel Deaconess Medical Center Rape Crisis Intervention Program." They include information on who to notify, where to park, what services the inmate may receive, where he or she may receive them, who may receive a copy of the medical records (unless the inmate is medically or mentally at risk, the inmate must give consent for the DOC to be sent a copy), and what to do with the evidence kit to maintain the chain of evidence (it is transported to the State Crime Laboratory for analysis).

Since 2003, the Massachusetts DOC has been involved in strategic planning to reform the DOC policy. The department is focused on changing the culture of the DOC—implementing best practices, making data driven decisions, and increasing accountability. The top-down reform has resulted in the updating of many policies that are/will be institutionalized throughout the department (for more specific information on the reform effort and how it relates to Massachusetts's prison sexual violence response, see box entitled "Planned Improvements to the Response"). The reform agenda and the resulting strategic plan are to be fully implemented by 2007. A PREA workgroup, established in February 2005, will ensure improvements to the Massachusetts DOC's prison sexual violence response are included in reforms.

Partners and Administration: The internal response detailed in this policy requires the collaboration of institutional management, security staff, institutional investigative (internal perimeter security) staff and agency-level investigative (Office of Investigative Services) staff. External collaborators required to implement this policy include district attorneys, Massachusetts State Police (as investigators for the local district attorney), and Beth Israel Medical Center Personnel.

Staffing and Staff Time Dedicated to the Initiative: PREA workgroup members, which include the director of research and planning, the chief information officer, the two assistant deputy commissioners (southern and northern sector), the director of the health services division, two facility superintendents, the chief of the office of investigative services, the executive director of strategic planning and research, executive director of inmate risk and assessment, DOC legal counsel, and a regional training manager, meet

every two weeks. Other staff members, including internal affair unit staff, sexual assault investigators, and trainers, continue to perform tasks related to Massachusetts prison sexual violence response as part of their everyday duties.

Staff Training: Staff members receive three hours of training on sexual violence at the academy (for specific details on training, including content, see "Staff Training Program" section). Preservice, new recruits are training on the Prison Rape Elimination Act. Local, institutional training on responding to sexual violence is provided at the discretion of the superintendent. Certified sexual assault investigators at each institution are trained by the state police. The agency has already established an initial two-hour orientation training to the Office of Investigative Services, and the department is poised to unveil and comprehensive training initiative to all levels of the agency within 2006 and to also begin a statewide dialogue with district attorneys and county correctional and state/local law enforcement at a symposium scheduled for June 2006.

Description of Policy: Massachusetts's response to prison sexual violence begins at the institution but may quickly involve DOC Internal Affairs staff, local district attorneys and their investigators and Beth Israel Deaconess Medical Center Rape Crisis Intervention Program staff. Prisoners may report an incident of sexual violence to staff members or management, while staff members may report an incident to their supervisor or they may send a confidential note to the superintendent via the inmate management system. (Massachusetts installed this confidential, electronic reporting mechanism in 2003). Regardless of who files and receives the complaint, the allegation will come to the attention of both the superintendent and the onsite certified sexual assault investigator. The investigator will then secure the scene (if it isn't already secure), separate the alleged victim and perpetrator (if necessary), arrange for immediate and follow-up medical and mental health care with corrections health staff (if not already done), possibly refer victims to Beth Israel Deaconess Medical Center for evidence collection (see below), contact the Office of Investigative Services, which will take over the investigation if the alleged perpetrator is a staff member, and notify the local district attorney's office and/or its affiliated crime prevention and control unit, a team of state police who serve as investigators for the district attorney, to begin a collaborative investigation. With the development of the new policy, this process will be revised and improved to incorporate the expanded PREA goals and objectives.

Investigation of Incidents Involving Alleged Inmate Perpetrators: Investigations involving alleged inmate perpetrators are handled primarily by the local institutional investigator (internal perimeter security). The local institutional investigator collaborates with the local district attorney and their investigators. Regardless of whether the district attorney pursues criminal charges, the investigator will proceed with his or her investigation to determine if internal disciplinary action is needed. Disciplinary sanctions are imposed at hearings (pursuant to the state's disciplinary proceeding) and may include loss of good time, canteen, phone or visiting privileges, and/or a housing reassignment.

Investigation of Incidents Involving Alleged Staff Perpetrators: In Massachusetts, all allegations of staff sexual misconduct are handled by an agency-level internal affairs staff from the Office of Investigative Services and reported to the local district attorney. Reports of staff sexual misconduct may be received by the Office of Investigative Services via the inmate hotline, which goes straight to one of the two internal affairs offices. Or, a facility's superintendent or local institution investigator may contact the Office of Investigative Services directly after learning about an incident of staff sexual misconduct from internal security or mental health staff. The superintendent will ensure that all relevant data are entered into electronic intake forms. Investigation by the Office of Investigative Services may include interviews with witnesses, the accused, and the victim, and evidence collection (including forensic, if available). The chief of the Office of Investigative Services consults the local district attorney to determine whether criminal charges against the perpetrator will be pursued. Regardless of the DA's charging decision, the internal investigation continues. The findings and recommendations from the internal investigation are reviewed by the chief of the Office of Investigative Services and a deputy commissioner. Any disciplinary sanctions are imposed at a commissioner's level disciplinary hearing.

Evidence Collection at Beth Israel Deaconess Medical Center Rape Crisis Intervention Center and Other Follow-up with Victims: If the incident occurred within five days of the report, inmate victims of sexual assault involving penetration are transported to Beth Israel Deaconess Medical Center Rape Crisis Intervention Program for forensic evidence collection. Regardless of whether crisis response services involve Beth Israel Hospital (due to timing of the report), follow-up mental health and medical services are provided by correctional health staff at the institution. Such follow-up services may include medical care for injuries, testing and treatment for communicable diseases, and mental health counselling. They are provided on an as-needed basis and for as long as necessary.

Educating inmates about the department's sexual assault response and zero tolerance stance is viewed as critical to Massachusetts's successful response. Inmates who realize the department is concerned about sexual violence and take it seriously are more likely to report incidents of sexual assault. Staff credit the DOC's consistent approach and detailed policies—namely the policy requiring the use of Beth Israel Deaconess Medical Center for forensic evidence collection and the policies that provide for a certified sexual assault investigator at each institution and confidential reporting mechanisms—as critical pieces to the department's and institutions' response.

Funding Source: Internally funded

Evaluation Results: Massachusetts's investigation policy has not been evaluated..

For more information on this initiative, contact James R. Bender, Deputy Commissioner, at (978) 405-6629 or JIM@doc.state.ma.us.

Staff Training Program

Goal: The goal of staff training is to provide incoming recruits with practical, hands-on experiences managing "inmates" in a prison setting.

Target Population: Correctional Officer Recruits

Policy is statewide.

Number Served to Date: 254

Date Implemented: The current preservice training format that features role-playing exercises began in September 2003.

History: The MA DOC has had a training module on prison sexual violence since 1994. In 1999, the department initiated a new policy and updated training on staff sexual misconduct. For preservice training, this module is a three hour module, including a training film, and for in-service training, this module is a two hour presentation, including a training film. Mental health and medical contractors also receive training on sexual violence in prison as part of their 40-hour new employee orientation. Prior to September 2003, training was conducted in a lecture format.

Partners and Administration: The prison sexual violence module is delivered by the director of the research and planning division. Training staff play inmates during situational training exercises that require recruits to respond as certified correctional officers would.

Staffing and Staff Time Dedicated to the Initiative: The director of the research and planning division devotes time to develop and present the prison sexual violence module. Trainers perform tasks related to Massachusetts's prison sexual violence training as part of their everyday responsibilities.

Staff Training: (see "description of program" box below)

Description of Program: To ensure new recruits have practical experience by the time they enter a facility as a correctional officer, Massachusetts incorporates hands-on practical drills into its ten-week preservice academy. Massachusetts's training staff use the academy's physical structure—the building was a minimum security institution prior to 2003 when it became the training academy—to present various scenarios that recruits will likely encounter as correctional officers in prison. For example, in the middle of a lecture, a cadet may receive a transmission over his radio that an inmate (really a trainer in character) in housing unit A has fallen ill and is complaining of chest pains. It is the

cadet's duty (acting as a correctional officer) to assemble his response team, lead the team to the scene, address the "sick inmate" and the other "inmates," respond to the inmates' immediate needs, and report the situation to his "supervisor."

Throughout training, recruits always stay in their roles as correctional officers—they begin the day as correctional officers at a facility would, dressing in full uniform and taking stock of current conditions in the facility, and they are on call all day. They are expected to conduct themselves as correctional officers would at all times, allowing recruits to make mistakes at the training academy, where liabilities are limited. The approach helps recruits successfully bridge the gap between training and the job.

While the most unique aspect of training in Massachusetts is its delivery and focus on practical training and skills development, Massachusetts also strives to shift attitudes about managing inmate behavior. More focus is placed on interpersonal communications with inmates than previously.

The Prison Sexual Violence Training: At the academy, the preservice sexual assault training curriculum is a three-hour module. It is delivered by Robert Dumond, director of the department's research and planning division. Mr. Dumond not only delivers the material, but he designed the curriculum and the handouts. Specifically, the training module details the Prison Rape Elimination Act of 2003 (PREA), defines prison sexual violence, details probable impacts of a sexual violence incident on the prison community and its members, and outlines punishments and liabilities for staff perpetrators. Handouts include reproductions of selected portions of articles on prison rape (including figures on the cycles of victimization in the assault of inmates, strategies for intervention, and a table of key medical and psychological interventions), a summary of PREA, and frequently asked questions and answers about the National Prison Rape Elimination Commission. Two videos are shown: a 6 minute documentary about the Rodney Hulin story entitled "No Escape" and a vignette about investigation that includes a negative way and a positive way to conduct investigations and aired during a NIC broadcast in January 2005. (Note that all DOC staff, including those hired prior to the incorporation of sexual violence training into preservice training, have received training on sexual violence tailored to their specific position. Mental health and medical contractors also receive training on sexual violence in prison as part of their 40-hour orientation into the DOC.) Mr. Dumond has conducted research and written on the subject of prison rape for 15 years and continues to present nationally on the topic. Respondents believe having a knowledgeable and passionate presenter on the subject is important to successful dissemination of information and in fostering buy-in and understanding from recruits.

Funding Source: Internally funded

Evaluation Results: Massachusetts does not have an evaluation in place at this time.

For more information on this initiative, contact William Dupre, director of staff development at 978-514-6704.

Other Initiatives

Massachusetts DOC medical and mental health contractors provide on-site, follow-up services to victims of inmate sexual violence. (For more specifics on follow-up services, please see the "Description of Policy" under the "Investigation Policy" section.)

Planned Improvements to the Response

In June 2004, after conducting a top-to-bottom review of the Massachusetts DOC, an independent panel set forth 18 recommendations to alleviate cultural and systematic problems in the MA DOC. The department responded by forming subcommittees to address each of the recommendations. Each committee was tasked with transforming the assigned recommendation into action steps that the agency and its institutions could operationalize. In other words, each subcommittee was tasked with formulating a strategic plan for institutionalizing its assigned recommendation. Massachusetts's prison sexual violence response will benefit from the improvements to be made in four areas recommended for revision by the panel: the inmate disciplinary process, the inmate grievance procedure, investigations, and the classification system. The PREA workgroup, established in February 2005, is also developing action items around prison sexual violence for incorporation into the larger reform agenda.

Additionally, Massachusetts's training staff hope to revise the prison sexual violence curriculum. They also plan to augment the training on PREA given to mental health and medical contractors.

Other suggested improvements aim to increase awareness and improve data collection efforts. Specifically, suggested improvements include installing television monitors in institutions' waiting areas so that information about available health and substance abuse services and PREA-related programs may be shared with inmates' family members. Currently, Massachusetts captures its incidents of sexual violence on a combination of paper forms and electronic databases. Today, the electronic databases are used mainly as a case management tool, though the research department may use them to produce prevalence statistics and trend reports. In addition to reporting more aggregate statistics and trend data on the information currently collected, Massachusetts hopes to capture more aspects of its collection efforts electronically and improve reporting in the near future. Finally, a job description for a department-wide PREA Manager has been developed. Contingent upon funding, this position will be filled in 2006.

For more information on this state's PSV response, contact James R. Bender, deputy commissioner, at (978) 405-6629 or JIM@doc.state.ma.us.

Minnesota

Minnesota Department of Corrections

Nominated for: Prevention Efforts and Documentation of Incidents

State Overview

As of January 1, 2006, the adult inmate population was 8,874. Males made up 94 percent and women were 6 percent of the population. The racial composition as of January 1, 2006 was 58 percent white, 32 percent black, 8 percent American Indian, and 2 percent Asian. Of these inmates, 625 were of Hispanic ethnicity. All Minnesota Department of Corrections (MDOC) facilities are accredited by the National Institute of Corrections. MDOC does not have any private facilities.

Statewide Policy: Addressing Prison Sexual Violence (PSV)

Goal: Overall, the policy is intended to create a culture in which no one accepts sexual misconduct as part of prison life, and both staff and inmates recognize that everyone has a responsibility to ensure their own safety and the safety of all individuals in the correctional setting.

Target Population: Staff (employees, volunteers, and independent contractors) and inmates

Date Implemented: Training began in 2001.

History: MDOC management recognized that in order for corrections management to cultivate a healthy and safe prison system for both staff and inmates, they needed to alter the law, change policy to create training, and communicate a zero tolerance policy in the area of sexual relationships for both staff and inmates. To help with this effort, in November 2000, MDOC staff attended a five-day training workshop sponsored by the National Institute of Corrections (NIC) for gaining insight into combating staff and inmate inappropriate relationships and sexual misconduct in the correctional setting. After the workshop, a policy team comprised of management and frontline staff from each state facility was formed to draft legislation making sexual contact with inmates a criminal offense and to formulate several trainings for department staff. In 2000, trainings were held with all of the unions that represent MDOC employees to inform them on the statutory language changes that MDOC was trying to implement. The unions agreed that any inappropriate relationships increased the risk at the facilities and agreed to assist in the legislative change. In July 2001, legislation was passed into law making sexual misconduct a felony.

Partners and Administration: The formal collaboration includes the MDOC facilities and central office, Office of Special Investigations (OSI), and the Policy and Legal Services Office. The MDOC facilities and central office ensure that all policies and directives are followed. Also, the central office serves as the executive branch of the collaboration. OSI investigates cases of inappropriate conduct between inmates. The Policy and Legal Services Office investigates cases within the prison system and receives cases after OSI conducts an investigation. The major goal of the Policy and Legal Services Office is to ensure a successful prosecution. Informal partnerships exist between OSI, local law enforcement, and county attorneys. Also, an informal partnership exists between MDOC and local hospitals that are used for sexual assault exams.

Description of the Policy: MDOC policy is that employees, volunteers, and independent contractors will not maintain any interpersonal association with current inmates, their family members, or with former inmates of any jurisdiction or their family members unless specifically approved. The department will investigate allegations of sexual contact, sexual abuse, and sexual harassment involving inmates and employees, volunteers, and independent contractors. This policy does not prohibit professional relationships maintained between employees, contractors, or volunteers with released inmates. To ensure that this policy goal is achieved, MDOC conducts staff training, inmate education, and investigations.

Staff Training: Every staff member with inmate contact is mandated to attend the Crossing the Line Training Program (CLTP). CLTP was a crucial step toward getting staff to believe that the culture must change and inappropriate relationships with inmates is a problem. Staff are also given the guide *Sexual Misconduct with Inmates*, which defines sexual misconduct, sexual harassment, and the boundaries between professional roles and personal relationships. Staff are required to sign affidavits acknowledging that they have received training and a guidebook on the subject. If there are staff that feel they need a refresher, they are able to take additional sessions of CLTP. The *Sexual Misconduct* module and assessment is available online and can be used for one to two hours of in-service/continuing education credit. In addition to CLTP curricula and the *Sexual Misconduct* guidebook, MDOC incorporates training on PSV in other ways. For example, staff attend a three-hour *Avoiding Set Ups* class that has been part of preservice training for some time. The class was enhanced to include a discussion of sexual misconduct. MDOC also has a two-hour preservice class called *Life Inside* that focuses on the day-to-day life of inmates but also talks about sexual behavior in prison settings (about 20 minutes of the full two-hour class).

Inmate Education: As part of the movement to create a zero-tolerance policy on PSV, MDOC began educating inmates on the severity of inappropriate relationships with staff. Inmates receive information with every facility move reminding them that relationships with staff of any kind are not tolerated. Inmates are given a handout on sexual abuse/assault at intake and also attend a PowerPoint presentation within the first 30 days of incarceration as part of a formal orientation.

Investigation: The Office of Special Investigations (OSI) employs civilian investigators in all of the MDOC facilities. Civilian investigators are responsible for investigating

criminal misconduct initiated by inmates and all major internal affairs involving staff. OSI does not investigate criminal charges against staff; OSI contacts local law enforcement to investigate the criminal allegations. OSI has given increased attention to cases of inappropriate sexual misconduct. The policy requires staff to report any suspicion of improper staff conduct with inmates, including rumors of PSV.

Staff Training: Crossing the Line Training Program (CLTP)

Goal: The Crossing the Line Training Program is to ensure that staff understand that they must maintain a professional association with, and a personal detachment from, inmates at all times.

Target Population: All staff, including employees, volunteers, and independent contractors

Date Implemented: A management training class was held from November 2000 to March 2001. The training was repeated in 2004 for all newly promoted or hired management staff and managers that felt they needed a review.

Policy: Every staff with offender contact was mandated to attend the Crossing the Line Training Program (CLTP) in 2004. This specific training is currently presented during Academy and Orientation training. CLTP involves a series of lectures, large and small group discussions, and mini lectures. The training is enhanced with the use of audiotapes, videotapes, PowerPoint slideshows, and transparencies. Staff read letters found during past investigations from staff to incarcerated offenders. These letters illustrate the power of obsession with the offender, the power of control over the offender, and the high possibility for breaches of security. The three major objectives are to (1) recognize the levels of inappropriate relationships with offenders, (2) understand the sexual misconduct law and the consequences of violating the law, and (3) bring forward issues and concerns related to inappropriate staff-offender relationships, both for themselves and others. Topics covered in CLTP include

- Levels of inappropriate behavior
- Sexual misconduct law
- What if you are falsely accused
- Statistics
- Real life cases
- Victim versus power concept
- How inappropriate relationships begin and progress
- Risk factors, red flags, and checking yourself
- Scenarios
- Intervention
- Prevention

Inmate Services: Orientation/Education and Protection

Goal: To goal of orienting and education inmates is to familiarize inmates with the areas of the facility and to explain and clarify procedures, rules, and regulations. Inmates are informed of the programs available to them during their incarceration.

Target Population: Inmates, including inmates transferred from another department, and supervised released inmates

Policy: MDOC offers an inmate orientation at each facility consisting of formal classes, video presentations, and written materials. Upon arrival at the facility, inmates receive written and verbal notification regarding sexual assault including prevention, intervention, and self-protection; the prohibition of sexual misconduct; how to identify and report misconduct (including options to report to non-uniformed staff); and information on what defines a false accusation and the penalties for making a false accusation. Specifically, within the first 28 days of admission, all inmates watch the video "Sexual Misconduct for Staff," and receive the brochure "Sexual Abuse/Assault Prevention and Intervention." The brochure defines the meaning of sexual misconduct as sexual abuse or sexual assault. Inmates are given steps to take to reduce the chances of sexual assault. Some of the steps are to be alert and carry themselves in a confident manner; not take gifts or favors from others; say "no" and mean it if others ask them to do something they don't want to do; stay in areas that have plenty of light; carefully pick the people with whom they associate (inmates are encouraged to look for people involved in positive groups and activities); and trust themselves (if they feel like a situation could be dangerous, it probably is). The department provides a supplemental orientation within one week of admission to offenders transferred from another department facility and offenders admitted to a facility as release violators without new felony convictions. Offenders readmitted to a facility within one year are not required to retake the orientation.

Inmates are instructed on how to report an assault or request for sex to any staff member or supervisor. They can report incidents of PSV either verbally or by sending a "kite" (note). Inmates can also send a letter to anyone in the executive office of the MDOC. Supervised releasees can also report sexual misconduct that took place while they were incarcerated to their local city or county police or sheriff. Any signs or reports of sexual activity are investigated. The MDOC takes disciplinary action against inmates who make false accusations.

Investigations

Goals: Each incident is investigated to gather material evidence either to prove or disprove a complaint of sexual misconduct.

Policy: The Office of Special Investigations (OSI) receives and documents all complaints of misconduct. Complaints are entered into a log maintained by the OSI. OSI reviews each complaint and makes a determination about how the complaint will be handled. Options for handling complaints include (1) refer back to the supervisor or

manager for investigation; (2) refer to an appropriate unit, such as HR, Field Services, Management Services or the Office of Diversity; and (3) conduct and complete the investigation. OSI aims to complete investigations within 30 to 40 days of the date of the complaint.

The investigator conducts an interview with the offender(s) in a manner consistent with acceptable practices for potentially traumatized victims of sexual misconduct. The investigator contacts law enforcement to report the allegations. The investigator consults with medical staff if allegations include intercourse, sodomy, or physical force. OSI investigators do not conduct criminal investigations in cases where staff are the alleged perpetrators. Inmates who make accusations against staff are moved to a safe location and local law enforcement (for the jurisdiction where the prison is located) is called immediately. The staff person is removed and placed in a noncontact position (normally they are allowed to continue working until the case can be further investigated). If the staff member is on the premises at the time the accusation is made, the staff member is held on site until local law enforcement arrives. Once law enforcement has completed information gathering for cases where staff are perpetrators, OSI launches an internal investigation and works with local law enforcement to send the case to the county attorney.

In cases where the perpetrator is an inmate and the victim is a staff member, MDOC puts the inmate in a holding cell and escorts the staff member to the local hospital. MDOC automatically moves the inmate to another facility to minimize repercussions from staff, unless the inmate is already at the highest security level. When staff are the victims, they can request that local law enforcement is called in or the state-level bureau of apprehension can do evidence collection.

Funding to Address PSV

The MDOC prison sexual violence programs are funded through state funds. The cost of the program is included in existing budgets.

In 1998, the MDOC developed an inmate incompatibility committee. The goal of the committee was to establish a consistent, centralized inmate incompatibility system to enhance the security and safety of inmates and staff at all adult facilities. MDOC established an incompatibility system to review issues of incompatibility between inmates. The department auditor ensures that incompatibilities are assigned consistently across facilities. Incompatibility lists are confidential.

Any staff can initiate the incompatibility review process by writing an incident report. Case managers, supervisors, or other designated staff complete incompatibility investigations. Each warden has established a facility incompatibility committee to review inmate incompatibilities. The committees have a chair and clerical support with input from case management, security, and the Office of Special Investigations. Within seven business days of receiving an incident report, the committee reviews each issue of incompatibility and the supporting documentation and recommends whether an

incompatibility panel should be assigned. If the committee recommends assigning an incompatibility panel, the supporting documentation is electronically forwarded to the auditor, with a copy to each facility committee chair. The auditor reviews the committee's recommendation, determines whether to assign an incompatibility panel, and electronically notifies the committee within three business days. If the auditor agrees with assigning an incompatibility panel, the Auditor will contact the chair of the facility's committee.

The case manager reviews inmate incompatibilities with the inmate during annual review. The case manager forwards information from the annual review to the facility incompatibility committee, will review information and document action taken. The facility incompatibility committee must forward any recommendation to inactivate an assigned incompatibility panel to the auditor for approval.

Planned Improvements to the Response

MDOC has drafted information on PREA for in-service training that was under review by the wardens and is expected to be rolled out in 2006.

For more information on this state's PSV response, contact Erik Skon at 651-642-0257.

Ohio

Ohio Department of Rehabilitation and Correction (ODRC)

Nominated for: Overall Policies, Prevention Efforts, and Inmate Assessments

State Overview

Ohio operates 32 prison facilities: two privately operated male institutions, 27 Ohio Department of Rehabilitation and Corrections (ODRC) male institutions, and three female ODRC institutions. ODRC is fully accredited by the American Correctional Association (ACA). As of February 2006, the ODRC demographic included 45,179 total inmates, 92 percent male, 7 percent female, 51 percent black, and 48 percent white. The average length of stay for a prisoner is 2.74 years. The distribution of the inmate population among custody levels was 32 percent classified as Level One, 41 percent as Level Two, 23 percent as Level Three, three percent as Level Four, and less than 1 percent was classified as Level Five. Also, ODRC employed 14,045 staff and 7,007 correctional officers. The inmate to correctional officer ratio was 6.4 to 1.

Statewide Policy: Ohio Correctional Institution Sexual Assault Abatement Ten Point Plan (Ten Point Plan)

Goal: The goal is to emphasize zero tolerance related to any incident of sexual assault, whether it involves staff or inmates, and to guide future policies and procedures related to sexual assault.

Target Population: All ODRC staff and inmates.

Date Implemented: The Ten Point Plan was developed in 2003 and went into effect on July 1, 2005.

History: ODRC has had an informal policy pertaining to prison sexual violence (PSV) for years. Since the early 1990s, at least five committees were developed to evaluate the department's policies addressing PSV. In December 2003, Stop Prisoner Rape released a report documenting accusations of staff sexual assault made by female inmates in the Ohio Reformatory for Women. The report is regarded as one impetus behind the creation of the sexual abuse oversight committee. The committee developed two policies that embody the directives contained in the Ten Point Plan. The first policy mandates that every institution have a sexual assault committee (SAC). The second policy provides official policy guidelines for the prevention, detection, response, investigation, and tracking of PSV. The ACA released standards regarding sexual assault just prior to the passage of the Prison Rape Elimination Act (PREA) of 2003. When the standards were released, the ODRC chief of investigations developed the sexual abuse oversight committee to examine the standards and ODRC's policies and procedures. This committee was specifically developed to address inmate-against-inmate and staff-against-inmate PSV. A subcommittee was responsible for writing and implementing the "Ohio Correctional Institution Sexual Assault Abatement: A Ten Point Plan." In addition to

offering specific, operational directives, the Ten Point Plan maintains that ODRC will comply fully with the ACA standards addressing sexual assault and will comply with any provisions set forth by PREA. ODRC institutions' compliance with these standards and any new policies is monitored by central office.

Partners and Administration: ODRC's chief of investigations served as the chair of the Sexual Abuse Oversight Committee. The committee includes ODRC staff and representatives from the central office, mental health, medical, training, education, and research divisions. The committee also includes a sex offender specialist from Mental Health Services. Frontline employees from various facilities across the state, including some case managers, a unit manager, a victim coordinator, and an investigator, also serve on this state-level committee.

Furthermore, the director of victim services developed an informal relationship with the Department of Health's rape prevention coordinators to establish the process by which community rape advocates meet inmate victims at the hospital. Additionally, the director of victim services has reviewed all the training and informational materials with the rape prevention coordinators, and made recommendations to ODRC.

ODRC has a formal relationship with the Ohio State Highway Patrol (OSHP). OSHP conducts all formal investigations of criminal activity that occurs in the prisons. There is a state trooper assigned to each prison.

Description of the Policy: The Ten Point Plan's main provisions include:

1. *Staff training:* The training superintendent is responsible for implementing the training of all staff on sexual assault. New staff receive training regarding prevention, detection, response, and investigation during preservice training. Current staff receive training on sexual violence during their annual in-service training.

2. *Inmate education:* ODRC developed standardized educational information regarding inmate-against-inmate and staff-against-inmate sexual assault. The educational materials address the topics of prevention, self-protection, how to report sexual assault, and treatment and counseling available if a sexual assault occurs.

3. *Victim services:* Each prison has a sexual assault committee (SAC) and a victim service coordinator. The director of victim services is continually updating information regarding rape and sexual assault by maintaining close contact with community victim services organizations. As new information regarding sexual assault becomes available, it is considered for incorporation into policies and programming.

4. *Investigation procedures/training*: Allegations of sexual assault or misconduct can be made to any staff person. When an allegation is made, the person to whom the allegation was reported immediately notifies the captain and the shift commander. The shift commander and the captain immediately contact the investigator (if the report is during the day), and the investigative process begins. In collaboration with OSHP, ODRC implemented a department-wide training for investigators on investigative techniques and procedures for PSV cases.

5. *Electronic tracking/identification of inmate aggressors/manipulators*: A method was developed to track inmates who are known to be sexual aggressors and/or who have attempted or been involved in inappropriate sexual relationships with staff.

6. *Prevention efforts*: In addition to staff training and inmate education, the ODRC has implemented numerous policies aimed at preventing sexual violence and inappropriate sexual relationships. ODRC has a hotline that inmates can access from inmate phones within the facilities. It goes directly to the voicemail of the chief of investigation. The voicemail is checked each morning for messages.

7. *Inmate screening*: Upon arrival at the reception center, all new inmates are screened for violence indicators, including sexually predatory behaviors. The results of this screening are forwarded to the inmate's parent institution (and they move with the inmate if she or he is transferred) and are used by unit managers and other staff in making housing assignments and other administrative decisions. Additionally, within 24 hours of arriving at an institution, inmates receive a mental health screening that includes a review of sexual victimization and/or sexually predatory behavior. If it is determined that an inmate is at significant risk of sexual victimization—either at the time of this screening or at any other time—the inmate is referred to the Sexual Assault Committee within his/her institution.

8. *SORR program*: Any offender who is convicted of a sexual assault in prison must go through the Sex Offender Risk Reduction (SORR) program. SORR is an ODRC-wide sex offender treatment program. Any offender within ODRC who committed a sex offense within the last 15 years is also required to participate in this program.

9. *Security review team*: ODRC used PREA funding to develop a security review team to conduct security reviews of the women's prisons: The Ohio Reformatory for Women, Northeast Correctional Institution, and Franklin Pre-Release Center. The purpose of the reviews was to assess building security and security in other areas (i.e., warehouses, farms). Issues studied included placement of officers' desks, lighting, use of cameras and mirrors, and line-of-site issues. The review also included an assessment of daily procedures to ensure effective security and accountability.

10. Process involvement team: The process improvement team submits recommendations to the sexual abuse oversight committee regarding inmate disciplinary actions, staff disciplinary actions, and criminal sanctions, and develops recommendations on how to encourage inmates to report sexual assaults and threats of sexual assault.

Staff Training

Sexual Assault: Training pertaining to inmate-against-inmate sexual assault and inappropriate staff and inmate relationships is provided to all new staff during preservice training and all current ODRC staff during annual, in-service training. Topics covered include: prevention, detection, response, and investigation. The preservice and in-service training is conducted in a classroom setting. In the preservice training, the module

regarding PREA and related topics is approximately two hours in length; in-service training regarding PREA and related topics is approximately 90 minutes in length. This training is mandatory for all staff at all levels within ODRC. There has also been specific training for medical and mental health staff, the victim service coordinator, and the investigators.

Victim Services: Sexual Assault Committee (SAC) and Victim Service Coordinator. All ODRC prisons must have a SAC. The committee is appointed by the warden and at a minimum includes the deputy warden of operations (chair), the institutional investigator, the victim service coordinator (assigned to each particular case), the deputy warden of special services, and any other staff that may have relevant input. The designated victim services coordinator (coordinator) meets with a victim by the end of the day following an allegation or the filing of an incident report. Staff volunteer to take on the roles and responsibilities of the coordinator position in addition to their regular duties within ODRC. The coordinator provides support for victims of sexual violence while they go through the investigative process. They let the victim know what steps/activities will occur, and if the victim so desires, the coordinator can be present during the ODRC and OSHP interviews. They also inform the victim about the activities that will take place at the hospital (examination, rape kit, other evidence collection, etc.). The coordinator conducts a preliminary assessment of the inmate's current safety needs and also reviews his/her privilege level to ensure the victim is afforded the same level of privileges in the safe housing area. The coordinator reviews the inmates' needs regarding housing, medical, mental health, threats of harm, and any other concerns the victim raises. While in safe housing, mental health staff and medical staff meet with the victim about the incident and provide necessary services or referrals. Mental health staff provides a recommendation of where the inmate should be housed. The full SAC is required to meet to discuss the case within seven days of the report. At that time, the committee discusses next steps for the victim and the accused perpetrator. No later than eight days after the report of the incident, the SAC provides the warden with a written recommendation regarding the overall management of the case. SAC recommendations can include housing, program assignments, treatment, and other follow-up recommendations. The warden makes the final decisions pertaining to the long-term placement and care of the victim.

Investigation Procedures

Each facility has an ODRC investigator and an Ohio State Highway Patrol (OHSP) investigator assigned to it. These individuals investigate all criminal allegations, not just those related to sexual violence or misconduct. Regarding sexual assault, the ODRC investigator first ensures that the perpetrator and the victim are separated and makes sure they are each in a secure location. The investigator then notifies the victim coordinator. By policy, evidence is collected from the victim and the alleged perpetrator (if the incident is reported within 72 hours for accusations of anal and vaginal penetration or within 24 hours for oral penetration), and the ODRC medical staff examines the victim to determine if the person should have a rape kit conducted. All ODRC rape kits are conducted at the emergency room of a non-ODRC hospital in the local community. The

OSHP investigator meets the victim at the hospital and begins his/her investigation at that time. If the allegation is not reported within 72 (or 24) hours, the OSHP investigator meets the victim at the prison. The victim is not transported to a hospital.

Electronic Tracking

Goal: To assist staff in making administrative, housing, program, and work assignments for inmates' known to be aggressors or victims.

Date Implemented: Fall 2003

Policy: ODRC implemented a method to track inmates who are known to be sexual aggressors and who have attempted or been involved in inappropriate sexual relationships with staff. ODRC developed an inmate assault report in the department offender tracking system (DOTS). Information pertaining to sexual assault or misconduct cases, including details of the incident and the alleged perpetrator and victim, is entered into DOTS when the rules and infractions board finds an inmate guilty of sexual misconduct. The inmate assault report does not include information on medical, mental health, or other services received. When an inmate is flagged as an aggressor or a victim, an alert is generated that appears on certain highly used DOTS screens. The Bureau of Research has added all historical cases to the DOTS inmate sexual assault report to make the database complete.

Funding Source: Ohio received a PREA grant after the Ten Point Plan had been developed. The grant money was used to purchase new technologies to aid in prevention (systems to electronically monitor areas in the prisons) and to aid in investigating alleged incidents (purchase of computer voice stress analysis system). The PREA grant funds were also used to purchase multimedia equipment to develop training films and to support additional data collection requirements. PREA grant funds were also used to conduct the "Back to Basics" security reviews of the three women's prisons.

Evaluation Results: The Bureau of Research is collecting data regarding sexual assaults; however, there has been no formal evaluation of ODRC's new policies and procedures on sexual assault and inappropriate sexual contact.

Other Initiatives

Additional strategies employed by the ODRC to address issues surrounding sexual violence in prisons include:

Data collection: The Bureau of Research has developed a database on inmate-against-inmate sexual assault incidents and staff sexual misconduct incidents, drawing information from multiple sources (inmate-against-inmate assault incident reports from the institutions, special incident reports from the Office of Prisons, reports of inappropriate inmate-staff relationships from the Office of the Chief Inspector, and records of the Ohio State Highway Patrol on rape and sexual assault investigations in

ODRC). Compiling this information in a central data system will allow the department to better track and assess the prevalence of sexual violence and misconduct and will help inform future policy development.

New staff screening: ODRC employs an admissions screening video as a tool to assess the fitness of potential new ODRC correctional officers. Correctional officers view a video with 66 scenarios and must answer a series of questions intended to measure their behavior in similar situations. Some of the scenarios include inappropriate sexual contact between staff and inmates. This process is intended to screen out candidates who are unsuitable for work in a corrections setting. In addition, background screening of potential employees has become more thorough.

For more information on this state's PSV response, contact Gary Croft @ ((614) 752-1674 or Gary.Croft@odrc.state.oh.us).

Source of State Statistics:

http://www.ODRC.state.oh.us/web/Reports/FactSheet/February%202006.pdf

OODRC Fact Sheet for February 2006.

Oregon

Oregon Department of Corrections

Nominated for: Victim Services, Staff Training, Research, and Inmate Assessments

State Overview

The Oregon Department of Corrections (ODOC) provides administrative oversight and funding for the community corrections activities of Oregon's 36 counties and is responsible for the management and administration of all adult correctional institutions and other functions related to state programs for adult corrections. It has seven major divisions. On October 1, 2005, the ODOC housed 12,877 offenders, 92 percent were male and 8 percent were female. The racial and ethnic composition of the inmate population was as follows: 81.9 percent white, 8.7 percent black, and 7.3 percent Hispanic.

Statewide Policy: Oregon Department of Corrections Prison Rape Elimination Act (PREA) Action Plan

Goal: The ODOC aims to aggressively address the issue of sexual assault and misconduct in its facilities by implementing its statewide PREA action plan that includes staff training, inmate education, victim services, and response and investigation practices. Also, to prevent prison sexual violence (PSV), ODOC monitors inmate behavior. An objective of the plan is to raise awareness and create a zero tolerance policy as a way of doing business.

Target Population: All new and in service staff, incoming and current inmates

Date Implemented: The PREA action plan became effective on May 25, 2005. A full-time special projects manager was hired to facilitate and oversee the action plan implementation in July 2005. Also, in 2005, the Oregon legislature passed Senate Bill 89 that made sexual contact between staff and inmates a felony offense.

History: The ODOC has had an informal policy against sexual violence in prisons for decades. In 2003, the ODOC commissioned a study on high-risk inmate behaviours including consensual and nonconsensual sexual contact. Upon completion of the study, a steering committee and two working groups were established: the High-Risk Inmate Behavior Policy Group and the Prison Rape Elimination Act (PREA) Policy Group. The PREA policy group was tasked with developing recommendations for a comprehensive policy addressing sexual violence in Oregon's prisons. A result of their work was the Prison Rape Elimination Act action plan (PREA action plan). The PREA action plan includes the components staff training, inmate education, victim services, and response and investigation practices. Additionally, ODOC separates and monitors predatory and

vulnerable inmates, sexual aggressors and victims in an effort to reduce the incidence of sexual misconduct and to improve security so inmates feel safe.

Partners and Administration: The primary partners involved in the PREA action plan are central office administrators, health services, counseling and treatment services, institution security experts, the Oregon Youth Authority, Oregon State Hospital, state epidemiology division, and individuals involved in HIV and Hepatitis C working groups. The partners were brought together at the beginning of the process, with the formation of the steering committee and subsequently the PREA policy group and the High-Risk Inmate Behaviors Policy Group. The partnerships are not formalized with memorandums of understanding or other formal arrangements. As the PREA action plan was being developed, the steering committee met on a monthly basis and the two working groups met more frequently. The steering committee and working groups now meet on an as-needed basis.

Description of Policy: The PREA Action Plan is comprised of (1) staff training, (2) inmate education, (3) victim services, (4) response and investigation practice, and (5) inmate monitoring components.

1. Staff training on sexual violence is distinct from training on more general violence. All staff are trained on inappropriate sexual contact and sexual violence. The PREA coordinator in the operations division is responsible for the development and implementation of lesson plans for the new employee orientation and in-service training.

2. At intake, inmates receive written information on preventing incidents of PSV and services available and watch an informational video.

3. The PREA plan includes various services for victims such as sexual assault response teams (SART), a sexual assault liaison in every prison, an inspector general hotline, and medical and mental health treatment services.

4. The plan provides detailed procedural guidelines on the reporting and investigation of sexual assaults. These include step-by-step guidelines for ODOC staff and investigators to follow when an incident is reported through the investigation and disciplinary action.

5. The ODOC also separates and carefully monitors predatory and vulnerable inmates and sexual aggressors and victims to reduce the incidence of sexual misconduct.

Staff Training: PREA Plan Staff Training Module

Goal: To create institutional cultures that discourages sexual aggression and misconduct.

Target Population: All ODOC employees, at every level

Date Implemented: 2006

Policy: There is a specific curriculum dedicated to in-service and preservice (new employee) training on inappropriate sexual contact and sexual violence. Employees must take this training every other year. Topics included in the in-service training program are the history and purpose of PREA; inmate rights; hotline procedures; warning signs of victimization and predatory behavior; official ODOC procedures for reporting, responding to, maintaining confidentiality of, and investigating incidents; and inmate educational materials.

Inmate Education

Goal: To increase awareness of safe reporting mechanisms and available services to victims.

Policy: Upon admission to ODOC custody, inmates receive written information about sexual misconduct and violence, including how to avoid risk situations, how to safely report rape or sexual activity, how to obtain counseling services and medical assistance, and the risks and potential consequences of perpetrating sexual violence or engaging in inappropriate sexual activity. At intake, inmates also view a video that conveys similar information.

Victim Services: SART

Goal: To prevent further criminal activity by ensuring that the services provided address the physical and psychological trauma experienced by the victim.

Target Population: Victims who are incarcerated and former inmates released in the community; staff who are also victims of PSV

Date Implemented: February 1, 2005

Policy: Every institution has a SART, consisting of the sexual assault liaison (a staff person designated by the superintendent to coordinate the response, reporting, monitoring, and follow-up to incidents of sexual assault or coercion within each institution), a mental health staff member, a health services staff member, and in some instances the chaplin to respond to all incidents of sexual assault or sexual coercion. The sexual assault liaison coordinates with the officer in charge (OIC) and the remaining members of the SART to assure the victimized inmate is physically safe and provided treatment by health services and mental health services as necessary. The sexual assault liaison maintains monthly contact with the victimized inmate to ensure the inmate accesses services and is not subjected to unintended negative consequences as a result of his or her victim status.

Within 24 hours of reporting the incident, victims are contacted by a member of the SART and are referred to counseling treatment services, and other services they may require. Mental health services are available to victims through counseling treatment

services. The need for long-term treatment is determined, and the treatment plan is developed and managed.

Victim Services: Inspector General Hotline

Dedicated telephone numbers for both inmates and staff have been posted and distributed to all inmates and staff. The hotlines are available so inmates and staff can report any alleged misconduct on the part of an ODOC inmate or staff. The caller provides information on a message answering machine that is reviewed every business day by the ODOC Inspector General's Office. The hotlines are not solely for reporting sexual incidents.

Response and Investigation

Goal: To aggressively respond to, investigate, and support the prosecution of sexual misconduct in Oregon's prisons, both internally and externally, in partnership with law enforcement and county prosecutors.

Policy: The plan stipulates different procedures, depending on when the incident is reported (evidence collection from the victim and alleged perpetrator occur if the incident is reported within 72 hours). The Oregon State Police (OSP) conducts all investigations of inmate against inmate sexual violence. OSP and the Office of the Inspector General investigate allegations of staff against inmate sexual misconduct or violence.

Research: In 2003, ODOC commissioned a study to determine the incidents of high-risk inmate behaviors that may contribute to the spread of infectious diseases within ODOC prisons and in the communities to which prisoners return after release from prison. Questions regarding the frequency of prison rape were included in the study. This study was instrumental in informing the development of the ODOC PREA action plan. ODOC has another study underway that examines the transfer of disease within ODOC prisons.

Funding to Address PSV: The ODOC did not receive a PREA grant. Administrator and staff time dedicated to the development of new policies and procedures as reflected in the PREA action plan, as well as additional staff duties and activities that emerged as a result of the plan are funded from the existing ODOC budget, primarily from facility budgets.

Planned Improvements to the Response

Staff Training: The ODOC has plans to offer periodic specialized training to mental health professionals, SART members, health services professionals, chaplains, ODOC investigators, and other staff who would benefit from such training.

Data Collection: The ODOC will establish data collection systems to accurately track sexual misconduct, facilitate identification of the core causal factors, and annually incorporate "lessons learned" into improved operations and services toward a sustainable zero-tolerance standard.

Inmate Screening and Matching: The ODOC plans to begin screening inmates to assess at intake whether they are at risk of being victims or perpetrators of sexual violence. The ODOC has developed two assessment tools. Based on these assessments, indicator scores are assigned to inmates found to be at risk of either victimization or predatory behavior. The indicator scores will be entered into the database and will be used in making housing assignments and other program assignments. A longer-term goal is to use the assessments to identify vulnerable and predatory inmates and to develop treatment plans specific to each offender. Also, ODOC plans to implement the Cellmate Program, a computer program designed to assist staff in matching inmates as cell partners in a way that will reduce the risk of sexual assault and predatory behavior. All cell assignments for inmates will be determined using this automated system that recognizes key risk factors and indicator scores.

For more information on this state's PSV response, contact Kimberly, Hendricks, Special Needs Population Manager, at (503-945-9241).

Pennsylvania

Pennsylvania Department of Corrections

Nominated for: Overall Policy, Prevention Efforts, Victim Services, Staff Training, and Documentation of Incidents

State Overview

The Pennsylvania Department of Corrections (PDOC) has 26 institutions and a population of 42,554 inmates as of January 31, 2006. All facilities within PDOC, including the training facility, are ACA and NACH accredited.

The racial composition of the state prison population as of December 31, 2005 was: 37.4 percent white, 50.9 percent black, 11.0 percent Hispanic, and 0.7 percent other. In addition, gender was classified: 4.6 percent of inmates are female.

As of December 31, 2005, the prison population was at 110.5 percent of its capacity and 49.2 percent of the offenders were serving time for Part I crimes—Part I crimes are those crimes deemed most serious by the FBI; these include homicide, rape, robbery, aggravated assault, burglary, larceny, motor vehicle theft, and arson—25.9 percent for Part II crimes, and 25.0 percent for parole violations. The prison population in 2002 averaged five inmates per correctional officer.

PREA Committee

Goal: The PREA committee designs and implements PA's PREA policies and procedures.

Target Population: Employees, stakeholders

Policy is statewide.

Number Served to Date: As of 2005, the committee has instituted all intended policies at all facilities. The committee is no longer creating new policies; it is completing implementation and maintaining current procedures.

Date Implemented: The PREA committee was incorporated in June 2004.

History: Prior to PREA, the PDOC addressed staff sexual misconduct and PSV by providing training about misconduct as part of their code of ethics training, passing legislation that made sexual misconduct a felony, and by pursuing prosecution of law violations. However, PREA created an opportunity for the state to review its approach and revise its PSV policies. The PDOC decided to create a committee to review their policies. The PDOC attempted to include every entity within the department and some outside agencies within the PREA committee. The people represented on the committee were chosen because of the functional arm they represent.

Partners and Administration: The PREA committee included representatives from every entity within the DOC and many outside entities, including the Pennsylvania Coalition Against Rape (PCAR) the Pennsylvania State Police (PSP), probation and parole, community corrections, and the county jails.

Staffing and Staff Time Dedicated to the Initiative: All initial members of the committee continue to be involved. Areas represented on the committee include inmate services, legal, health care, training, victim services, standards and practices, grants management, data collection, mental health, the sex offenders' program, the Pennsylvania State Police, PCAR, probation and parole, and community corrections. Committee members were chosen to participate in the committee by the deputy secretary of administration because of the functional arm they represented. The committee was formed soon after the PREA legislation passed and met monthly until all policies and procedures were planned and implemented. By the second half of 2005, the committee was planning to decrease the frequency of their meetings and move toward addressing sustainability. The deputy secretary of administration remains in the position of chairperson and has the ongoing responsibility of tracking new policies and procedures as they relate to PREA and determining what further steps, or revisions to policies, the committee should examine.

Staff Training: All policy components created by the PREA committee, including staff training, have been implemented. The PREA committee examined all policies and procedures relating to sexual violence and adapted policies as necessary. In addition, the committee developed a new staff training addressing both these policy changes and further expanding the knowledge of the employees regarding prison sexual violence. Further details regarding this training can be found below.

Description of Service/Policy: The main components of the Pennsylvania response to PSV are (1) staff training, (2) inmate education, (3) policy development, (4) data collection and analysis, and (5) collaboration with PCAR.

From these main components, the committee examined the policies and procedures the PDOC had in place and adapted and/or rewrote areas that were inadequate. The committee worked on

(1) Developing a new staff training specifically addressing prison sexual violence, including both inmate versus inmate and staff versus inmate violence. This training used the expertise of PCAR throughout its writing and review;
(2) Developing an inmate education program, again relying on PCAR for technical assistance;
(3) Examining all policies and procedures relating to sexual misconduct and made sure that all policies coincided with the PREA legislation,
(4) Implementing and training staff on WebTAS, a new information management system. This new system allows information that was previously housed in many different reports to be pulled together for a comprehensive report; and finally,
(5) Contracting with PCAR. DOC and PCAR have focused their work directly on the issue of PSV to create comprehensive and appropriate victim-focused policies.

Funding Source: PDOC received a $580,000 PREA-grant from the federal government. Approximately $452,000 of this grant went toward implementing and training on WebTAS. The other $118,000 was awarded to PCAR for their work on the committee and technical assistance.

Evaluation Results: There has been no evaluation of policies or programs in Pennsylvania, to date, however, the DOC plans to evaluate their initiatives using WebTAS data.

Inmate Orientation and Reception

Goal: The goal of the inmate education is to ensure all inmates understand the policies and procedures around PSV, understand that being forced into sexual activity is not appropriate, and recognize staff want to protect them and help them. The DOC wants to encourage inmates to come forward with issues related to PSV.

Target Population: All inmates

Statewide Policy

Number Served to Date: As of June 2005, all inmates received the inmate education piece on PSV. Moving forward, all new inmates receive this education during reception and orientation.

Date Implemented: July 2005

History: Prior to the current inmate education curriculum, inmates were not informed about issues surrounding PSV. The PREA committee wanted to develop training that would help inmates recognize aggressors and understand what to do if they were sexually assaulted.

Partners and Administration: DOC developed the orientation; PCAR and the entire PREA committee reviewed the training.

Staffing and Staff Time Dedicated to the Initiative: No additional staff were hired for the introduction of inmate training. The treatment staff within facilities provided the education curriculum for current inmates and orientation staff will provide it from this point forward. These new tasks are added responsibilities to current positions.

Staff Training: Staff prison counselors were trained to conduct inmate orientation regarding PSV.

Description of Service/Policy: Inmate education regarding prison sexual violence was conducted within each prison and was facilitated by a counselor. All current inmates have received this education. Today, all incoming inmates are educated through this program

at the diagnostic centers (Camp Hill for men and Muncy for women) when they are received.

The orientation in the diagnostic center is a 6-week process during which DOC staff classify and provide the inmates with information on life in prison. Within the first two days, new inmates complete the PSV education program. The curriculum includes definitions of sexual assault, what to do if involved in a PSV incident, how to report the incident, who to contact if involved in an incident (both inside DOC and outside DOC—specifically PCAR), the ways to avoid becoming a victim (for example, being aware of someone who is offering protection), and the impacts of being a victim. It also covers confidentiality, such as the fact that in the DOC, only those who need to know about the incident are informed. This program covers both staff-on-inmate and inmate-on-inmate sexual violence. The program is delivered via a video presentation and includes opportunities to discuss materials. It takes about 50 minutes to complete.

Funding Source: The DOC absorbed all costs related to inmate education and no new staff positions were created for this program. DOC staff felt that Pennsylvania was at a point that they had implemented their programs and were now ready to concentrate on implementation and maintenance. The staff felt that this program was sustainable without additional funding.

Staff Training

Goal: The goal of the staff training is to educate staff about laws, policies, and procedures regarding prison sexual violence and to help them learn how to identify the characteristics of both victims and perpetrators of PSV.

Target Population: All "contact" staff, which includes correctional officers, drug and alcohol abuse counselors, maintenance, and food service staff.

Policy is statewide.

Number Served to Date: All current contact employees completed the sexual violence component of training between December 2004 and June 2005 (approximately 14,000 employees). All new employees will complete this component of training as part of their basic preservice training.

Date Implemented: Implementation of the training began in December 2004.

History: Before PREA, PDOC addressed staff sexual misconduct and PSV in two ways: (1) they provided training about misconduct as part of their code of ethics training, and (2) they passed legislation making staff sexual misconduct a felony. PREA created an opportunity for the state to review its approach to PSV and revise policy as appropriate to the new legislation. The training regarding professionalism and ethics is now separate from the PSV-specific training. The new PSV-specific training includes information about staff-on-inmate sexual violence and inmate-on-inmate sexual violence. The

trainings do not cover inmate-against-staff sexual assault because staff discuss this information when talking about all types of assault on staff.

Partners and Administration: Training was created with the technical assistance of PCAR. After the training was written and reviewed by PCAR, the entire PREA committee reviewed the training.

Staffing and Staff Time Dedicated to the Initiative: Training officers conduct preservice training at the basic training academy. The in-service training is a computer-based training, which is completed individually by employees through the DOC intranet.

Description of Service/Policy: The PSV Pennsylvania training manual lists the basic/in-service training on the Prison Rape Elimination Act, performance objectives as

(1) Define sexual assault and identify terminology used in the discussion of sexual assault/abuse.

(2) Identify characteristics of a potential assault/abuse victim.

(3) Describe the physical, behavioral, and emotional signs of sexual assault.

(4) Identify staff responsibilities and procedures to be followed in the event of a sexual assault/abuse.

(5) Examine prison sexual assault/abuse prevention/intervention techniques.

Basic preservice training is taught in the classroom. In-service training is conducted by computer-based training (CBT). The in-service training includes an accountability measure by including both a pre- and posttest of staff knowledge. Staff must pass the posttest to be given credit for completing the training. If staff pass the pretest, they have the option of skipping the training and proceeding to the posttest to try and pass the course. Throughout the training, there are pop-up questions to help staff test their knowledge along the way. Once staff pass the posttest, they are given a certificate with their final score. The employee must print this certificate as a record of completion and turn it into their training coordinator. If they do not pass, they must start the training over again. A score of 70 percent correct is passing.

Funding Source: PREA grant money was used to pay for technical assistance and all training materials.

WebTAS Tracking System Implementation

Goal: The goal of the WebTAS is to provide a tracking system through a single point data entry with integration of existing systems for monitoring, reporting, and analysis of sexual incidents.

Target Population: All DOC inmate charges for rape and involuntary deviate sexual intercourse will be tracked in WebTAS. Other sexual charges will be integrated for tracking and analysis purposes.

Policy is statewide.

Number Served to Date: As of June 2005, the WebTAS system was in development and expected to be implemented during the fall 2005.

Date Implemented: November 2005

History: Prior to development of WebTAS, sexual assault data were collected in various systems and extremely difficult to report.

Partners and Administration: Intelligence Software Solutions (ISS), the proprietor of the WebTAS system, modified it based upon the specifications of the DOC to meet the tracking needs of the Prison Rape Elimination Act of 2003. The DOC will administer the system.

Staffing and Staff Time Dedicated to the Initiative: No additional DOC staff were hired for development of this system nor the implementation or use. Consultants were hired to develop the actual database for collecting new data and integrating existing databases. Tracking, reporting, and analysis will be conducted by DOC staff based upon training received from ISS on the use of the system.

Staff Training: Detailed WebTAS training manuals were distributed to all institution security offices with a central office single point of contact for questions or assistance. A presentation on the use of the system will be conducted at a quarterly meeting of the Security Captains. Training on the use of the analytical capabilities of WebTAS was provided to key DOC central office staff.

Description of Service/Policy: The department's policies on collecting data about sexual assaults were updated to include new procedures for tracking and entering sexual assault data in WebTAS. The updates were distributed to each institution's leadership and security offices.

The procedural changes involved detailed instructions for entering rape and involuntary deviate sexual intercourse charges directly into WebTAS as well as entering detailed information on other sexually related charges in an Excel spreadsheet allowing for integration with WebTAS for comprehensive tracking, reporting, and analysis. Additionally, extensive perpetrator and victim information is captured in the WebTAS database to permit further analysis on this subject as it pertains to the PA DOC.

Funding Source: The 2004 PREA grant was the primary source of funding for the development and implementation of the WebTAS system. Most of the funding was for the purchase of central office servers and institution computers on which to run WebTAS.

Collaboration within the PDOC and with outside agencies is a major strength of the PSV initiative in Pennsylvania. All members of the collaboration actively participate on the PREA committee. The following are the collaborating agencies' roles in PA's PSV programming.

1. The Pennsylvania State Police—The PSP are involved in all investigations of sexual violence in prison.
2. Pennsylvania Coalition Against Rape (PCAR) (PCAR joined the committee on November 19, 2004) —PCAR has been involved in the review of staff training and inmate education materials, as well as working with the hospitals around rape kits for prisoners. PCAR sent letters to all hospitals and local rape crisis centers to inform them about PREA so the hospitals recognize they may receive an increase in the number of inmate victims they serve. An arrangement has been made that rape advocates from PCAR will come to the hospital when a victim from the prison brought in, be there during the process. Also, advocates from local rape crisis centers affiliated with PCAR are available to work with individual facilities and individual inmates when allegations are brought forward. Finally, PCAR will provide ongoing training to its constituents throughout the state regarding the unique aspects of PSV.
3. Probation and parole (probation and parole became a part of the committee on April 7, 2005). Parole staff are working with PCAR to develop a list of community resources that can be provided to assault victims reporting sexual victimization while in prison to parole staff once victims are released. They are also working with DOC and PCAR to develop a training on prison sexual violence for the parole officers.
4. Community Corrections, DOC—Community Corrections staff have completed the in-service PREA training.
5. District attorneys—The committee members are trying to encourage local DAs to prosecute PSV cases. DOC is having the local facility superintendents meet with the local DAs to discuss issues surrounding PSV. (Note that the Office of Professional Responsibility, a state-level office, has worked very cooperatively with DAs to prosecute staff sexual misconduct cases.) There have been 10 staff convictions since 1998.
6. County Jails—Some county jails are beginning to implement the same staff training being offered in the DOC regarding prison sexual violence.

The parole office is working with the PDOC to implement prison sexual violence training for parole officers. For this same initiative, PCAR is developing a resource list for parole officers to use when assisting parolees with sexual assault issues, once they have been released. In addition, parole is working with PCAR and the PDOC to create a brochure regarding sexual assault. DOC is working with PCAR to give training at the local level to the 10 regional parole offices. They will also include a segment on PREA in parole's basic training.

There has been some coordination with the county jail system regarding PREA. Many are not seeking the DOC's input or involvement. PCAR has discussed sexual violence with the counties. Within some of the local rape crisis centers, PCAR has heard about issues

within the county jail. The DOC first would like to connect with counties further along; they plan to work with the larger counties and then move out to smaller counties. There is a county warden's conference in October where they hope to conduct a session on PREA.

Finally, the next steps for PCAR within the DOC are the following:

1. The DOC has identified PCAR brochures to put into visiting rooms and medical areas at facilities (regarding risk reduction, male victims, and sexual violence). The DOC will fund printing these brochures.
2. PCAR, along with DOC, will conduct a focus group with inmates. They want to review the inmate education piece and determine what has worked and what else is needed. The PA Prison Society may already have conducted some focus groups.

The DOC are planning cross training between the local rape crisis center staff and the local prison staff and plan to have the sexual assault staff meet with the facility superintendents. They will conduct this training regionally instead of doing a one-time statewide training.

For more information on this state's PSV response, contact Bill Sprenkle at wsprenkle@state.pa.us.

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TEXAS

Texas Department of Criminal Justice

Nominated for: Prevention Efforts, Prosecution and Investigation, and Victim Services

State Overview

On August 31, 2005, there were 106 Texas Department of Criminal Justice (TDCJ) facilities in Texas including 51 prisons, three prerelease facilities, four psychiatric facilities, two medical facilities, seven private prisons, 13 transfer facilities, 16 state jails, five private state jails, and five Substance Abuse Felony Punishment (SAFP) facilities. Thirty-nine facilities in TDCJ are American Correctional Association accredited, and the state is in a continual process of accreditation. Furthermore, on this date, there were 134,233 persons in prison, 14,755 in state jail, and 3,225 in SAFP facilities. The state is operating at 100 percent capacity. Of this population, 92 percent were male and 8 percent were female. The racial composition was comprised of 38 percent black, 32 percent white, 30 percent Hispanic, and less than 1 percent of some other race. Also, 49 percent of the inmate population was imprisoned for a violent offense, 19 percent for a property offense, 20 percent for a drug offense, and 12 percent for other types of offenses. (Offense percentages do not add up to 100 percent because substance abuse offenders are not included.)

Statewide Policy: Safe Prisons Program

Goal: The overall goal of the Safe Prisons Program is to make prisons safer for inmates and staff. Prison administrators want prisoners to have expectations that they can come into Texas prisons without fear of being victimized.

Target Population: All inmates and staff within TDCJ Correctional Institutions

Date Implemented: The Safe Prisons Program was created in 2001. The Safe Prison Program Management Office and the Safe Prisons Council were created in 2003.

History: In 1972, the *Ruiz* case held that imprisonment in Texas represented cruel and unusual punishment and placed the TDCJ under judicial oversight. Over the next 20 years, the TDCJ made changes to policies regarding all issues within their prison system including sexual assault (http://www.monthlyreview.org/0504vogel.htm).

In 2001, the Texas legislature enacted the Safe Prisons Act and began implementing the Safe Prisons Program. After the passage of the Prison Rape Elimination Act of 2003 (PREA), the Safe Prisons Program Management Office was created to address sexual assault within prison beyond the mandates of the Safe Prisons Act. The Safe Prisons Council was formed to guide the management office and to help develop policies and standards relating to sexual assault. The Safe Prisons Council and the Safe Prisons Program Management Office have been responsible for identifying policies and

procedures that needs to be modified to be in compliance with PREA. The council meets monthly to discuss further issues and changes surrounding the Safe Prisons Program. The program management office has been responsible for writing policy changes and additions, as well as developing training curricula relating to sexual assault and safe prisons.

Partners and Administration: The Safe Prisons Council is comprised of people from all entities within TDCJ including, health services, mental health, victim services, classification services, plans and operations, operational review and audits, the special prosecution unit, parole, and the Texas Association Against Sexual Assault. AIDS Foundation Houston (AFH) is another TDCJ partner. AFH is in charge of the HIV/AIDS peer education component and is now in charge of the sexual assault peer education component.

Description of the Policy: The Safe Prisons Program is a comprehensive program that addresses issues of extortion, life endangerment, and sexual violence in prisons. Components of the program specifically geared toward sexual violence include

1. *Staff training*: The Safe Prisons Program Management Office developed the preservice and in-service training for staff regarding sexual assault. The Texas Association Against Sexual Assault and the Safe Prisons Council review all training.

2. *Inmate education/Peer education*: TDCJ currently has a peer education component in which offenders teach classes regarding HIV/AIDS. These peer educators will now teach a sexual assault component.

3. *Investigation*: The Safe Prisons Act mandates the reporting of all sexual assaults to the Emergency Action Center (EAC). The EAC then notifies the Office of the Inspector General (OIG) to begin an investigation.

4. *Victim advocates*: By state law, TDCJ must offer anyone who is raped a victim advocate. An advocate can be any employee who has volunteered for the position and completed the related training.

5. *Prosecution:* The special prosecution unit (SPU) was created to relieve the burden on local county District Attorneys to work with prison cases.

6. *Environmental changes and investigative equipment*: At-risk or identified predators are housed in single cells with large Plexiglas windows. Surveillance equipment is being added to facilities.

7. *Data tracking*: The prison database keeps track of predators, suspected victims, and potential predators. A crime analyst within TDCJ analyzes trends and tracks unfounded cases.

Staffing and Staff Time Dedicated to the Initiative: The Safe Prisons Program Management Office staffs three full-time people. Also, there are 23 full-time Safe Prisons Program Coordinators in the 23 largest prison facilities, intake facilities, and facilities

housing more aggressive and more vulnerable offenders. The unit safe prisons program coordinators (USPPC) monitor the implementation of initiatives sponsored by the Safe Prisons Program within their units in the prison. Each USPPC is responsible for monitoring sexual assault training for staff and inmates, and for working closely with the sexual assault peer education component, and for following any potential sexual assault cases through the entire process to ensure all policies and procedures are maintained. In addition to these 23, grant-funded, full-time coordinators, there are 83 more part-time USPPC within other facilities.

Funding Source: TDCJ received a $1 million PREA grant that was matched with in-kind funds.

Staff Training

Goal: To train all staff on a zero-tolerance standard on sexual assaults.

Target population: Corrections officers and supervisors, nurses, and victim representatives

Policy: All corrections staff are required to complete a 1.5-hour class regarding "Offender Sexual Assault." During the offender sexual assault training, officers learn about sexual assault, traits and characteristics of potential victims, rape trauma syndrome (RTS), staff intervention practices, and evidence protocol. Training is administered annually. Corrections Supervisors are required to participate in "Conducting a Thorough Protection Investigation" training and the sexual assault course. Additionally, TDCJ has implemented training for nurses within the system regarding the performance of examinations, the collection of evidence, the chain of custody, and procedures for testifying in court. The safe prisons peer education coordinator teaches the required victim advocates course to staff who volunteer as advocates. The course is 4 hours long.

Peer Education: Sexual Assault Peer Education

Goal: Peer education training is intended to address the offender culture. A goal of the program is to increase inmate awareness of prison sexual assault.

Target Population: All inmates

Date Implemented: Pilot tested in October 2005

History: AIDS Foundation of Houston (AFH) is under contract with TDCJ for HIV/AIDS peer education. The Safe Prisons Program asked AFH to create training regarding sexual assault in prison. AFH has helped TDCJ write the curriculum and implement the program.

Partners and Administration: AFH has collaborated with TDCJ for about four years.

Staffing and Staff Time Dedicated to the Initiative: A full-time peer education coordinator was hired to develop and implement the peer education component. Safe prison coordinators within prison units monitor the peer education component.

Staff Training: AFH, in conjunction with the TDCJ peer education coordinator, implement the training for the peer educators.

Policy: The HIV/AIDS peer educators serve as the sexual assault peer educators. Inmates who apply for a peer educator position are reviewed and selected by the TDCJ administration. The requirements for peer educators are (1) they must volunteer, (2) they must be within two years of their release, (3) they must have no disciplinary reports or problems, (4) they must be recommended by their supervisors, and (5) they must be housed in minimum custody.

Once the pool of peer educators is selected each year, they attend a 40-hour training course on teaching HIV/AIDS prevention that is taught by AFH or one of their affiliates. Additionally, there is a yearly conference hosted by AFH for all peer educators, during which they can discuss new issues and information (similar to an in-service training). The newest addition is the offender sexual assault training curriculum taught by the peer educators. Trainers teach inmates about the TDCJ rules and procedures on sexual assault, frequency of assault, awareness of harm reduction approaches, problem solving and decisionmaking skills, and resources for victims.

Funding Source: As part of the $1 million PREA grant received, TDCJ hired AFH and its partners to expand the peer education group to include information regarding sexual assault. Some of the grant funding also went toward hiring a peer education coordinator to establish and monitor this component.

Evaluation Results: SAGE Associates is conducting a two-year evaluation of the sexual assault peer education component. Researchers will conduct surveys with participants, educators, wardens, and staff.

For more information on this initiative, contact Gregg Hoagland at Gregg.Hoagland@tdcj.state.tx.us.

Investigation, Victim Support, and Prosecution: OIG, Victim Advocates, and the SPU

Policy: The Safe Prisons Act mandated the reporting of all sexual assaults to the Emergency Action Center (EAC). The EAC has been in place since the late 1980s, and its primary function is to investigate any serious or unusual incidents. If an inmate reports an assault, the EAC is notified. The EAC tracks all serious or unusual incidents and notifies the Office of the Inspector General (OIG), the investigative arm of TDCJ. OIG conducts the criminal investigation, while TDCJ conducts the administrative investigation. Also, after an incident is reported, a victim is entitled to a victim advocate.

The University of Texas Medical Branch trained the advocates on sexual assault, rape trauma syndrome, and the rape kit. These advocates provide support and counseling to victims who request their presence (there were 164 inmates in 2005 who requested an advocate). In addition, the advocates provide information to the victim regarding their rights as a victim. While a victim is at medical services (or the hospital), the advocate is allowed to be present during the rape exam if the inmate requests an advocate be present.

If the investigation reveals probable cause for a case, OIG brings the case to the special prosecution unit (SPU). In the past, county prosecutors did not have adequate resources to work on cases involving inmates. Thus, the SPU was created to relieve the burden on local county district attorneys. If there are enough elements of a case to support probable cause, SPU accepts the case, prepares an indictment, and presents it to the grand jury in the county where the prison is located. The grand jury then decides if there is enough evidence to prosecute.

Funding: SPU received part of the PREA funds to implement specialized training entitled "Prosecuting Sexual Assaults and Related Violent Crimes" for prosecutors and district attorneys. The SPU was given $10,000 to train prosecutors regarding PREA. The training, entitled "Prosecuting Sexual Assaults and Related Violent Crimes," was conducted by the National College of District Attorneys.

Environmental Changes and Investigative Equipment

Policy: TDCJ found in an analysis of Texas sexual violence incidents that most allegations of sexual assault were between cell partners, thus at-risk or identified predators are housed in single cells with doors that have a large, clear Plexiglas window. Additionally, TDCJ is using information compiled by the Safe Prisons Program Management Office to determine where best to place surveillance cameras. TDCJ also requested DVR recorders to help with investigations.

Data Tracking

Policy: The prison database keeps track of "predators" (those with confirmed cases of being a predator), "suspected victims" (those with either numerous claims of victimization, or those with a confirmed claim of sexual assault), and "potential predators" (those who have not been found guilty but have been named a predator numerous times). In addition, the database monitors information about each victim and offender (e.g., height, weight, offenses), as well as information about the offense itself (e.g., location, time). A crime analyst within TDCJ analyzes trends and tracks unfounded cases.

Other Initiatives

Visual Tracking Grid: The visual tracking grid is a paper mapping system that was developed within TDCJ and is being implemented statewide. In July of 2004, an officer working with the security threat group began tracking gangs and gang activity within his unit. The grid is now being used to track fights, assaults, suspicious activity, and sexual

assaults. For each incident, or suspect, an officer places a tack into the location of the incident with information about both victims and suspects. This allows the officer to get a quick visual reference for where incidents are occurring and helps the officer to understand where to look when there is a problem. With this grid, officers have been able to maintain better information between shifts. Those who are identified as offenders are labeled as potential predators, and they have their picture taken and posted for all the officers in the unit to see and more closely monitor that person.

Institution Character Profile: TDCJ has developed an institutional character profile tool to be utilized on selected prisons. The profile is based on qualitative data, including interviews with staff and offenders. The unit culture profile (UCP) is a six-week process that includes four days of interviews and four days of observations. The survey/interview of staff and inmates looks for qualitative themes among 50 staff and 50 inmates (staff and inmates are chosen through a stratified random sample). Each interview takes about 1 to 1.5 hours. Inmates are asked about their likelihood of reporting sexual assaults. Staff and offenders are also asked about how they feel on their unit. Observation is the secondary component to the profile. The UCP was modeled after the Bureau of Prisons profile.

For more information on this state's PSV response, contact Monty Hudspeth at monty.hudspeth@tdcj.state.tx.us.

Sources:

Texas Department of Criminal Justice. "Fiscal Year 2004 Statistical Report." Available at http://www.tdcj.state.tx.us/publications/executive/FY2004%20Statistical%20Report.pdf. December 2004.

Utah

Utah Department of Corrections

Nominated for: Victim Services and Staff Training

State Overview

The Utah Department of Corrections (UDC) oversees two prison sites: the Utah State Prison in Draper and the Central Utah Corrections Facility in Gunnison. The Draper complex consists of eight facilities and the Gunnison complex consists of five facilities. Due to limited bed space, there are about 1,200 inmates housed in county jails on a contract basis. In addition, a few inmates are placed in out-of-state prisons, federal correctional facilities, and private correctional facilities through the Western Interstate Compact and the Interstate Corrections Compact.

The National Commission on Correctional Health Care (NCCHC) accredits the UDC Bureau of Clinical Services.

As of July 11, 2005, the UDC housed 6,103 inmates, 92 percent (5,588) were male, and 8 percent were female. The racial and ethnic composition of the inmate population was as follows: 68 percent of inmates were white, 7 percent were black, and 4 percent Native American; 17 percent of the population claimed Hispanic ethnicity.

Statewide PREA Policy and PREA Implementation Plan

Goals: The Utah Department of Corrections seeks to provide a safe, humane, and appropriately secure environment, free from the threat of sexual assault for all offenders, by maintaining a program of prevention, detection, response, investigation, and tracking of staff-against-inmate and inmate-against-inmate sexual assault.

Target Population: The UDC's PREA policy applies to all UDC inmates, employees, volunteers, and independent contractors assigned to an institution and/or providing services to UDC inmates.

Statewide Policy: The UDC's official PREA policy outlines the policy, procedures, requirements, and guidelines for the prevention, detection, response/investigation, and tracking of sexual assaults. The UDC is committed to zero tolerance concerning the sexual assault of inmates.

Date Implemented: Implementation began in October 2004.

Partners and Administration: The PREA Committee is comprised of representatives from the division of institutional operations, victim services staff, investigations and medical staff, inmate placement staff, and those involved in staff training and inmate education. The department consulted with the Utah Coalition Against Sexual Assault

(UCASA) to develop the sexual assault response team training. Those on the PREA committee are training staff at halfway houses, the adult probation and parole department, and county jails regarding the UDC PREA policies. The investigations unit works with the District Attorney's Office to prosecute prison sexual assault cases. The victim service coordinator has also developed a relationship with the director of counseling in the District Attorney's Office to facilitate prosecution of perpetrators and care for victims. In addition, the victim services coordinator is in contact with community agencies, including rape recovery centers, for crossover and continuum services for inmates returning to the community. UDC staff has attended Salt Lake City Sexual Assault Nurse Examiners (SANE) meetings to look at their model for responding to incidents. The UDC has a contract with the University of Utah Medical Center for SANE nurses to conduct rape kits on victims when necessary.

History: In October 2004, the PREA committee was formed and committee members agreed that the UDC should parallel its response to prison sexual violence to that of effective responses implemented for victims of sexual violence in community settings. To accomplish this goal, committee members visited different local community programs that respond to victims of sexual assault. In planning their approach, members of the PREA committee also conducted focus groups to get feedback from inmates about sexual misconduct within prison. Based on these focus groups, the department decided it was important to set up a confidential hotline to encourage the reporting of PSV incidents. Ultimately, the committee developed the ten-point PREA implementation plan.

Description of Policy/PREA Implementation Plan: The UDC's PREA ten-point implementation plan addresses the following:

1. *Policy:* In order to comply with PREA guidelines, the committee worked to develop a specific policy supporting the zero tolerance of inmate-against-inmate or staff-against-inmate sexual assault and to comply with PREA guidelines.
2. *Staff Training:* The UDC's training academy personnel were responsible for developing the PREA lesson plan and presentation for instructor certification. A formalized PREA lesson plan has been approved and included in the basic corrections block training for all incoming employees since July 2005. The "back-training" of all staff will not be complete until the end of the yearly training cycle in July 2006. To complete "back-training," all divisions within the department were required to identify and make available for training personnel who will serve as in-service instructors for PREA. Training academy personnel are in charge of training identified instructors. The PREA staff training involves a PowerPoint presentation (given in a classroom setting) that details the PREA policies and UDC protocols for responding to incidents. The training also includes NIC materials.
3. *Offender Orientation/Training:* The UDC developed training for inmates addressing: prevention, self-protection, how to report, and treatment and counseling with respect to prison sexual assault. This training is now available to "new" inmates at receiving and orientation. Incoming inmates are given a PowerPoint presentation and handouts about prison sexual violence and the sanctions for perpetrators. Victim service workers and correctional habilitation

specialists (CHS) have been assigned to specific units and are conducting this same training with all current inmates. PSV training information was presented to the general inmate population via posters, group training sessions, and interviews.

4. *Sanctions:* The UDC disciplinary policy has been updated and now includes disciplinary sanctions that are appropriate to meet the requirements of PREA.
5. *Victim Support Persons:* The department identified, developed, and trained a sexual assault response team comprised of correctional officers, medical, mental health, investigations, and victim services staff. Training was developed in consultation with the Utah Coalition Against Sexual Assault and conducted in June 2005. The SART responders in each facility serve the inmate-victim through the investigation phase and help them with any aftercare, including any treatment/counseling plan.
6. *Investigative Procedures:* The department will be reviewing investigations training for compliance with the department's PREA policy and will modify the training as necessary for all investigators.
7. *Tracking of Inmate Aggressors/Manipulators:* PSV-specific incident codes are now used to update the offender tracking information system, "OTRACK." PSV-related classification notations are put into the OTRACK system as "cautions" and inmates are classified as aggressors, manipulators, or victims of inmate-against-inmate sexual assault.
8. *Data Collection:* The department is reviewing OTRACK to see if additional system capabilities could be added to ensure that report documentation, such as related medical report documentation, is available for audit and/or analysis or other related assessments and tracking.
9. *Audits:* The Audit Bureau will develop "Utah Standards" through which institutions will be monitored on their compliance with departmental policies related to inmate sexual assault.
10. *Monitoring of PREA Legislation:* To ensure that the UDC is in compliance with all PREA requirements, members of the committee continue to monitor any developments regarding this legislation.

Sexual Assault Response Team (SART) Training Conducted by the Utah Coalition Against Sexual Assault (UCASA)

To achieve the Department's goal of mirroring an effective community response to sexual assault, the Utah Department of Corrections developed and conducted comprehensive rape crisis advocacy training for staff SART responders with the Utah Coalition Against Sexual Assault (UCASA). UCASA supports and connects all rape recovery centers in the state of Utah and provides SART training statewide for nonprison settings. Consulting with UCASA gave the PREA steering committee a community-based perspective on responding to rape. UCASA brought community responders from around the state to the prison to help identify issues and possible responses to sexual violence in a prison setting. UCASA also helped the UDC modify its standard staff

training to add a focus on offenders with mental health disabilities and to meet correctional staff needs.

Goals: The goals of the SART training developed with UCASA were to meet PREA and state requirements for victim advocacy training, help staff realize that PSV is a bonafide issue, identify and dispel rape myths, adequately educate and train staff to respond to victims within the corrections facilities, and provide a general understanding of rape/sexual assault nationally, statewide, and in the corrections system specifically. The 40 hour, in-depth training session involved many speakers, interactive discussions, and PowerPoint presentations.

Fifty-five staff members completed the 40-hour UCASA training in June 2005.

Those trained by UCASA included:

- Correctional habilitation specialists (CHSs) who serve as case workers and are expected to educate both staff and inmates. There are CHSs in every unit and they plan to do orientation at receiving and orientation and to "back-train" those already incarcerated on the issue of prison sexual assault.
- Victim service workers who are non-uniformed officers and who serve as victim advocates
- Therapists
- Investigators
- Captains
- Halfway house representatives
- Inmate placement program staff who handle those placed in county jails used as overflow facilities for about 1,200 inmates

Staff who have been trained and certified by UCASA are now training other staff in their respective facilities and departments.

The UCASA training costs the department about $50 per person trained.

Sexual Assault Response Team (SART) with Victim Service Worker

The Utah Department of Corrections developed a SART which includes correctional officers, medical, mental health, investigation, and victim services staff who are all required to communicate with each other in response to incidents of sexual assault. The department's development of a specialized victim service worker role on the SART demonstrates a commitment to victim services.

Staff Selection: The steering committee members chose the staff members who would be in the best position to effectively implement PREA policies to be part of the SART. In keeping with the department's efforts to mirror an effective community response to prison sexual violence, steering committee members nominated UDC staff members to serve as victim service workers (VSWs). VSWs function in a victim advocate role in that

they are involved with helping the victim through any consequences of an incident, and they refer victims to mental health specialists or to other needed services. However, they are called victim service workers to avoid possible misunderstandings about the scope of their role and any conflicts of interest. The committee made a conscious decision to use non-uniformed staff members as victim service workers in order to build trust with sexual assault victims in a prison setting. The role of victim service worker is voluntary, but most staff were nominated for the position and then agreed to serve. Most victim service workers have many years of experience working in different roles throughout the UDC but are currently working in various noncustodial and non-uniform positions in the prison system, such as a hostage/crisis negotiator, member of the prison library staff, or on the volunteer and religious services staff.

SART Response: The UDC's Sexual Assault Response Team (SART) is a coordinated response to sexual assault that follows the collaboration required by the department's PREA and SART policies. The timing and method of reporting may influence the SART response. There are several ways victims can report incidents. Victims can send a kite or note requesting assistance, tell an officer or any other prison staff member, or call the hotline reporting number. If an incident is reported to custody, administrative, other staff, or the hotline, then the SART team is activated. If an incident is reported to an officer, the officer takes a report and ensures the victim's safety. The victim and offender are moved to separate units by inmate placement staff for the victim's safety. The perpetrator is assigned to a maximum-security housing unit, and in some cases, the victim receives the same treatment due to safety concerns. The watch/shift commander notifies and calls the medical and investigations departments. The investigations department sends out an investigator any time, day or night, to respond. The investigator notifies the victim service coordinator about the incident and contacts a forensic nurse examiner to collect evidence using a rape kit, if the report is within 72 hours of a sexual assault. Upon a report, the medical department immediately tests both the victim and offender for infectious diseases and conducts follow-up lab reports every 6 to 12 months. Medical counseling is also provided to both the victim and offender, if necessary. The victim service coordinator will arrange for a victim service worker (VSW) to meet with the victim, regardless of the severity of the case.

VSW Response: The juncture at which the VSW interacts with a victim depends on how an incident is reported. When rapes are reported to mental health therapists in prison, this communication is considered confidential between the inmate and the therapist, and therefore is never reported back to custody staff. (Mental health therapists are only allowed to disclose information if they hear about child abuse, elder abuse, or if someone is in danger. If the victim was traumatized to a degree that the clinician is concerned about depression and/or suicide, the victim may be moved to a mental health facility. In addition, if a victim is threatening retaliation, the attending clinician would discuss "duty to warn" implications with his or her supervisor.)

However, if an incident is reported to custody, administrative, or other staff, the SART team is activated and a VSW can then refer the inmate to a mental health therapist for supportive therapy. The VSW will call the therapist to verify that the inmate is receiving

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