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1) What is the Clinical Indicators of Sexual Violence in Custody project?

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

2) Why is this project being conducted?

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

3) Who is working on the project?

As part of the legally mandated PREA data collections, 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.

4) Where is the project being conducted?

The 12-month pilot data collection will be conducted in 12 large jail facilities and 19 prison facilities across the country. Participation by correctional facilities is voluntary.

5) 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 type of study reviewed administrative records to determine the number of allegations of rape in correctional facilities from 2004 through 2006. The rate of allegations of sexual violence in prisons was 2.91 per 1000 inmates in 2006. Not all of these allegations were substantiated upon investigation. In addition, BJS conducted 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.

6) Why does the data collection last for 12 months?

Based on previous record reviews from correctional facilities and BJS research, the proportion of inmates who report being injured as a result of sexual assault is low and therefore the expected number of forms will be low. A longer data collection period is necessary to get an accurate depiction of the strength of the system.

7) Why conduct surveillance for clinical indicators?

To date, the BJS data collections have relied on 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 upon investigation. Surveillance for clinical indicators may provide a more objective measure of conditions that are likely associated with sexual violence.

8) What information is being collected?

A case report form will be completed for all adult (≥ 18 years old) male inmates who either make an allegation of sexual violence or who have one of the following conditions: 1) unexplained rectal bleeding; 2) rectal or anal tears or fissures; 3) bruises, scratches, or abrasions on buttocks; 4) genital bruising; or 5) nipple injuries. A form can also be completed if a clinician has a suspicion of sexual violence. Additional information regarding demographics, other injuries, mental health status, and follow-up will be collected for inmates who meet at least one of these criteria. The clinical 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.

9) 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 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% 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%).

10) What will this project tell us?

The 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.

11) Should the form be completed for a minor (under 18) who is incarcerated in an adult facility?

We are restricting data collection to only those inmates who are 18 years or older. Including minors in this data collection may introduce legal issues of parental consent.

12) Should the form be a part of an inmate's medical record?

These forms should be kept separately from an inmate's medical record, regardless if it's in the electronic or paper format.

13) If an inmate has a chronic condition that triggers the completion of the form, should we still fill it out?

We are only interested in new onset of acute symptoms. Forms should not be completed for chronic conditions. For example, if an inmate suffers from chronic rectal bleeding due to hemorrhoids or Crohn's Disease, a form should not be filled out. In the same way, inmates who suffer from chronic anal fissures should not have forms completed for their condition.

14) If an inmate is injured prior to incarceration but treated within the facility, should we still fill out the form?

We are only interested in injuries that occur during the current incarceration. If an inmate is treated for an injury that occurred prior to incarceration, do not complete a form.

15) Is a mental health professional needed to complete the "Behavioral observations" portion of the form?

No. The “Behavioral observations” portion of the form should be completed by the treating medical clinician. Observations made during the medical exam should be used to complete this section.

16) Even if a referral is made for STD testing, the inmate might refuse. How do we record that?

We are interested in the referrals that the treating clinician makes. Simply record the referrals, regardless if the inmate accepts or complies with the recommendation.

17) How will this data be publicly reported?

Unlike some of the other PREA data collections, these data are not being collected with intentions of ranking facilities based on their findings. The data will be summarized in a final report and disseminated to the participating correctional facilities. The data will be presented in aggregate form. Prison and jail data may be presented separately.

18) How will this data collection discern between injuries that occurred during consensual sex and those that occurred as a result of sexual violence?

Because this is a passive surveillance system, we will not be able to discern between injuries that occurred during consensual sex and injuries that did not. If during the course of the medical examination, the inmate offers that he was injured during the course of consensual sex, please indicate this in the comments section.

19) What if an inmate is sent outside for treatment?

In the event that an inmate is sent out for emergency treatment or forensic evidence collection and meets the criteria for completing a data collection form, the form should be completed as best as possible. It may be necessary to rely on a discharge summary from the treating clinician.

20) What happens if an inmate makes an allegation initially and then later retracts the allegation?

If the inmate retracts his initial allegation but: (1) has one of the five physical indicators of sexual violence (see item A.2 on the surveillance form), or (2) the medical provider suspects there was an incident of sexual violence (see item A.3), please submit the surveillance form to CDC. If the inmate retracts his initial allegation after the form has been submitted to CDC, please contact Katie Salo, CDC Project Coordinator, at (404) 639-6110 or hgi2@cdc.gov.