



Evaluation of the Colorado Department of Corrections' Prison Rape Elimination Program

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Associate Justice of the United States Supreme Court Harry Blackmun stated the following in regards to the topic of prison rape:

[Institutionalized rape is] nothing less than torture. The horrors experienced by many young inmates...border on the unimaginable. Prison rape not only threatens the lives of those who fall prey to their aggressors, but it is potentially devastating to the human spirit. Shame, depression, and a shattering loss of self-esteem accompany the perpetual terror the victim thereafter must endure (Farmer v. Brennan, 1994).

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EXECUTIVE SUMMARY

The impact of prison rape reaches far past the prison walls, and society is not immune to the psychological, biological, or emotional effects that manifest in the aftermath of a prison sexual assault. Eliminating prison rape is extremely important to protecting the physical and mental health of potential victims, reducing the number of violent incidents that occur as a result of the rape or related retaliation, and protecting the community by decreasing the number of offenders releasing from prison into the community with a sexually transmitted disease or HIV/AIDS, which might be contracted during a rape. The national movement to address these issues was initiated by the Prison Rape Elimination Act (PREA) of 2003. This Act makes clear its dedication to the Eighth Amendment rights to protect federal, state, and local prisoners by prioritizing the prevention of prison rape and a commitment to change prison culture within the nation's correctional institutions.

The Colorado Department of Corrections (CDOC) implemented the PREA program in 2005. Under this program the department has sought to educate staff and offenders, identify potential victims and predators, and employ procedures with which to respond to all sexual incidents involving inmates and staff. The present study aims to evaluate the implementation of the PREA program in the CDOC and provide feedback about the current operations specifically identifying the strengths of the program as well as areas needing further attention.

Method

- PREA incidents were defined by who was involved (e.g., inmate-on-inmate, staff-on-inmate), what conduct took place (e.g., penetration, sexual contact, indecent exposure), and if it was consensual (e.g., forced or not forced).
- Timeframes for the data samples were from January 2005 to December 2007.
- Data samples did not include incidents in the Youthful Offender System, community corrections, or parole.

Results

Incidents

- Reports of PREA incidents increased from 2005 to 2007. The highest number of PREA reported incidents were inmate-on-staff indecent exposure and sexual harassment, which are not part of the federal PREA standards. The increases overall are most

likely due to improved offender and staff awareness as well as improved reporting guidelines and data monitoring.

- The majority of incident reports came from offender and staff sources. The source which appears to be underutilized is the tips line which accounted for very few of the reports received during the targeted timeframe.
- Inmate-on-inmate incidents appear to have occurred in inmate cells (victims and predators) or common areas (e.g., chow hall or yard). The highest percentage of staff-on-inmate incidents occurred in common areas (e.g., chow hall or yard).

Victim and Predator Profiles

- Male victims were significantly younger and more likely to be in prison for the first time compared to predators.
- Disproportionate rates of male Caucasian inmates were found among the victim group and male African Americans inmates among the predator group.
- Male victims of inmate predators had greater academic, sex offender, medical, mental health, serious mental illness, and developmental disability needs.
- A higher proportion of female predators were single compared to victims. Like males, a higher proportion of female victims were serving their first incarceration compared to predators.
- Among staff predators, 96% of female staff perpetrated in male facilities and 53% of male staff perpetrated in female facilities; the remainder was with same-sex victims.
- Staff profile's revealed the highest level of staff predatory behavior appeared to occur in medium security facilities which were closely followed by maximum/administrative segregation facilities.

Diagnostic Assessment of Sexually Aggressive Behavior and Sexual Vulnerability Risk

- Observation and interview methods revealed that assignment of sexual vulnerability risk (SVR) was based on a few brief questions.
- There appears to be variability among the classification staff as to how they assign the sexual vulnerability risk levels, this is likely due to little formal training, brief interviews and rapport building as well as the lack of standardized guidelines.
- The assignment of the sexually aggressive behavior (SAB) level is automatic based on the offender's past

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history of sexual violence and sexual predator convictions.

Offender Orientation

- Offenders have good comprehension of the PREA information presented during orientation.
- Clinical Services staff and facility Chaplains were identified most often as the staff that offenders would be most willing to talk to about a PREA incident. Females reported they would be most comfortable talking to family members.
- A file audit revealed 97% of the offender files had documentation for completion of the PREA orientation.

Staff Training

- Staff attitudes regarding rape were generally in line with ones helpful in reducing prison rape.
- Concerning attitudes included 24% of staff who believed “the way a person acts or dresses could invite rape” and 55% of staff who believe “people are likely to falsely claim rape.”
- The strongest areas of staff comprehension included policy information related to the zero tolerance policy, victim rights, and PREA legislation.
- The weakest areas of comprehension included understanding of deliberate indifference, signs of victimization, recall of victim traits, and crime scene management priorities.

Medical and Mental Health Response

- 37% of PREA victims were treated by medical as a result of a PREA incident. Services provided by Clinical Services or at an outside hospital included anatomical exams, sexual assault nurse examinations, treatment for physical injuries, and trace evidence collection.
- 65% of victims were contacted by mental health within 30 days of a PREA report. Of those that were seen by a mental health counselor, 31% had specific notes indicating the mental health visit was directly related to the incident.
- There were, however, large amounts of missing data and therefore the above findings are greatly limited by the availability of this information.

Investigation and Disciplinary Outcomes

- 80% of cases had investigation start dates in the PREA database, of which 90% started in the same week as the incident was reported.
- 65% of cases had reasons for why the investigation resulted in an unsubstantiated or unfounded out-

come. The majority of the unsubstantiated cases (37%) resulted from little or no evidence, and 10% of the unsubstantiated cases were due to the victim not cooperating.

- This information was also severely limited by missing data.

Recommendations

- A very large percentage (50%) of the offenses occurring in the facilities and subsequently tracked by the PREA office are incidents committed by inmates against staff. It should be considered whether or not these types of incidents should be included under the department’s PREA policy as they are not included at the federal level and they can be very taxing on available resources.
- Operational definitions should be developed for all data elements which are collected in the PREA database. All people reporting and monitoring data should be trained on these definitions and the appropriate use of terms.
- CDOC staff are the largest reporting group, therefore further efforts should focus on how to improve information sharing and data monitoring related to staff reports. Staff should be trained specifically how to write a PREA report and all the necessary information which should be included.
- Findings from the current offender and staff profiles coupled with national research should be used to improve staff training and inmate classification systems. Future staff training curriculums should address the differences between male and female inmates and the differences between victims of inmate versus staff predators.
- Updates to the offender orientation should consider if it is feasible to incorporate inmate discussion, reduce the class size, include live trainers, and update the training videos.
- In an effort to continuously improve the PREA staff trainings, audits of the classes and the content should be done regularly. The curriculum should also address the entire continuum of PREA incident types (e.g., sexual assault vs. sexual activity) and provide practical tools for all types of incidents ranging in severity.
- It is recommended that two additional trainings are developed that are not currently offered: specialized training for classification and data monitoring staff. Classification staff should be provided education and skills necessary to handle sensitive subjects and to make the proper judgments about potential sexual vulnerability and aggression. Data monitoring

staff should be provided training that would reinforce operational definitions, proper use of data systems, and the importance of complying with agency policies for recording and protecting information.

- In order to better track the medical and mental health services for victims a comprehensive data tracking system should be established to monitor referrals to Clinical Services, if they are received, if

they are specifically related to PREA, and what services were rendered.

- Similarly, a stronger data tracking system needs to be established to track investigative information and disciplinary actions following an incident. It is vital that a communication system is established with the District Attorney's office to monitor when cases are referred, when charges are filed and the outcomes of those cases.

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INTRODUCTION

The impact of prison rape reaches far past the prison walls, and society is not immune to the psychological, biological, or emotional effects that manifest in the aftermath of a prison sexual assault. Eliminating prison rape is extremely important to the physical and mental protection of the potential victims. Further, addressing this issue can reduce the number of violent incidents that occur as a result of the rape or related retaliation, thus protecting the offenders and the staff inside. The community, as well, benefits from decreased numbers releasing from prison with a sexually transmitted disease (STD), including Hepatitis C or HIV/AIDS, which might be contracted during a rape. Likewise, an offender's ability to successfully reintegrate back into the community is enhanced if they are not contending with the harmful effects of a rape or assault.

In order to eliminate sexual assaults of this nature, both the incidents and their consequences must be addressed. The first national effort to combat prison rape and sexual assault was initiated by the Prison Rape Elimination Act (PREA) of 2003. This Act makes clear its dedication to the Eighth Amendment rights to protect federal, state, and local prisoners by prioritizing the prevention of prison rape and a commitment to change prison culture.

Societal attitudes toward prison rape seem somewhat apathetic at best and non-existent at worst. Rape within the community has been studied and its effects identified, but prison rape has been largely ignored. Much remains to be researched, particularly the evaluation of programs designed to reduce prison rape and sexual assault.

Effects and Potential Outcomes of Prison Rape

The impact of prison rape on its victims can be both debilitating and overwhelming. In addition to any physical injuries the victim may suffer following a sexual assault, he or she will most likely experience varying degrees of psychological trauma. Contrasted with non-rape victims, researchers reported that prison rape victims were 17 times more likely to attempt suicide (Lockwood, 1983; Robertson, 2003; Struckman-Johnson, Struckman-Johnson, Rucker, Bumby, & Donaldson, 1996). Numerous studies (i.e., Bowker, 1982, as cited in Hensley, 2000; Cotton & Groth, 1982; Dumond, 1992; Peebles & Scacco, 1982, as cited in Hensley; Struckman-Johnson et al., 1996) reported that victims of sexual assault may suffer a loss of self-esteem, an increased fear of contracting STDs (e.g., Hepatitis C, HIV/AIDS), an increased sense of helplessness,

decreased social status, and increased self-mutilation. Moreover, Robertson revealed that over half of prison rape victims reported depression.

Symptoms of depression in rape victims, in addition to fear and anxiety, may manifest into an extreme form of psychological stress called rape trauma syndrome. Common features include nightmares, shame, self-hatred, and feelings of vulnerability to future sexual assaults (Human Rights Watch, 2001). Additionally, post-traumatic stress disorder, or PTSD, is not uncommon in rape victims, especially for cases in which an inmate suffered repeated victimization and therefore experienced feelings of continuous vulnerability (Corlew, 2006).

Yet, rape and sexual assaults affect more than just the victim; they affect the prison environment as well. Sexual assaults are violent in nature, and in some cases a victim may react violently in an attempt to avoid further labeling as a sexual target. Similarly, it is not uncommon for offenders to react violently when sexually propositioned by other offenders; this is meant to establish a reputation so that they are not approached again in the future. These situations subsequently increase facility disturbances and volatility (Nacci, 1982; Nacci & Kane, 1984a).

The effects of prison rape and sexual assault are not bound by the prison walls. The National Commission on Correctional Healthcare (2003) estimated in a 1996 study that inmates released annually account for 13% to 19% of all HIV cases and 17% of all AIDS cases in the community population. Knowing that the offender population engages in high-risk behaviors (e.g., unprotected sex or needle sharing) and are thus subject to many health problems, the potential for the spread of disease is a reality. There is a cost to the community when offenders contract STDs, Hepatitis C, or HIV/AIDS. These costs are reflected not only in the spread of these diseases if the predator or victim engages in high-risk behaviors while in the community, but also in the high health care costs incurred in treating them.

Society is further impacted by the effects of prison rape when victims return to the community upon their release. Offenders face several obstacles when trying to reintegrate back into the community such as employment difficulties, lack of education and social supports, and mental health and substance abuse issues, all of which can be greatly exacerbated in the aftermath of a rape trauma.

Prevalence of Rape and Sexual Assault in Prison

Perhaps the most accurate statement that can be made regarding the prevalence rates of prison rape and sexual assault is that the exact frequency with which these crimes are committed is unclear, as reports of rape and sexual assault have greatly fluctuated. In a 1982 survey, Nacci found that only 0.6% of federal inmates reported that they had been forced to perform undesired sexual acts (Lockwood, 1983), and yet Barnes and Teeters (1959) reported that more than 90% of offenders have been a victim of either sexual assault or rape while incarcerated (as cited in Saum, Surratt, Inciardi, & Bennett, 1995). What has become clearer, from examples such as these, are the challenges that present themselves when trying to do this kind of research. The most common methodological problems are underreporting and the lack of operational definitions.

Robertson (2003) wrote that rape is often underreported due to an interaction of several factors: the inmate may feel ashamed of what happened, may be fearful of predator retaliation, may be bound to silence by the inmate code, and/or may have concerns that the staff will not believe him/her (or worse, that they will ridicule him/her). In cases where corrections officers do not adequately protect the victims, the victim may be subjected to increased levels of violence and may be further stigmatized. Further, some victims may be hesitant to admit to sex, even if nonconsensual, with another male/female because s/he fears being labeled a homosexual or targeted for future attacks (Saum et al., 1995; Struckman-Johnson & Struckman-Johnson, 2000).

The variance in reported prevalence rates can also best be explained by looking at the operational definitions used by different researchers (Saum et al., 1995). Definitions of rape in the literature (e.g., Saum et al., 1995; Struckman-Johnson & Struckman-Johnson, 2000) have been as limited as sexual acts involving physical violence or threat of violence to a more broad definition that encompasses sexual coercion, consensual sex, and even sexually brushing up against another inmate. Even within this continuum are different conceptions of what constitutes physical violence, threats of physical violence, sexual coercion, or consensual sex.

Taking into account the lessons learned from past research, more recent studies have attempted to get a stronger hold on prevalence figures. In 2007, the Bureau of Justice Statistics conducted a survey of administrative records from correctional facilities throughout the United States to improve knowledge about the

frequency with which prison rape and sexual assault occur. The data collected was limited to incidents reported to correctional staff and was thereby still hindered by issues of underreporting; however more standardized definitions were utilized. In this report, it was revealed that an estimated 6,528 allegations of sexual violence occurred in United States prisons in 2006, a 4.6% increase from 2005. This increase may be attributed to more inmates reporting incidents of sexual assault (that is, the number of incidents that actually occurred did not increase but rather the rate at which inmates report such incidents did). It is possible that more incidents actually did occur; however the focus of the report was not on actual prevalence rates but instead on the number of reported allegations. This means that the number of unreported incidents cannot be fully realized. Beck, Harrison, and Adams (2007) reported that 36% of the alleged incidents in 2006 involved staff sexual misconduct, 34% involved inmate-on-inmate nonconsensual sexual acts, 17% involved staff sexual harassment, and 13% involved inmate-on-inmate abusive sexual contacts. Physical force or threats were involved in over half of substantiated incidents, which occurred most commonly in the victim's cell or living area. In 20% of cases, the victim experiences some kind of physical injury. Nearly 80% of victims received some type of care following the incident including a physical examination, a rape examination, HIV/STD testing, or counseling. Upon investigation, 55% of alleged incidents were unsubstantiated, 29% were unfounded, and 16% were substantiated (Department of Justice).

In a special report, the BJS attempted to gather even more accurate prevalence estimates by trying to overcome the obstacle of underreporting. This research directly surveyed offenders regarding sexual victimization in correctional facilities by utilizing a self-guided computer questionnaire that allowed for complete privacy (Beck & Harrison, 2007). The National Inmate Survey (NIS) was given to a random sample of inmates from a 10% sample of the nation's prison facilities. Overall the NIS was administered to 23,398 participants in 146 state and federal prisons. Out of the 23,398 participants, 1,109 inmates (4.7%) reported involvement in one or more incidents of prison rape or sexual assault during the first 12 months of their sentence (or the time in the facility for those inmates who had served less than one year), which lead to an estimated 60,500 inmates nationwide who were victims of sexual violence of some kind during their first year of incarceration (statistical weights were applied to the results from the sample to produce es-

timates of the frequency of sexual incidents nationwide). The 1,109 inmates who completed the NIS reported a total of 1,428 nonconsensual incidents with another inmate and 2,028 incidents of unwilling sexual contact with staff. Injuries were reported by 0.8% of inmate respondents; .5% of offenders were injured by another inmate and .3% by staff. These injuries included “anal or vaginal tearing, knife or stab wounds, broken bones, chipped or knocked out teeth, internal injuries, bruises, black eyes, sprains, cuts, scratches, swelling, or welts” (Beck & Harrison, p. 4).

While the research conducted by BJS probably provides the most accurate prevalence rates to date, on the whole, much awaits empirical support. The variability in the findings of the existing literature has prevented researchers from definitively concluding the pervasiveness of rape and sexual assault in prisons. However, as a result of the 2003 PREA legislation, the incidents and consequences of prison rape and sexual assault are receiving serious attention and recognition. As mandated by the legislation, more information is being collected, resulting in more accurate prevalence estimates.

Sexual Activity in Female Prisons

Taking into account the limitations discussed above, the research relating to the prevalence of sexual misconduct, rape, and sexual coercion in the female offender population is even more neglected than for males; a search of the literature in this area resulted in only a handful of published studies.

When female prevalence rates are compared to those of males, Struckman-Johnson et al. (1996) found that 7% of respondents from a small women’s facility had been sexually coerced during incarceration compared to 16% to 22% of sexual coercion in men’s facilities (Struckman-Johnson & Struckman-Johnson, 2002). The researchers concluded that the lower rates may have been due to three reasons: the smaller population of the women’s facility, the less violent criminal histories of the female inmates, or the possibility that women are less inclined to initiate sexual coercion.

As is the case with male prisons, determining the prevalence rates for female populations are hindered by the same methodological issues. Research indicated that women were not likely to report incidents of sexual assault for fear of retaliation from the perpetrator, especially staff members. Further, many women did not think that prison staff would believe them or view their reports as credible (Alarid, 2000, as cited in Hensley & Tewksbury, 2002).

Alarid (2000) determined that rapes were the least common form of sexual behavior in female prisons; however, when a rape did occur, the incident involved multiple perpetrators who seemed to express anger or resentment towards the victim (Struckman-Johnson & Struckman-Johnson, 2002). While much of the prison rape and sexual assault that occurs in male prisons involves an inmate predator, this is not the case in female prisons. Kassebaum (1972), as cited in Struckman-Johnson and Struckman-Johnson (2002), reported that many women in prison were more vulnerable to sexual exploitation by prison staff as opposed to peers. Another study revealed that almost half (45%) of reported sexual assault incidents in a female prison were perpetrated by staff; both men and women working at the facilities used their authority status to bribe, blackmail, and force inmates into sexual contact (Struckman-Johnson & Struckman-Johnson, 2002).

It has been widely believed that female inmates do not coerce each other into sexual contact. Whereas previous research posits that men pressure other inmates to submit to sexual acts, at times, to fulfill their needs for intimacy and sexuality, several studies have suggested that female inmates satisfy their intimacy needs by forming make-believe families with other inmates (Struckman-Johnson & Struckman-Johnson, 2002). Greer (2000), as cited in Struckman-Johnson & Struckman-Johnson (2002), reported that most of the sexual interaction between female inmates was driven by coercion in the form of game playing and economic manipulation, which the author suggested were highly different motives than those hypothesized for male sexual interactions.

Despite the potential differences between men and women offenders regarding prison rape and sexual assault, the need for further research remains. Prison rape and sexual assault are certainly not exclusive to either population; although there may be differences in the motivation behind the incidents and victim responses, until more is known the majority of the current findings reflect what is known about male offenders. As such, all data presented hereafter will pertain exclusively to the male prison population unless noted otherwise.

Profiles of Victims and Predators of Prison Rape

One area of research in which consistent findings have been reported center around individual characteristics of the perpetrators and victims of sexual crimes in prisons (Cotton & Groth, 1982; Hensley, Koscheski, & Tewksbury, 2005; Nacci & Kane, 1984b). Measuring commonalities may identify potential tar-

gets and perpetrators before an incident occurs. Notably, not every person matching the following descriptions will be involved in a sexual assault during incarceration. Nevertheless, identifying those most at risk may be a crucial part of sexual assault prevention.

Victims are characteristically younger than perpetrators; Beck et al. (2007) reported that 44% of victims in 2006 were aged 24 or younger. Typically, victims are smaller in size, physically weaker, and have a slighter build than their assailants (Chonco, 1989; Smith & Batiuk, 1989). More often than not, victims are shy, intellectual, passive, non-violent, and first-time or first-imprisonment offenders (Tewksbury, 1989). Additionally, Chonco reported that victims of rape and sexual assault were more likely to possess feminine characteristics (e.g., long hair, less facial hair, high-pitched voice) or be *pretty*. Victims are more likely than predators to be convicted of a sexual offense against a minor, have a history of mental illness, and have established habits of accepting things from other inmates. Further, victims often talk too much, are not *street-smart*, are unassertive, and are passive (Human Rights Watch, 2001). Fear is another characteristic commonly identified in victims. This fear, however, may be a self-fulfilling prophecy for inmates whose fears of sexual assault may actually identify them as targets.

Characteristics of perpetrators are also well-established. Predators are generally older than their victims but younger than the general prison population (Chonco, 1989). Compared to a large percentage of victims aged 24 or younger, Beck et al. (2007) reported that 81% of perpetrators in 2006 were older than 25. They are typically larger or stronger than their victims, physically aggressive, and assertive. Perpetrators are frequently affiliated with a gang, are *street-smart*, and are more at home in the prison environment (Human Rights Watch, 2001). Further, as revealed by Chonco, perpetrators generally have many prior criminal offenses, are serving a longer than average or life sentence, have been previously placed in different institutions, and were “guilty of more serious and assaultive felonies than victims” (p. 74).

Sexual crimes in prisons often involve people of different races; in 2005 and 2006, at least half of reported inmate-on-inmate sexual violence was interracial (Beck et al., 2007). Statistically, the most common interaction was between a white victim and a black perpetrator. Beck et al. revealed that, in 2006, white people reported being victimized significantly more than either black people or Hispanics (percentages were 72%, 16%, and 9%, respectively). In that

same year, black people were identified as the perpetrator more than Caucasians or Hispanics (percentages are 49%, 39%, and 10%, respectively). Despite this data, victimization is not dependent on race alone. One qualitative study, in which 40 male inmates were interviewed, revealed that inmates are more likely to become victims as a consequence of their perceived weaknesses or their inability to defend themselves against victimization (Chonco, 1989).

Motivating Factors of Prison Rape

In the majority of cases, prison rape is not related to sexual gratification nor is it a substitute for sex with women. Some believe that same-sex sexual activities occur in prison due to a lack in heterosexual partner availability and that homosexual interactions are consensual acts. However, sexual acts that seem consensual on the surface are often driven by fear, threat, or intimidation (Robertson, 2003). As is the case with rape in the community, prison rape occurs in correctional settings to humiliate, to dominate, to control, and to degrade (Cotton & Groth, 1982).

Francis Harper, a convicted armed robber, said that “rape is the best way for an inmate to command fear and respect among other inmates” (Dumond, 1992, p. 140). Rape is a degrading act meant to enforce perceived power and influence (Lockwood, 1983) and may be committed as a way of exhibiting status in the prison (Nacci & Kane, 1984a; 1984b; Struckman-Johnson & Struckman-Johnson, 2000).

Rape can also be an expression of masculinity. Eigenberg (2000) writes that rape is a “byproduct of a socialization process that equates masculinity with dominance, aggression, violence, and control” (p. 437). There is a subculture within prison systems, a hierarchical structure into which inmates must fit. As a result of this subculture, an exaggerated concern for masculinity, bordering on hyper-masculinity, exists in which a *real man* must aggressively control people (Robertson, 2003). The expression of these traditionally male characteristics may be reinforced during a sexual assault or rape.

While power, control, and expressing masculinity are all factors in prison rape, an offender’s autonomy is the third construct that cannot be ignored for its contribution to the motivation behind rape. Upon entrance to the prison system, offenders suffer an extreme loss of autonomy. They are told where to go, what to do, when to eat; every aspect of their life is under the direction of someone else. Offenders experience an authoritarian, punitive environment that continually challenges their sense of competency and self-

worth (Robertson, 2003). They come to associate prison life with this loss of autonomy and may exert any influence they can to gain back some control over their environment.

No single factor can be pinpointed as *the* reason why prison rape occurs. Rather, it is a result of a complex interplay between a myriad of variables. Respect, fear among other inmates, power, control, influence, status, masculinity, dominance, and regaining autonomy only begin the list of possible motivating factors of prison assault and rape.

Attitudes and Opinions about Prison Rape

No one deserves to be raped, and yet a high percentage of the public believes that prison rape is an acceptable part of an offender's punishment (Struckman-Johnson et al., 1996). Surprisingly, as many as 50% of voters believe that rapes occurring during incarceration are part of the penalty for committing a crime against society (DeBraub, 2006). This attitude, translated into the mainstream media, results in the subject of prison rape as a focus of both jokes and innuendo. For example, song lyrics depict society's overall lackadaisical attitude towards prison rape and in turn showcases a generally poor understanding of the severity of the issue (DeBraub). In general, popular culture minimizes prison rape, an attitude that is both pervasive and distorted.

At the same time, nonchalant attitudes are not exclusive to the public; these opinions are shared by some correctional officers and can therefore be reasonably expected to impact the occurrence of rape in facilities. As Robertson (2003) reports, while most correctional officers will protect inmates from being sexually assaulted, some of these same officers may interpret sexual acts as consensual when in fact it was of a coercive nature. Officers who fail to understand the definitions of rape and consensual sex may consequently fail to enforce regulations.

Eigenberg (2000) surveyed 209 correctional officers in a mid-western, rural state and revealed that corrections officers' attitudes toward homosexuality and tendency to blame the victim all influenced their definitions of rape. The majority of officers believed that rape occurred when an inmate was physically overpowered or threatened with bodily harm (95% and 96%, respectively). Nearly 75% of the officers believed it was rape when an inmate threatened to identify the victim as a snitch in order to secure sexual acts. Seventy-three percent believed it was rape when an inmate was forced to choose between paying off debts with sexual favors or being physically beaten, and

64% believed it was rape when a snitch engaged in sexual acts in exchange for protection (Eigenberg). Nearly a quarter of the officers surveyed believed that inmates who previously engaged in intercourse or sexual acts in prison deserved to be raped, as did inmates who previously exchanged sexual acts for money or canteen (Eigenberg).

Further complicating corrections officers' abilities to distinguish between consensual and coerced sex is the tendency to equate homosexuality or bisexuality with participation in prison rape. Nacci and Kane (1984b) reported that corrections officers were more likely to suggest that prison rape was not wholly coerced and possibly even consensual when the victim was not heterosexual. This same study revealed that correctional officers were more likely to protect heterosexual inmates from sexual assault, posing a problem for homosexual or bisexual offenders who are often the most targeted population within a prison system. The authors found that opinions of sexual orientation - that is homophobia in officers - can manifest in two distinct ways. First, correctional officers who are homophobic may be stricter in enforcing the rules because they will not tolerate homosexual behavior. On the other hand, homophobic officers may be more likely to blame the victims for the sexual assault because of their perceived sexual orientation. Eigenberg (2000) reported that 16% of the 209 surveyed correctional officers thought that homosexual inmates got what they deserved if they were raped. Further, 17% of the officers reported that inmates deserved being raped if they dressed or talked feminine. Despite these findings, most officers appear reluctant to blame the victim regardless of their orientation.

Staff perceptions about the prevalence of prison rape is also very informative; Struckman-Johnson and Struckman-Johnson (2000) reported that staff estimates of sexual coercion rates tended to be lower than both the actual statewide rates and the facility rates, implying that many sexual assaults either were hidden from the officers or were not recognized as such by the officers. Alternatively, officers may report only incidents of which they are aware; Hensley et al. (2003) conducted a nationwide survey of 226 state prison wardens and revealed that 72% of the wardens reported no official incidents of sexual assault within their institution during the previous 12 months. Further, 11% of the wardens reported a single incident, a gross underestimate in comparison to the results of surveys administered to inmates, who reported significantly higher rates of rape and sexual assault. This finding implies that many victims are not reporting

sexual assaults, which may contribute to the distorted staff prevalence estimations (see Struckman-Johnson & Struckman-Johnson, 2000; Struckman-Johnson et al., 1996).

Reducing the amount of unreported cases may be achieved by creating an environment in which inmates feel both safe and protected enough to report sexual assaults. In many cases, however, officer attitudes, albeit unconsciously, may not foster this type of environment. Officers are often skeptical of victims who do not immediately report the incident, questioning their credibility. For those inmates who do report having been sexually assaulted, officers may be less likely to define the attack as rape if the victim does not match with the officer's stereotypical expectation of a victim—young, weak, effeminate, as discussed previously (Chonco, 1989; Smith & Batiuk, 1989).

Steps toward Resolution

Various strategies have been employed by prison officials to address rape, sexual assault, and consensual sex among inmates, some more evidence-based than others, including separate housing assignments, conjugal visits and increased staffing and supervision (Eigenberg, 2000; Struckman-Johnson et al., 1996). Hopper (1989), as cited in Hensley (2000), conducted preliminary research and revealed reduced levels of family instability, prison violence, and homosexual activity in facilities that permitted conjugal visits when compared to prisons without conjugal visitation programs. However, other studies suggested that these programs actually resulted in increased levels of violence and homosexual activity among inmates, although these discrepant findings may be attributed to the particular prisons studied rather than the program itself (see Hensley et al., 2003). Alternatively, the provision of reward structures for good behavior may motivate prisoners to steer away from sexual and violent crimes within prison walls despite the limited success of conjugal visitation programs.

Some prisons have used isolation tactics to prevent incidents of sexual assault or rape; segregated housing has been proposed as a mediating factor in prison rape. However, separating either homosexuals or sexually aggressive inmates from the general prison population creates many potential problems. First, there is the possibility of misclassification. Placing potential targets in the same housing unit as sexually aggressive inmates practically invites trouble. Further, misclassification could lead to a self-fulfilling prophecy in which inmates' behaviors may come to match those behaviors expected of them (Nacci & Kane,

1984b). Another potential problem resulting from segregating sexually aggressive inmates from the general population is the potential for a systemic hierarchy within the segregated population to develop. Some of the previously sexually aggressive inmates may find themselves at the bottom of the new hierarchy as victims of rape or sexual assault by the more dominant sexual aggressors.

Another method some prisons have employed is to isolate the victim after an attack, though this too has many fallacies. Separating the victim from the rest of the prison population will likely increase his/her susceptibility as a target upon return to the milieu. Word can travel fast through a prison and the odds are that before the victim even returns from isolation, the majority of the inmates are going to know that an incident occurred. DeBrau (2006) proposed that if prisons are going to isolate an individual following a sexual assault, it should be the perpetrator. The prison population still may learn of the incident rather quickly but the stigmatization of the victim will be minimized.

Potential resolutions lay not only with the administration of the inmates but also with the training of the staff. Bob Dylan, consultant for the National Prison Rape Elimination Commission (NPREC), suggested that all corrections officers go through a rape certification course in which they would learn how to investigate and report rape incidents. Education may reduce the incidence of prison rape by encouraging staff to change their practices as a result of increased awareness of sexual misconduct. Further, the staff may be able to intervene when they encounter situations that usually lead to rape (DeBrau, 2006).

In 2003, calls by advocacy groups such as Human Rights Watch were answered and the issue of prison rape was addressed on a national level. Federal responses included some of the most far-reaching and ambitious strategies for combating prison rape, such as the implementation of PREA of 2003 (Mair, Frattaroli, & Teret, 2003). PREA established a zero-tolerance standard for prison rape in institutions throughout the country and the Act prohibits any sexual contact between inmates and between inmates and prison staff. In an attempt to enforce these mandates, anonymous reporting procedures such as toll free tip lines and paper message boxes have been developed. PREA statutes require any witness of a PREA violation to report the infraction. Prison officials who fail to detect, prevent, reduce, or punish prison rape will be held accountable and will face prosecution. The Act also has provisions to increase both the efficiency

and the effectiveness of federal expenditures through grant programs; this includes those dealing with health care, mental health care, disease prevention, crime prevention, investigation, and prosecution (Mair et al., 2003).

Current Project

Following these new directives, and with assistance from federal funding, the Colorado Department of Corrections (CDOC) implemented the PREA program in 2005. Under this program the department has sought to educate staff and offenders, identify potential victims and predators, and employ procedures with which to respond to all sexual incidents involving inmates and staff. The present study aims to evaluate the implementation of the PREA program in the CDOC and provide feedback about the current operations specifically identifying the strengths of the program as well as areas needing further attention. Due to

the breadth of the program this report has been organized in the following ways:

- The first section provides an overview of the PREA incidents that occurred in the department from 2005 to 2007, providing details about types of incidents, investigation outcomes, and reporting patterns.
- The following section deals with the program components in place to target the prevention of PREA incidents; these include profiling victims and predators, classification, and education, training, and attitudes of offenders and staff.
- The final section addresses services in place to respond to PREA incidents following a report, namely the medical, mental health and investigation follow up.

For each of the program components evaluated, a summary of the PREA standard according to the CDOC administrative regulation 100-40 and a description of the program are provided.

PREA INCIDENTS

As written in the CDOC administrative regulation 100-40, the department has a zero-tolerance policy relating to sexual assault or rape and sexual misconduct. Under this policy the following types of offenses are addressed: (a) sexual assault or rape of an inmate(s) by another inmate(s), (b) sexual misconduct between inmates, (c) sexual assault or rape of an inmate by a CDOC employee, contract worker or volunteer, (d) sexual misconduct perpetrated by an inmate toward staff, (e) sexual assault or rape of a CDOC employee, contract worker or volunteer by an inmate, or (f) sexual misconduct perpetrated by a staff toward an inmate. Sexual assault or rape and sexual misconduct as defined in the regulation are provided in Appendix A.

An incident is considered a PREA offense in the CDOC if it meets any of the definitions under these standards. As a result, the types of sexual offenses encompassed by the PREA program in the department cover a wide range of offender and staff behaviors. These behaviors go well beyond what is defined by the federal standards. Not only are incidents of sexual assault and rape included, but under CDOC policy so too are a range of sexual 'misconduct' activities that include consensual sex, masturbation, indecent exposure, requests for sexual acts, sexual harassment, sexual fondling or written statements sexual in nature. Under this policy all inmate-on-inmate (II), staff-on-inmate (SI), and inmate-on-staff (IS) sexual acts are included.

According to the NPREC Standards for the Prevention, Detection, Response, and Monitoring of Sexual Abuse in Adult Prison and Jails (2008), PREA encompasses acts in which an offender sexually offends against another inmate *without* consent or a staff member is involved sexually with an inmate *with or without* his or her consent. II incidents include sexually abusive contact and sexually abusive penetration. SI incidents include sexually abusive contact, sexually abusive penetration, indecent exposure, voyeurism, and sexual harassment (See Appendix A for full federal definitions).

The primary differences between the federal and CDOC definitions are that the federal definitions (a) do not include IS incidents, (b) distinguish between sexual contact and penetration, and (c) only include II sexual contact and penetration incidents that are *without* consent. The CDOC definitions include a broader range of sexual behaviors that are categorized under

sexual misconduct in addition to sexual assault and rape.

When a case of sexual assault, rape or sexual misconduct is reported within the department it is referred to the Office of the Inspector General for investigation. PREA investigations most commonly result in one of three outcomes. Cases are *substantiated* if there is enough evidence to prove the incident occurred, *unsubstantiated* if there is reason to believe the incident occurred but there is not enough evidence to file charges for prosecution, and *unfounded* if there is no existing evidence that the incident occurred and/or there is evidence the incident was falsified. Two other less common investigation results include classifying the investigation as *ongoing* or *inactive*. Cases that are ongoing are those that the investigator is continuing to review and gather evidence. Inactive cases are those where no current leads are available but the investigator has decided to keep the case open.

Incidents Defined by CDOC Definitions

Method

The objective of this section is to provide an overview of all the types of PREA incidents that have been reported in CDOC from January 2005 through December 2007. During this time there were a total of 1,778 incidents recorded by the PREA office. This includes all reports of II, SI, IS, and inmate-on-visitor (IV) offenses.

After reviewing the data there were certain cases removed from the total sample. There were 81 cases that had no descriptive data about the incident and 8 cases where there was no information about the people involved. Due to the lack of primary information these cases were excluded from the sample. Additionally, 54 IV incidents were excluded. These incidents most commonly consisted of inmates and visitors engaging in sexually inappropriate behavior while in the visiting room. While this behavior is prohibited by CDOC and should be addressed by the Code of Penal Discipline (COPD) process, it was determined that they were not defined under the CDOC PREA policy and therefore removed from the sample.

Incidents that occurred outside CDOC adult facilities were excluded from the sample as well; these included incidents in the Youthful Offender System (YOS; $n = 23$), community corrections centers ($n = 8$), and parole system ($n = 4$). These cases were excluded

for two reasons. First each group contained a very small sample size and therefore does not provide very meaningful analysis and results on their own that could be generalized to larger population. Secondly, YOS is a program quite different from the adult system; it is a highly intensive and integrates education and treatment beyond what is available in the adult system. It is also much smaller and offers a higher staff to inmate ratio. Similarly, there are substantial differences in the environment and programming of community correction centers and the parole system compared to the correctional facilities. It was for these reasons that the cases were removed from the sample.

After all the aforementioned exclusions were made, there were 1,602 incidents included in the sample. This sample was based on the number of incidents reported in CDOC facilities; it does not represent the number of individuals involved. There are cases where multiple offenders and/or staff were involved in an incident or where one offender or staff was involved in multiple incidents.

All of the data included in the sample was downloaded using the PREA Incident Tracking Database. This is a data system maintained by the CDOC PREA office, which houses all information related to the PREA incident report, the people involved, the results of the investigation and medical and mental health treatment follow up. The collection of this information involves reviewing incident reports, investigation reports and COPD filings to identify those that are PREA related. At the time the incident information is input by the PREA office it is further categorized to define the type of incident and who was involved. To do this a series of different categories are assigned. First a broad category identifies the criminal offense (e.g., sexual assault or sexual conduct in a penal institution). A second category provides further description about what actually took place (e.g., indecent exposure, kissing, sexual activity, fondling). A third code assigns a category identifying who was involved (e.g., II or SI), and a fourth code indicates if the incident was believed to be consensual or non-consensual. These codes and categories are organized according to the CDOC definitions of what constitutes a PREA incident.

Although the incident data recorded in the PREA database contains a great deal of information, the categories used to organize the data were either too broad or too specific to be easily analyzed for this evaluation. The first category consisted of only four major subcategories (i.e., sexual assault, sexual conduct in a penal institution, sexual harassment and sexual mis-

conduct) that did not provide enough detail to have a deeper understanding of what happened, yet the second category was too specific in that in some cases the sub-categories overlapped and at times it was difficult to differentiate between the two (e.g., comments/gestures vs. obscene gestures). Although these issues might have been resolved by combining some of the sub-categories, the larger issue was that there were inconsistencies found among how some incidents were assigned to a particular sub-category. For example, incidents that were very similar were sometimes put into one sub-category (e.g., grabbing/ touching/ fondling) and at other times put into another sub-category (e.g., sexual activity). Because there were not clear operational definitions created for each of these categories, it was difficult to determine why the two incidents were categorized differently. There were also times when it was felt that certain incidents were not in the most appropriate category; for example, sexual contact or penetration by a staff or inmate was occasionally categorized as sexual activity, when it appeared these incidents would be best described if placed in a category defined as penetration. For these reasons it was decided the data could be structured in a more meaningful way by creating new operational definitions that would provide greater distinction between the types of incidents. Another objective in recoding these incidents was that for the purpose of this evaluation categories were needed that made distinctions between acts that were consensual versus non-consensual. As the data was originally organized, certain incidents were placed in the same category regardless of whether or not they were consensual and there was a separate variable that flagged the incidents that were consensual. As it was, this made it very difficult to organize in a way that was easy to analyze, particularly when the federal standards specifically differentiate between consensual and non-consensual acts.

In trying to address these issues and make the best sense of this information, it was decided to create new categories specifically for this evaluation so that it could be clear about the types of incidents that were included in all analyses for each section of the report. The objectives in creating these categories was to include in each definition the following components: (a) type of incident (e.g., penetration, contact, indecent exposure), (b) who was involved (e.g., II, SI), and (c) if force was used and/or consent given. In doing this it combined into one the many levels of categories from the original dataset and also provided the opportunity to clean the data in a way that all the incidents were

reviewed and placed in the appropriate category based on very specific definitions. One of the other primary objectives was to structure these definitions so that incidents could be analyzed based on what met the CDOC definitions but also those that met the federal definitions. The categories and definitions used in this evaluation are provided below. Those in bold meet both federal and CDOC standards and those not in bold are considered PREA under CDOC definitions only. Each incident in the PREA database was reviewed and re-coded into one of the following categories:

II Forced Penetration: This category includes incidents where *forced or non-consensual* penetration of the mouth, vagina or anus of an offender by another offender with his/her hand, fingers, penis or object occurred. This category includes oral sex in which an offender was forced to receive or give oral stimulation.

II Forced Sexual Contact: This category includes incidents where *forced or non-consensual* sexual contact occurred, either directly or through clothing, where an offender made contact with another offender's genitalia, buttocks, breasts, or thighs, but no penetration occurred. Reports that indicated a "sexual assault" occurred were placed in this category because there was no additional information to conclude penetration occurred.

II Sexual Harassment (includes advances or threats): This includes incidents where an offender *attempted to force or coerce* sexual contact but *no* actual contact was made with the genitals, buttocks, breast or thigh of the other offender. This category includes cases where a perpetrator tried to force a victim into sexual activity but the victim refused and was not actually sexually assaulted. Incidents in this category range on a continuum of offenders pressuring another offender to have sex all the way to an offender making serious threats to harm another offender if s/he did not engage in sexual behaviors. It also includes any *unsolicited* sexual language, nonverbal gestures, written materials, sexually explicit pictures, or pornography that is specifically directed at another inmate.

II Indecent Exposure: This category includes incidents where an offender directly displayed his or her genitalia, buttocks, or breast to another offender and/or touched or masturbated oneself in front of another offender without his/her consent.

II Sexual Activity: This category includes incidents where physical sexual contact of any kind (e.g., intercourse, fondling, oral sex, kissing) occurred be-

tween inmates. The majority of these cases include those where both offenders indicated that the act was consensual. However, this category also includes incidents where the investigator could not confirm that the incident was forced or non-consensual. The intent of this category was to separate confirmed sexual assault or rape incidents from consensual/unconfirmed incidents.

II - Other: Anything that does not fit in the other categories (e.g., romantic relationships where consent was established by the investigator but there was no sexual contact of any kind).

SI Penetration: This category includes *forced, non-consensual, OR consensual* sexual penetration of an offender's mouth, vagina, or anus by a staff with his or her hand, fingers, penis, or object. This also includes any incident in which a staff member performed oral sex on an offender or received oral sex from an offender.

SI Sexual Contact: This category includes incidents where any *forced, non-consensual OR consensual* sexual contact occurred between a staff and offender. These include staff touching an inmate's genitalia, anus, groin, breast, inner thigh, or buttocks but no sexual penetration occurred. Incident reports that stated "sexual activity," "sexual relations," or a sexual relationship in the description and did not specifically indicate penetration were assigned to this category. Incidents that involved correctional staff kissing and hugging offenders or "making out" were also included in this category. As a result, this category also included incidents in which an offender claimed s/he was touched inappropriately during a pat search.

SI Sexual Harassment/Advances: Verbal statements or comments of a sexual nature to an inmate by a staff member are included in this category. Sexual advances would include any gestures or actions toward an offender with a sexual meaning or reference but where no sexual contact occurred.

SI Indecent Exposure: This category involves incidents where staff displayed their genitalia, buttocks, or breast in the presence of an inmate or masturbated *in front of* an inmate.

SI Voyeurism: Incidents in this category involve invasion of an offender's privacy by staff unrelated to official duties, such as peering at an inmate who is showering or undressing in his or her cell or requiring an inmate to expose him or herself for reason unrelated to official duties.

SI - Other: Incidents included in this category are those that did not fit in the other categories (e.g., romantic or inappropriate relationships but no sexual

contact occurred); these include “love letters” exchanged between staff and offender. These types of exchanges were not categorized as harassment because they were always in the context of a “relationship” and were used as evidence.

IS Forced Penetration: This category includes incidents of *forced, non-consensual* sexual penetration of a staff member’s mouth, vagina, or anus by an inmate with his or her hand, fingers, penis, or object. This also includes any incident in which a staff member was forced to perform oral sex on an inmate or received oral sex from an inmate.

IS Forced Sexual Contact: Cases where an offender *forcefully and without consent* touched a staff person in a sexual nature on the genitalia, anus, groin, breast, inner thigh, or buttocks but no sexual penetration occurred.

IS Sexual Harassment/Advances: This category includes any sexual comments made by an inmate about a staff member’s body or appearance. Therefore any incidents of inappropriate sexual language, non-verbal gestures, written materials, sexually explicit pictures, pornography specifically directed at a staff member were included.

IS Indecent Exposure: This category includes incidents where an offender displays his or her genitalia, buttocks, or breast to a staff member. It also includes incidents when an offender touches him or herself in a sexual manner or masturbates in view of a staff member.

IS – Other: There were no incidents identified for this category.

Results and Conclusions

The results below included all reported incidents in CDOC as defined by the researcher coded categories. Figure 1 provides an overview of the PREA incidents categorized by who was involved. This includes all incidents regardless of the investigation outcome. As can be seen the numbers of reported incidents have increased over time regardless of predator/victim group. When combined for each year the number of incidents reported increased from 263 in 2005 to 559 in 2006 and the number climbed further in 2007 to 780 reported PREA incidents.

The specific types of incidents that occurred from 2005 to 2007 are shown in Figure 2 according to if the incident was substantiated, unsubstantiated, or founded. Inactive and ongoing investigation results were not included in the figure due to the small numbers – between 2005 and 2007 there were two cases classified as inactive and 40 classified as ongoing.

Ninety-three percent of the ongoing cases were from 2007. The results indicate that IS indecent exposure and sexual harassment account for the largest number of offenses reported; this data helps to explain the huge jump in IS incidents across time shown in Figure 1. Much of the incidents that offenders perpetrated against staff were incidents of inmates exposing themselves, masturbating, and sexually harassing staff. These also appear to be the types of incidents that have been substantiated.

The data in Figure 2 shows that CDOC PREA policy includes a wide variety of cases, which encompasses staff as victims. Since the PREA program started in 2005 the number of incidents that have been reported across all groups (i.e., II, SI, and IS) have increased. However, the increase of II and SI cases is much less dramatic compared to IS incidents. There are several possible explanations for these increases. It must first be considered that the number of incidents occurring in CDOC facilities has risen; the data is not available to support or refute this possibility, however it is unlikely that this is the sole reason for such significant changes. Rather, the increase in reported incidents is probably due to the effects of the PREA training provided to staff and offenders as well as improvements in the reporting and data monitoring processes. The PREA orientation for offenders provides inmates with information about how to report incidents confidentially, which might have contributed to some of the increase. Similarly, as a result of the training, staffs are more informed about how to identify signs of victimization and predation and with this knowledge have increased awareness about how to identify PREA incidents that might have otherwise gone unreported.

Figure 1. Reported Incidents per Year (N = 1,602)

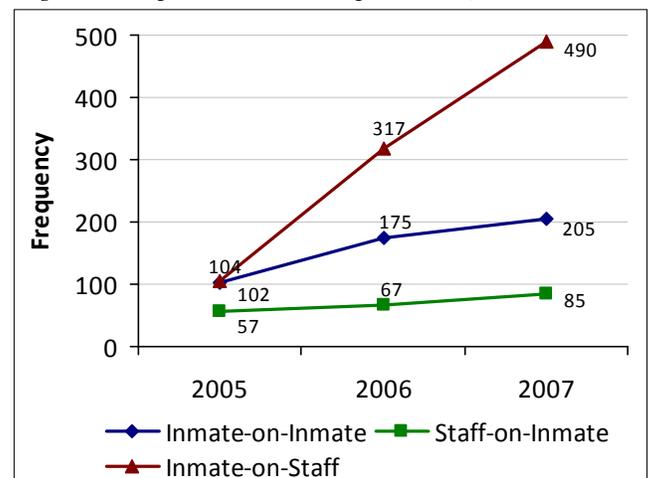
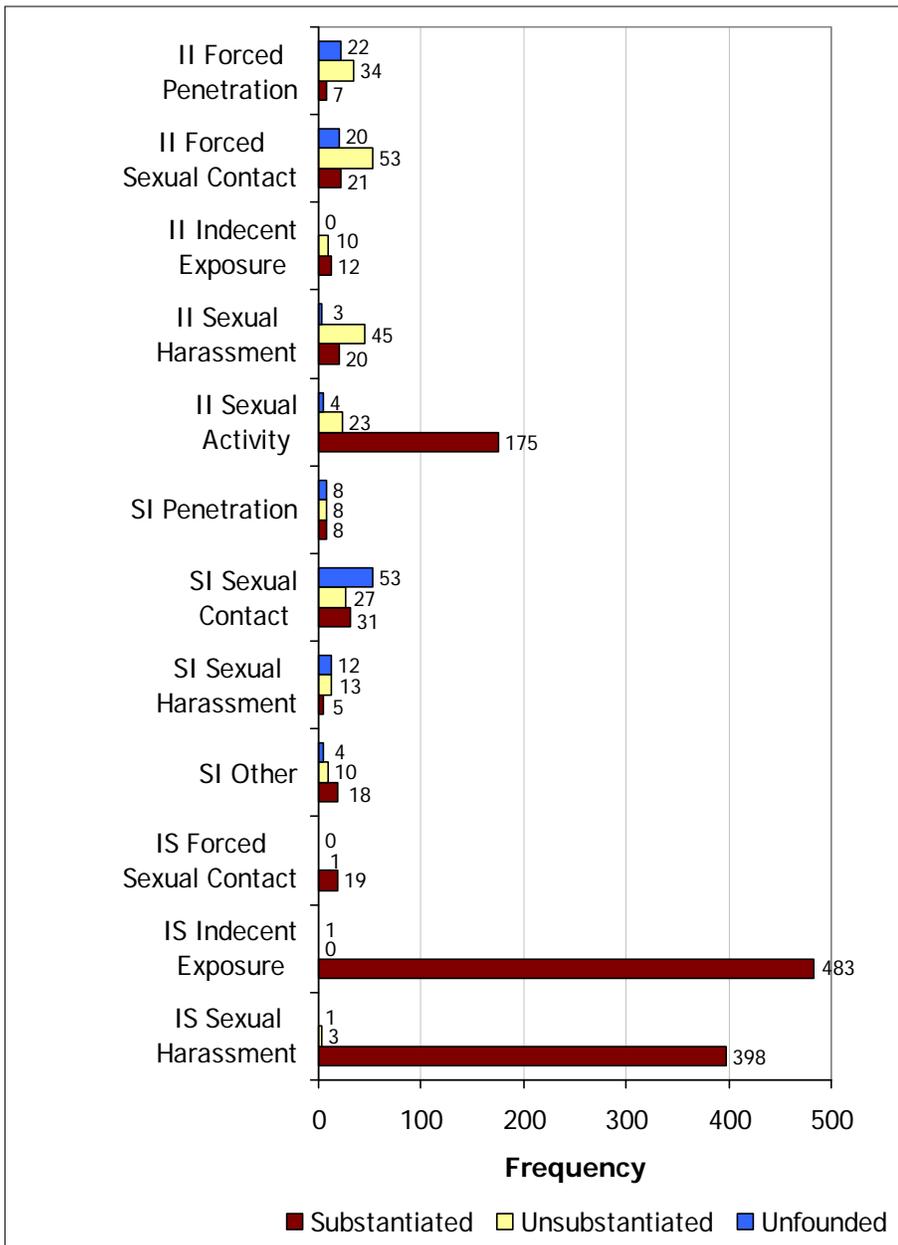


Figure 2. Reported Incidents by Incident Type and Outcome



Note. Some incident types were not included in the figure; there was one case of SI exposure, one SI voyeurism, six II other, and no cases for IS other or IS penetration. There were 42 cases with ongoing or inactive investigations that were not included in this figure.

While some of the increase can be attributed to the training accomplishments, these increases are most likely due to better reporting guidelines and data monitoring. As the PREA program has become more established, so too has the ability to track PREA cases. The best example of this can be seen in the high number of reported IS offenses. This is to suggest that as indecent exposure and sexual harassment were further

defined by the PREA program policy, more and more of these cases were identified during data monitoring thus increasing the number of cases from one year to the next.

Overall, what these results exemplify most is that a very large percentage of the offenses occurring in the facilities and subsequently tracked by the PREA office are incidents that are committed by inmates against staff. This raises an important question about the intent of the PREA program – that is, should IS incidents be categorized as PREA offenses? While indecent exposure and sexual harassment by offenders towards staff is a serious issue and should be appropriately handled, it does seem that these offenses are categorically different from the other types of PREA offenses in which inmates are victimized. Currently the CDC definitions encompass a wide range of offenses, especially when compared to the federal standards. The goal of the legislation, however, is to protect *offenders* from sexual assault and rape while they are incarcerated; extending this to include staff as victims appears to be a departure from the original intent. Therefore, to get to the real nucleus of the PREA program and to better understand what is It can be seen by the above data that CDC PREA policy includes a wide variety of cases, which encompasses staff as victims. Since the

PREA program started in 2005 the number of incidents that have been reported across all groups (i.e., II, SI, and IS) have increased. However, the increase of II and SI cases is much less dramatic compared to IS incidents. There are several possible explanations for these increases. It must first be considered that the number of incidents occurring in CDC facilities has

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towards staff is a serious issue and should be appropriately handled, it does seem that these offenses are categorically different from the other types of PREA offenses in which inmates are victimized. Currently the CDOC definitions encompass a wide range of offenses, especially when compared to the federal standards. The goal of the legislation, however, is to protect *offenders* from sexual assault and rape while they are incarcerated; extending this to include staff as victims appears to be a departure from the occurring in Colorado’s prisons the following section limits the scope of the evaluation to only those incidents that involve II and SI offenses as defined under the federal standards.

Incidents Defined by Federal Standards

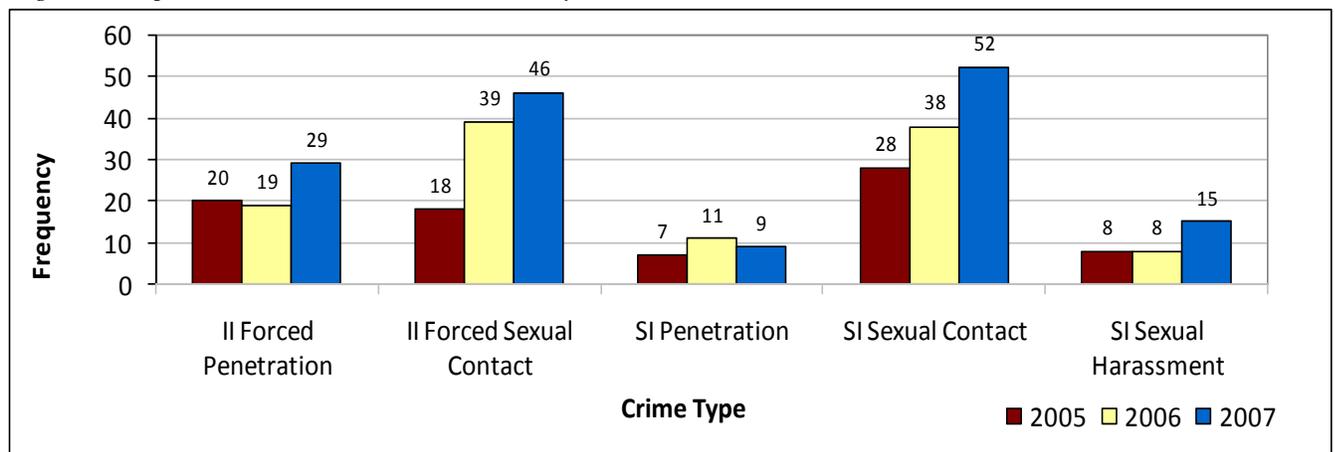
Method

The following sample consists of 348 incidents that occurred between January 2005 and December 2007. The sample was limited to only incidents that were II forced sexual contact or forced penetration and SI sexual contact, penetration, harassment, indecent exposure, or voyeurism. The incident data was downloaded from the PREA Incident Tracking database as described previously. Data was first analyzed looking at all cases meeting the above criteria, regardless of investigation result. However, the second part of the analyses was further limited to only those incidents that were substantiated or unsubstantiated. Out of these 207 cases, 117 incidents were II and 90 were SI.

Results and Conclusions

All Investigation Results. Figure 3 indicates the type of II and SI offenses that occurred between 2005

Figure 3. Reported PREA Incidents in CDOC by Year



Note. There is one incident of SI voyeurism not included in this figure and no SI indecent exposure incidents.

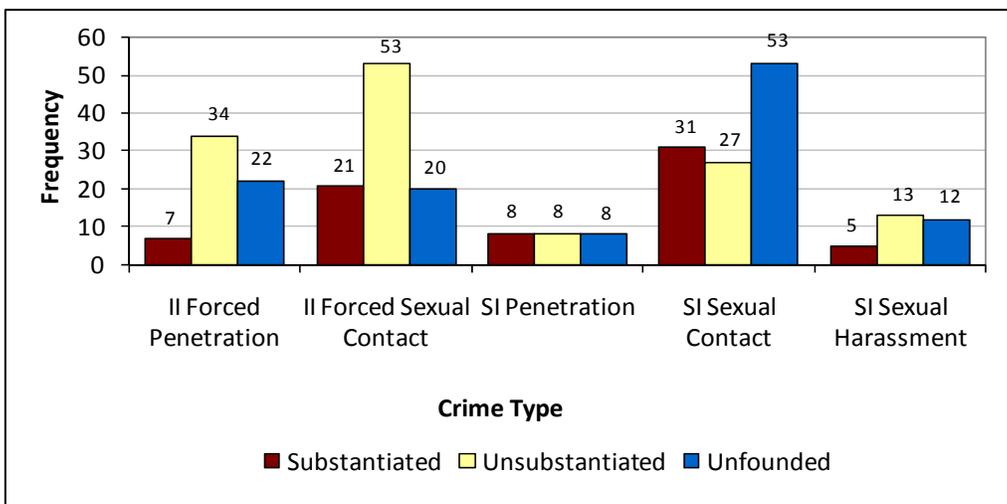
and 2007. It is apparent that all PREA incidents increased over this time. Although this section deals with only those incidents defined by federal standards, the results were analogous to the previous section. Explanation for why these incidents have increased is the same. Again, it must be considered that incidents in Colorado facilities have increased, but it must also be considered that the increase in reports has been influenced by staff and offender training coupled with higher quality reporting and data monitoring.

To further explore the data, Figure 4 shows the incident type related to the investigation result. This data spans across 2005 to 2007. There were 25 ongoing or inactive cases that were not included in the figure.

ure.

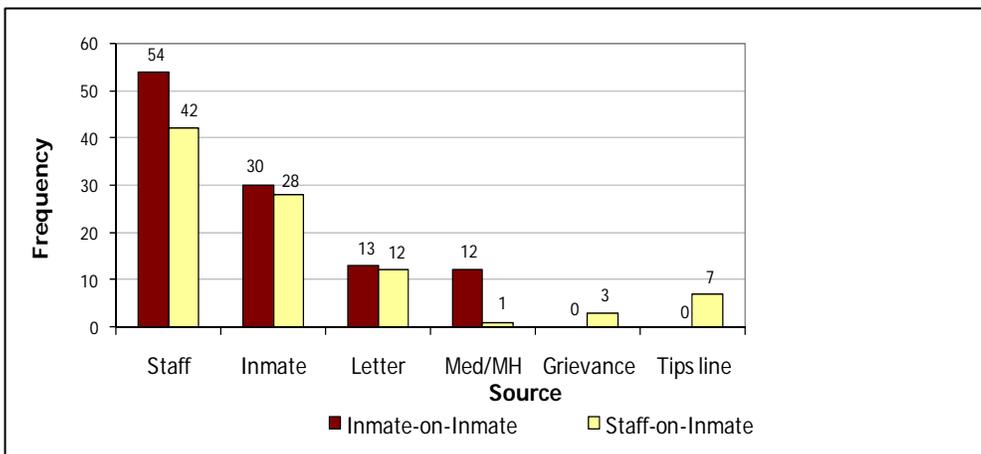
The available data indicates that SI sexual contact is one of the most frequently substantiated incident types, a very important aspect of keeping offenders safe. However, the number of unfounded SI reports is also quite high. This is a unique challenge for better understanding incidents involving staff - not only can staff be dangerous predators but they are also highly subject to false accusations. When looking at the individual incidents many of the offenses contributing to the number of unfounded SI cases are those that involve strip or pat searches; these are cases where offenders may misinterpret the staff's actions to be inappropriate even though they are following procedures.

Figure 4. PREA Incidents by Investigation Result



Note: There were 8 incidents that were missing data on the reporting source; if there were no data for a certain source it was not included in this figure.

Figure 5. Reporting Source for Substantiated and Unsubstantiated Incidents



Note: There was one case of SI voyeurism that was unfounded and 25 cases that were classified as ongoing or inactive which were not included this figure.

What is still concerning, although not surprising, is the high number of unsubstantiated II incidents. It is believed this number is high in large part because offender victims are reluctant to cooperate with the investigation after a sexual assault or rape. Many times this stems from fear of retaliation and removal from population (even if it is a protective measure). If offenders are unwilling to cooperate, oftentimes there is not enough evidence to substantiate the report (NPREC, 2008).

Substantiated and Un-substantiated Investigation Results Only. In Figure 5 the source of the incident report is further explored related to substantiated and unsubstantiated cases only; the unfounded cases were removed from this analysis so as to concentrate on incidents that were believed to have occurred even if there was not enough evidence to file formal charges. Figure 5 illustrates the

common ways in which incidents have been reported, in some instances there were multiple reporting sources for the same incident. Reporting source refers to the person or method by which the incident became known to the department; it is *not* who wrote the incident report. If the incident was witnessed by a CDOC employee or volunteer then ‘staff’ would be the reporting source. If an inmate reported being victimized or witness to an incident then s/he would be an ‘inmate’ source. Other sources include ‘letters’ that may have been sent by an inmate or family member or a ‘grievance’ filed by an inmate or staff. If the source was medical or mental health (Med/MH) staff then it is inferred that medical or mental health personnel treated a physical injury or condition that appeared to be related to a PREA incident or this information became available during a mental health session. The last type of reporting source is the ‘tips line,’ that is a telephone reporting system established by the PREA program for the anonymous reporting of PREA incidents.

The results show that the majority of the incident reports came from offenders and staff sources. The inmate reporting source does not distinguish whether the inmate was the victim, nor does it identify who wrote the letter or filed the grievance.

Figure 6 shows the reporting patterns from 2005 to 2007 for substantiated and unsubstantial incidents. The most notable differences across time were the decline in staff reports and the increase in offender

reports. The other reporting sources do not show much change over the 3-year period.

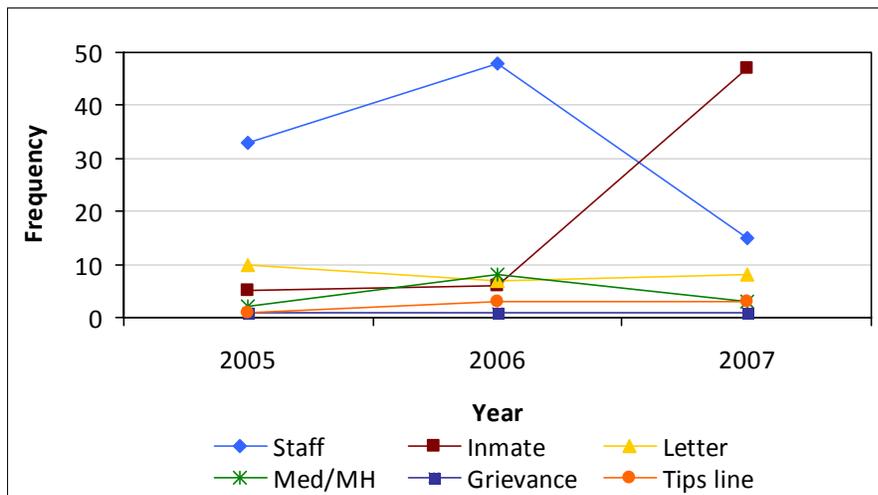
What is most surprising about the reporting source data is the small number of incidents that were reported via the tips line. The NPREC (2008) recommends that an anonymous reporting source should be available to offenders; however it needs to be further explored as to why this current method is not being used. It could be that offenders do not trust it is a confidential source or they prefer to talk to someone in person when reporting a sexual assault.

The number of incidents that occurred for each facility in CDOC is reported in Table 1 (See Appendix B for full facility names). These results include substantiated and unsubstantiated cases only.

The data in Figure 7 gives a basic description of the locations in CDOC facilities where PREA incidents occurred between 2005 and 2007. The data was categorized into broad descriptions of locations. These categories are as follows: (a) common areas included the day hall, chow hall, yard, visiting, bathroom/shower, or stairways, (b) program areas included classrooms, hobby rooms, and library, (c) staff controlled included staff offices or clinical services areas, and (d) ‘other’ category include locations such as a closet, mailroom, while in transit, or sally port. Results from this data provide some insight into the most vulnerable locations in a facility and where greater staff presence may be needed. The II incidents appear to happen in inmate cells or common areas. As

expected these are areas where it is difficult to see offenders or where there is a large space with a high volume of offenders (e.g., chow hall or yard). The highest percentages of SI incidents appear to be in common areas as well, perhaps where staff have the most contact with offenders.

Figure 6. Reporting Source for Substantiated and Unsubstantiated PREA Incidents



Note: There were 11 incidents that were missing data on the reporting source; if there were no data for a certain reporting source it was not included in this figure.

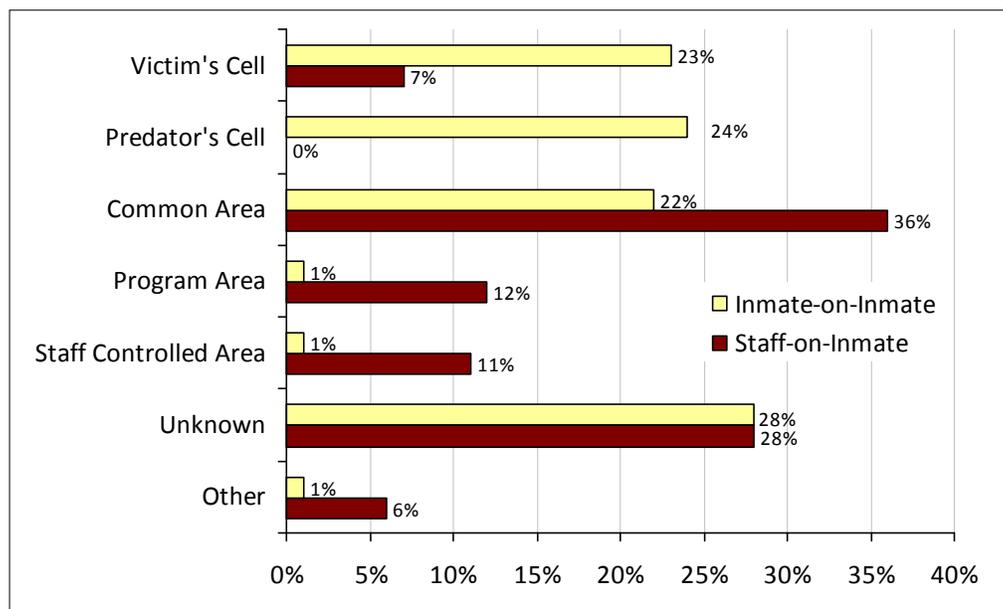
PREA INCIDENTS

Table 1. Number of PREA Incidents per Facility (n = 207)

Facility	# II Incidents	# SI Incidents	Total # of Incidents	Population Capacity	Incidents per 1,000 Inmates
ACC	2	2	4	494	8
AVCF	8	5	13	1,007	13
BCCF	2	2	4	724	6
BVCF	5	8	13	926	14
CCAP	2	0	2	100	20
CCCF	3	3	6	1,720	3
CCF	1	2	3	336	9
CSP	0	1	1	756	1
CTCF	23	4	27	936	29
CWCF	2	3	5	224	22
DCC	1	2	3	484	6
DRDC	2	1	3	480	6
DWCF	6	10	16	866	18
FCF	18	4	22	1,660	13
FLCF	2	5	7	500	14
FMCC	1	1	2	499	4
HCCC	2	4	6	774	8
HPCF	2	8	10	270	37
KCCC	3	5	8	820	10
LCF	6	3	9	953	9
LVCF	6	1	7	564	12
NFCF	0	1	1	1,140	1
RCC	0	1	1	192	5
SCCF	4	4	8	255	31
SCF	14	12	26	2,545	10
Total	115	92	207	19,225	11

Note: Two incidents were missing facility data, both were SI cases; if facility is not included in this table there were no reported incidents at that facility.

Figure 7. Locations where PREA Incidents Took Place



There are some limitations to this analysis that should be taken into account when reviewing the results. One of the primary issues in dealing with data from incident reports, particularly around such sensitive material as sexual assault, is making sure the incidents are appropriately categorized and defined. This was a particularly difficult task in dealing with the current dataset because each report had to be reviewed and categorized based only on the information that was available in the report. Therefore, some reports provided greater detail about the acts compared to others. As such, the researchers were limited to the available information in assigning the incident to the appropriate category.

Another limitation in coding the incidents into categories was the ability to distinguish between consen-

sual sexual activity and forced sexual contact or penetration. Thus, the incidents were categorized based on whether these facts could be established. If it was unclear then the incident was coded into the category that best fit the given information. We feel confident that the operational definitions used to categorize the incidents were sound definitions that helped to differentiate between the federal standards and the CDOC standards. However, the results of this data must be interpreted through the lens of these categorical definitions. There are many different ways in which these incidents could have been defined and categorized, finding the most meaningful and consistent way to do this was the main objective.

PREA PREVENTION

Offender Victim and Predator Profile

Method

Profile participants were 245 offenders involved in a PREA incident between January 2005 and June 2007. Offenders meeting this criteria were included only once in the sample; if a person had been involved in more than one PREA incident during this time-frame only the information corresponding to the first recorded incident was used in the analyses. Two offenders were in the original sample twice; in both cases the offender was a predator in two separate incidents. Similar to the incident data, other cases were excluded due to where the incident took place. Offenders in YOS ($n = 15$), community corrections ($n = 15$) or on parole ($n = 3$) were all excluded from this sample.

Participants were included in the sample if they had been either a victim or a predator in a substantiated or unsubstantiated PREA case. The victim group included individuals who were involved in either II or SI incidents; however the predator group included only offenders who had perpetrated against other inmates. Only cases with these investigation results were selected because the intent of this profile was to characterize established victims and predators. Therefore, unfounded, inactive or ongoing incidents were excluded. This included II crimes of forced sexual contact or penetration and SI crimes of sexual contact, penetration, indecent exposure/masturbation, sexual harassment, or voyeurism. Offenders included in the predator participant group ($n = 88$) had perpetrated forced sexual contact or forced penetration on another inmate. Offenders involved in the other types of incidents not listed above were excluded because they did not fit the strict definitions of the federal PREA standards. There was concern that including offenders perpetrating offenses against staff or sexual misconduct cases could skew or diminish the findings.

Offenders were identified for this profile by using the PREA Incident Tracking Database. Once the sample was identified, the demographics, needs levels, standardized testing, gang involvement, criminal history and risk information was then downloaded from the CDOC administrative database. This is a database maintained by CDOC that catalogs and tracks offender information from intake all the way through the system such that offender information is continuously updated. For offenders involved in more than one PERA incident, the date of the first reported incident

was used as the trigger date for this downloaded information.

Materials

Offenders entering the CDOC are placed in an assessment and diagnostic facility for the first few weeks of their incarceration. During this time their demographic, personal and crime related information is gathered and updated. As a part of this process, offenders are assessed across several dimensions to identify their custody level, education, treatment needs, and criminal risk. The results of these assessments drive their facility placement (i.e., custody level) as well as the planning of the classes and treatment services they may receive while in prison and on parole (when available). In Colorado, facilities are separated by gender. The following are descriptions of the assessments that are completed during the intake process; those detailed below are specific to the information collected for this profile.

Needs Assessment. While in intake at the diagnostic facility an offender is assessed to determine his or her level of severity over a multitude of areas. These levels are used by department staff to guide treatment programming and areas for focused attention. Needs levels are assessed for mental health, substance abuse, academic and vocational, sex offender, assaultiveness/anger issues, medical, and developmental disabilities. In order to assign the appropriate rating, a combination of methods are utilized that may include observation, interview, self-report, review of presentence investigation reports and standardized testing. The results are then combined to derive a needs level for that offender in each area. Levels are based on a scale of 1 through 5; a score of 1 indicates no apparent need, a 3 indicates a moderate need, and a 5 indicates a severe need. Offenders who have scored a level 3 or higher are identified as having a significant need that requires focused attention and/or treatment.

The needs level specific to mental health uses a second component in addition to the 1 to 5 scoring system. This second, more advanced system of assessment allows offenders with severe mental illness to be identified beyond the 3 to 5 mental health acuteness rating. Offenders given a 'C' chronic or 'O' organic qualifier to their rating are identified as having a pervasive mental illness. Offenders given either one of these qualifiers have been diagnosed with any of the following mental disorders: bi-polar mood disorder, major depressive disorder, depressive disorder not otherwise specified, dysthymia, paranoid/delusional

disorders, schizophrenic disorders, schizophreniform disorder, schizo-affective disorder, psychotic disorder not otherwise specified, induced psychotic disorder, brief personality disorders – all of which are identified in the Diagnostic and Statistical Manual of Mental Disorders – IV (American Psychiatric Association, 1994).

There are also two needs levels specific to PREA; the purpose of these is to help staff identify offenders who might exhibit sexually aggressive behavior (SAB) or sexual vulnerability risk (SVR). Like the other needs levels, the SAB and SVR levels are a 1 to 5 rating system, and a score of a 3 or higher indicates that the offender has the propensity to be sexually aggressive or sexually vulnerable as it relates to PREA. The assessment of SVR and SAB, however, is relatively new and assignment of these levels did not begin until April 2006 for new admissions and June 2007 for existing offenders in the facilities. As a result, the majority of the offenders in the study sample do not have SAB and SVR needs levels and therefore this data was not included in the profile (SAB missing 215 cases and SVR missing 158 cases).

Level of Supervision Inventory-Revised (LSI-R; Andrews & Bonta, 1995). The LSI-R is administered to measure the level of recidivism risk for each offender in CDOC. This assessment consists of 54 dichotomous items and is administered as a semi-structured interview. Possible scores range from 0 to 54, such that higher scores characterize offenders with more serious re-offending risk. The LSI-R showed moderately strong predictive validity ($r = .31$) for 1-year recidivism rates with Colorado parolees (O’Keefe, Klebe, & Hromas, 1998).

Culture Fair Intelligence Test (CFIT; Cattell & Cattell, 1973). This standardized test is designed to measure intelligence that is free from cultural bias because it does not depend on an individual’s ability to read a certain language. This is a pencil and paper test that contains visual-spatial problems measuring general cognitive abilities used to analyze problems, reason abstractly and perceive relationships. CDOC uses a version of the CFIT that is designed for adults

in the average range of intelligence. Conversion tables are used to change the raw CFIT scores into normalized standard IQ scores. Internal consistency reliability estimates vary between high .70s to .90s depending on the scale. Test-retest reliabilities run in the low .80s and equivalent-forms reliabilities range from .58 to .72 (Koch, 1992; Tannenbaum, 1965). The CFIT’s convergent validity with other intelligence tests has an average correlation of .70 (Koch).

Tests of Adult Basic Education (TABE; McGraw-Hill, 1994). This test assesses basic reading, language and mathematic skills. Scoring on these scales is designed to identify how an offender learns and measure his or her current level of performance. These scores are used to identify areas of need to be addressed by CDOC education programs. Administration of the test first includes an initial screening to determine which level of the test should be provided. There are five different levels ranging in difficulty from ‘limited literacy’ to ‘advanced.’ For each of these five levels there are 263 questions and results provide a percentage score and a grade equivalent score. Technical aspects of the TABE – Forms 5 and 6 (an older version of the tests) showed Kuder-Richardson Formula 20 (KR_{20}) reliabilities ranging from .71 to .94 (Bauernfeind, 1992). A technical report examining the TABE 7 and the 2002 Tests of General Education Development (GED) shows correlations between the scores on corresponding content areas on the TABE and the GED as ranging from .52 to .57. The correlation between the TABE total battery score and the GED average score was .63 (McGraw-Hill).

Results and Conclusions

Victim and Predator Differences. Table 2 depicts the types of PREA incidents the participants were involved in and the victim or predator rates for each type. Results indicate that a high percentage of female offenders (58%) were victimized by staff members compared to males (42%) victimized by staff.

Table 2. Type of Incident by Gender and Role

	Males		Females	
	Victim (n = 124)	Predator (n = 76)	Victim (n = 33)	Predator (n = 12)
II Forced Sexual Penetration	27%	38%	3%	0%
II Forced Sexual Contact	31%	62%	39%	100%
SI Sexual Penetration	6%	---	21%	---
SI Sexual Contact	30%	---	25%	---
SI Sexual Harassment/Advances	6%	---	12%	---

Note. There were no incidents of SI indecent exposure or voyeurism.

Table 3 presents the descriptive statistics generated on demographic and criminal history information of male and female victim and predator groups. For the purpose of analysis, some of the information downloaded from the databases was further categorized; this was done for gang involvement, serious mental illness and most serious crime variables. Gang involvement is tracked and coded in the CDOC database according to three levels: member, associate, or suspect. Therefore if an offender had any one of these three levels he or she was assigned into the 'yes' gang involvement category. Similarly, those participants who had an 'O' or 'C' mental health qualifier were coded as having a 'serious mental illness' in addition to having an elevated mental health needs level. Most serious crime data was grouped into one of four felony categories. Murder, manslaughter and sexual offenses were categorized as 'violent' felonies. Burglary, theft, arson, forgery, and embezzlement were coded as 'property or fraud' felonies, while sales, possession, and the distribution of illegal drugs were included as a 'drug' felony. Crimes in the 'other' category included weapons violations, prostitution, and gambling convictions. T-test and chi-square comparisons were used to distinguish the differences between the victim and predator groups using a significance level of .05 (see Appendix C). The results of these analyses are described individually for males and females below.

Males. Many of the demographic and criminal history characteristics were similar across victim and predator groups with only a few noted differences. Mean comparisons indicated that male victims were significantly younger (32 years old) than predators (38 years old). Victims were more likely to be in prison for the first time compared to predators. This is consistent with national results that have found that male victims are typically younger, first time offenders. However, CDOC victims were much older than the national average; Beck, Harrison, and Adams (2007) reported that victims were typically 24 years old or younger. The same trend among age was also found for predators. Nationally male predators have been found to be older than their victims, generally over 25 years old, yet typically younger than the general population (Beck et al.). The finding of predators older than victims was replicated in Colorado, but what differed was CDOC predators were older than the average male inmate who is 36 years old (Rosten, 2008). It is also interesting to note that the LSI scores of the males were high with a mean total score for both victim and predator groups ranging between 31 and 32 indicating they are at a high risk of recidivism.

One of the more prominent profile characteristics found in the national literature concerns the racial make-up of male predators and victims. Statistically it has been established that victims are more typically Caucasian and predators more typically African American, a finding that was also supported by this study. Results indicate that disproportionate rates of Caucasians were among the victim group and disproportionate rates of African Americans were among the predator group. The ethnic make-up of males in the overall prison population in Colorado is 45% Caucasian, 20% African American, 32% Hispanic and 3% 'other' (Rosten, 2008). Therefore, not only were PREA victims more likely to be Caucasian compared to predators, but they also accounted for a much higher percentage of offenders than what is represented generally. Although these racial differences are found consistently among the research, experts are quick to caution that race alone should not be used as a predicting variable as research has shown that sexual assaults are not fueled exclusively by ethnicity, but rather a combination of factors that identify inmates as likely targets (Chonco, 1989).

The current profile was not able to confirm national findings that have established victims as typically smaller, weaker and often possessing feminine characteristics. Analyses of available data for height and weight revealed no physical differences between the groups. Similarly, data was not available to assess the personality traits of victims, therefore it is unclear if offenders in the sample could be characterized as shy, intellectual, and or lacking 'street smarts,' all of which have been identified in the literature among male victims (Human Rights Watch, 2001; Tewksbury, 1989). These are important characteristics to consider however for future research, which would allow for a more in depth profile of victims that could be used to further educate staff and in the classification process.

Females. A second objective in developing these profiles was to learn more about female victims and predators. Where the national research provides a good foundation of understanding for male characteristics, this data is unavailable for females. What was found from the current analysis was a significantly higher proportion of female predators were single compared to victims, who were more likely to be married or common law. Also, even more dramatic than the results for males, a greater percentage of female victims (91%) were serving their first incarceration, whereas predators tended to be more habitual and were commonly incarcerated for a second time (42%).

Table 3. Comparisons of Demographics and Criminal History for Offenders Involved in PREA Incidents.

	Males			Females		
	Victims (n = 124)	Predators (n = 76)	p	Victims (n = 33)	Predators (n = 12)	p
Mean age (SD)	32.1 (8.6)	38.2 (11.1)	<.05	33.7 (7.4)	38.4 (8.2)	n.s.
Mean weight (SD)	174.7 (27.3)	180.2 (38.5)	n.s.	157.0 (40.2)	158.3 (31.0)	n.s.
Height			n.s.			n.s.
Under 5'	1%	0%		3%	8%	
5'01"-5'05"	8%	3%		42%	50%	
5'5" to 5'11"	55%	64%		55%	34%	
Over 6'	36%	33%		0%	8%	
Ethnicity			<.05			n.s.
Caucasian	58%	42%		52%	50%	
African American	19%	34%		6%	25%	
Hispanic	23%	20%		33%	25%	
Other	0%	4%		9%	0%	
Marital status			n.s.			<.05
Single	53%	47%		12%	75%	
Married/common law	33%	36%		70%	17%	
Divorced/separated/widow	12%	17%		18%	8%	
Other	2%	0%		0%	0%	
Highest grade completed			n.s.			n.s.
Grade school	14%	13%		0%	0%	
9 th - 11 th grade	65%	66%		70%	100%	
12 th grade	14%	13%		27%	0%	
Post secondary	7%	8%		3%	0%	
Education			n.s.			n.s.
High school diploma	16%	16%		15%	0%	
GED	55%	51%		52%	42%	
Neither	29%	33%		33%	58%	
LSI						
Mean total score (SD)	30.8 (7.5)	31.9 (7.2)	n.s.	33.9 (7.3)	36.5 (5.4)	n.s.
Custody level			n.s.			n.s.
Minimum	20%	13%		33%	33%	
Minimum restrictive	8%	8%		22%	25%	
Medium	41%	28%		19%	17%	
Close	30%	51%		19%	25%	
Administration segregation	1%	0%		7%	0%	
Most serious crime			n.s.			n.s.
Drug	11%	15%		27%	33%	
Property/fraud	20%	15%		30%	17%	
Violent	58%	65%		37%	33%	
Other	11%	5%		6%	17%	
Number of incarcerations			<.05			<.05
One	77%	63%		91%	58%	
Two	19%	21%		9%	42%	
Three or more	4%	16%		0%	0%	
Gang involvement			n.s.			n.s.
No	68%	60%		94%	92%	
Yes	32%	40%		6%	8%	

Note. There was a range of missing data from 1 to 37 cases for these variables among male and female offenders.

No other significant differences were found among the females, although like the males it was interesting to note that the females had high LSI scores particularly among the predator group with a mean total score of 37.

In trying to better understand why no other differences emerged, some of the responsibility should be attributed to the limitations of the data and the small sample size of female offenders. This small number can greatly impact the statistical analysis as well as the ability to generalize the results to a larger group. The *lack* of significant findings could also suggest the possibility that the identifying characteristics specific to female victims and predators are variables that were not captured in the current study. Geer (2000), as cited in Struckman-Johnson & Struckman-Johnson (2002), hints at this possibility. The author suggests that female inmates engage in forms of game playing and economic manipulations to coerce other females into sexual interaction. Although the research investigating female predation is in its early stages, it appears that these factors may be different from what is known about male predatory behavior. If female offender sexual assaults are motivated by different reasons, then the characteristics of the individuals involved would also be expected to differ. All of which, again, points to the need for additional research in this area as it relates to females and the factors that may be exclusive to female predation and victimization.

Needs level data is presented in Figure 8 for the male and female groups. This figure illustrates the percentage of offenders who scored a 3 to 5 in any one area; missing data for these levels ranged from 1 missing case for medical needs to 10 missing cases for substance abuse needs. Using a significance level of .05, it was found that male victims appear to have higher needs in the areas of vocational training and mental health treatment compared to predators while male predators had greater needs in the areas of medical treatment and assaultive behavior. These findings are similar to national research that have identified male predators' propensity for assaultive behavior and history of prior incarcerations, supporting the notion that male predators are savvier to the criminal justice system and demonstrate more volatile behaviors (Chonco, 1989). Results were also similar to national findings related to male victims' tendency to have mental health needs (Chonco, 1989; Human Rights Watch, 2001). There were no significant differences between female victim and predator comparisons of needs areas, although there did appear to be a trend

between the groups for academic needs ($p < .07$). The overall lack of significant differences could certainly be accounted for by small sample size as discussed above.

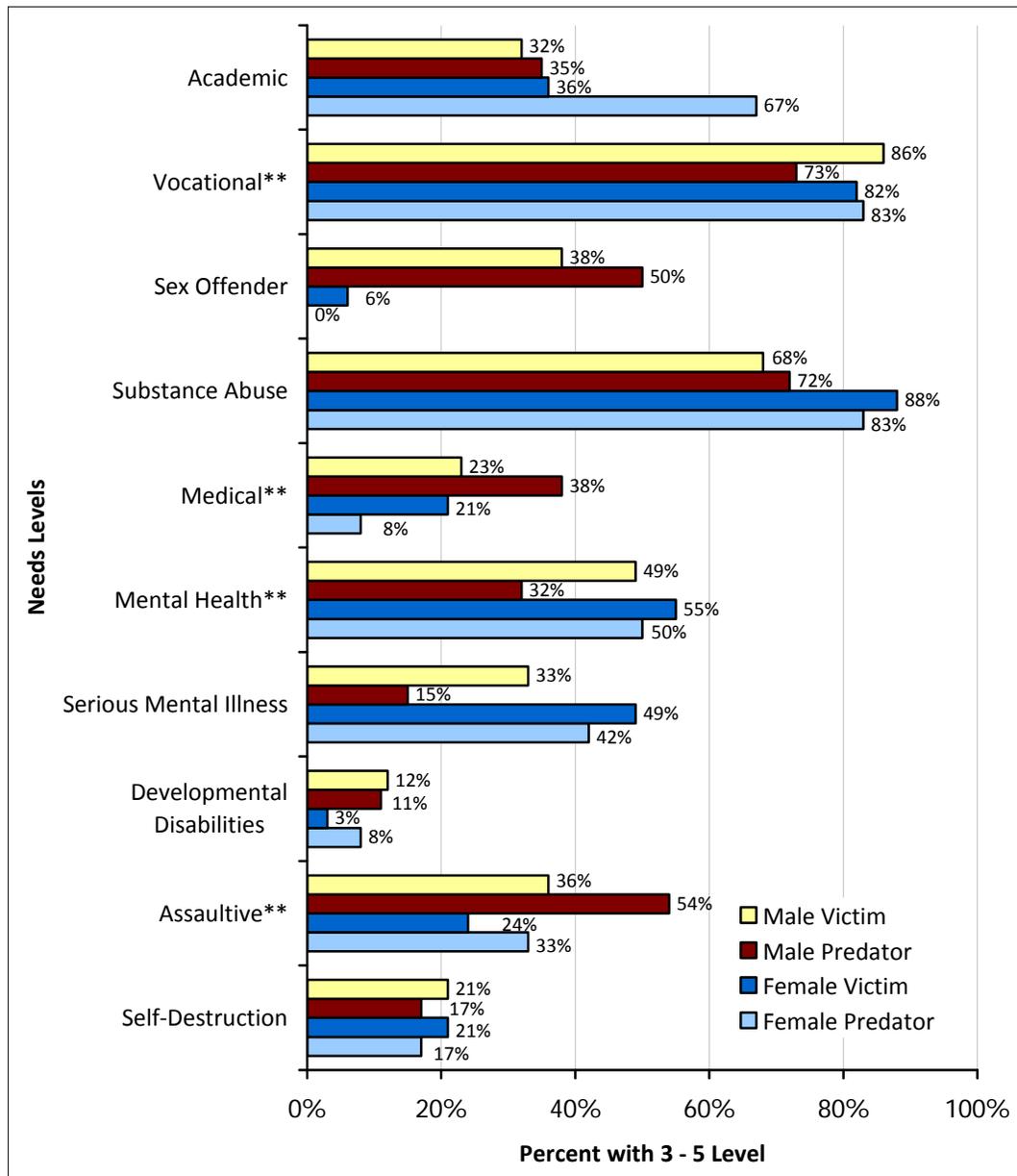
Victim and predator groups were analyzed further to better understand if there were gender differences specific to the profile characteristics. However, these analyses did not produce any meaningful results and there were very few differences found when male victims were compared to female victims and when male predators were compared to female predators. Consequently, the results are not presented.

Victims of Inmate versus Staff Incidents. It was hypothesized that not only would victims and predators be different from one another, but also the profiles of offenders who are victimized by other offenders would differ from those victimized by staff. To test this, comparisons were made separately for male and female victims. T-test and chi-square analyses were performed using a significance level of .05 (see Appendix C).

Males. When demographic information was compared among male victims, few differences emerged (See Table 4). Victims of other inmates were more likely to be Caucasian (72%) compared to those victimized by staff (40%). Data also suggested that victims of II incidents were less educated than victims of SI incidents. Only 60% of victims in the II group had a high school diploma or GED compared to 86% of victims in the SI group who had either one of these degrees. Across the criminal history variables victims were similar except that roughly half of the victims of staff perpetrations (52%) were involved in a gang compared to 19% of victims of inmate perpetrations.

When the needs levels were compared, however, more differences between the victim groups emerged (See Figure 9). It appears that inmates who perpetrate PREA crimes choose victims who have significant physical and cognitive disabilities. Results demonstrated that victims of inmate predators had greater academic, sex offender, medical, mental health, serious mental illness, and developmental disability needs. These findings have been established nationally as well, confirming that male offenders perpetrate against other offenders who are highly vulnerable (Human Rights Watch, 2001). In contrast, male victims of staff predators did not exhibit significant needs in any of these areas. Rather victims of staff predators had higher ratings in the areas of vocational training and assaultiveness.

Figure 8. Differences between Male and Female Victim and Predator Needs



** Indicates a significant difference ($p < .05$) between the male victim and predator groups; there were no significant differences for the female victim and predator groups.

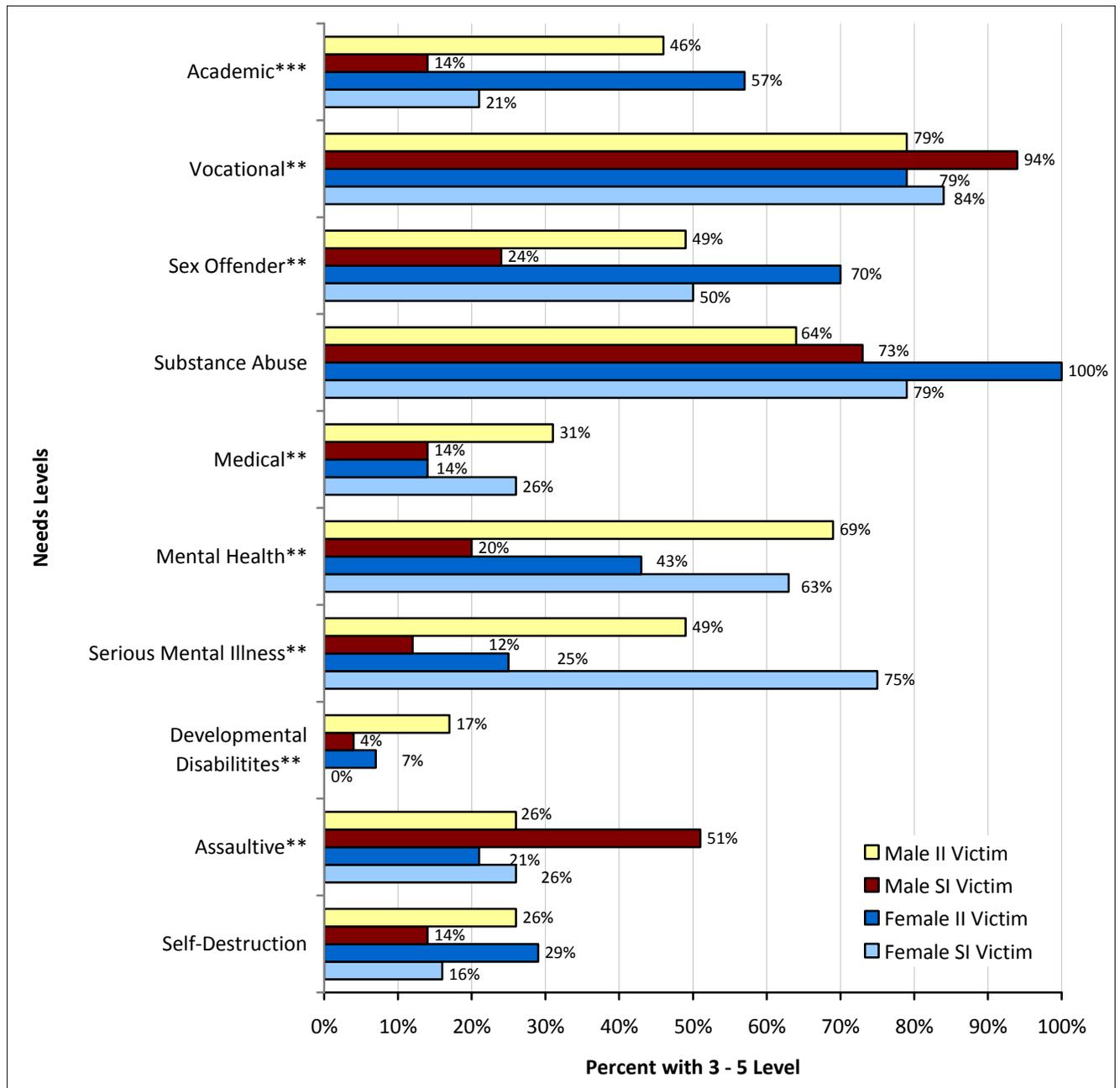
PREA PREVENTION

Table 4. Comparisons of Demographics and Criminal History for Victims of II and SI PREA Incidents

	Males			Females		
	II (n = 72)	SI (n = 52)	p	II (n = 14)	SI (n = 19)	p
Mean age (SD)	31.9 (9.5)	32.2 (7.3)	n.s.	31.5 (6.4)	35.4 (7.9)	n.s.
Mean weight (SD)	171 (28.6)	180 (24.8)	n.s.	149.3 (50.7)	162.6 (30.5)	n.s.
Height			n.s.			n.s.
Under 5'	1%	0%		7%	0%	
5'01"-5'05"	11%	4%		43%	42%	
5'5" to 5'11"	57%	52%		50%	58%	
Over 6'	31%	44%		0%	0%	
Ethnicity			<.05			n.s.
Caucasian	72%	40%		64%	42%	
African American	13%	27%		7%	5%	
Hispanic	15%	33%		22%	42%	
Other	0%	0%		7%	11%	
Marital status			<.05			n.s.
Single	56%	49%		14%	11%	
Married/common law	25%	43%		71%	68%	
Divorced/separated/widow	18%	4%		15%	21%	
Other	1%	4%		0%	0%	
Highest grade completed			n.s.			n.s.
Grade school	19%	8%		0%	0%	
9 th - 11 th grade	60%	72%		86%	58%	
12 th grade	17%	10%		14%	37%	
Post secondary	4%	10%		0%	5%	
Education			<.05			n.s.
High school diploma	16%	15%		7%	21%	
GED	44%	71%		50%	53%	
Neither	40%	14%		43%	26%	
LSI						
Mean total score (SD)	30.2 (7.0)	31.6 (8.1)	n.s.	31.4 (7.8)	35.8 (6.5)	n.s.
Custody level						<.05
Minimum	19%	23%		58%	13%	
Minimum restrictive	3%	13%		25%	20%	
Medium	47%	32%		0%	33%	
Close	29%	32%		9%	27%	
Administration segregation	2%	0%		8%	7%	
Most serious crime			n.s.			n.s.
Drug	10%	12%		36%	21%	
Property/fraud	21%	19%		43%	21%	
Violent	54%	63%		14%	53%	
Other	15%	6%		7%	5%	
Number of incarcerations			n.s.			n.s.
One	83%	67%		93%	90%	
Two	14%	27%		7%	10%	
Three or more	3%	6%		0%	0%	
Gang involvement			<.05			n.s.
No	81%	52%		100%	90%	
Yes	19%	48%		0%	10%	

Note. There was a range of missing data from 1 to 21 cases for these variables among male and female victims.

Figure 9. Needs Levels of Male and Female II and SI Victims



**Indicates a significant difference ($p > .05$) between the male II and SI victim groups

***Indicates a significant difference ($p > .05$) between both the male and female II and SI victim groups

Note. There was a range of 67 to 70 cases missing needs level data. For the females there were 22 cases missing needs level data.

Thus this data suggests that male offenders appear to select victims they can physically and psychologically dominate, whereas staff predators appear to choose victims for less obvious reasons. Uncovering what motivates inmate predators compared to staff predators might explain some of these differences. Remember, sexual contact between a staff person and an inmate is considered abusive and criminal regard-

less of whether or not the offender was ‘consenting.’ Therefore some incidents involving staff include those where the offender and staff claim to be in mutual or ‘romantic’ relationships. Therefore staff may select victims based on characteristics they find personally desirable or may find themselves in situations that lead to victimization (e.g., off-site work crews or transports). It is also possible that some inmates may

actually manipulate vulnerable staff into committing a sexual offense. All of which might explain why no predominate characteristics emerged related to SI victims.

Females. When comparisons for the female II and SI victims were conducted, there was only one difference among the demographic characteristics. Fifty-seven percent of victims in II offenses had academic needs compared to 21% of victims in SI offenses. There were no other differences among the demographic, criminal history or needs level variables (see Figure 9). Again, this lack of differences suggests that the small sample size is having a critical impact on the findings and again females are perhaps systematically different from males. It is likely that female predators seek emotional characteristics among their victims that allow them to exploit their targets in different ways compared to males.

What must not be overlooked is that female offenders are at a much higher risk of being victimized by staff than they are other inmates (Kassebaum, 1972 as cited in Struckman-Johnson and Struckman-Johnson, 2002). Of the current sample, when all the SI incidents were combined, 58% of the female offenders had been victimized by a staff member. Future research efforts to profile female victims must carefully consider that not only are females different from males, but that females at risk for victimization by staff may be entirely different as well. Results from this future inquiry must be used to better educate staff so as to prevent these types of crimes from occurring.

Staff Predator Profile

Method

The staff included in this profile sample ($N = 87$) perpetrated a sexual act under PREA on an inmate between the dates of January 2005 and June 2007. A staff person is defined as anyone working for the CDOC to include state employees and contract workers. There was only one employee who was involved in two separate incidents that met the above criteria and therefore he was included only once in the sample. There was, conversely, one incident in which two staff members were involved.

Like the offender profile, only staff members involved in incidents that were substantiated or unsubstantiated incidents were included, as well as only incidents defined by the federal standards. However, it was decided to also include the final SI category of 'other' SI offenses even though these types of staff actions are not specifically addressed in the Federal PREA definitions. The SI 'other' category consists of

reports identifying "inappropriate relationships" or "romantic relationships" between a staff and inmate; these reports are not included in any of the above definitions because there was no evidence of any physical sexual behavior. However, because this misconduct could lead to circumstances that put other staff and offenders at risk it was decided to include employees involved in these incidents in the sample as well. Cases that were removed from the sample consisted of those that took place between a CDOC staff person in a community corrections center ($n = 4$) or while the offender was on parole ($n = 3$). There were no cases reported in YOS.

Individuals were identified for the sample using the information available in the PREA Incident Tracking Database; it was from here as well that staff demographic and employment information was also downloaded. However, there was a great deal of missing data related to two specific fields – staffs' hire date and job title information. Therefore a second download was performed using the CDOC administrative database. This database tracks limited staff information related to job title, hire date, gender, ethnicity and date of birth. Unfortunately, this source also had limited records and several data cells were missing. Job title and hire date were the most limited - there were only 25 participants in the entire sample who had all their demographic and employment data available for download. Therefore, in order to capture as much information as possible, the data from the PREA and administrative databases were combined for the following analyses. While there is a large percentage of cases missing hire dates and job title information, more of the participants had data indicating their ethnicity, age, and incident information (e.g., incident type and facility).

Results and Conclusions

The demographic and employment information for the sample is included in Table 5. Male and female staff were similar in age with the mean age of 37 years old. Ages of the staff predators ranged from 22 years old to 58 years old. The majority of the sample was Caucasian, representing over half the staff predators for both the male and female groups. However, a significantly higher percentage of the male group was African American compared to females. Half of the reported PREA offenses in this sample were committed by staff in a security or case management position, followed by staff in supervisory positions such as correctional industries, laundry, or food service. Not surprisingly, these are positions that require the most in

Table 5. Staff Demographic and Employment Information

	Male Staff		Female Staff		Total		p
Mean Age (SD)	39.3 (10.8)		36.1 (10.1)		37.41 (10.4)		
	%	Count	%	Count	%	Count	
Ethnicity							<.05
Caucasian	57%	16	67%	26	63%	42	
African American	29%	8	5%	2	15%	10	
Hispanic	14%	4	28%	11	22%	15	
Other	0%	0	0%	0	0%	0	
Total	100%	28	100%	39	100%	67	
Job title							n.s.
Security/ Case Mgmt	50%	6	50%	7	50%	13	
Work Supervisor	42%	5	22%	3	31%	8	
Clinical Services	0%	0	7%	1	4%	1	
Other*	8%	1	21%	3	15%	4	
Total	100%	12	100%	14	100%	26	
Years of employment					0%		n.s.
Less than 1 year	9%	1	50%	7	32%	8	
1 to 5 years	64%	7	43%	6	52%	13	
Over 5 years	27%	3	7%	1	16%	4	
Total	100%	11	100%	14	100%	25	

*Other category included a teacher position, contract worker, and legal assistant.

Table 6. PREA Incident and Facility Information where the Incident Occurred

	Male Staff	Female Staff	Total
PREA Incident			
SI Penetration	14%	16%	15%
SI Sexual Contact	47%	51%	49%
SI Sexual Harassment	20%	4%	10%
SI Other*	19%	29%	25%
Total	100%	100%	100%
Facility Security Level			
Minimum	5%	0%	2%
Minimum Restrictive	3%	6%	5%
Medium	42%	59%	52%
Close	6%	8%	7%
Maximum/Admin Seg.	44%	27%	34%
Total	100%	100%	100%
Gender of Facility			
Male Facility	47%	96%	76%
Female Facility	53%	4%	24%
Total	100%	100%	100%

*Incidents in this category are not included in the Federal PREA definitions

Note. There were no incidents of SI voyeurism or indecent exposure.

mate contact with daily interactions. Data also indicated that employees on the job less than 5 years perpetrated the majority of the PREA offenses, keeping in mind, however, that it is difficult to draw any definitive conclusions due to the high amounts of missing

data for both these variables. It is for this reason the size of the sample is reported in Table 5.

Table 6 further describes the types of PREA violations in which the staff were involved. The table provides information about the security level of the facili-

ty where the incident took place and the percent of staff perpetrators at female or male prisons. Sexual contact incidents accounted for nearly half of the male and female staff perpetrations. A greater percentage of male staff committed acts of sexual harassment or advances compared to female staff who were involved in a slightly higher percentage of incidents categorized as 'other.' Although one of the smallest portions of the sample (15%) was involved in sexual penetration of an offender, this is the most severe crime and according to state statutes is considered rape regardless of whether or not the offender was a consenting partner.

Additional insight into these crimes is provided by better understanding the facilities where these crimes took place. The highest rate of offenses took place in medium security facilities and this could be a result of the private facilities. However, it is most surprising to see that a third of the incidents occurred at the maximum/administrative segregation facilities, suggesting perhaps that the isolation of these facilities might lend themselves to greater inmate victimization. Results also show that very few female staff committed sexual offenses in female facilities, rather the majority of female staff perpetrated against male offenders. Whereas the male staff group is more evenly split, almost equal percentages victimizing male offenders as female offenders.

Nationally, little attempt has been made thus far to profile staff who perpetrate sexual offenses against offenders. Results from the current project indicated that staff had most typically been employed less than five years, were in their thirties, Caucasian, and in security or offender management positions. Other than this, little can be said about the characteristics of employees who are PREA perpetrators based on the available data. This, of course, was an apparent limitation to the current research. Staff involved in PREA incidents should be more carefully tracked so that more detailed profiles can be developed in the future.

Until more is known about the profiles of staff characteristics, the NPREC Standards (2008) suggest that policies be put in place to obtain the appropriate waivers that would allow agencies to ask hiring questions about past sexually abusive behavior or indifference, which may be an indication of future behavior.

What was most apparent from the current findings was that virtually all female staff committed offenses in male facilities and half of male staff who committed offenses in female facilities. These findings raise an important issue concerning cross-gender supervision. Again the National Standards (2008) have issued

directives regarding this issue; they recommend facilities develop strong policies that prohibit staff from being able to view inmates of opposite gender when "disrobed or performing bodily/hygiene functions, conducting pat-downs, strip searches or visual cavity searches." The standards also recommend that staff of the opposite gender do not isolate one-on-one with an offender out of view of the cameras. While not all PREA incidents involving staff occur between the opposite genders, it has been acknowledged that by limiting the above situations many of the most common SI offenses could be prevented.

Diagnostic Assessment of Aggressive Behavior and Vulnerability

New and returning offenders entering the CDOC are first processed through intake at the DRDC before moving to their receiving facility. Within 24 hours of admitting to the intake unit they are given a brief screening measure which asks if they have been a victim or predator in a previous PREA incident. If there is an indication by the offender at this time that he or she is at risk for victimization or predation, staff are immediately notified and the proper cell assignments are made. It is not until 2 to 3 days later that the offender is scheduled to meet with a programmer who then completes the full diagnostic assessment. Only a portion of the diagnostic assessment includes assessing sexual victimization or predation risk. At this time programmers use interview information, court documents, assessment, and standardized testing results to determine the custody level at which the offender will be placed as well as programming and treatment areas where the offender needs specialized attention. As part of this programming process there are two specific levels (sexually aggressive behavior [SAB] and sexual vulnerability risk [SVR]) that are assigned to an offender to identify those who are potential predators or at risk for sexual victimization. Both levels are used by CDOC staff to determine the appropriate movement and housing of offenders who have elevated risks in either area. Wardens are also sent reports that identify the offenders in their facility who have elevated risk. Similar to other needs levels (e.g., medical, mental health), SAB and SVR levels operate using a five-point scale. A score of three or higher on either measure indicates the offender is at high risk.

SAB Levels. Indication of sexually aggressive behavior is assigned based on the offender's past history of sexual violence and sexual predator convictions, the criteria for the levels are as follows:

- SAB 1 indicates the offender has no history or indication of sexual offense behavior and/or has not been recommended for sexual offender treatment.
- SAB 2 designates an offender who has an indication of a sex offense or has a sex offense conviction.
- SAB 3 indicates the offender has an institutional sexual offense on record and/or has a designation as a sexually violent predator (CRS 18-3-414.5).
- SAB 4 has no criteria and is not assigned to offenders at this time.
- SAB 5 indicates the offender has a felony conviction of an institutional sexual assault.

The SAB codes are assigned based on sexual violence codes already used by CDOC to identify sexual offenders, and therefore the SAB levels are automatically populated by the department mainframe database.

SVR Levels. The criteria for the SVR levels are based entirely on the interview done by the programmer as determined from the offender's self report, file records and programmer's assessment. These levels are as follows:

- SVR 1 indicates there is no report of sexual victimization or risk indicators.
- SVR 2 includes offenders who have: (a) documentation and/or self report of sexual victimization in the community, (b) has an institutional discipline for sexual misconduct, (c) is a young first time offender, (d) has reported s/he is afraid of being sexually assaulted, (e) has mental health needs, (f) has developmental disabilities, (g) is a self identified transsexual or homosexual, and/or (h) has a conviction of sexual offense against a child.
- SVR 3 is an offender who has documented reports of being a victim of an institutional sexual assault or any other sexual victimization.
- SVR 4 has no criteria and is not assigned to offenders at this time.
- SVR 5 is an offender that meets the criteria for SVR level 3 AND meets at least four of the criteria for SVR level 2.

The SVR items are scored and entered into the mainframe database by the programmer at the time of their intake interview with the offender.

Both the SAB and SVR scores are available only for authorized CDOC staff to view; this group includes case managers, Offender Services staff, sex offender treatment coordinators, mental health clinicians, private prisons monitoring unit, community pa-

role officers, and intake programmers. Once the programmers have completed the assessment, they notify the housing staff in the intake unit of inmates with elevated SAB or SVR levels. Once the offender transfers from the intake unit, it is expected that staff will use this information to make appropriate transport and housing assignments.

Method

Interviews and observation were conducted with three employees in the programming department at the diagnostic unit. To assess whether the assignment of the SAB and SVR levels was being executed as intended, this process was evaluated using interview and observation methods. The researcher met with the programmers on three different occasions and "shadowed" each one for an entire day. During this time five assessments were observed, three with male offenders and two with female offenders. The objectives of the interviews were to gain greater understanding from each programmer about how they conduct their interviews with offenders and what information is gathered from the offender's file. The researcher also was able to sit in the office during the offender diagnostic interview. While the interview was being conducted the researcher did not intervene or ask questions.

Results and Conclusions

There are a total of 21 programmers who conduct intakes of all offenders coming into the CDOC, including new admissions and parole violators. The programming staff at DRDC typically have 12 male intakes a week, averaging 2 a day. There are two staff at DWCF who handle all the female intakes, between the two programmers they average about 15 female intakes a week. The programmers reported that intake interviews range in length from 20 minutes to 1 hour long; however the entire diagnostic process is much longer due to time spent before and after the interview reviewing the file and inputting data. Interviews with female inmates take longer than those with males because female offenders generally talk more and elaborate on information in the interview. The full intake involves confirming and updating court information, criminal charges, confirming offender's demographic information, inputting assessment and standardized testing scores, determining the offender's level of risk and custody level and assessing his or her eligibility for certain programs (e.g., boot camp). However the time spent on the PREA segment of the intake is minimal.

The programmers have no direct influence in determining SAB levels, as these are auto-populated based on the offender's sexual violence records. Therefore the programmer's only role related to these levels is to ensure that the scores are in the database and the officers in the housing unit are aware of offenders with elevated levels.

In contrast, however, the programmers are directly responsible for determining the SVR levels for each offender they interview. When asked to describe the questions they ask of offender around this issue all three staff indicated that they ask offenders if they have a history of sexual victimization. The programmer working with female offenders stated that it is very common for female inmates to report such a history. Therefore follow up questions usually target when and where this victimization took place. Two of the programmers reported that they ask offenders if they are afraid of being sexually assaulted while incarcerated; however the third programmer did not ask this question because she had concern it would alarm the offender and cause undue stress. Only one of the programmers pursued other questions dealing with whether or not the offender had been convicted or charged with a sexually related crime or if the offender was homosexual or transsexual. Other information used to score the SVR was gathered from the offender's file (e.g., court records, mental health information, and pre-sentence investigation reports).

Of the five intakes observed, interviews ranged in length from 15 to 30 minutes long, an average of 5 minutes was spent asking the offenders questions related to the scoring of the SVR. Both female offenders reported a history of sexual victimization by a family member when they were children. None of the three male offenders reported victimization or fear of sexual assault or rape while incarcerated. Altogether, the offender interviews were very brief and there was little opportunity for the programmer to develop rapport with the offender. This is particularly important given the need to discuss sensitive information. The style of the interview was specific, closed-ended questions rather than open-ended questions that would encourage a dialogue.

There was also concern reported among the programmers that there was a great deal of variability between how each person determined the SVR levels. This was mostly a result having little training and the lack of standardized tools or guidelines that could be used to inform their assessment decisions.

Offender Orientation and Education

The education of offenders regarding PREA began in April 2006 for all offenders sentenced to the CDOC. The PREA orientation consists of a 20-minute video shown to offenders as part of the larger orientation process during intake. Following the completion of the video, offenders are asked by intake staff if they have any questions.

The PREA orientation video consists of two segments, one of which was published by the CDOC. In this segment, several CDOC officials talk about the purpose of the PREA program and the information contained in the administrative regulation. This includes PREA mandated offender rights, how to report a PREA incident, and strategies for self protection from rape. The other segment is a nationally produced video in which a group of offenders and a facilitator discuss aspects of prison rape. Their conversation centers on behaviors, situations, and people to avoid while incarcerated. Actors role-play several situations portraying various tactics inmates may use to exploit other inmates. The clips are followed by a discussion between the offenders and the facilitator about how the situations may manifest in a facility. There are two versions of these videos, one male offenders and the other for female offenders. Each follows the same format and includes the same information, but with gender specific actors and scenarios. These videos are available in Spanish as well. Offenders are either asked if they want to see the Spanish version following the English version or all the offenders are asked to sit and watch both.

Following the video, offenders are asked to sign a sheet acknowledging that they watched the PREA orientation video and were informed about their rights according to PREA. This sheet is included as a part of the informational packet given to offenders prior to the orientation (the packet includes information about programs other than PREA as well). Included in this packet is a PREA handout that offenders take with them, which again reviews the CDOC PREA administrative policies, self-protection, prevention/ intervention, reporting procedures, treatment and counseling, and consequences for making false allegations (See Appendix D). PREA posters are also displayed throughout the intake unit and provide the tips line number.

Method

Offender Orientation Survey. Survey data was collected from 601 offenders (442 male and 159 female) who were processed through the intake unit at

either DRDC or DWCF between November 2007 and February 2008. The majority of the sample was Caucasian (43%), followed by 29% Hispanic, 17% African American and 11% other (e.g., Asian or American Indian). The ages of the participants ranged from 18 years old to over 45 years old.

The PREA Orientation Survey (see Appendix E) was developed for this evaluation to assess the inmate's comprehension of the information presented during the video. The survey consisted of 19 closed and open-ended questions, multiple choice items, and Likert-type items. Questions addressed areas of the federal legislation and the CDOC policies related to zero-tolerance and victims rights. Several questions asked offenders to respond on a scale of 1 to 5 (Strongly agree to Strongly disagree) about how well they understood PREA concepts and if they knew how to respond to a PREA incident should it occur. Final questions explored the offender's willingness to report to certain people and their suggestions for improving the orientation. On average, the survey took approximately 5 to 10 minutes to complete.

Following the PREA video, offenders were given the PREA survey and asked to complete it at that time. Instructions were given verbally and were written at the top of the survey. Offenders were instructed not to write any identifying information on the survey (e.g., name or CDOC number) in order to maintain confidentiality. These instructions also stated that participation was voluntary. They were asked to place the survey in an envelope at the front of the room; once all surveys were collected, staff sealed the envelope and sent it to the research office.

Offender File Audit. A review of offenders' files was completed at one female and two male facilities to determine if the offenders had documentation indicating they had received the PREA orientation. In total, 415 files were audited, 292 male and 123 female offender files. Therefore 30% of the files for all three facilities were reviewed. The facilities were chosen so that male and female offenders were represented.

Case managers at each of the facilities were contacted to arrange for research staff to visit the facility to review the files. Based on the size of the facility, the research staff chose a designated number of files to review, but there was no predetermined list from which the files were selected. Although the files were chosen in no particular order this was not a random sample. The entire file was reviewed, looking specifically for paperwork that showed the offender had received PREA orientation.

Results and Conclusions

Offender Orientation Survey. The primary goal of the offender survey was to determine how well the offenders understood the information presented during the orientation and to identify possible areas where the training could be improved. The strength of the offender orientation lies in communicating the intent of PREA and the CDOC zero-tolerance policy. Offenders were able to identify why PREA exists, the behaviors prohibited under zero-tolerance, and how they could protect themselves against sexual assault or rape. All of the questions related to these topics were multiple choice that required the participant to check all of the answers they felt were appropriate. When asked about the "purpose of the PREA Act," 86% of surveyed offenders responded that it was to protect inmates from sexual assault. Approximately 60-70% also indicated the purpose of the program was to make prisons safer and provide methods to report a sexual assault.

Nearly all participants were able to identify the behaviors prohibited under the CDOC zero-tolerance policy. The majority of males and females (80-90%) indicated that oral sodomy, sexual assault with an object, fondling, forcible sex against a person will or with the inability to give consent, sexual contact, indecent exposure, inappropriate touching, and kissing were all prohibited. There were, however, two items related to this question that offenders did not overwhelmingly endorse. When asked if taking or soliciting pictures of breasts, genitalia, or buttocks was part of the policy, only 67% of male offenders indicated 'yes.' Also, it appears offenders were not clear that hugging another offender is included under this policy, as only 40% of both male and female offenders indicated it was prohibited.

Similarly, 80 to 90% of respondents were able to identify their rights under PREA, including the "right to be safe from unwanted advances," "the right to say no," and the "right to report PREA incidents." When offenders were asked *how* they could report PREA incidents, three quarters of respondents recognized that they could report an incident using the tips line or to an employee, contact worker, volunteer, or investigator.

Table 7 includes the survey items that were Likert-type items assessing how well the offenders understood the orientation video and how concerned they were about being sexually assaulted. Results indicated that only 60% of surveyed offenders felt the orientation videos were helpful. Also, a rather low percentage of offenders (67%) were in mild to strong

Table 7. Offender Responses to Items on PREA Orientation Survey (N = 601)

Survey Item	Mild to Strong Agreement	Neutral Response	Mild to Strong Disagreement
The videos about PREA were helpful.	60%	28%	12%
I understood the videos about PREA.*	73%	17%	10%
I understand the zero-tolerance policy.	81%	11%	8%
I know my rights under PREA.*	67%	18%	15%
I know what to do in case I am sexually assaulted.	83%	10%	7%
I know what to do if I see someone being sexually assaulted.	76%	17%	7%
	Not at all to Somewhat Concerned	Concerned	Very to Extremely Concerned
How concerned are you about being sexually pressured or assaulted?	78%	8%	14%

* Questions were negatively worded on the survey but were reversed for this table.

agreement that they understood their rights under the PREA regulations. This finding is inconsistent with the results from the multiple choice item in which 80-90% of respondents were able to correctly identify their rights. This inconsistency could reflect the finding that offenders could identify certain rights, but were unsure that they understood *all* of their rights provided under this legislation. The majority (78%) of the participants indicated that they were not concerned about being sexually assaulted while incarcerated.

Whereas a previous survey question addressed whether or not offenders knew how to report a PREA incident, the following results are related to a question that attempted to better understand if offenders would be *willing* to use certain reporting methods. The results indicated this is an area where the program still faces some challenges. Figure 10 provides the percentage of respondents who would be *comfortable* talking to various sources if a sexual assault occurred. Altogether these percentages are rather low, although female offenders showed a greater willingness to report compared to males. A significantly higher number of females were willing to report to a case manager, family member or cellmate compared to males; both males and females were most likely to indicate that they would report to medical or mental health staff, case manager or a prison chaplain. Offenders’ willingness to talk to staff and report incidents is at the heart of the PREA program. Improving offenders’ confidence in being able to report an incident starts with the orientation and this data clearly suggests that this should be a stronger component of the orientation program.

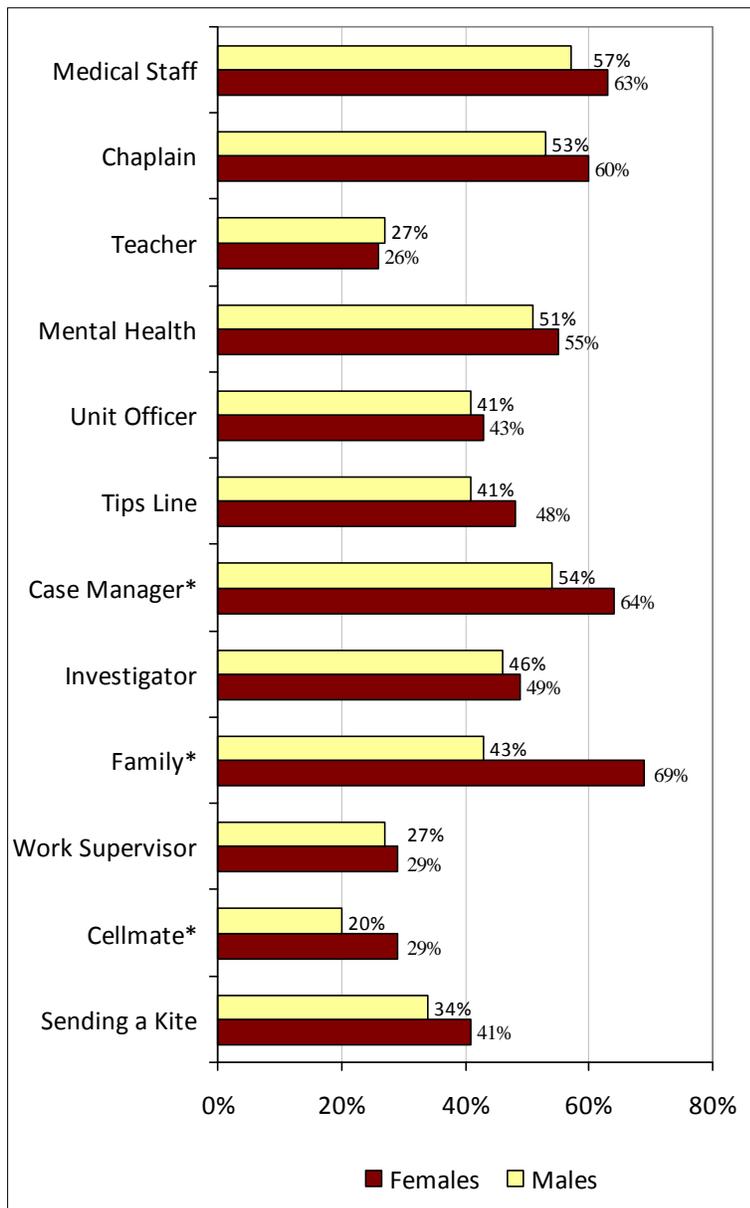
The final questions on the survey were three open-ended questions in which the answers were coded into major categories. There was a large amount of missing

data related specifically to these questions; it ranged from 108 to 256 participants who did not answer these particular questions. The first open-ended question asked participants to identify the “ways they could avoid being sexually assaulted in prison.” Of those participants who responded to this question the two most common answers were to *avoid accepting gifts or favors* (19%) and to *avoid relationships with other offenders* (20%), other responses related to being *alert of surroundings and people* (9%) and *being confident or assertive* (10%). Finally 14% of answers indicated that *offenders shouldn’t ask for it* (e.g., “don’t act gay” or “don’t be a punk/homo/whore”).

The second open-ended question addressed offenders ideas about what could be done to “reduce sexual assault in prison.” Many of the answers were related to offenders’ feelings of personal responsibility: 12% indicated they needed to make *wise decisions*, 6% stated they needed to be *alert and aware*, and 9% made statements about *keeping to yourself*. The responsibility to *report incidents* was cited by 9% of participants, but only 2-3% of offenders indicated that sexual assault could be reduced by *more education* or *increased supervision*.

The final question asked offenders to provide ideas about “how the PREA orientation could be improved.” Forty percent of respondents indicated that the orientation did not need to be changed or gave no suggestions for improvement. However, 6% of respondents indicated the video should be *updated* and/or made more *realistic* (“real life actors” or “not such nerdy videos”). Another 6% of respondents suggested that the orientation would be improved by having discussion facilitated among the class. About 4% of comments were directed towards the setting of the orientation; not only were suggestions made about

Figure 10. Participant Response: Who Would You Feel Comfortable Talking to about a PREA Incident?



* Indicates significant difference between males and females at $p < .05$.

being able to better see or hear the videos but also addressed “finding a way to get the audience serious,” “make people stay quiet,” or “have staff present.”

Offender File Audit. Of the files audited (n = 415), 97% had paperwork indicating that the offenders had received PREA orientation. For admissions after April 2006, when the PREA orientation program began, 93% had documentation that the offender had received PREA orientation at the time of their admission. For

offenders admitted to CDOC prior to the start of the PREA orientation program, 96% had paperwork indicating they had received orientation at their facility or sometime afterward (i.e., there were offenders who were on parole at this time, but later received the orientation upon their revocation). Twenty percent of the total group had documentation indicating they had received the orientation more than once (e.g., during intake and again at a facility or at two different facilities). Of the facilities that were selected for this file audit, it appeared that the case managers were careful to check that the PREA documentation was present in the file, and if not, they reviewed this information with the offender and had him or her sign the paperwork at that time.

These results indicated that CDOC is meeting the program objective to ensure all offenders are receiving the orientation as dictated in the CDOC administrative regulations. While it is primary that this documentation exists so that the department can be sure offenders are educated about this important subject, it is also very important that this documentation exists in light of a legal dispute or question that may arise regarding how and when such information is shared with offenders.

Staff Training

As part of the basic training conducted at the CDOC Training Academy, new employees receive a 4-hour class regarding the PREA policy and program. All other staff employed by the department beyond their first year were required to attend a 1-hour PREA refresher training that is held at their assigned facility annually. The refresher training is a condensed version of the initial PREA training session. While both training sessions cover the same information, the new employee training allows for more in-depth case examples and discussion.

The primary objectives of both trainings are to educate staff about the following areas: (a) federal and state PREA legislation, (b) PREA administrative regulation 100-40, specifically the CDOC zero-tolerance policy and definitions of sexual assault or rape and sexual misconduct, (c) the six major steps required to

meet the PREA goals, (d) how PREA affects the CDOC, (e) signs of sexual victimization and predation, (f) profile characteristics of victims and predators, (g) motivations behind inmate sexual behavior, (h) the CIPS/CDOC TIPS anonymous reporting lines, (i) definition of deliberate indifference, (j) how to intervene in an incident, (k) involvement of female inmates in PREA incidents, (l) crime scene management priorities, and (m) changing prison culture in the effort to minimize prison rape.

The PREA training sessions are taught using a standardized Microsoft Power Point presentation. Trainings conducted at the Training Academy are taught by academy staff, the refresher trainings by facility staff who have been trained and approved to teach the PREA curriculum. In addition to covering required content, the curriculum is designed to ask students to think about prison rape and their own values regarding the topic as well as engage in class discussions. Case studies and class exercises are used to more clearly depict the effects of prison rape on the individual, the prison, the staff, and the community. *What if* scenarios are utilized to encourage staff to think about their reactions and responses to encountering PREA incidents in a facility. Existing staff are asked to discuss any changes they have noticed in the prison culture since the implementation of the program.

The number of staff attending each training session varies, with new staff trainings much larger in size, ranging from 80 to 150 students. Refresher trainings typically range from 30 to 60 students. As part of the basic training new staff members receive handouts of the PREA presentation slides, however none are distributed during the annual training. Trainees are encouraged to ask questions, clarify points, and provide examples (when appropriate) regarding the presented material.

For CDOC employees who are identified as first responders, further training is provided on: (a) crime scene management, (b) elimination of contamination, (c) CDOC protocol for collecting evidence, and (d) crisis intervention. However, this training was *not* evaluated in the current study.

Method

Training Observation. Researchers observed 13 new and existing PREA staff trainings. Three of these classes were new staff trainings conducted during basic training at the Training Academy, the other 10 refresher trainings provided to existing staff at seven different facilities. The observations were conducted

between December 2007 and March 2008 when annual refresher trainings were being offered. The facilities were chosen so as to include male and female populations, various instructors, different security levels and locations in the state. The three new staff trainings ranged in length from 2 to 3.5 hours and the class sizes ranged between 75 and 107 students. The ten refresher trainings ranged from 40 to 60 minutes long with class sizes between 20 and 60 students.

An observation checklist was created specifically for the observations. It was used to record information about the content provided during the session as well as the interaction of the students and instructor. The checklist covered four main topic areas of the training: content, student involvement, skills of the instructor, and training environment. Likert-type items were used to assess the level of the class' involvement as well as the enthusiasm and/or interest the instructor showed in teaching the material. Yes/no questions were used to assess how well the instructor was able to answer questions, if s/he demonstrated a solid grasp of the subject, if s/he used open-ended questions and if s/he used relevant examples, metaphors, and scenarios to clarify points. The final portion of the checklist was specific to the training space regarding the arrangement of the room and students ability to see and hear the presented information.

Researchers made arrangements with the PREA trainers prior to attending each class. Trainers were told that the researcher would be at the training to observe and to distribute student surveys. The observer sat in the class and took notes as the information was presented but did not ask questions or participate during the class.

Staff Attitude and Comprehension Surveys. The staff recruited to participate in the survey evaluation of the PREA training were new employees ($n = 285$) in basic training and existing staff ($n = 304$) in annual refresher courses. New staff were recruited from the same three PREA basic training courses observed between December 2007 and March 2008. Existing staff were recruited from the seven facility annual refresher trainings observed between January and March 2008. The researchers made prior arrangements with the Training Academy and training coordinators at each facility to attend the PREA trainings to distribute the surveys.

New staff were asked to sign a consent form because their names were needed in order to send a follow up survey 6 months later, however existing staff were not asked to sign a consent form because a follow up was not conducted with this group. Prior to the

start of the trainings the students were briefed about the project and willing participants were asked to complete the PREA Attitudes Survey (see Appendix F). Completed surveys were collected before the start of the class. At the conclusion of the training staff were distributed the Staff Comprehension Survey of PREA Training (see Appendix G). Each survey took approximately 8-10 minutes to complete.

Six months later new staff participants were sent a follow up survey to again assess their attitudes about PREA. By this time staff had finished basic training and were working in their assigned facility. The Attitudes Follow up Survey (see Appendix H) was distributed to staff through CDOC mail. Each packet contained a consent form, survey and self-addressed envelope. Participants were asked to sign the consent form, complete the survey and then send both back to the research office. Only 78 of the new staff participants (27%) returned their survey at the time of follow up.

Materials

PREA Attitudes Survey. This was a survey designed for this study to assess attitudes towards rape, homosexuality, and staff prevalence estimates of prison rape. The survey consisted of 48 questions. The first 35 questions were Likert-type questions (1= Strongly Disagree, 3 = Neutral, 5= Strongly Agree) asking participants' opinions about rape victims and homosexuality. Four additional questions asked participants to provide estimates about how often they believe male and female offenders are approached or threatened for sex or sexually assaulted/raped. An open-ended question asked staff their opinion as to why they think rape occurs in prison and the final questions addressed participants demographic and employment information.

PREA Attitudes Follow up Survey. The follow up survey contained most of the same questions as the first attitude survey. Of 52 questions 35 were the Likert-type questions regarding staff attitudes towards rape victims and homosexuality. Staff were again asked to provide estimates of how often they believe male and female offenders are approached or threatened for sex or raped were also included. The survey added four new questions that explored the participants experience with PREA incidents since working in a facility and their opinions about the PREA program and training now that they have on the job experience.

Staff Comprehension Survey of PREA Training. The survey consisted of 26 questions that were a combination of multiple choice, open-ended, true/false and Likert-type items. Questions on this survey addressed

topics specifically taught in the PREA training curriculum. These included the PREA policy, how to recognize signs of victimization and predation, and reasons why sexual assault or rape occurs in prisons. Participants were asked to identify PREA victim rights and give appropriate responses to how they would handle a PREA incident. Final questions asked participants to define deliberate indifference and identify the priorities of crime scene management. The survey concluded with staff demographic and employment information.

Results and Conclusions

Training Observation. All of the 13 classes observed covered the objectives and required content as per the PREA administrative regulation 100-40. This content included reviews of the PREA zero-tolerance policy, federal and state PREA legislation, characteristics of potential predators and victims, signs of victimization, reporting requirements, and crime scene management. For the most part, the content of the training is standardized because all instructors use the same presentation and lesson plans developed by the Training Academy. There were only a few occasions where the instructor skipped over information usually due to time constraints. In about 60-70% of the classes the instructor went beyond the basic curriculum and addressed issues regarding the class's attitudes towards rape and attitudes towards homosexuality. The environment in which the trainings were conducted was adequate for all seven sites, with enough room for students to take notes and the space arranged so all students could see and hear well.

The students participating in the training at the Training Academy were highly involved in the class. They asked several questions and were very responsive to the instructor. The students in the refresher trainings were slightly less engaged, rarely asking questions and generally more reserved when presented with questions. These were not necessarily surprising findings as the students in basic training were familiar with the classroom atmosphere.

The majority of the instructors who taught the PREA classes demonstrated a strong grasp of the content and knowledge of the subject when answering questions. All three of the classes at the Training Academy had instructors who were engaging, provided relevant examples and scenarios and were able to get the students involved in meaningful discussion. There was more variability among the skills of the trainers who provided the refresher trainings. Some trainers were skilled in using the presentation as a ba-

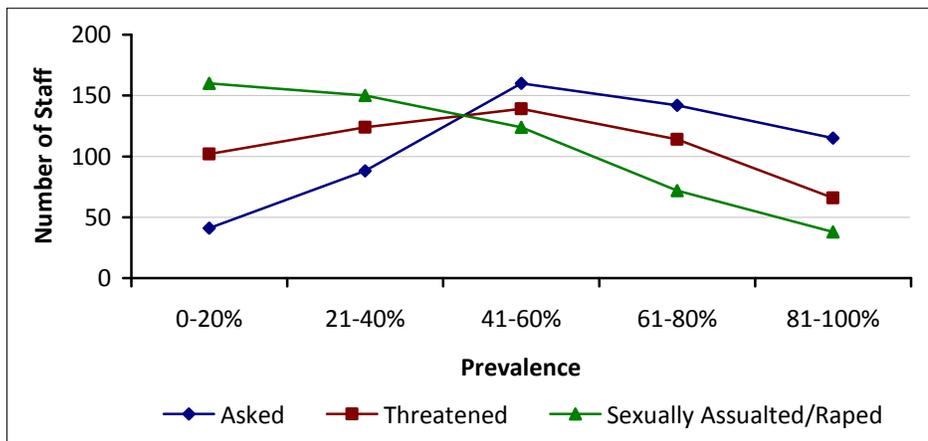
sic outline; others relied heavily on the slides and at times read word for word. Trainers also had varying skills in their ability to provide good examples to demonstrate points and clarify key information in the lesson plan. Most of the variability in the quality of the training was not related to the content, but rather to the skill and experience of the instructor as well as his or her level of comfort with the material.

Overall the PREA training classes were well delivered, contained a good amount of information, and provided the class with the basic information necessary to prevent and respond to PREA incidents. However, the skill of the instructor was fundamental to the quality of the class; this seemed to impact the students' level of interest and engagement that most likely influenced their comprehension of the material. The high quality trainings challenged the class to think about how they felt related to these sensitive topics and to open their mind to change the current climate around prison rape, beyond the basic delivery of information.

Staff Attitudes Survey. The responses on the staff attitudes survey were analyzed and differences between the responses of new staff were compared to those of existing staff. Comparisons were also made between new staff responses at Time 1 (basic training) to their responses at Time 2 (6 month follow up). However, none of these comparisons yielded meaningful results. Therefore descriptive statistics were generated using the combined data related to responses from both new staff (at Time 1) and existing staff. These results are presented below.

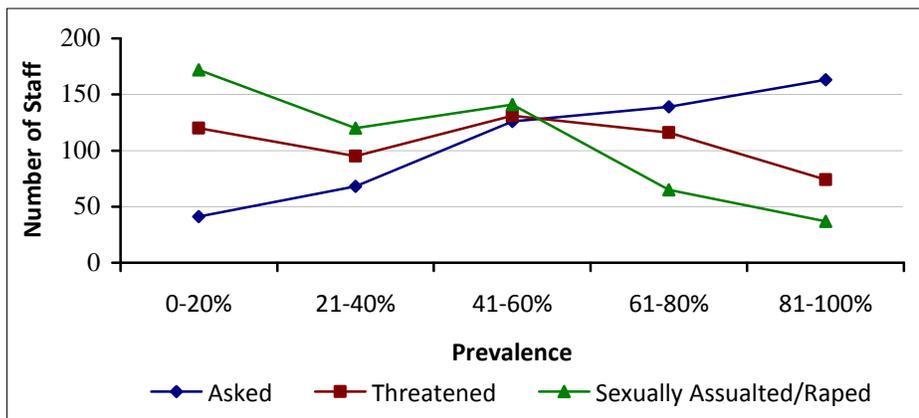
Respondents were asked to estimate the percentage of both male and female inmates approached by another inmate for sex while in prison, threatened for sex while in prison, or sexually assaulted or raped while in prison. Figures 11 and 12 show staff responses to each question, staff estimated a higher percentage of both male and female inmates approached or threatened for sex than assaulted or raped for both genders.

Figure 11. Estimates of Prison Rape Prevalence for Male Inmates (N = 546)



Note. There was a range of 43 to 44 participants who did not answer of the questions.

Figure 12. Estimates of Prison Rape Prevalence for Female Inmates (N = 537)



Note. There was a range of 51 to 53 participants who did not answer of the questions.

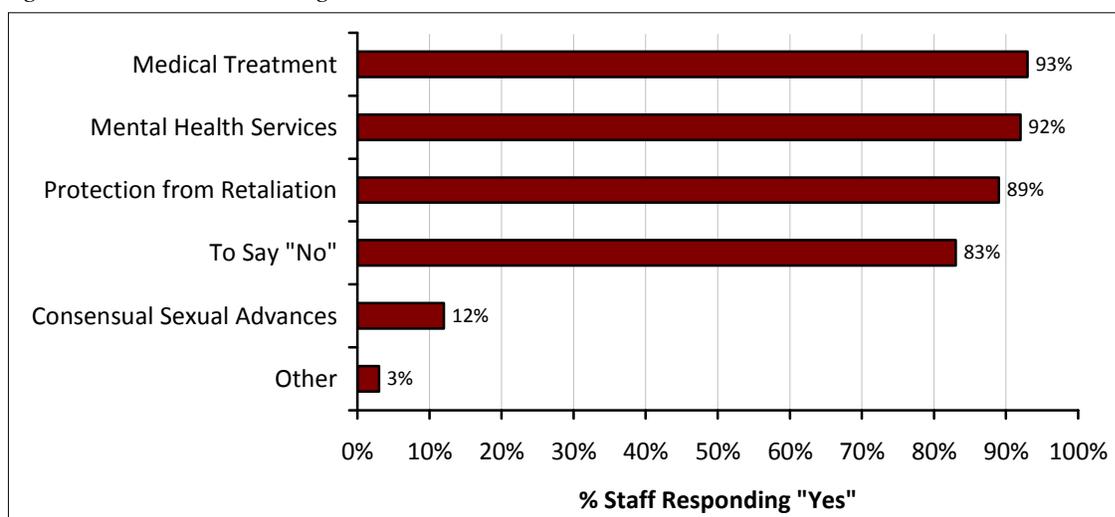
There were no practical differences in responses between new and existing staff on attitude items with respect to rape myths, homosexuality and prison rape. Staff attitudes were generally in line with those one would expect to be helpful in reducing prison rape and sexual assault. Table 8 shows which items staff were generally likely to agree or disagree with; staff either mildly or strongly disagreed with the majority of items on this portion of the survey. Over 80% of staff agreed with the statements that a victim should not blame him/herself for rape and that rape could happen to anyone. Similarly, only 4% of surveyed staff felt that “prison rape is part of the penalty for committing crimes in society,” a relatively small percentage given the commonly held belief by 50% of American voters that prison rape is an acceptable part of an offender’s punishment (DeBrau, 2006). National research has also found that 16% of correctional employees believe that homosexuals get what they deserve if raped (Eigenberg, 2000), compared to only 3% of CDOC employees who agreed with the statement that “it is not a big deal” to rape homosexuals.

Although the majority of the responses were appropriate, there were a few findings that raised some concern. When staff were asked if the way a person acts or dresses could invite rape, 24% of CDOC employees agreed that it does and 42% agreed that people provoke rape by their appearance or behavior. These rates are even higher than what has been found nationally where 17% of correctional officers believe inmates deserved to be raped for dressing or talking a certain way (Eigenberg, 2000). Other potentially problematic responses included 11% of surveyed staff who disagreed that a raped person is usually an innocent

victim and 33% who agreed that people who go to secluded places put themselves in a position to be raped. Similarly, there were 12% of staff who believed that people claim rape to protect their reputation and 55% of staff who believe people are likely to falsely claim rape. Although these beliefs might not directly translate into staff member responding negligently to a report of rape, it does raise alarm. To the extent that such attitudes reflect negative attitudes toward rape victims, this finding can pose a problem for CDOC in its efforts to ensure that prison rape is taken seriously by staff and will do everything in their power to prevent such occurrences.

Staff were also asked to select which rights they believed offenders were entitled to as PREA victims. Their choices were: medical treatment, mental health services, protection from retaliation, to say “no” to sexual advances, to make consensual sexual advances, and other (see Figure 13). It was positive to find that 90% of staff believed that offenders who were victims of a sexual assault or rape had rights to medical and mental health care, as well as the right to say “no” and to be protected from retaliation. It is hoped that these beliefs translate into staff taking the appropriate actions to ensure victims receive the care and protection as guaranteed by this legislation. A total of 12% reported that offenders have the right to make consensual sexual advances toward other offenders. This may be an issue where staff personally feel that offenders should have this right even though this may differ from department policy, although given this attitude does not necessarily mean they will not uphold the regulation.

Figure 13. PREA Victim Rights



PREA PREVENTION

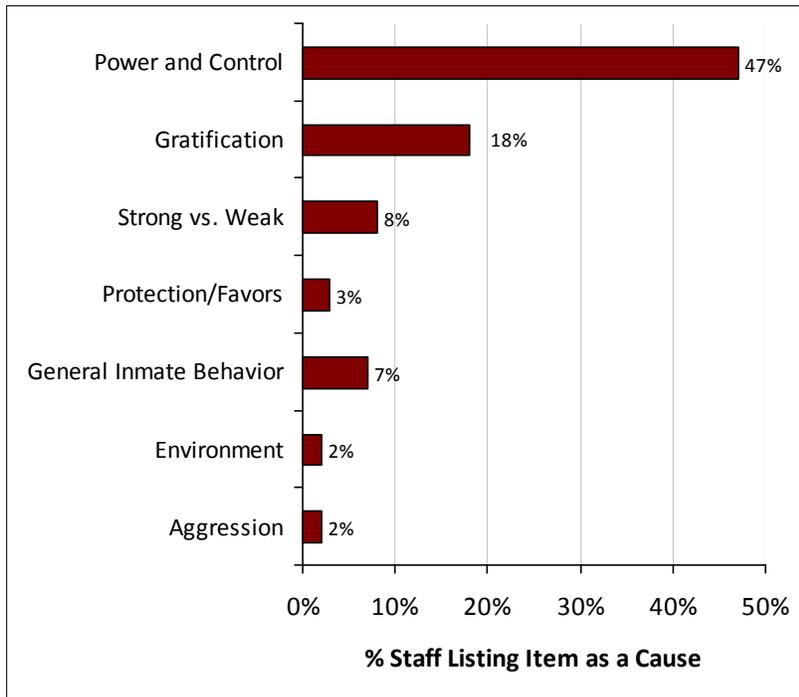
Table 8. Staff Attitudes about Rape Victims, Homosexuality and Prison Rape

Item	% Agree	% Disagree	% Neutral
<i>Attitudes about Victims of Rape</i>			
A raped person is usually an innocent victim.	77%	11%	12%
The extent of a person’s resistance should be the major factor in determining if rape has occurred.	17%	73%	10%
A raped person is a less desirable person.	6%	84%	10%
People who claim rape often do so to protect their reputations.	12%	66%	22%
People do not provoke rape by their appearance or behavior.	38%	42%	20%
It would do some people good to be raped.	3%	95%	2%
A healthy person can resist a rapist if s/he really tries.	11%	79%	10%
A victim should not blame him/herself for rape.	88%	7%	5%
People are not likely to falsely claim rape.	25%	55%	20%
Rape could happen to anyone.	92%	6%	2%
People who go to secluded places put themselves in a position to get raped.	33%	48%	19%
Sexually experienced individuals are not really harmed by rape.	1%	97%	2%
People who act or dress in particular ways are inviting rape.	24%	59%	17%
Many people who report rape are lying because they are angry or want revenge on the accused.	10%	71%	19%
Most people secretly desire to be raped.	1%	92%	7%
Many people who claim rape first consented to sexual relations but then changed their minds.	11%	61%	28%
Most people secretly desire to be raped.	1%	92%	7%
In most cases when a person is raped, s/he deserved it.	1%	97%	2%
It is not rape if a person engages in sexual acts in exchange for something else (e.g., favors, protection).	13%	72%	15%
<i>Attitudes about Homosexuality</i>			
It is not a big deal to rape homosexuals.	3%	95%	2%
Homosexuals are generally more promiscuous than straight people.	14%	64%	22%
Homosexuals tend to flaunt their sexuality inappropriately.	24%	53%	23%
I am comfortable with gay people.	57%	12%	31%
Homosexuals should be praised for being brave enough to defy “traditional family values.”	9%	50%	41%
I feel comfortable discussing homosexuality in a public situation.	40%	22%	38%
Having to manage or work with homosexuals makes me uncomfortable.	10%	68%	22%
Most homosexuals prefer anonymous sexual encounters.	8%	42%	50%
Homosexuals are just as healthy and moral as anybody else.	42%	30%	28%
Most homosexuals cannot sustain a long-term relationship.	6%	55%	39%
<i>Attitudes about Prison Rape</i>			
Inmates may have consensual sex.	8%	84%	8%
Inmates deserve to be raped.	1%	97%	2%
Prison rape is part of the penalty for committing crimes in society.	4%	91%	5%
An inmate should expect rape.	7%	85%	8%
Inmates should not be denied sexual outlets.	12%	63%	25%

The responses of staff to the question assessing their view of why rape occurs were combined into seven main categories: power and control, need for sexual gratification/having no sexual outlets, general aggression levels and violent tendencies of inmates, the strong preying on the weak, protection/favors, the prison environment, and general inmate behavior. Figure 14 shows how often these responses occurred. The causes most often selected by staff were power and control and need for sexual gratification/having no sexual outlets (47% and 18% respectively). Fewer than 10% reported that offender aggression and violent tendencies, strong offenders preying on the weak, protection/favors, the prison environment, and ‘general’ inmate behavior were causes of prison rape/sexual assault.

There are some limitations to this data that must be discussed in light of the above results. It should be acknowledged that the sensitive nature of the subject may have influenced participants to answer in socially desirable ways. It is important that this limitation is considered when reviewing all of the above results. Unfortunately, staffs’ efforts to answer in acceptable ways impede our ability to truly understand the current culture of the department and the attitudes that exist around this subject.

Figure 14. Causes of Prison Rape



It should also be noted that the surveys were developed for the purpose of this evaluation and although they were constructed using the national literature as a guide they have not been tested to establish the psychometric properties for reliability, validity, and population norms. Because of this, it is unclear what variability among the answers may fall in a normal range of responses given by a certain group of people.

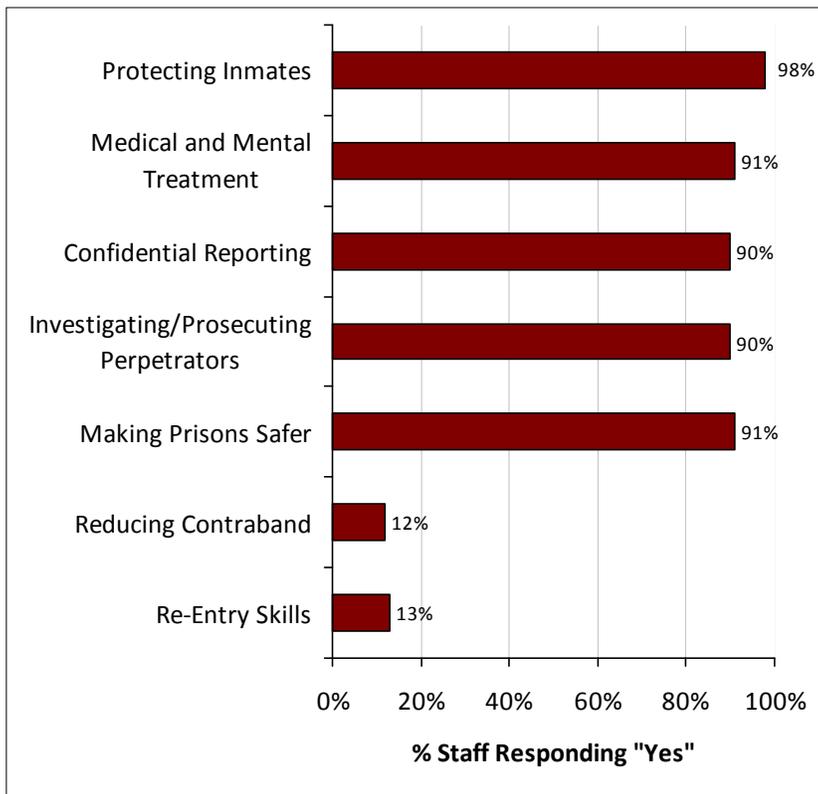
Finally, analyses reflected no significant differences between new staff responses at Time 1 and Time 2. This could be an indication that 6 months was not an adequate follow up period to capture a change in attitude should it occur. It is likely that it did not provide enough opportunity for staff to be exposed to PREA incidents and the overall “climate” of the department. It might also be a reflection of a low response rate of returned follow up surveys (27%). Staff who chose to respond at 6 months might not have been the ones who had significant changes in their experiences, attitudes or opinions regarding PREA.

Staff Comprehension Survey. Participants’ comprehension of the training material was best for the federal PREA legislation and CDOC policy. Figure 15 shows the percent of staff who indicated they believed each of seven items was a purpose of the program.

Most staff were able to accurately identify the objective of the federal legislation.

When asked about offender’s rights, over 90% of staff responded that offenders have the right to be safe from unwanted sexual advances, to say “no” to anyone pressuring them to engage in sexual activity, to be provided with methods with which to report assault/rape to CDOC, and to medical and mental health treatment. However, in none of these cases did 100% of staff report that inmates have any one of these particular rights. Also problematic is the fact that 16% of staff reported that, under PREA, inmates have the right to touch other inmates in sexually intimate ways which is clearly inaccurate. While this response could be the result of a poorly worded question or misunderstanding, it is noteworthy because 12% of staff answered similarly on the staff attitudes survey prior to the training.

Figure 15. Purposes of PREA Legislation



Other questions on the survey were directed more specifically to how well participants understood the CDOC PREA policies regarding zero-tolerance and who are involved in PREA incidents. To assess understanding of the PREA zero-tolerance policy, staff were presented with a list of different interactions and asked to indicate which were prohibited. Over 90% of staff were able to accurately identify the behaviors included in this policy. Fewer than 5% incorrectly

indicated that acceptable behaviors (e.g., hand-shaking, sitting next to someone) violated the PREA policy.

Although almost all students were able to identify the correct predator-victim groups (e.g., II, SI, IS), there was an unexpectedly high number of staff (45%) who stated that PREA incidents also include staff-on-staff situations. This suggests that this is a particular point where more clarification should be provided.

With respect to potential signs of victimization, 90% of staff were able to correctly identify the traits that might be exhibited following a sexual assault or rape (See Figure 16). However, 9% to 22% incorrectly endorsed traits or signs that have not been found to be signs of victimization (e.g., increased friendliness, becoming more sociable or outgoing). While there is no definitive answer as to which traits victims may demonstrate, these do appear to be correct answers based on the information

provided in the training.

When given a list of 11 items that could be potential signs of a sexual aggressor, participants were asked to endorse all of those that were accurate. Figure 17 illustrates participant responses. Over 90% of staff were able to identify the signs of a sexual aggressor.

Figure 16. Signs of Sexual Victimization

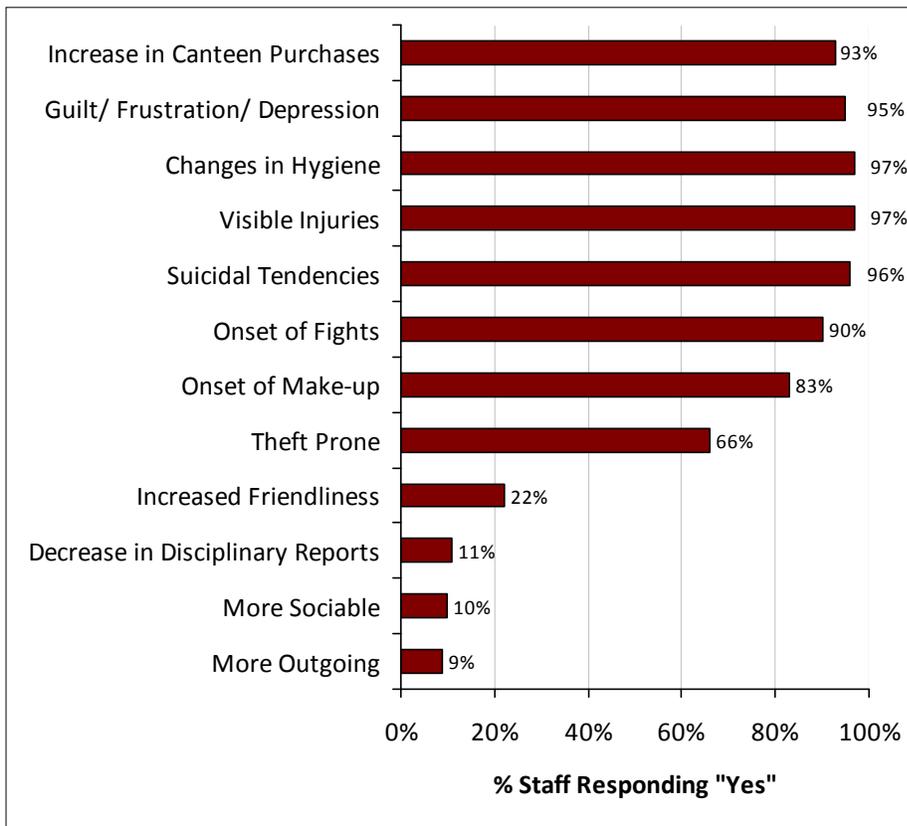


Figure 17. Potential Signs of a Sexual Aggressor

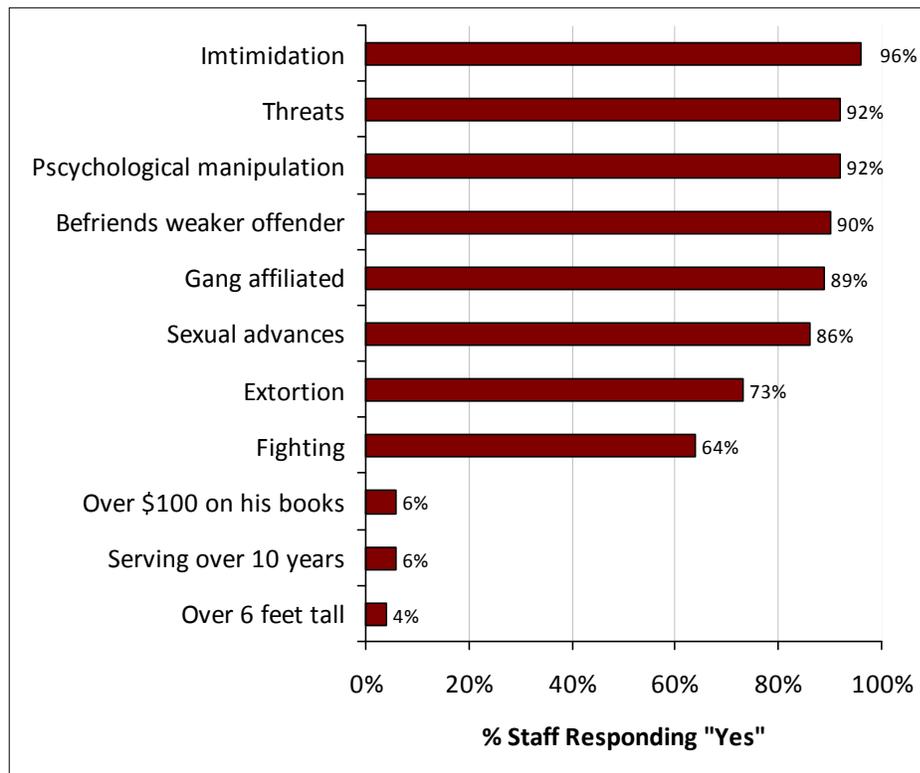
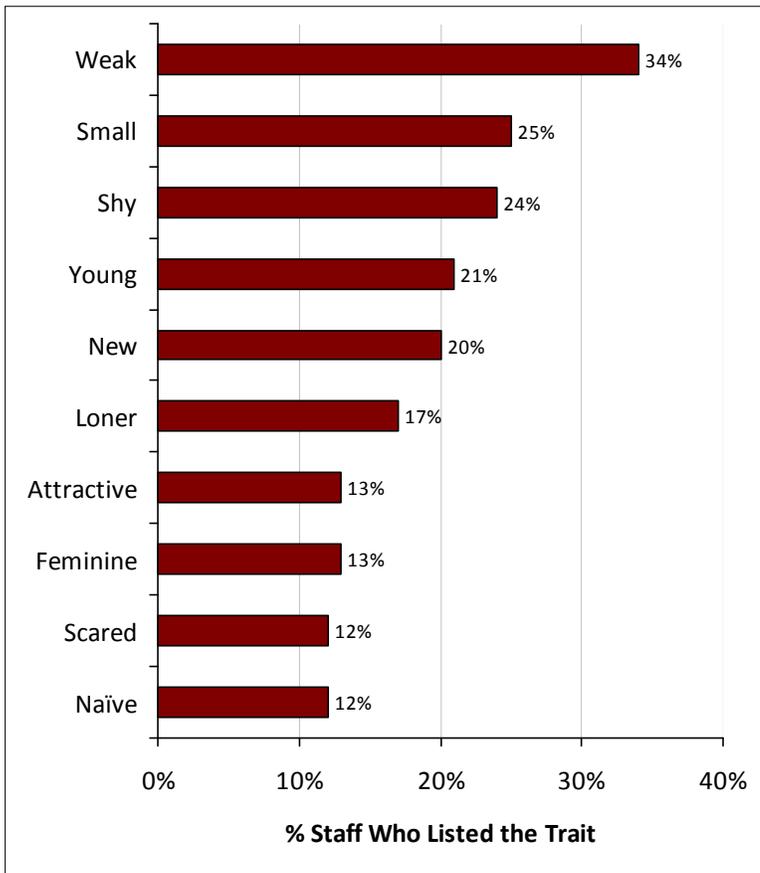


Figure 18. Traits of a Potential Sexual Victim



When participants were asked to list the characteristics of potential victims, their recall of these traits was relatively poor. The most often endorsed traits are presented in Figure 18. The highest elicited responses accounted for only 35% of group. The top five responses were provided by only 20% to 34% of participants. The traits mentioned the most often were offenders being weak, small, shy and young. Staff need to have a better understanding of these characteristics in order to identify potential victims and take the appropriate actions if they feel someone is at risk of being victimized.

It was very encouraging to find that over 96% of staff were able to correctly identify the actions they could take as individuals to stop prison sexual assault or rape. Close to 100% of staff reported that they could take the following actions to stop prison rape: report suspicions or information immediately (97%), pay attention to signs of victimization or predatory behavior (98%), and make frequent rounds or be ble (99%). This hopefully demonstrates that ployees recognize their personal responsibly to prevent and intervene to keep offenders safe. With that said however, 14% of staff reported that placing all

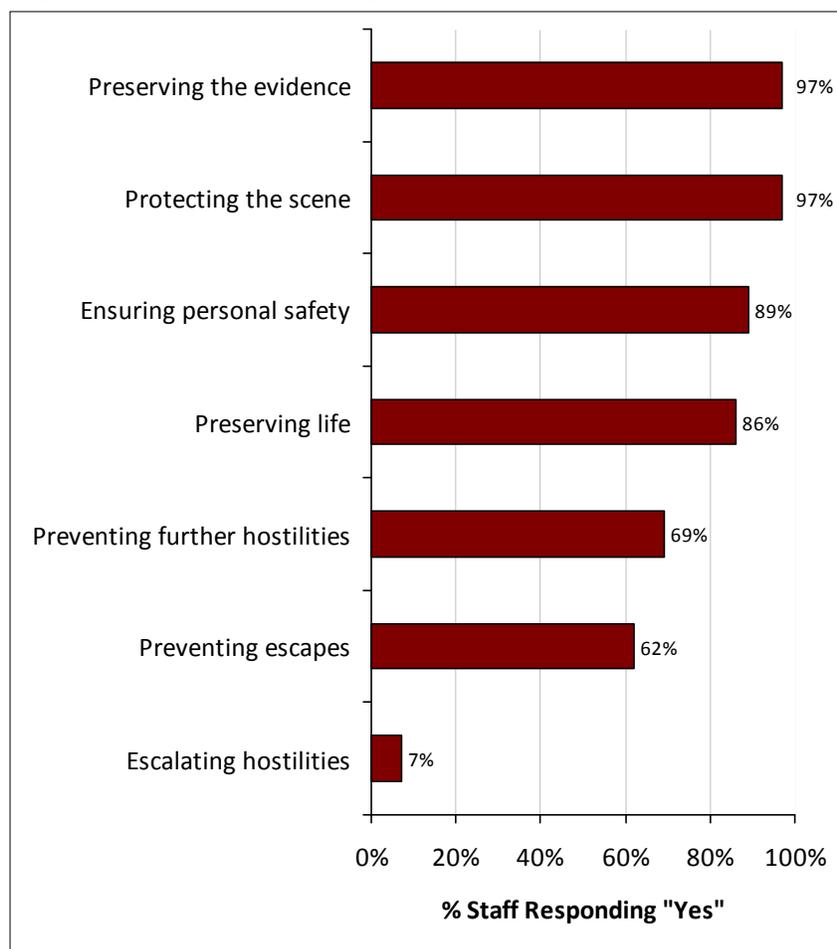
sex offenders in segregation was an action that could be taken to stop prison rape. It is possible that these respondents don't understand that PREA aggression is not the sole province of convicted sex offenders.

Participants responded to a scenario where they were asked what they would do if they encountered two inmates embracing and kissing. Participants were presented with a list of five potential responses and were asked to mark all the proper answers. Appropriately over 95% indicated that they would report the incident and no one responded that they would walk past as though they didn't see anything. However, some responses appeared to be somewhat inappropriate given the situation, 20% of staff reported that they would tell the offenders to knock it off and go on with their business, while 44% reported that they would establish a crime scene. The ried response to this question identifies one of the weaknesses in the training. Some of the variability in these responses could be due to differences between new and existing staff. New staff may not have the experience to know the best response, where existing staff may be relying on 'old' ways of doing things.

Because the majority of the training concentrated on dealing with sexual assault and rape, it is believed that some students were unsure about how to react to a situation that did not meet either of these definitions. This suggests that the class curriculum needs to better acknowledge the range of incidents an employee may encounter during his or her tenure and provide guidelines so that staff can make the proper distinctions and spond correctly.

The participants struggled to accurately identify all of the priorities of crime scene management beyond the obvious need to protect the scene and preserve evidence (see Figure 19). Only 86% reported that preserving life is a priority, 89% reported personal safety as a priority and 7% of staff reported that escalating hostilities is a priority. This could be because rather than thinking in general terms about crime scene management staff were focused only on crime scenes involving PREA incidents. It could also be that this information is less intuitive and staffs (particularly new staff) have had very little experience dealing with these matters and they were perhaps confused by the language. Regardless, it is very important to make sure staffs are refreshed on this information as often as possible to ensure clarification and retention.

Figure 19. Crime Scene Management Priorities



The remaining questions on the survey were included for various reasons. Some of these questions targeted participants' understanding of the motivations behind the occurrence of prison rape. Others asked the participants' opinion of why it was important to re-

spond to PREA incidents and assessed their self-report of how well they understood the primary concepts of the program.

Table 9 shows staff responses to five true/false items. Over 90% of staff responded that it was true that offenders commit rape/sexual assault for power/sexual domination. However, only 86% of staff were able to correctly define deliberate indifference. The foundation of this term means that staff, as employees of the CDOC, have the responsibility to take the appropriate action related to suspicion or report of a PREA incident. Because 13% of students did not understand this concept, it is important that the training make a greater effort to clarify the importance of their role to act on any suspicion or knowledge of abuse.

Likert-type questions were included on the survey to get an overall indication of how well the participants felt they understood the most rudimentary concepts of PREA. Based on the mean scores staff answered with relatively high certainty that they understood the PREA zero-tolerance policy,

knew what to do if they receive a PREA report and recognized individual responsibility in changing the culture of CDOC around this issue (see Table 10). All of the averages were between 4 and 5 on this 1 to 5 scale, indicating agreement with each statement.

Table 9. Responses to True/False Items

Item	% True	% False
Offenders commit rape/sexual assault for power/sexual domination.	97%	3%
Rape and sexual assault are acts of homosexual love.	2%	98%
Offenders commit rape or sexual assault for sexual gratification.	61%	39%
Deliberate indifference is the failure to anticipate and take action to prevent prison rape in cases of obviously vulnerable victims.	87%	13%
Inmates can engage in consensual sexual relations with each other.	4%	96%

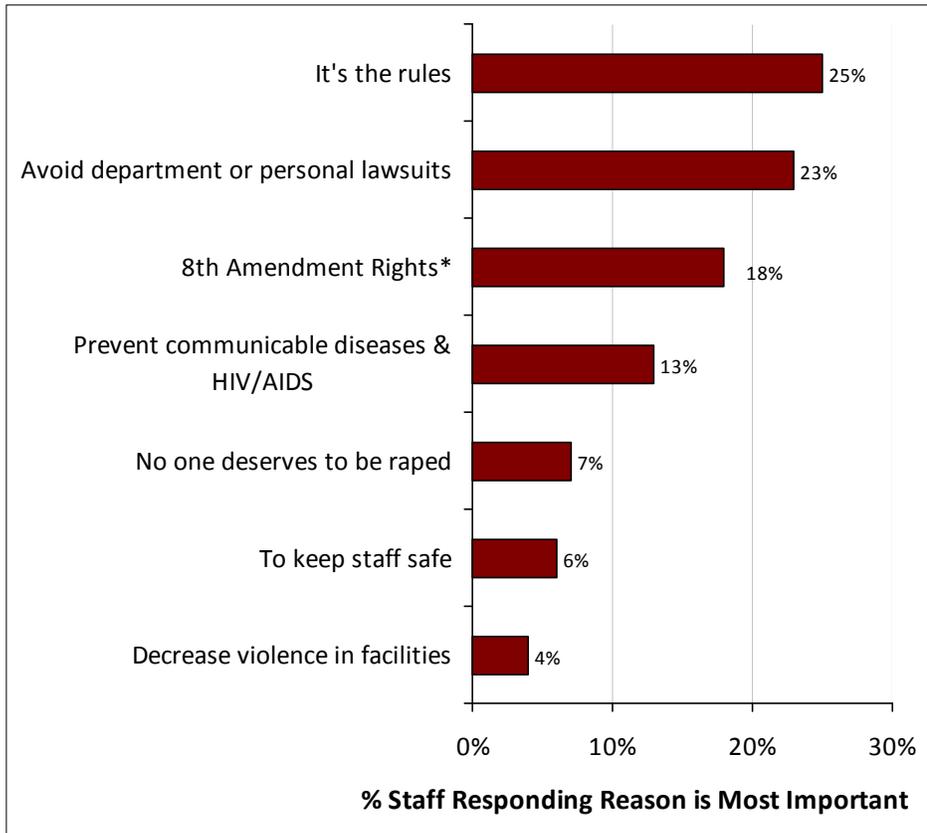
Table 10. Staff Self-Report of Understanding PREA Material

Item	Mean Response
I understand the zero-tolerance policy.	4.74
I feel confident I know what to do if an offender reports to me they were sexually assaulted.	4.67
I feel it is my responsibility to try to change the culture of the CDOC around PREA.	4.19

Lastly, staff were asked to rank a series of reasons for addressing prison rape/sexual assault from least to most important (1 = Least Important and 7 = Most Important). These results illustrate the variety of viewpoints regarding the necessity of addressing prison rape/sexual assault (see Figure 20). It appears from

the choices endorsed most often that staff may see their duty as being related to practical or personal reasons (e.g., “it’s the rules” or “to avoid department or personal lawsuits”) rather than for reasons having to do with offenders or other staff (e.g., “no one deserves to be raped” or “keep staff safe”).

Figure 20. Most Important Reasons for Addressing Prison Sexual Assault and Rape



* Offenders’ 8th amendment rights not to be subjected to cruel and unusual punishment.

PREA RESPONSE

The response to a PREA incident involves two primary areas of the department - Clinical Services and the Office of the Inspector General (OIG). A PREA response is twofold; the medical response and the investigation often proceed at the same time because it is imperative that the victim's medical needs are met while at the same time taking care to preserve evidence. Therefore, healthcare professionals in CDOC work closely with the assigned facility investigator from the OIG. It is important to note, however, that according to the PREA administrative regulation (100-40) the response by these two areas is only required when a report of a *sexual assault or rape* is received, otherwise it is at the discretion of the shift commander or other appointed staff to call the investigator and/or make medical and mental health referrals.

When an incident of a sexual assault or rape is reported, the chain of command requires the shift commander be notified. The shift commander is responsible for notifying the appointing authority, the investigator, and the health services administrator (HSA). In most cases the HSA then notifies the appropriate medical and mental health personnel. However, according to the administrative regulation, when the offender is a victim of a CDOC staff person it is the responsibility of the investigator to notify mental health staff. Investigators are required to be onsite and present for the chain of custody of any collected evidence. Also once contacted, the investigator is in charge of determining the actions that are taken in each step of the response although this is often in conjunction with the HSA to determine the necessary medical and mental health treatment.

Following the report and notifications, a CDOC healthcare professional is asked to provide a cursory medical evaluation of the victim; this includes assessing vital signs, pain and bleeding. This evaluation usually occurs immediately upon the report in order to rule out life-threatening trauma. As part of the security procedures the suspect and victim are separated and not allowed to shower, wash, brush their teeth or change clothing. The appropriate procedures are followed according to crime scene management. The investigator not only follows the proper procedures for the preservation of evidence but will also conduct all appropriate interviews with the victim, predator, or witnesses and he or she will collect any other evidence (e.g., video surveillance) that can be used to substantiate the claims.

During this time the investigator, with assistance from the HSA or healthcare professional, also makes the decision whether or not to send the victim to an outside hospital for a sexual assault nurse examiner (SANE) assessment. Factors that are considered in this decision involve the amount of time that has passed between the sexual assault or rape and the report as well as the nature of the crime and potential for physical evidence.

If the decision is made to transport the victim to an outside hospital, a trace evidence collection is performed prior to the transport. Trace evidence collection is a very specific method used to gather the victim's clothing and preserve any evidence that may fall off their body or clothing. Oftentimes it is a healthcare professional that is requested by the investigator to perform the evidence collection. When this is done sometimes the health care professional also performs an anatomical exam noting any marks or injuries on the victim's body. Healthcare professionals are trained not to ask incident specific questions and they are not to clean or treat any non-life threatening injuries prior to the SANE exam. Mental health staff may be involved with the victim at any point along this process as well. Once transported to an outside hospital the victim will be seen by a SANE nurse, who is a registered nurse specifically trained to provide care to sexual assault victims and to collect forensic evidence that can be used in a court of law. When the victim is returned from the community hospital, the medical team continues patient care. Mental health staff is notified at this time if they have not already been contacted to assist with the follow up care of the victim. If the victim is not sent to an outside hospital, the healthcare professionals will oftentimes perform an anatomical exam and assess the victim for any other treatment needs and follow up care.

It should be noted, even though it is not specifically addressed in the CDOC PREA policy, that there are times when medical personnel are involved with the treatment of the predator as well. Healthcare professionals may perform a trace evidence collection on the accused predator and the predator may be sent to an outside hospital for a SANE assessment. Clinical services may also have to treat physical injuries that were incurred during the attack. It is more common that an anatomical assessment will be performed, often during the process to move the predator to segregation.

At the conclusion of the investigation the investigator will review all of the evidence (physical evidence and statements) to determine the outcome of the

case. A case is *substantiated* if it has been established by proof or competent evidence, *unsubstantiated* if it has not been proven or is unverified and *unfounded* if the incident is not based on fact or sound evidence. An investigator may also choose to keep a case *ongoing* if he or she is continuing to gather and review evidence or *inactive* if there are no current leads but the investigator decides to keep the case open.

After completing the investigation, the investigator may submit his or her findings to the district attorney. It is the responsibility of the investigator to send copies of his/her findings on the investigation to the PREA office within three business days and results of criminal filing decisions should be sent to the PREA office within one month of the decision.

Medical and Mental Health Response

Method

The PREA incidents were identified using the PREA database ($n = 220$). There were a few cases that involved offenders who were victimized multiple times across separate incidents. Because the PREA administrative regulation specifically states that only cases of sexual assault and rape are required to be treated by Clinical Services, the sample was limited to II or SI incidents involving sexual penetration or sexual contact between January 2005 and December 2007. Victims in the sample were involved in substantiated, unsubstantiated and ongoing cases. It was decided to leave the ongoing incidents in the sample as they still should have been referred for medical and mental health care. However, unfounded incidents were excluded from the sample because it could not be determined when and if victims in these instances would have been referred to Clinical Services, especially in situations where the incident was believed to be unfounded at the time of the report. By not including the unfounded cases it ruled out those cases, for example, where an offender claimed to have been sexually assaulted by a staff person during a pat search but the case was dismissed if it was found the staff person followed procedure.

Medical. Two data sources were used to gather medical data for victims in the study sample – the CDOC administrative database and the PREA database. The CDOC database tracks information related to an offender's medical appointments, including presenting problems, diagnosis, treatment, and prescribed medications. Because the current data system does not have a specific designation to indicate if a medical visit and subsequent treatment were related to a sexual

assault or rape, the narrative notes were individually reviewed and coded by the researchers. All notes for visits that occurred within 30 days from when the incident was reported were analyzed. If the encounter was identified as PREA-related then it was also coded if the victim received any of the following: trace evidence collection; SANE exam; referred to an outside hospital; anatomical exam; Hepatitis C, HIV or Syphilis screen; blood labs (non specified); medication adjustment; or treatment of a physical injury. However, this information could only be coded as such if the medical health professional specifically wrote it in their notes. Generally, the notes were brief and did not provide a great amount of detail related to the circumstances that brought the offender to Clinical Services. There were several cases in which the offender received medical care (e.g., diarrhea or abdominal pain) but it could not be determined if the treatment was in response to a sexual assault. These details may have been recorded in the hard copy medical file, but these files were not reviewed as part of the current data collection methods.

Due to the high probability of missing data in the administrative database, the PREA database was used to supplement medical treatment information. Unfortunately, the information available in the PREA database also suffered from a high volume of missing information. This is because medical and mental health treatment data is recorded only if it is available in either the investigator's report or other information sent directly to the PREA office (e.g., HSA reports). The medical treatment variables in the PREA database include referral to an outside hospital, SANE examination, and CDOC anatomical exam. Currently, there is no process in place to track all medical data specifically for PREA.

Mental Health. The mental health data was gathered using downloads from the CDOC administrative database as well. A data download of individual mental health contacts was done for the study sample. When a mental health clinician sees an offender, he or she logs these contacts in the administrative database. Similar to the medical records, mental health records do not carry a PREA designation and, therefore, all contacts that occurred within 30 days from when the incident was first reported were searched. The date of the first mental health contact following the report was collected, and the notes were reviewed to determine if the visit was related to PREA. In several cases it could not be concluded if the contact was related to a PREA incident as nothing was specifically referenced. Offenders also have a working mental health

file and it is possible that the file contains information related to the PREA follow up contact; however, the hard files were not searched as a part of this data collection procedure. It was virtually impossible to determine from the available data how many contacts the victim had with a mental health clinician specifically as a result of a sexual assault; therefore this data was not specifically recorded.

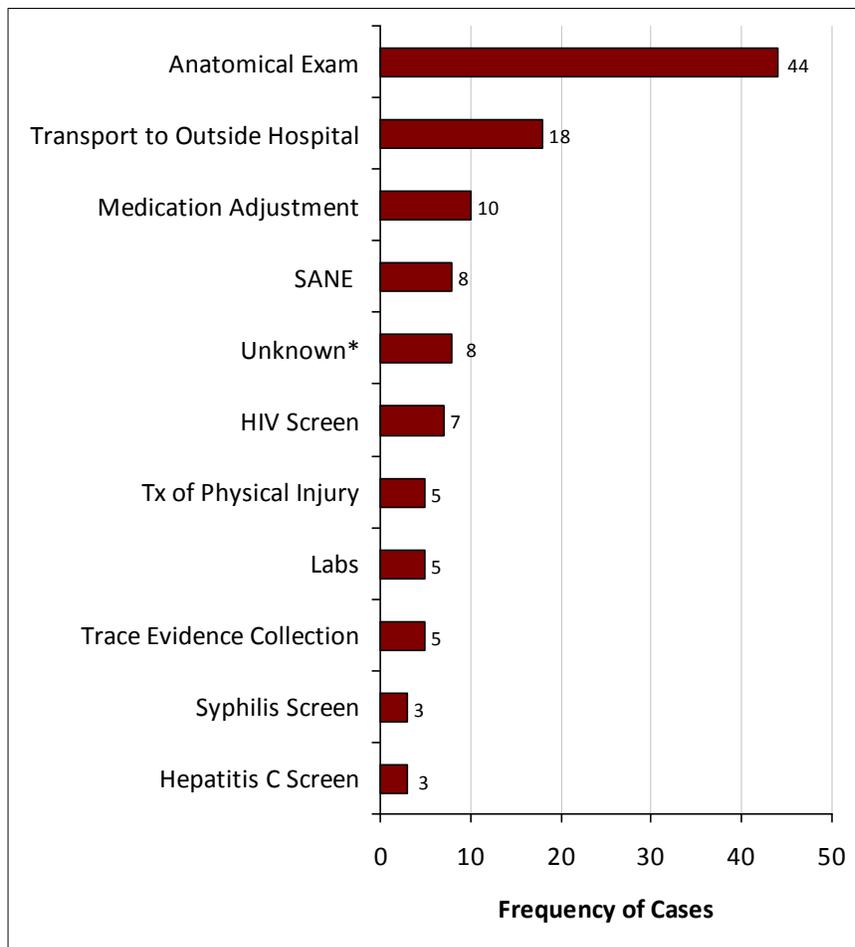
Results and Conclusions

Medical. Of the 220 victim records reviewed in the administrative database, 58 inmates had an encounter entered in the database that fell within the targeted timeframe. Of these, only 37 victims had encounter notes that were specific enough to conclude the medical visit was specifically related to the PREA incident. There were 165 victims who had no encounter in the administrative database within the identified timeframes.

Out of the entire sample there were 70 records in the PREA database that had a medical treatment date and data related to the medical treatment that was received at that time. There were 26 cases with medical documentation in both systems. Altogether there were 81 cases (37%) combined from both data systems that had information indicating the victims had been seen by medical staff in response to the PREA incident.

Figure 21 presents the number of victims who received various types of medical care following the incident. Naturally, victims may have received multiple types of services depending on the care required. The PREA database does not track information related to treatment of physical injuries, screenings for sexually transmitted diseases, ‘other’ labs, or medication adjustments and, therefore, this data was recorded only if it was found among the notes for the 37 cases identified in the administrative database.

Figure 21. Medical Treatment Provided to Victims of a PREA Incident



The issue of missing data or inability to confirm if the offender was seen in medical is a very significant limitation to these results. There are also other issues that found these findings. For example, not all types of forced sexual contact may warrant medical treatment. Although the sample was limited to only II and SI cases of sexual tact and penetration, there may have been cases that met these definitions but may not have required medical treatment. However it was ble based on the incident description for the researchers to make this termination. Secondly, treatment in medical services related to PREA is also time sensitive. A victim might not have been seen by medical sonnel because too much time transpired between when the incident occurred and when it was reported. Similarly, any existing evidence may have been lost or destroyed during this time. It is for these reasons that the current finding need to be reviewed with caution.

More than anything the above points exemplify the need to develop a data tracking system that can

* Unknown: data indicating the victim was seen by clinical services, but no specific information about the treatment received.

provide a baseline for comparison as well as a deeper understanding of what is occurring. The PREA office needs a way to track when PREA related medical visits occur and what treatment is provided. Correspondingly it also needs to track when and why medical referrals and visits do not occur (e.g., no physical injuries no potential for physical evidence) or why the above information is not shared (e.g., client refusal to provide consent). Given this enhanced information the program would be able to identify its strengths and weakness related to the medical treatment response.

Mental Health. Of the 220 victims in the identified sample, there were 143 who were seen by a mental health counselor within 30 days of the PREA incident report. Of these, 69 (31%) had specific notes in their record that verified the contact was related to a sexual assault or rape. Of the 74 cases that did not have notes specific to PREA, it is possible the contact was related but this could not be concluded based on the available information. There were 77 inmates that were not seen in the 30 day timeframe based on the dates provided in the data systems.

Of those 69 victims who were seen by mental health in the 30 days following the incident, 48% were seen on the same day the PREA report was made, 24% were seen within 1 to 2 days, 14% were seen within 3 to 5 days and the remaining 14% were seen 6 or more days following the report. This is a wide range of time that passed between the report of a sexual assault or rape and when the victim was contacted by a mental health counselor. The reasons as to the varied time responses are unclear, however some of this could be attributed to cases in which the victim may have been transported to an outside hospital and did not return to the facility until a few days later, but this by no means accounts for all the cases. It is not only concerning that long periods of time pass before a victim is contacted by a clinician but it is also concerning that there are some victims (35%) that do not appear to have been contacted at all.

We must be careful to draw definitive conclusions based on these results because the availability of the data is limited and it is difficult to say with certainty that the data presents the most accurate picture of what is occurring. However, it is imperative at this point that a stronger data tracking process be put into place to track whether mental health staff were notified and whether they met with victims. Once these improvements have been made, future evaluations will be able to investigate why delays in mental health services are occurring or failing to happen. This could be a result of a poor referral process or perhaps due to

other reasons that are not apparent at this time (e.g., nature of the incident, victim refusing treatment). However, unlike the medical treatment that is time sensitive depending on when the incident occurred versus when the report was made, mental health services should be an option for a victim regardless of how long ago the incident occurred. It is equally important to assure that if a victim is moved to punitive segregation or to another facility that mental health staff at the receiving facility are notified so that follow up care can ensue.

Investigation and Discipline of PREA Incidents

Method

The following sample consists of 348 incidents that occurred between January 2005 and December 2007. The sample was limited to only II or SI incidents as defined previously by the federal standards. The incident was included in the sample regardless of investigation outcome, therefore substantiated, unsubstantiated, unfounded, inactive and ongoing cases were included. The incident data was downloaded from the PREA Incident Tracking database. This database also houses information related to the disciplinary actions that followed an investigation, specific to the inmate victims and offenders as well as staff members.

Results and Conclusions

Investigations. The overarching limitation related to the evaluation of the investigation and disciplinary response to PREA is the large amount of missing data. Because of this, it is difficult to make definitive conclusions about PREA investigations and outcomes. When data in these fields are missing it cannot be determined if this is because the incidents were not investigated or if the problem lies in the tracking of the information. Given these limitations the following results are presented for incidents that had data.

Figure 22 provides a description of the amount of time that passed between when a PREA incident was reported and when the investigation of the report began. However, out of the total sample ($n = 348$), only 280 (80%) incidents had investigation start dates provided. Of these 90% of the incidents were investigated within the first *week* of the report. However, only 77% of investigations began on the *same day* the report was received. Although the data does not provide any information as to what might have caused this delay it is important that future evaluations look into why these delays are occurring and where improvements can be made.

Similarly, the results presented in Figure 23 show how much time passed from the start to the close of the investigation. Again missing data is a factor; there were only 221 (64%) cases that had data for both

fields. Of those investigations that started and ended on the same day, 59% resulted in an unfounded investigation outcome, 45% unsubstantiated and 25% substantiated.

Figure 22. Number of Days to Start of PREA Investigation (n = 280)

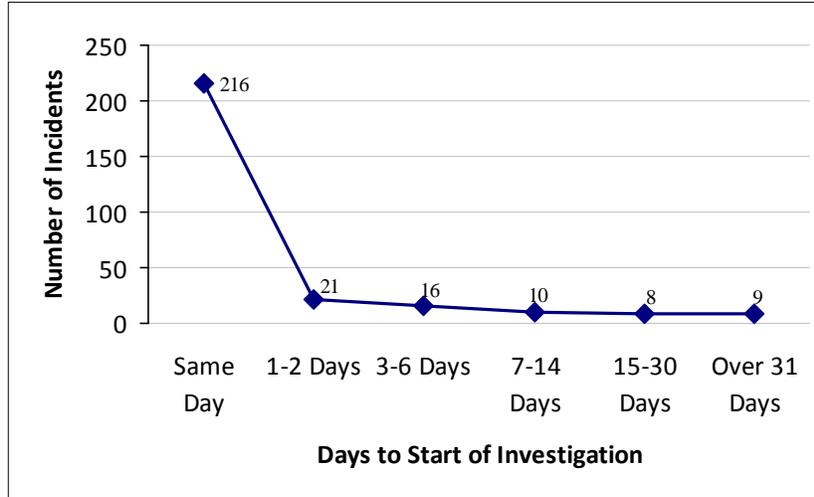


Figure 23. Number of Days from Start to End of the Investigation (n = 221)

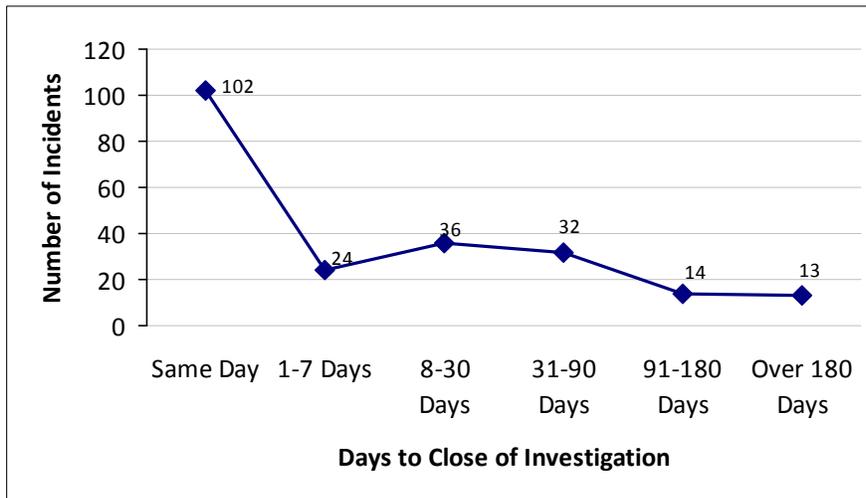


Figure 24. Reasons for Unsubstantiated or Unfounded Investigation Outcomes (n = 226)

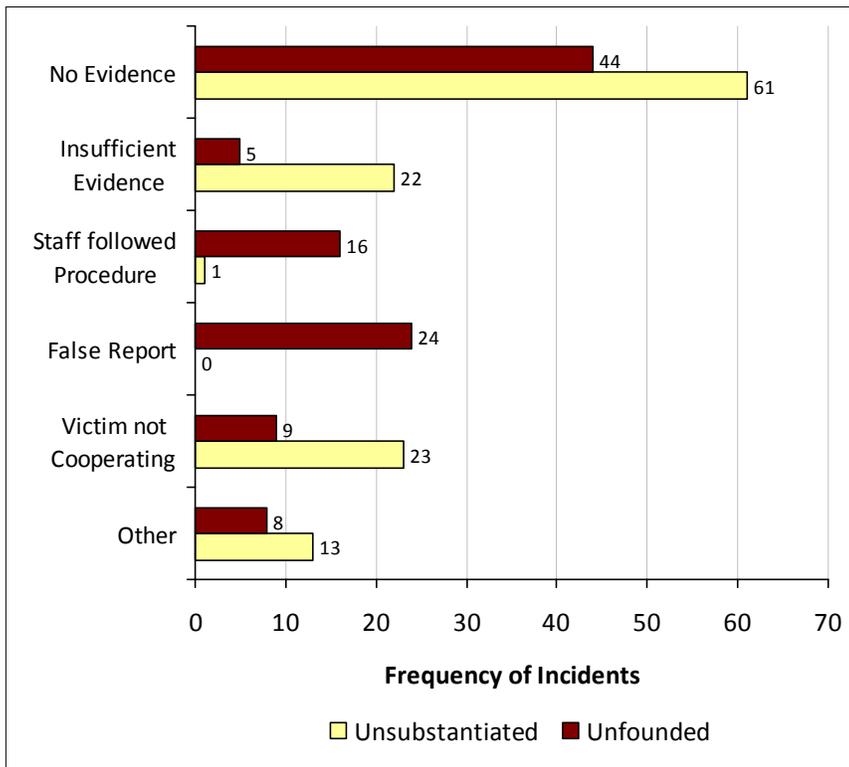


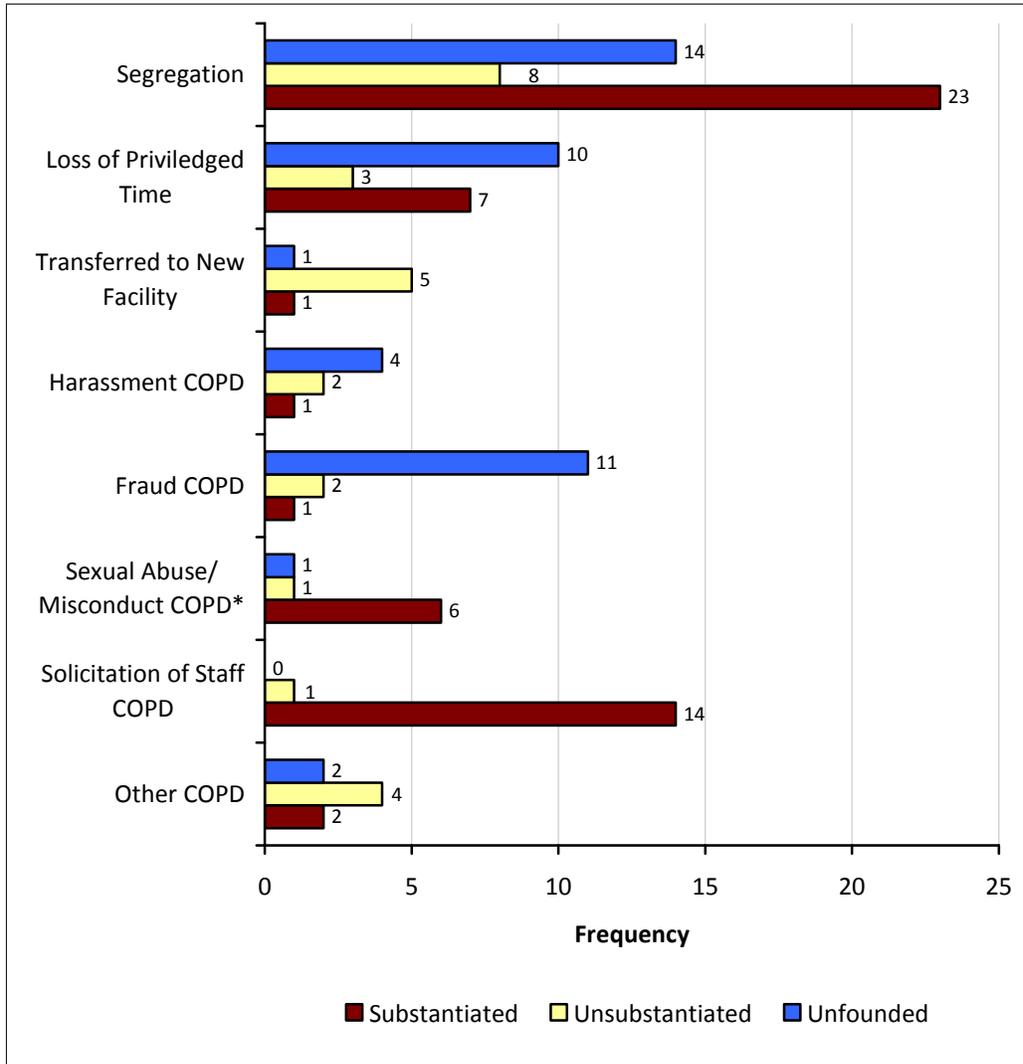
Figure 24 identifies some of the reasons why investigations resulted in either unsubstantiated or unfounded outcomes; there were 249 cases which resulted in either one of these two investigation outcomes and of these 226 had this information available. The majority of the unsubstantiated cases (37%) resulted from little or no evidence, and 10% of the unsubstantiated cases were due to the victim not cooperating. When it was determined that the “staff followed procedure,” this was in result to allegations of sexual contact during a pat search.

Disciplinary Actions. There was a great deal of missing data related to the outcomes and disciplinary actions that resulted from the investigation. Similar to preceding sections, the current findings need to be reviewed with this limitation in mind.

In Figure 25 the results are presented for offenders who were the identified victim in substantiated, unsubstantiated, and unfounded incidents. Out of the 348 incidents identified above, there were 72 victims who received a transfer (to segregation or a new facility) and/or loss of privileged time. Of these victims, 50 were also charged with a COPD according to the PREA database. It is very important to recognize that victims are not sent to segregation for punishment, rather they are transferred as a protective measure. Of course, alleged victims who were later found to have falsified a claim (e.g., unfounded case) may have

been sent to punitive segregation as a disciplinary action. Out of the 72 victims who had disciplinary data, there were 23 who had their cases substantiated and of these 85% were placed in segregation. Examination of the 50 victims who received a COPD, of which nearly half of the cases were substantiated, showed that 61% received a solicitation of staff COPD and 26% received a sexual abuse or misconduct COPD. Offenders who claimed to be the victim of an unfounded case were also often disciplined; 61% of the alleged victims in unfounded cases were charged with a fraud disciplinary violation.

Figure 25. Disciplinary Actions Imposed on Victims of PREA Incidents



Note: There were only 50 offenders who had COPD data and 71 offenders who had data related to the other types of disciplinary infractions.

Unfortunately, when attempting to analyze the data related to the disciplinary infractions received by predators, there was a massive amount of missing data. There were only 23 inmate predators that had data indicating they had received COPD charges as a result of the incident. Attempting to analyze this very small sample has the potential to be very misleading and does not generalize well to the larger group. Of the 23 inmate predators who were charged with a COPD, six received a COPD for rape, nine received a COPD for sexual abuse/misconduct and five received a sexual harassment COPD. This sample is so small it does not provide the ability to generalize to a larger group nor does it provide enough information to answer the question of whether or not PREA inmate predators are being appropriately disciplined. However, from what

data is available it appears that victims are being penalized at a disproportionately higher level than predators. Once better information is available, this trend needs to be further reviewed to better understand how victims and predators are being punished and to assure it is appropriate and fair.

Like the inmate predatory data, the disciplinary infractions received by staff predators also appeared to have been missing a great deal of data in this area. Out of 106 SI incidents in this sample, 63 were substantiated, 19 were unsubstantiated, and 24 were unfounded. Of these there was only 37 staff who had data indicating they were either terminated or had resigned as a result of the incident. Of this group 24 staff were terminated and 13 resigned.

The PREA database is set up to track the outcomes of incidents referred to the District Attorney to record if formal charges are filed and the result of those verdicts. Although the database is designed to track criminal referrals and filings, very little procedure is in place to monitor this data. It was unclear from the current dataset if cases are being referred to the District Attorney as they should or if this process and subsequent results are not being accurately tracked. Therefore, due to this lack of information we are unable at this time to report how many cases were referred and how many were successfully prosecuted.

It is difficult to gauge the investigative and disciplinary response to PREA incidents because the lack of data raises many more questions than it is able to answer. While the program as a whole is very advanced

in many areas of service delivery and data monitoring, we are unable to draw similar conclusions about this component of the program until a process is in place to track the necessary information. A stronger notification system should be established so that disciplinary actions taken by the department can be matched for victims and predators. Likewise a stronger relationship and process needs to be established to communicate with the District Attorney to track when cases are referred, when charges are filed and the outcomes of these cases. Establishing this data collection system will provide a strong foundation to collect baseline data that can be used to compare how well the department is doing to punish those deserving of such and to provide the appropriate checks and balances making sure punishments are fair and adequate.

DISCUSSION AND RECOMMENDATIONS

The purpose of this project was to evaluate the PREA program in the CDOC in response to a federal grant received by the Bureau of Justice Assistance. One of the greatest challenges of providing and evaluating a PREA program is the many areas in a department which the concern of prison rape touches. The CDOC has done an excellent job in identifying all of these key areas - there is an incredible amount of personnel who play key roles in making this program successful and those who work to protect offenders from sexual victimization. Because of this, one of the great difficulties is having to decide how to spend precious resources. The following is a discussion of the results from each area of the evaluation and recommendations for changes based on the current findings incorporated with suggestions from the NPREC. The complexity of prison rape presents many challenges to any program that aims to eliminate it and although overwhelming at times it is important to remember that the best programs are always changing and adapting as this program strives to do.

Identification and Tracking

There are considerable differences between how CDOC defines PREA incidents compared to how they are defined at the federal level. The chief difference deals with incidents where inmates victimize staff. Using the federal standards as a guideline, the intent of the PREA program is to eliminate sexual victimization of inmates, who represent a vulnerable population by their confinement. Thus, only inmate victimizations of specific offenses are included in the federal standards (NPREC, 2008). Therefore, it should be considered whether or not to continue including staff victimization under the purview of the CDOC PREA program. This by no means suggests that these offenses are not serious crimes; it only suggests that targeting these incidents should not be the focus of the program. As it is, these offenses account for over 50% of the total PREA incidents from 2005 to 2007. Having such a broad range of offenses complicates the ability to understand the nature of inmate victimizations and limits resources to prevent, investigate, treat, and prosecute these offenses. Currently there are other systems in place within the department to address IS offenses as these were in place prior to the start of the PREA program.

CDOC has made significant improvements in its ability to identify, report, and monitor PREA incidents since the start of the program in 2005. There is no reason to believe that PREA incidents were increasing

over this time, and although one would expect the number of incidents to decrease rather than increase, the data appears to demonstrate an improvement in reporting and data collection strategies. Now that a baseline has been established for the types and frequency of incidents, future evaluations will be able to determine the impact of the program's services in decreasing prison sexual assault and rape.

The high number of unsubstantiated incidents, especially among II crimes, is one area where further evaluation and program development should be targeted. In order to reduce PREA offenses and prosecute predators, the number of unsubstantiated cases needs to be reduced; however the difficulty in this task is not unrecognized. Nationally one of the great obstacles to substantiating sexual offenses is gaining cooperation from victims. However in the CDOC it appears an even greater challenge is a lack of evidence to substantiate the claims. The national literature suggests the victim's reluctance is commonly due to fear of retaliation and fear of being placed in segregation. The NPREC (2008) suggests that agencies review their policies to ensure offenders placed in protective custody are there for as little time as necessary and so the offender does not lose his/her programming and treatment privileges. In doing this offenders might be more willing to cooperate if protection is not viewed as punishment. Also further exploration needs to pursue why offenders in CDOC are not willing to cooperate and even more so to gain a better understanding as to how measures can be taken to protect the little evidence that may exist following an attack. This could be done by improving the response time to reported incidents; it may also help to improve offenders' willingness to report incidents immediately after they occur so that valuable evidence can be preserved.

The data also provided good insight into the sources of PREA notification and offered a better understanding as to the methods utilized most. One of the strengths of the PREA program is the high number of reports that originate from CDOC employees. Staff training plays a key role in this achievement. Staff are being provided with solid training about how to prevent and identify PREA incidents, however one component that would strengthen this process is specific instruction about how to write PREA incident reports that include all necessary and helpful information for accurate data monitoring. This instruction could aid staff in writing reports with language that is both descriptive and comprehensive, which can be particularly difficult and uncomfortable when documenting

sexually explicit information. Although at first it might be embarrassing, staff should be encouraged to document what happened in a professional, yet precise, manner. Incorporating this component into the staff training will provide comprehensive reports that improve the quality of the data that can in turn be used to target program enhancement.

One reporting source that is underutilized is the tips lines. Further exploration into why this reporting method is not being used should be pursued. Identifying these reasons would perhaps inform more viable options for anonymous reporting. The amount of resources that are dedicated to the surveillance of the tips line should also be considered in relation to its usefulness. The CDOC should offer an anonymous system of reporting (NPREC, 2008), however if there are reasons the tip line is not being used and these reasons cannot be resolved, perhaps an alternative method should be provided.

With the general knowledge about where PREA incidents most commonly occur, individual assessment of each facility should be completed to identify blind spots that need additional monitoring and greater staff presence. Inmates appear to be victimized most commonly by other inmates in either their cell, the predator's cell, or in common areas throughout the facility; whereas staff predators tend to victimize inmates in common areas where they most likely have the most contact with offenders such as work areas. Individual facilities should make it a priority to identify the areas that are most susceptible to both inmate and staff perpetrations and employees should be trained on these vulnerable locations. Special consideration should also be taken based on the custody level of the facility, from the profile of staff predators it was learned that 34% of inmates are victimized by staff when they are housed in maximum or administrative segregation and 52% in medium security facilities. Conversely, inmates tend to victimize other inmates at lower security levels where there is less staff presence. With this in mind in addition to specific locations in a facility that may be uniquely vulnerable each facility administration should provide training and create policy that will address these issues.

Overall, it is important moving forward that strong operational definitions are created to best categorize the data that are tracked by the PREA office related to the incidents, the people involved, and the responses to these offenses. These definitions need not only be used by the staff who are handling the data but other staff (e.g., investigators, administrators, treatment staff, training staff) need to be trained on the

appropriate use of these terms as well. There needs to be a very clear understanding by all staff involved in the program and incidents about how every element of the program is defined. For example, this would include the specific definitions of each type of incident, investigation outcome, and the definitions of consensual and misconduct. These definitions need to be more specific than what is in the administrative regulation. The administrative regulation is to provide a comprehensive definition to understand the policy but it is still too general to address all of the variations that are found at the level of the data and the specifics of the information that needs to be monitored.

Victim and Predator Characteristics

Profiling PREA victims and predators is integral to gaining a better understanding of who these individuals are and the common characteristics they share and what separates them from other offenders. Results from this study were found to be very similar to what has been learned nationally about PREA victims and predators. Like the national findings, CDOC PREA victims were younger than the predators and were more often first time offenders. This was particularly true among the female population where victims were more likely incarcerated for the first time compared to predators who were in on their second or third incarceration. Among the male sample, race also placed a role similar to what has been identified across the country. Victims were disproportionately Caucasian and predators were disproportionately African American, although caution needs to be used when understanding the role of race and the underlying issues that may be associated. Findings indicated inmate predators also showed elevated needs in the area of aggression which is also supported by the literature. Finally, the results highlighted that inmate predators are clearly choosing victims who have physical and cognitive deficits compared to victims of staff who do not appear to have clearly patterned characteristics.

These profiles also demonstrated that although a great deal was learned about the male victim and predator profiles, greater attention needs to be focused on better understanding the profiles of female predators and victims as it relates to the motives behind these incidents and the characteristics of the individuals involved. Likewise, further study is also warranted to investigate the motivations and characteristics of staff predatory behavior and victim selection.

The information provided from the current profiles should be used to further educate staff and offenders and to improve the classification process. In-

creased awareness of victim and predator profile characteristics is integral to successful sight and sound supervision. Staff training needs to be developed to specifically address the variations that exist between the genders as well as the differences between victims of offenders and victims of staff. For example, staff need to be aware that an offender most at risk of being victimized by another inmate may have significant mental health issues, be developmentally disabled, and have severe needs in medical or academic areas whereas these might not be characteristics that put him or her at risk of a staff predator. Incorporated in this training staff also need to be warned of the potential danger of focusing too intently on one certain 'type' of offender or over-generalizing these characteristics across groups. The harm in this could lead to failed opportunities to prevent sexual offenses especially if staff become over dependant on certain stereotypes without equal keenness towards signs of victimization.

As research provides more information about the female population PREA separate trainings should be provided to staff who work with this specific population. The early research suggests that there are gender differences for which a one-size-fits-all model of training will not be sufficient. This is particularly true related to the training needs of staff to address the higher incidence of female victimization by staff than inmates.

This profile should also be used to improve the classification process to better identify offenders at risk for sexually aggression and victimization. While the current system already identifies certain characteristics, continuous review of this process should provide opportunity to update and change the assessment items as more information becomes available.

The evaluation of the SAB and SVR levels was qualitative in its approach for this evaluation. Therefore the discussion and recommendations related to the findings are related more to the *process* rather than the instruments themselves. The assessment of an offender's propensity for sexually aggressive behavior in the current diagnostic system is based upon the offender's sexual violence history in the community and while in custody. Because the SAB levels are automatically assigned based on this criteria there is no direct role of the programmers in this process.

The SVR level is much more subjective than the SAB level. The SVR criterion identifies several of the characteristics that are common among male victims that were found in the current study as well as in the national research (Beck et al., 2007; Chonco, 1989;

Cotton & Groth, 1982; Hensley, Koscheski, & Tewksbury, 2005; Human Rights Watch, 2001; Nacci & Kane, 1984b; Smith & Batiuk, 1989; Tewksbury, 1989). Overall, what is most concerning about the assignment of the SVR levels is not the actual items included in the assessment, but rather the process by which they are determined. As the results described, the SVR diagnostic level is determined based on a very brief interview that allows for little interaction between the assessor and the inmate. The standards that have been issued by the NPREC (2008) explicitly address the concerns with classification:

An effective classification system requires staff members to do more than merely run through a predetermined list of questions that produce a mechanical score. Classification staff must be trained to interview inmates with diverse backgrounds about subjects that are likely to be sensitive, including previous histories of sexual abuse. Not only must classification staff members have the ability to ask questions in a sensitive manner, but they must be able to make judgments about the veracity of the information they gather and also to assess inmates' vulnerability as part of a whole picture and not merely a score on a piece of paper.

With this standard in mind, it is concerning that programming staff have such a large range of information they are required to assemble (e.g., gathering and updating offender information, determination of custody level, and program eligibility) that there is little time left to provide a comprehensive assessment of the offender's potential for sexual victimization. In order to better meet the national recommendations, options should be considered as to how to allow programmers more time to spend on this matter or allow for the assessment of the SVR levels to occur at another time.

Primary to improving the quality of this process is to provide programmers with the appropriate training around this area. Foremost this training needs to provide the assessors with the skills necessary to ask appropriate questions, deal with sensitive disclosure, and integrate this information to make the appropriate assessment decision. This process could also be improved by providing better definitions and guidelines around how each item should be scored. This would help to standardize the PREA classification process and allow for greater reliability among staff.

Offender Orientation and Education

It can be concluded from the results of this evaluation that offenders are receiving information regarding the PREA program and how to protect themselves from sexual assault and rape. Based on the information provided in the orientation videos, the topics required to be covered by administrative regulation 100-40 are being addressed. Similarly, the CDOC has also done a satisfactory job of tracking this information in the offender file.

While these basic standards are being met, there are suggestions as to ways the orientation process can still be improved for offenders. The NPREC (2008) recommends that the best way to provide offender PREA education is to have a staff person personally provide this information; this is not only one of the best ways to communicate sensitive information but it also allows for dialogue if the offenders so choose. However, the difficulty in providing this format of training is not unnoticed. This is particularly difficult to do given limited resources and the logistics of such a high volume of offenders being processed through intake daily.

One of the key issues that should be further addressed in the orientation, as illustrated by the findings, is the offender's willingness to report PREA incidents. The reluctance to report incidents of this nature is a difficult issue that extends into several areas of the program. However, meeting this challenge should start with offender education. Offenders should not only be provided with the appropriate means to report a sexual assault but should also be assured that their report will be handled seriously and confidentially within the department.

The data provided some insight as to where some immediate improvements can be made to improve reporting behaviors. Female offenders indicated they would be more likely to talk to a family member about a PREA incident; therefore it is important to make sure offender's families are aware of CDOC policies regarding PREA as they may be able to encourage the offender to talk to someone or use one of the available reporting methods. These results also indicated that both male and female offenders were most comfortable talking to staff in medical, mental health or religious professions. As this finding is not surprising, it is important that this information is shared with these individuals so they are aware of their important role in the reporting process. It should also be considered that not all staff may have the training and experience to handle these situations and therefore training should

be made available to those who would like additional education.

Final considerations for improvements of the orientation are associated with updating the PREA videos and perhaps featuring offenders who have personal experiences. Improvements in this way might help connect offenders on a more emotional and personal level. The feasibility of incorporating discussion into the orientation should also be considered. Currently the average class size for orientation at DRDC is 30 to 45 offenders (smaller for females); this is a very large class and is not conducive to dealing with such sensitive material, especially if a discussion component is added. If class size cannot be limited, it should be explored whether having a staff person in the classroom during the entire video would at least maintain the order of the class and demonstrate to the group that this is an issue the CDOC takes seriously.

Staff Training

Like the offender orientation, the staff training has the challenge of communicating a large amount of information to a large body of people. However, this is one of the most vital roles of the PREA program because it not only conveys the necessary information to prevent and intervene in PREA incidents, but it also tackles the issue of confronting staff attitudes and the climate of the department around prison rape. The primary purpose of administering the staff surveys was to better understand how staff perspectives might influence their willingness and ability to appropriately respond to PREA incidents as well as to better understand where the staff training needs to be improved.

The results of the attitudes survey indicated that for the most part staff did not endorse negative attitudes related to rape myths and homosexuality; however the responses varied enough to demonstrate the complexity of this issue. Overall, staff did not believe that rape is a part of an offender's sentence nor do they believe that it is okay to rape homosexuals. Yet it was troubling to find that a larger than expected number of staff believed that a person's appearance or actions could invite or provoke rape. These findings may suggest that an offender's appearance or actions could unduly influence how employees perceive his or her victim status. This is an important issue to address in the training in order to correct some of these misguided views.

It did appear from survey responses that most staff were able to identify rape regardless of whether physical force or coercion might have been used. Nearly three quarters of staff were able to identify different

ways that victims are sexually exploited. The importance of this finding is that staff need to be able to recognize rape even if it doesn't fit the conventional definition. It has been found nationally that although correctional officers will protect inmates from sexual assault, many of them fail to recognize rape situations because they believe them to be consensual and therefore fail to take action (Robertson, 2003).

Attitudes about homosexuality were included in the surveys because it has been established in previous research that correctional employee's ability to distinguish between consensual and non-consensual sex can be impacted by their views of sexual orientation (Nacci & Kane, 1984b). The participants' answers related to this set of questions revealed that the majority of staff held accepting or neutral views about homosexuality. It is important that these views are continuously assessed as it could again be an important indicator of how employees perceive a sexual abuse situation. Nacci and Kane found that officers were at times more likely to view a PREA incident as consensual if the victim was believed to be homosexual, and officers were also found to make greater efforts to protect heterosexual inmates from sexual assault than homosexual inmates. These findings reflect how individual bias about sexual orientation can influence a person's interpretation of a situation; therefore it is important that staff are made aware of their potential biases so they can appropriately monitor their responses.

Attitudes that might also impact correctional employee's responses to an incident are those opinions about the merit or truthfulness of an offender's report. It was concerning to learn that half of CDOC staff believe people are likely to falsely claim rape. Although these beliefs might not directly translate into employees responding negligently to a report of rape, it does raise alarm. If staff display skepticism or disbelief at an offender's report this could manifest in several ways: it could affect the offender's willingness to participate in the investigation, it could cause concern that offender will not be adequately protected from retaliation, or it could cause reports of any kind to cease all together. It is imperative that all staff understand the importance of taking each and every report of sexual abuse seriously and not dismiss any such information.

Turning now to the staff's comprehension of training material, it appears from the results that the strongest areas of comprehension were related to the facts regarding the federal legislation and CDOC policies on PREA. For the most part, the majority of staff were able to appropriately identify the objectives of

the PREA legislation, behavior prohibited under the zero-tolerance policy, victims rights and what they can do as individuals to decrease prison rape.

The areas that appeared to be weaknesses of the training related most to students' understanding of the term deliberate indifference and their ability to identify signs of victimization and traits of potential victims. Although staff were able to identify several signs of victimization they also mistakenly endorsed signs that are not known to be associated with sexual victimization. Similarly, staff had poor recall of the common profile characteristics of PREA victims. These sections of the training need to be clarified, and it is important that staff are aware of potential traits of victims and predators as research has found that officers may be less likely to recognize sexual abuse if the victim does not demonstrate common characteristics (Chonco, 1989; Smith & Batiuk, 1989). Conversely, it is also imperative that staff understand not to rely too heavily on these profiles as overdependence on such traits could lead to a failure to recognize dangerous situations that do not fit as expected.

One of the more broad recommendations related to the PREA staff education deals with how well the training distinguishes between PREA sexual misconduct incidents and PREA sexual assault or rape incidents. It was clear from the observations and reviews of the curriculum that the majority of the class content is directed towards dealing with the prevention and response to sexual assault and rape, thus providing seemingly black and white procedures about how to recognize, report and respond to cases of this very serious nature. However, less of the training dealt with incidents that were less clear and more broadly defined as "sexual misconduct" (e.g., II kissing or sexual touching). Although sexual assault and rape are certainly the most serious incidents demanding the greatest attention, staff are more likely to encounter incidents of sexual misconduct during their tenure. For this reason more time should be spent discussing the continuum of offenses that are defined by PREA and staff should be provided with practical tools for how to respond appropriately in each situation.

In an effort to continuously improve the PREA training, audits of the classes and the content should be done regularly. A strong effort should be made to obtain the highest quality trainers who have a passion for the subject and have the ability impact student's understanding and thinking around this issue. The research around prison rape is gaining a large amount of attention and therefore more information about victims and predators as well as strategies for prevention

DISCUSSION AND RECOMMENDATIONS

and intervention will become more available; therefore the training needs to stay current so that CDOC employees have immediate access to this most current information.

Future evaluation efforts should concentrate on assessing the quality and content of information provided in the PREA First Responders training, the trainings provided to volunteers and investigators. These are important trainings that deliver vital information and should also contain quality assurance checks. There are also two trainings that are not currently offered but the development of a curriculum and implementation is advised. A specific training for classification personnel, as recommended by the NPREC (2008), should provide education and skills necessary to handle sensitive subjects and to make the proper judgments about potential sexual vulnerability and aggression. Training should also be provided specifically to target those individuals involved in the collection of PREA data. This training would ensure everyone has a clear understanding of operational definitions, the data system and the importance of complying with agency policies for recording and protecting information (NPREC, 2008). From this it is apparent that the proper training of *all* staff is vital to the success of the CDOC program.

Medical and Mental Health Response

Due to the high volume of missing data what can be learned from the medical and mental health results is limited and the findings do not necessarily fully describe all the services that are provided to the victims of sexual assault and rape. However, the results provide a general overview of how Clinical Services is responding to PREA incidents and the services and care provided. Given the current information, the data do not show that sexual assault and rape victims receive medical or mental health services as a matter of routine. It is recognized that these responses may be time and injury sensitive and therefore may not be required for every victim. However, while the inadequate data system may account for these issues, attention must be given to this matter in order to track with accuracy how medical and mental health staff are responding. The administrative regulation requires victims of sexual assault and rape receive a medical assessment and mental health referral at a minimum and it is therefore imperative that the PREA program demonstrate that this process is indeed in place.

A comprehensive data tracking system should monitor when notifications or referrals are made to Clinical Services and if those notifications were re-

ceived; referrals should have a specific designation so they can be specifically identified as PREA related. The types of services delivered should also be documented, and if services were not provided, the reason should be record as well (e.g., delay in victim report or victim refused treatment). The best way to recorded and monitor this data can be decided upon as to whether it should be tracked in the administrative database or by the PREA office. This decision and process will have to work within the guidelines of patient confidentiality and consent agreements. However, establishing this data system is essential in order to demonstrate the PREA medical and mental health response has been fully implemented as part of the larger program.

Investigation and Discipline of PREA Incidents

Results of the investigation and discipline of PREA incidents, similar to other sections in this report, reveal that many obstacles exist in combating prison rape and sexual assault. This is particularly true when it comes to investigating incidents of this nature. Investigators face several challenges that include offenders' reluctance to report, often leading to delayed reports long after valuable evidence has been lost. They also have to contend with offenders who are unwilling to cooperate or who change their stories for fear of retaliation. The NPREC (2008) acknowledges that crimes sexual in nature are less likely to have witness or result in physical injury compared to other violent crimes that occur in prisons, again making these offenses more difficult to investigate and prosecute. However, in the face of all these obstacles, it is important that each investigation and subsequent action meets every standard in place to ensure the best results possible.

In reviewing the limited data that was available for victims of PREA offenses, one recommendation would be to ensure there are strong policies in place for victims who are transferred to punitive segregation to assure they are not housed at this security level longer than necessary and do not lose access to treatment or programs as a result. It also appears that a number of offenders who were victims of SI incidents were charged with solicitation of staff COPDs. The NPREC (2008) specifically addresses this issue to say "inmates should never be subject to disciplinary sanctions for apparently consensual sexual activity with staff members because even in situations where inmates appear to have consented they remain under the power and control of staff (pg. 39)." Under this guidance the department needs to be sure the punishment

in these instances is appropriate and the policy around this issue should be reviewed to make clear that the appropriate actions are being taken.

The primary need at this time is a data monitoring system that can fully track investigation and disciplinary information related to PREA outcomes, until this is done, very little can be learned about this area of the PREA program. The first step in this process has been accomplished as the PREA database is designed to house this information and some of the disciplinary information is already tracked in the administrative database; however, procedures need to be put in place to capture what is available and to systematically collect the other data elements necessary to understand how well the investigative and disciplinary processes are operating. Once data collection procedures are in place, future evaluation of the CDOC PREA investigations should be done to evaluate that each report receives a timely response by the investigative team and that each and every lead is followed. These are details that cannot be determined until the data is collected. Likewise, the NPREC also recommends that this data be used to recognize patterns of unsubstantiated cases that identify the same predator(s), work sites or facility locations where repeated abuses occur. Future evaluation should also determine if investiga-

tions are reviewing areas of staff negligence or improvements that need to be made in department operations and policy. Quality assessment should assure that investigations are continuing even if the offenders involved are transferred to another facility or if staff members resign. It also need to be further established that investigations are meeting established time frames, that victims are being appropriately informed of the outcomes of their case, and that all evidence is being weighed before determining the final outcome. Finally, the commission recommends that investigators receive the proper training if they have not already. This training is specific to investigating and working with sexual assault victims and includes sensitivity training, how to appropriately collect photographs and DNA samples and work with SANE practitioners.

The investigation and subsequent discipline of offenders and staff is imperative to the success of the PREA program and achieving the goals set forth by the federal legislation. Appropriate discipline and prosecution is vital to deterring other offenders and employees from this behavior and is key to ending these crimes in our institutions.

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APPENDIX A

CDOC Definitions: Administrative Regulation 100-40

Sexual assault/rape: The act of unwanted sexual intrusion, sexual contact, or sexual penetration by any person on another by force, threat, coercion, or intimidation.

Sexual misconduct: Any behavior or act of a sexual nature, directed toward anyone by another person. Sexual misconduct includes, but is not limited to: acts, threats, requests for sexual acts, or attempts to commit acts such as sexual contact, obscenity, behavior of a sexual nature or implication of the same, taking or soliciting photographs/pictures of a person's nude breast, genitalia or buttock, indecent exposure, invasion of privacy for sexual gratification, inappropriate touching or incidents of intentional touching of the genitalia, anus, groin, breast, inner thigh, or buttock or other body parts with the intent to abuse, arouse, or gratify sexual desires or incidents of indecent exposure of breasts, genital areas, or other body parts. There are no authorized sexual acts in a penal institution. This includes private prisons and community correction facilities.

Federal Definitions: National Prison Rape Elimination Commission Standards (2008)

Sexual abuse: Encompasses a) inmate-on-inmate sexual abuse, b) staff-on-inmate sexual abuse, and c) staff-on-inmate sexual harassment.

A. Inmate-on-inmate (II) sexual abuse: Encompasses all incidents of II sexually abusive contact and II sexually abusive penetration defined below.

II sexually abusive contact: Touching (either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks) without penetration by an inmate of another inmate *without* the latter's consent, or with an inmate who is coerced into sexual contact by threats of violence, or with an inmate who is unable to consent or refuse.

II sexually abusive penetration: Penetration by an inmate of another inmate *without* the latter's consent, or with an inmate who is coerced into sexually abusive penetration by threats of violence, or with an inmate who is unable to consent or refuse. The sexual acts included are a) contact between the penis and the vagina or the anus; or b) contact between the mouth and the penis, vagina, or anus; or c) penetration of the anal or genital opening of another person by hand, finger, or other object.

B. Staff-on-inmate (SI) sexual abuse: Encompasses all occurrences of SI sexually abusive contact,

SI sexually abusive penetration, SI indecent exposure, SI voyeurism and SI sexual harassment defined below.

SI sexually abusive contact: Touching without penetration by a staff member of an inmate without *with or without* consent, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks.

SI sexually abusive penetration: Penetration by a staff member of an inmate *with or without* his or her consent. The sexual acts included are a) contact between the penis and the vagina or the anus; or b) contact between the mouth and the penis, vagina, or anus; or c) penetration of the anal or genital opening of another person by hand, finger, or other object.

SI indecent exposure: The display by a staff member of his or her genitalia, buttocks, or breast in the presence of an inmate.

SI voyeurism: An invasion of an inmate's privacy by staff unrelated to official duties, such as peering at an inmate who is showering or undressing in his or her cell or requiring an inmate to expose him or herself for reasons unrelated to official duties.

SI sexual harassment: Repeated verbal statements or comments of a sexual nature to an inmate by a staff member. Such statements include demeaning references to gender, derogatory comments about body or clothing, or profane or obscene language or gestures.

APPENDIX B

Table 11. CDOC Facility Names

Acronym	Facility
ACC	Arrowhead Correctional Center
AVCF	Arkansas Valley Correctional Facility
BCCF	Bent County Correctional Facility
BVCF	Buena Vista Correctional Facility
CCAP	Colorado Correctional Alternative Program (Boot Camp)
CCCF	Crowley County Correctional Facility
CCF	Centennial Correctional Facility
CSP	Colorado State Penitentiary
CTCF	Colorado Territorial Correctional Facility
CWCF	Colorado Women's Correctional Facility
DCC	Delta Correctional Center
DRDC	Denver Reception and Diagnostic Center
DWCF	Denver Women's Correctional Facility
FCF	Fremont Correctional Facility
FLCF	Fort Lyon Correctional Facility
FMCC	Four Mile Correctional Center
HCCC	Huerfano County Correctional Center
HPCF	High Plains Correctional Facility
KCCC	Kit Carson Correctional Center
LCF	Limon Correctional Facility
LVCF	La Vista Correctional Facility
NFCF	North Fork Correctional Facility
RCC	Rifle Correctional Center
SCCF	San Carlos Correctional Facility
SCF	Sterling Correctional Facility

Note. This table contains all adult CDOC state and private facilities.

APPENDIX C

Table 12. Chi-square and t-test Comparisons between Predators and Victims

	Males	Females
Age	$t(198) = 4.40, p = .00$	$t(43) = 1.82, p = .07$
Weight	$t(197) = 1.19, p = .24$	$t(43) = .10, p = .92$
Height	$\chi^2(3, N = 198) = 3.88, p = .28$	$\chi^2(3, N = 45) = 4.23, p = .24$
Ethnicity	$\chi^2(3, N = 200) = 12.31, p = .01$	$\chi^2(3, N = 45) = 4.13, p = .25$
Marital status	$\chi^2(3, N = 199) = 3.06, p = .38$	$\chi^2(2, N = 45) = 17.05, p = .00$
Highest Grade Completed	$\chi^2(3, N = 186) = 0.84, p = .99$	$\chi^2(2, N = 43) = 3.95, p = .14$
Education	$\chi^2(3, N = 198) = 1.17, p = .76$	$\chi^2(2, N = 45) = 3.37, p = .19$
LSI	$t(144) = .89, p = .37$	$t(42) = 1.06, p = .30$
Custody level	$\chi^2(4, N = 163) = 7.29, p = .12$	$\chi^2(4, N = 39) = 1.10, p = .89$
Most serious crime	$\chi^2(3, N = 199) = 3.70, p = .30$	$\chi^2(3, N = 45) = 1.86, p = .60$
Number of Incarcerations	$\chi^2(2, N = 200) = 8.92, p = .01$	$\chi^2(1, N = 45) = 6.39, p = .01$
Gang	$\chi^2(1, N = 200) = 1.34, p = .25$	$\chi^2(1, N = 45) = 0.07, p = .79$

Table 13. Chi-square and t-test Comparisons between Victims of II and SI Incidents

	Males	Females
Age	$t(122) = -.28, p = .78$	$t(31) = -1.51, p = .23$
Weight	$t(121) = -1.80, p = .08$	$t(31) = -.93, p = .21$
Height	$\chi^2(3, N = 122) = 4.13, p = .25$	$\chi^2(2, N = 33) = 1.45, p = .48$
Ethnicity	$\chi^2(2, N = 124) = 12.64, p = .00$	$\chi^2(3, N = 33) = 1.95, p = .58$
Marital status	$\chi^2(3, N = 123) = 8.94, p = .03$	$\chi^2(2, N = 33) = .31, p = .86$
Highest Grade Completed	$\chi^2(3, N = 119) = 5.58, p = .13$	$\chi^2(2, N = 33) = 3.14, p = .21$
Education	$\chi^2(3, N = 123) = 11.95, p = .01$	$\chi^2(2, N = 33) = 1.70, p = .43$
LSI	$t(98) = -.91, p = .36$	$t(31) = -1.76, p = .65$
Custody level	$\chi^2(4, N = 103) = 5.95, p = .20$	$\chi^2(4, N = 27) = 9.36, p = .05$
Most serious crime	$\chi^2(3, N = 124) = 3.00, p = .39$	$\chi^2(3, N = 33) = 5.21, p = .16$
Number of Incarcerations	$\chi^2(2, N = 124) = 4.33, p = .12$	$\chi^2(1, N = 33) = .11, p = .74$
Gang	$\chi^2(1, N = 124) = 11.48, p = .00$	$\chi^2(1, N = 33) = 1.57, p = .21$

APPENDIX D

FACTS YOU SHOULD KNOW:

All SEXUAL BEHAVIOR is PROHIBITED while you are under the jurisdiction/custody of the Colorado Department of Corrections (CDOC).



CDOC has policies and procedures addressing sexual assault/rape and sexual misconduct.

Facts to know:

- CDOC has a **ZERO-TOLERANCE Policy, AR 100-40**
- There are reporting procedures for sexual assault/rape or sexual misconduct.
- Treatment is available through medical and mental health
- You may report incidents of sexual assault/rape or seek relief against retaliation by calling:
 - The CIPS number 1-877-DOC-TIPS-0 (362-8477-0)
 - The toll-free CDOC TIPS Line at 1-877-DOC-TIPS (362-8477)

For more information regarding sexual assault/rape and sexual misconduct, you can access the Prison Rape Prevention Administrative Regulation (AR 100-40) through library access.

A. CDOC Zero-Tolerance Policy

Sexual assault/rape and sexual misconduct of any type is PROHIBITED. Your participation in sexual activity will be investigated and is subject to sanctions under the Code of Penal Discipline (COPD). All reports of institutional sexual behavior may be referred to the Inspector General's Office for criminal investigation and possible prosecution.

Types of Sexual Assault/Rape and Sexual Misconduct Include:

- Offender-on-offender.
- Offender-on-DOC employee, contract worker, or volunteer.
- DOC employee, contract worker, or volunteer-on-offender.

Acts of Sexual Assault /Rape and Sexual Misconduct Include:

- The physical act.
- The attempt of the physical act, including inappropriate touching and exhibitionism.
- Threats, intimidation, and actions/communications meant to coerce or pressure another to engage in the inappropriate act.
- Retaliation against individuals reporting sexual assault/rape or sexual misconduct is prohibited and punishable.
- Pursuant to AR 100-40 there is NO allowable consensual agreement between DOC employees, contract workers, volunteers or offenders to engage in any sex act.

B. Self- Protection

You have the right to be safe from sexual assault/rape. You have the right to be safe from unwanted sexual advances.

- Say NO to anyone who tries to pressure you to participate or consent to engage in any type of sexual activity.
- Immediately report the sexual assault/rape, attempted sexual assault/rape, or sexual misconduct to a DOC employee, contract worker, volunteer or the Office of the Inspector General

C. Prevention/Intervention

You can help prevent sexual assault/rape and intervene for your own welfare by adhering to some basic behaviors listed below.

- Carry yourself in a confident manner. Many rapists choose individuals who look like they won't defend themselves.
- Be alert. Trust your instincts. Be aware of situations that make you feel uncomfortable.
- Do not accept gifts, loans, or favors from other offenders.
- Do not allow another offender to be your protector.
- Report incidents and dangerous situations to a DOC employee, contract worker or volunteer.
- Secure your property.
- Be aware of your physical surroundings.
- Do not become involved with drugs or alcohol in prison.
- Do not become involved in bartering or contraband introduction.
- Do not give mixed signals. Be direct and firm when saying NO.
- Get involved in CDOC approved activities and programs.
- Know who you are associating with. Don't be in the mix.
- Avoid becoming involved in gang activity.

D. Reporting Procedures for Sexual Assault /Rape or Sexual Misconduct

Confidentiality: All DOC employees, contract workers and volunteers are required to keep the reported information confidential, except to report the information to specific CDOC employees.

If you have been a victim of sexual assault/rape or sexual misconduct, witnessed or you have knowledge of any incident of sexual assault/rape, or sexual misconduct, you may report it in writing or verbally to any DOC employee, contract worker or volunteer in one of the following ways:

- Send a Request for Interview (kite) to a DOC employee, contract worker, or volunteer.
- Mailing a note or letter in a sealed envelope to the facility intelligence officer, warden, or major.
- Mail a letter to the Office of the Inspector General at 2862 S. Circle Drive, Colorado Springs, CO 80906.
- Directly give any DOC employee, contract worker, or volunteer a note.
- Verbally tell a DOC employee, contract worker, or volunteer of any known incident, especially in an emergent situation.

- Utilize the offender DOC TIPS line number by calling:
The CIPS number 1-877-DOC-TIPS-0 (362-8477-0)
Or the toll-free DOC TIPS Line at 1-877-DOC-TIPS (362-8477).
The tip lines are checked daily for messages.

E. Treatment and Counseling

Treatment and counseling is available.

- In the event of a sexual assault/rape, do not change your clothes, brush your teeth, shower or use the bathroom. You may destroy important evidence.
- Seek medical help immediately. It's important to be assessed and treated for sexually transmitted diseases. Treatment will be offered for the prevention of transmitting HIV and other sexually transmitted diseases. **To effectively restrict the transmission of these diseases, treatment must be received within four hours of exposure.**
- Seek professional counseling from Mental Health by:
 - Completing a sick call request to see Mental Health.
 - Completing a request for interview and sending it to Mental Health.
Mental Health employees and contract workers are available for crisis care.
 - Ask DOC employees, contract workers, or volunteers to contact Mental Health.
 - Mental Health clinicians are available to help you.

F. Seeking Relief for Retaliation

If you are being retaliated against by an offender or a DOC employee, contract worker, or volunteer for reporting an incident of sexual assault/rape or sexual misconduct, you should report the situation immediately to a supervisory person or contact the Office of the Inspector General utilizing the DOC TIPS Line 1-877-DOC-TIPS (362-8477) or CIPS 1-877-DOC-TIPS-0 (362-8477-0)

G. Disciplinary Actions for Making False Allegations

Making false allegations shall result in a Code of Penal Discipline (COPD) charge and may result in criminal charges being filed by the Office of the Inspector General.

APPENDIX E

PREA Orientation Survey

Instructions: *This survey is anonymous and confidential. Your answers will help us improve the PREA orientation and will help to stop rape and sexual misconduct from happening in the Colorado Department of Corrections facilities (CDOC). No one from the CDOC will have access to any of your answers. The only people to view your answers will be the researchers from the University of Colorado at Colorado Springs. Participation is voluntary; your decision whether or not to complete this survey will not impact your sentence or inmate status (IRB #07-050).*

1. The purpose of the Prison Rape Elimination Act (PREA) is: (Please check all that apply.)

- Protect inmates from sexual assaults
- Make prisons safer places
- Reduce contraband
- Provide a way for prisoners to report sexual assaults confidentially
- Increase the number of snack foods consumed in prison

2. The videos about PREA were helpful. (circle one)

1	2	3	4	5
Strongly Disagree	Mildly Disagree	Neutral (neither agree nor disagree)	Mildly Agree	Strongly Agree

3. I did **not** understand the videos about PREA. (circle one)

1	2	3	4	5
Strongly Disagree	Mildly Disagree	Neutral (neither agree nor disagree)	Mildly Agree	Strongly Agree

4. I understand the zero-tolerance policy. (circle one)

1	2	3	4	5
Strongly Disagree	Mildly Disagree	Neutral (neither agree nor disagree)	Mildly Agree	Strongly Agree

5. The zero-tolerance policy prohibits: (Please check all that apply.)

- Oral sodomy
- Sexual assault with an object
- Sexual fondling of a person
- Forcible sex, against the person's will
- Sex that is not forced or against the person's will, but one of the persons is incapable of giving consent
- Hand-shaking
- Sexual fondling achieved through the fear or threat of physical violence or bodily injury
- Sexual contact of any sort
- Sitting on a bench next to someone
- Taking/soliciting pictures of breasts, genitalia, or buttocks
- Indecent exposure
- Inappropriate touching
- Kissing
- Playing sports (e.g., baseball or basketball) with other inmates
- Hugging another inmate

OVER →

6. How concerned are you about being sexually pressured or assaulted? (circle one)

1	2	3	4	5
Not at all Con- cerned	Somewhat Con- cerned	Concerned	Very Concerned	Extremely Con- cerned

7. I do **not** know my rights under PREA. (circle one)

1	2	3	4	5
Strongly Disagree	Mildly Disagree	Neutral (neither agree nor disagree)	Mildly Agree	Strongly Agree

8. My PREA rights include: (Please check all that apply.)

- Being safe from unwanted sexual advances
- Saying NO to anyone pressuring me to engage in sexual activity
- Immediately reporting any assault/rape to CDOC employee, contract worker, volunteer, or Office of the Inspector General
- Touching other inmates against their wishes

9. If sexually assaulted/raped who would you feel comfortable talking to about the incident? (Please check all that apply.)

- Medical Staff
- Chaplin
- Teacher
- Mental Health
- Unit Officer
- Calling Tip Line
- Case Manager
- Investigator
- Family
- Work Supervisor
- Cellmate
- Sending a kite

10. I know what to do in case I am sexually assaulted. (circle one)

1	2	3	4	5
Strongly Disagree	Mildly Disagree	Neutral (neither agree nor disagree)	Mildly Agree	Strongly Agree

11. I know what to do if I see someone being sexually assaulted. (circle one)

1	2	3	4	5
Strongly Disagree	Mildly Disagree	Neutral (neither agree nor disagree)	Mildly Agree	Strongly Agree

12. The ways in which I can report a sexual assault / PREA-related incident include: (Please check all that apply.)

- CIPS Number (1-877-DOC-TIPS-0)
- CDOC Tips Line (1-877-DOC-TIPS)
- Tell my cellmate
- Calling the President of the United States of America
- Report to CDOC employee, contract worker, volunteer, or Office of the Inspector General

APPENDICES

13. What are some ways to avoid being sexually assaulted while in prison?

14. What can be done to reduce sexual assault in prisons?

15. How can the PREA orientation be improved?

16. What is your age?

- 18 years old or younger
- 19 to 25 years old
- 26 to 35 years old
- 36 to 45 years old
- 46 to 55 years old
- 56 to 65 years old
- 66 years old or older

17. What is your Race?

- Caucasian
- African-American
- Hispanic
- Asian
- Native American
- Other

18. How many times have you been incarcerated, including your current incarceration?

- 1
- 2
- 3
- 4
- 5 or more

19. What is your gender?

- Male
- Female

Thank you for your participation and feedback.

APPENDIX F

Prison Rape Elimination Act Attitudes Survey

Instructions: *This survey is completely confidential. No one from the CDOC will have access to any of your answers. The only people to view your answers will be the researchers. Participation is voluntary; your decision to participate or decline to participate will have no impact on your position or employment status. Your answers and feedback will help the CDOC improve the PREA program, staff training and reduce the occurrence of sexual violence and its consequences in CDOC facilities. Thank you.*

	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree
1. A raped person is usually an innocent victim.	1	2	3	4	5
2. The extent of a person's resistance should be the major factor in determining if a rape has occurred.	1	2	3	4	5
3. A raped person is a less desirable person.	1	2	3	4	5
4. People who claim rape often do so to protect their reputations.	1	2	3	4	5
5. It is not a big deal to rape homosexuals.	1	2	3	4	5
6. Homosexuals are generally more promiscuous than straight people.	1	2	3	4	5
7. Homosexuals tend to flaunt their sexuality inappropriately.	1	2	3	4	5
8. People do not provoke rape by their appearance or behavior.	1	2	3	4	5
9. It would do some people good to be raped.	1	2	3	4	5
10. A healthy person can resist a rapist if s/he really tries.	1	2	3	4	5
11. I am comfortable with gay people.	1	2	3	4	5
12. Homosexuals should be praised for being brave enough to defy "traditional family values."	1	2	3	4	5
13. Inmates may have consensual sex.	1	2	3	4	5
14. A victim should not blame him/herself for rape.	1	2	3	4	5
15. People who have had prior heterosexual relationships should not complain about rape.	1	2	3	4	5
16. People are not likely to falsely claim rape.	1	2	3	4	5
17. I feel comfortable discussing homosexuality in a public situation.	1	2	3	4	5
18. Rape could happen to anyone.	1	2	3	4	5

APPENDICES

	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree
19. People who go to secluded places put themselves in a position to get raped.	1	2	3	4	5
20. Inmates deserve to be raped.	1	2	3	4	5
21. Sexually experienced individuals are not really damaged by rape.	1	2	3	4	5
22. People who act or dress in particular ways are inviting rape.	1	2	3	4	5
23. Having to manage or work with homosexuals make me feel uncomfortable.	1	2	3	4	5
24. Most homosexuals prefer anonymous sexual encounters.	1	2	3	4	5
25. Inmates hugging one another are acceptable.	1	2	3	4	5
26. Homosexuals are just as healthy and moral as anybody else.	1	2	3	4	5
27. Many people who report rape are lying because they are angry or want revenge on the accused.	1	2	3	4	5
28. Many people who claim rape first consented to sexual relations but later changed their minds.	1	2	3	4	5
29. Most people secretly desire to be raped.	1	2	3	4	5
30. Prison rape is part of the penalty for committing crimes in society.	1	2	3	4	5
31. Most homosexuals cannot sustain a long-term relationship.	1	2	3	4	5
32. In most cases when a person was raped, s/he deserved it.	1	2	3	4	5
33. An inmate should expect rape.	1	2	3	4	5
34. Inmates should not be denied sexual outlets	1	2	3	4	5
35. It is not rape if the person engages in sexual acts in exchange for something else (e.g., favors, protection)	1	2	3	4	5

Other Information

36. What percentage of inmates in prison do you think have been approached by another inmate for sex while in prison?

Males: _____% Females: _____%

37. What percentage of the inmates in prison do you think have been forced or threatened for sex while in prison?

Males: _____% Females: _____%

38. What percentage of the inmates in prison do you think have been sexually assaulted or raped while in prison?

Males: _____% Females: _____%

39. Why do you think rape occurs in prison?

40. Offenders' rights as a PREA victim include: (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Medical treatment | <input type="checkbox"/> Protection from retaliation | <input type="checkbox"/> Making consensual sexual advances |
| <input type="checkbox"/> Mental health services | <input type="checkbox"/> To say "no" to sexual advances | <input type="checkbox"/> Other (Specify): _____ |

Demographic Information

41. Age: _____

42. Gender: (Check one)

- Male Female

43. Race: (Check one)

- | | | |
|---|-----------------------------------|---|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Native American |
| <input type="checkbox"/> African-American | <input type="checkbox"/> Asian | <input type="checkbox"/> Other (Specify): _____ |

44. Religion: (Check one)

- | | | |
|---|-----------------------------------|---|
| <input type="checkbox"/> Catholic | <input type="checkbox"/> Muslim | <input type="checkbox"/> Agnostic/Atheistic |
| <input type="checkbox"/> Protestant (e.g., Baptist, Lutheran) | <input type="checkbox"/> Hindu | <input type="checkbox"/> Other (Specify): _____ |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> Buddhist | |

45. Highest Education Level: (Check one)

- | | | |
|--|--|---|
| <input type="checkbox"/> High School Graduate | <input type="checkbox"/> Vocational School | <input type="checkbox"/> College or Post-Graduate Education |
| <input type="checkbox"/> High School Equivalency | <input type="checkbox"/> Some College | |

46. Current CDOC Job Class: (Check one)

- | | | |
|---|--|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Correctional Industries (Labor/ trades/ crafts) | <input type="checkbox"/> Maintenance/Support Trades |
| <input type="checkbox"/> Admin. Support (e.g., Human Resources, Budget Office, Business Technologies) | <input type="checkbox"/> Education/Programs (e.g., vocational, G.E.D.) | <input type="checkbox"/> Rehabilitation (e.g. Alcohol & Drug, Sex Offender) |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Food Service/Laundry | <input type="checkbox"/> Parole/Community Corrections/YOS |
| <input type="checkbox"/> Clinical Services – Medical | <input type="checkbox"/> Inspector General | <input type="checkbox"/> Correctional Series |
| <input type="checkbox"/> Clinical Services – Mental Health | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Other (Specify): _____ |
| | <input type="checkbox"/> Library | |

APPENDICES

47. Indicate the number of years you've worked in corrections/criminal justice system (if any). _____ years.

48. Have you worked for the CDOC before your current position? If yes, how many years? _____ years.

Yes No

Thank you for your participation.

APPENDIX G

Staff Comprehension Survey of PREA Training

Instructions: *This survey is completely confidential. No one from the CDOC will have access to any of your answers. The only people to view your answers will be the researchers. Participation is voluntary; your decision to participate or decline to participate will have no impact on your position or employment status. Your answers and feedback will help the CDOC improve the PREA training and reduce the occurrence of sexual violence and its consequences in CDOC facilities. You will not be graded on the answers you provide but please do not consult your classmates or use your materials while answering these questions. Thank you.*

1. The purpose of the Prison Rape Elimination Act (PREA) is: (Check all that apply)

- Protect inmates from sexual assaults
- Make prisons safer places
- Investigate and prosecute PREA perpetrators
- Reduce contraband
- Provide a way for offenders to report sexual assaults confidentially
- Provide offenders with re-entry skills once releasing to the community
- Provide medical and mental health treatment for victims of sexual incidents

2. I understand the zero-tolerance policy. (Circle one)

Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree
1	2	3	4	5

3. Some of the potential signs of victimization include: (Check all that apply).

- | | |
|---|--|
| <input type="checkbox"/> Onset of fights | <input type="checkbox"/> Suicidal tendencies |
| <input type="checkbox"/> Increased friendliness | <input type="checkbox"/> Theft prone |
| <input type="checkbox"/> Visible injuries | <input type="checkbox"/> More sociable |
| <input type="checkbox"/> More outgoing | <input type="checkbox"/> Guilt, frustration, or depression |
| <input type="checkbox"/> New onset of make-up | <input type="checkbox"/> Increase in canteen purchases |
| <input type="checkbox"/> Changes in hygiene | <input type="checkbox"/> Decrease in disciplinary reports |

4. Inmates can engage in consensual sexual relations with one another. (Check one)

- TRUE
- FALSE

5. Identify the following ways you individually can stop prison rape: (Check all that apply)

- Report suspicions or information immediately
- Place all identified sex offenders in segregation
- Pay attention to signs of victimization or predatory behavior
- Make frequent rounds – make yourself visible

6. I feel confident I know what to do if an offender reports to me they were sexually assaulted. (Circle one)

Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree
1	2	3	4	5

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7. While at your facility you unknowingly come up on two inmates who are embracing and kissing one another, what do you do? (Check all that apply)
- Separate offenders and potential witnesses
 - Walk past as though you didn't see what was happening – it's too embarrassing
 - Report incident using the chain of command
 - Tell the offenders to knock it off and go on with your business
 - Establish crime scene
8. Offenders commit rape/sexual assault for power-sexual domination. (Check one)
- TRUE
 - FALSE
9. The PREA zero-tolerance policy prohibits: (Check all that apply)
- Oral sodomy
 - Sexual assault with an object
 - Hugging someone
 - Sexual fondling of a person
 - Forcible sex, against the person's will
 - Sexual relations with a person incapable of giving consent
 - Hand-shaking
 - Using the threat of physical violence or injury to get sexual favors
 - Sitting next to someone
 - Indecent exposure
 - Inappropriate touching
 - Kissing
 - Certain offenders sitting together in chow hall
10. I feel it is my responsibility to try to change the culture of the CDOC around PREA. (Circle one)
- | | | | | |
|-------------------|-----------------|---------|--------------|----------------|
| Strongly Disagree | Mildly Disagree | Neutral | Mildly Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |
11. Inmates' PREA rights include: (Check all that apply)
- Being safe from unwanted sexual advances
 - Saying "No" to anyone pressuring them to engage in sexual activity
 - Provided methods with which to report assault/rape to CDOC (e.g., tip line, kite, staff)
 - Touching other inmates in sexually intimate ways
 - Medical and mental health treatment
12. The people involved in a PREA incident can include: (Check all that apply)
- Offender-on-Offender
 - Offender-on-Staff
 - Staff-on-Offender
 - Staff-on-Staff

13. In your opinion rank the following reasons as to why you feel prison rape or sexual assault needs to be addressed in CDOC facilities: (Rank from least to most important)
- _____ It is the rules
 _____ Offenders' 8th amendment right not to be subjected to cruel and unusual punishment
 _____ Decrease violence in facilities
 _____ To keep staff safe
 _____ No one deserves to be raped
 _____ Avoid department or personal law suits
 _____ Prevent the spread of communicable diseases and HIV/AIDS
14. Rape and sexual assault are acts of homosexual love. (Check one)
- TRUE
 FALSE
15. Offenders commit rape or sexual assault for sexual gratification. (Check one)
- TRUE
 FALSE
16. Some of the potential signs of a sexual aggressor include: (Check all that apply)
- | | |
|--|--|
| <input type="checkbox"/> Gang affiliation | <input type="checkbox"/> Psychological manipulation |
| <input type="checkbox"/> Over 6 feet tall | <input type="checkbox"/> Befriending weaker offender |
| <input type="checkbox"/> Extortion | <input type="checkbox"/> Intimidation |
| <input type="checkbox"/> Sexual advances | <input type="checkbox"/> Threats |
| <input type="checkbox"/> Fighting | <input type="checkbox"/> Has over \$100 on his books |
| <input type="checkbox"/> Serving over 10 years | |
17. *Deliberate Indifference* is the failure to anticipate and take action to prevent prison rape in cases of obviously vulnerable inmates. (Check one)
- TRUE
 FALSE
18. Crime scene management priorities include: (Check all that apply)
- | | |
|---|--|
| <input type="checkbox"/> Ensuring personal safety | <input type="checkbox"/> Prevent escapes |
| <input type="checkbox"/> Preserving life | <input type="checkbox"/> Protect the scene |
| <input type="checkbox"/> Escalating hostilities | <input type="checkbox"/> Preserve the evidence |
| <input type="checkbox"/> Preventing further hostilities | |
19. List the traits of a potential sexual victim:
-
-

Demographic Information

20. Age: _____

21. Gender: (Check one)

- Male Female

APPENDICES

22. Race: (Check one)

- Caucasian Hispanic Native American
 African-American Asian Other (Specify): _____

23. Highest Education Level: (Check one)

- High School Graduate Vocational School College or Post-Graduate Education
 High School Equivalency Some College

24. Current CDOC Job Class: (Check one)

- | | | |
|---|---|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Correctional Industries (Labor/
trades/ crafts) | <input type="checkbox"/> Maintenance/Support Trades |
| <input type="checkbox"/> Admin. Support (e.g., Human Re-
sources, Budget Office, Business
Technologies) | <input type="checkbox"/> Education/Programs (e.g., voca-
tional, G.E.D.) | <input type="checkbox"/> Rehabilitation (e.g. Alcohol &
Drug, Sex Offender) |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Food Service/Laundry | <input type="checkbox"/> Parole/Community Correc-
tions/YOS |
| <input type="checkbox"/> Clinical Services – Medical | <input type="checkbox"/> Inspector General | <input type="checkbox"/> Correctional Series |
| <input type="checkbox"/> Clinical Services – Mental Health | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Other (Specify): _____ |
| | <input type="checkbox"/> Library | |

25. Have you worked in corrections/criminal justice field prior to your current position? (Check one)

- Yes No

26. If yes, how many years have you worked in this field? _____ years. **THANK YOU!**

APPENDIX H

Prison Rape Elimination Act Attitudes Follow up Survey

Instructions: *This survey is completely confidential. No one from the CDOC will have access to any of your answers; the researchers are the only people to view your responses. Participation is voluntary; your decision to participate or decline to participate will have no impact on your position or employment status. Your answers and feedback will help the CDOC improve the PREA program, specifically the staff training. Thank you.*

1. In the time you have worked in your current position, how many PREA incidents have occurred that you are personally aware of?

None: _____ If any, please write how many: _____

2. What do you define as a PREA incident?

3. Is the implementation of the PREA program where you are currently working different compared to how you thought it would be when you were a student at the training academy? If your answer is yes, please explain how it is different.

4. Based on your on-the-job experience regarding PREA, what changes do you think would improve the PREA training at the Academy?

5. What percentage of the inmates in prison do you think have been approached by another inmate for sex while in prison?

Males: _____% Females: _____%

6. What percentage of the inmates in prison do you think have been forced or threatened for sex while in prison?

Males: _____% Females: _____%

7. What percentage of the inmates in prison do you think have been sexually assaulted or raped while in prison?

Males: _____% Females: _____%

8. Why do you think rape occurs in prison?

9. Offenders' rights as a PREA victim include (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Medical treatment | <input type="checkbox"/> To say "no" to sexual advances |
| <input type="checkbox"/> Mental health services | <input type="checkbox"/> Making consensual sexual advances |
| <input type="checkbox"/> Protection from retaliation | <input type="checkbox"/> Other (specify): _____ |

APPENDICES

Please circle the number corresponding to the extent to which you agree with the following statements.

	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree
10. A raped person is usually an innocent victim.	1	2	3	4	5
11. The extent of a person's resistance should be the major factor in determining if a rape has occurred.	1	2	3	4	5
12. A raped person is a less desirable person.	1	2	3	4	5
13. People who claim rape often do so to protect their reputations.	1	2	3	4	5
14. It is not a big deal to rape homosexuals.	1	2	3	4	5
15. Homosexuals are generally more promiscuous than straight people.	1	2	3	4	5
16. Homosexuals tend to flaunt their sexuality inappropriately.	1	2	3	4	5
17. People do not provoke rape by their appearance or behavior.	1	2	3	4	5
18. It would do some people good to be raped.	1	2	3	4	5
19. A healthy person can resist a rapist if s/he really tries.	1	2	3	4	5
20. I am comfortable with gay people.	1	2	3	4	5
21. Homosexuals should be praised for being brave enough to defy "traditional family values."	1	2	3	4	5
22. Inmates may have consensual sex.	1	2	3	4	5
23. A victim should not blame him/herself for rape.	1	2	3	4	5
24. People who have had prior heterosexual relationships should not complain about rape.	1	2	3	4	5
25. People are not likely to falsely claim rape.	1	2	3	4	5
26. I feel comfortable discussing homosexuality in a public situation.	1	2	3	4	5
27. Rape could happen to anyone.	1	2	3	4	5
28. People who go to secluded places put themselves in a position to get raped.	1	2	3	4	5

	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree
29. Inmates deserve to be raped.	1	2	3	4	5
30. Sexually experienced individuals are not really damaged by rape.	1	2	3	4	5
31. People who act or dress in particular ways are inviting rape.	1	2	3	4	5
32. Having to manage or work with homosexuals makes me feel uncomfortable.	1	2	3	4	5
33. Most homosexuals prefer anonymous sexual encounters.	1	2	3	4	5
34. Inmates hugging one another are acceptable.	1	2	3	4	5
35. Homosexuals are just as healthy and moral as anybody else.	1	2	3	4	5
36. Many people who report rape are lying because they are angry or want revenge on the accused.	1	2	3	4	5
37. Many people who claim rape first consented to sexual relations but later changed their minds.	1	2	3	4	5
38. Most people secretly desire to be raped.	1	2	3	4	5
39. Prison rape is part of the penalty for committing crimes in society.	1	2	3	4	5
40. Most homosexuals cannot sustain a long-term relationship.	1	2	3	4	5
41. In most cases when a person was raped, s/he deserved it.	1	2	3	4	5
42. An inmate should expect rape.	1	2	3	4	5
43. Inmates should not be denied sexual outlets.	1	2	3	4	5
44. It is not rape if the person engages in sexual acts in exchange for something else (e.g., favors, protection).	1	2	3	4	5

Demographic Information:

45. Age: _____

46. Gender (check one):

 Male

 Female

47. Race (check one):

 Caucasian

 Hispanic

 Native American
 African-American

 Asian

 Other (specify): _____

APPENDICES

48. Religion (check one):

- Catholic Muslim Agnostic/Atheistic
 Protestant Hindu Other (specify): _____
 (Baptist, Lutheran) Buddhist
 Jewish

49. Highest Education Level (check one):

- High School Graduate
 Vocational School
 College or Post-Graduate Education
 High School Equivalency
 Some College

50. Current CDOC Job Class (check one):

- Administration Correctional Industries (Labor/trades/crafts)
 Admin. Support (e.g., Human Education/Programs (e.g., vocational, G.E.D.)
 Resources, Budget Office, Food Service/Laundry
 Business Technologies) Inspector General
 Case Management Legal Services
 Clinical Services—Medical Library
 Clinical Services—Mental Health Maintenance/Support Trades
 Parole/Community Corrections/YOS Correctional Series
 Rehabilitation (e.g., Alcohol & Drug, Sex Offender)
 Other (specify): _____

51. Indicate the number of years you've worked in corrections/criminal justice system (if any): _____ years.

52. Have you worked for the CDOC before your current position?

No: _____ Yes: _____ If yes, how many years? _____ years.

Thank you for your participation.

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