

# Clinical Indicators of Sexual Violence in Custody

## Attachment 9.

### Frequently Asked Questions

## **Clinical Indicators for Sexual Violence in Custody: Frequently asked questions**

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### **What is Clinical Indicators of Sexual Violence in Custody?**

Clinical Indicators of Sexual Violence in Custody is a surveillance system designed to monitor medical, dental, and mental health conditions that are likely to be associated with sexual victimization in correctional facilities (prisons and jails).

### **Why is this project being conducted?**

In 2003, Congress passed the Prison Rape Elimination Act (PREA). As part of PREA, the Bureau of Justice (BJS) at the Department of Justice was mandated to collect information on the prevalence of sexual violence in correctional facilities.

### **Who is working on the project?**

As part of the legally mandated PREA data collection, BJS is collaborating with the National Institute of Justice (NIJ) and the Centers for Disease Control and Prevention (CDC) to establish a passive surveillance system for medical indicators of sexual violence in correctional facilities.

### **Where is the project being conducted?**

The 12-month pilot data collection will be conducted in approximately 10 large jail facilities and 25 prison facilities.

### **Do I have to participate?**

Pilot study participation by correctional facilities is voluntary.

### **What do we know about sexual violence in the correctional setting?**

BJS conducted several recent studies as part of the PREA data collections. The first study, The Survey on Sexual Violence (SSV), reviewed administrative records to determine the number of allegations of rape annually in correctional facilities and began in 2004. Based on this study, we learned that the rate of allegations of sexual violence in prisons (as reported by administrators) was 2.91 per 1,000 inmates in 2006. In addition to the SSV, BJS conducted the National Inmate Survey, a survey of 23,000 current prison inmates and 40,000 jail inmates regarding sexual assault in 2007. Among prison inmates surveyed, 2.1% reported an incident involving another inmate, 2.9% reported an incident involving staff, and 0.5% reported being victimized by both other inmates and staff. Among jail inmates surveyed, 1.6% reported an incident involving another inmate, 2.0% reported an incident involving staff, and 0.4% reported being victimized by other inmates and by staff.

### **Why conduct surveillance for clinical indicators?**

To date, the BJS data collections have relied on recorded counts of sexual violence by correctional authorities or subjective self-reports from inmates. The inmate allegation data may underestimate the true number of sexual assaults because of stigma or other barriers to reporting rape. Conversely, a number of allegations made by inmates were not able to be substantiated by correctional authorities upon investigation. Surveillance for clinical indicators may provide a more objective measure of conditions that are likely associated with sexual violence.

### **What information is being collected?**

A case report form will be completed for all adult male inmates who either make an allegation of sexual violence or who have one of the following conditions: 1) rectal bleeding; 2) rectal or anal tears or fissures; 3) bruises, scratches, or abrasions on buttocks; 4) genital bruising; or 5) nipple injuries. Additional information regarding demographics, other injuries, mental health status, and follow-up will be collected for inmates who meet these conditions. These conditions will be identified as part of routine medical care. Healthcare providers will not be asked to conduct specific examinations to identify these conditions. Therefore, this surveillance system will be considered passive (i.e., relying on reports from providers). The presence of these conditions does not definitively prove that a sexual assault occurred. No personally identifying information will be collected, including name, inmate identification number, social security number, or date of birth.

### **Why these conditions?**

The BJS data suggest that a subset of inmates who alleged sexual assault were injured as a result. Among substantiated allegations of sexual violence identified in the BJS administrative record review, an injury resulted was reported in 22% of assaults in 2005 and 26% of assaults in 2006. Anal or rectal tearing was reported in 6% of assaults in 2005 and 5% of assaults in 2006. The most common types of injuries were bruises, black eye, sprains, cuts, and scratches (11% in 2005). Among jail inmates surveyed by BJS, 0.6% of jail inmates reported being injured during an assault (19.5% of assaults). Among jail inmate assault victims, the most common injuries were bruises, cuts, scratches (15.8%), teeth being chipped/knocked out (8.9%), being knocked unconscious (7.8%), anal/rectal tearing (6.3%), internal injuries (6.3%), broken bones (3.3%), and knife or stab wounds (2.1%).

### **What will this project tell us?**

The current BJS inmate surveys are resource-intensive, making them an unsustainable long-term source of information on sexual violence in correctional settings. The surveillance system pilot will be used to describe the prevalence of clinical conditions associated with sexual violence, to validate the list of conditions as sensitive and specific indicators of sexual violence, and to describe basic demographic information of the victims of sexual violence. It will not yield data generalizable to all inmate populations but rather information from the pilot survey will be used to improve the surveillance form and surveillance method for a possible national data collection.