

Clinical Indicators of Sexual Violence in Corrections

Training Presentation



Background



Male rape in correctional facilities

- Few studies
- Estimates of sexual assault <1% to 14%
- Estimates of sexual coercion up to 22%
- Vulnerable populations
 - Inmates with drug addiction
 - Inmates with mental health issues
 - Inmates who are homosexual or bisexual
 - Inmates with little experience with corrections

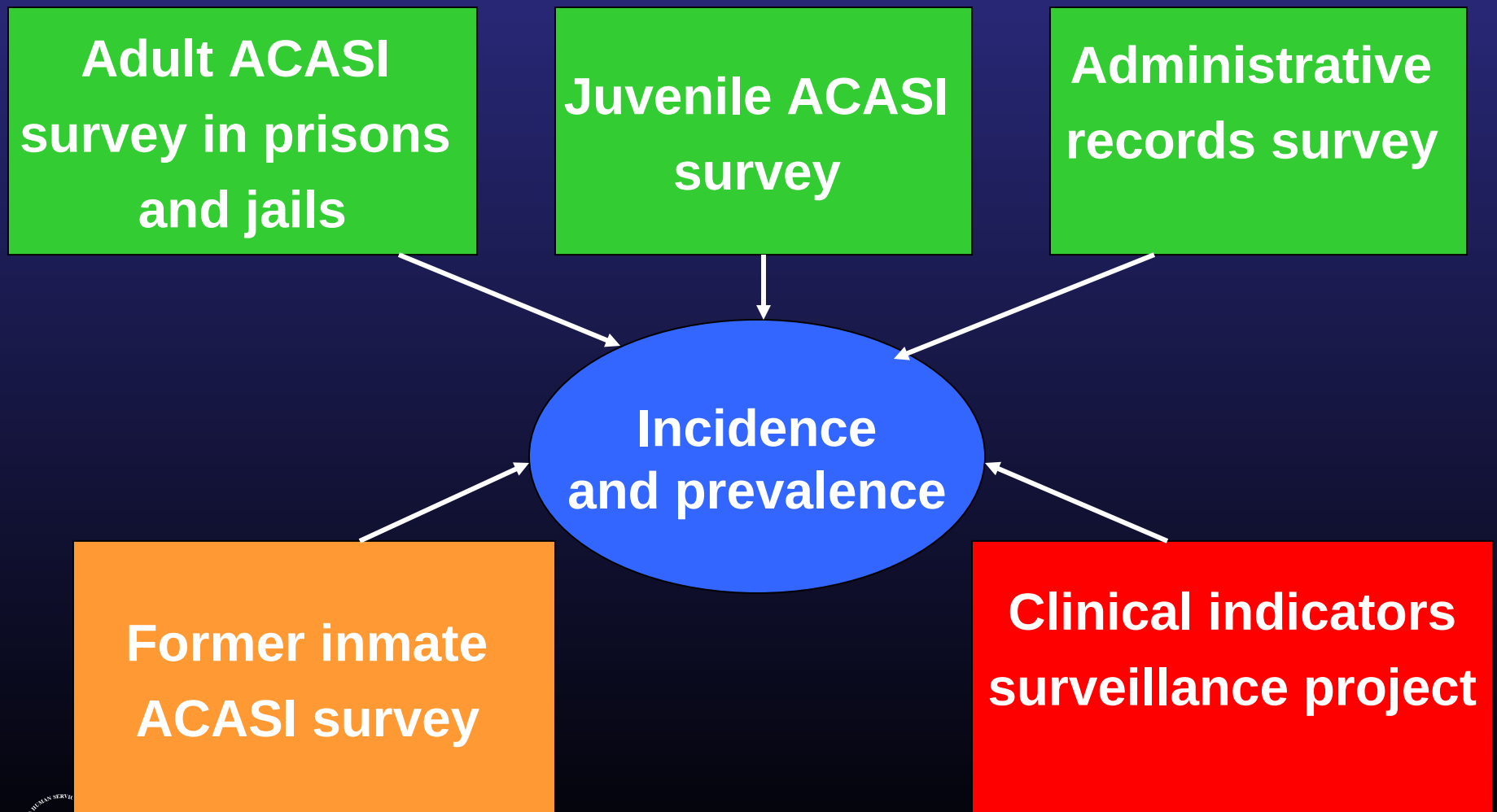
Hensley C, Tewksbury R. Trauma Violence Abuse 2002;3(3):226-43



Prison Rape Elimination Act of 2003

- **Purposes of the Act:**
 - Establish a zero-tolerance standard
 - Make the prevention of prison rape a top priority
 - Develop and implement national standards for detention, prevention, reduction, and punishment of prison rape
 - Increase available data
 - Standardize the definitions used for data collection
 - Increase the accountability of prison officials
 - Protect the Eighth Amendment right of prisoners

A multi-measure, multi-mode strategy



BJS Reports

- **Reports available on the BJS website (<http://bjs.ojp.usdoj.gov/>):**
 - **Sexual Violence Reported by Correctional Authorities (2004, 2005, 2006)**
 - **Sexual Victimization in State and Federal Prisons Reported by Inmates (2007)**
 - **Sexual Victimization in Local Jails Reported by Inmates (2007)**
 - **Sexual Violence Reported by Juvenile Correctional Authorities (2005-2006)**
 - **Sexual Victimization in Juvenile Facilities Reported by Youth (2008-2009)**

Clinical Indicators Surveillance Project

- **Medical surveillance**
 - Are there clinical conditions that are indicative of sexual assault?

BJS administrative records study – 2005

Types of injury

- Bruises, black eye, sprains, cuts, scratches, swelling 11.0%
- Anal tearing 6.1%
- Broken bones 0.3%
- Teeth chipped/knocked out 0.3%
- Knocked unconscious 0.3%

BJS jail inmate survey – 2007

Types of injury

- Bruises, cuts, scratches 15.8%
- Teeth chipped/knocked out 8.9%
- Knocked unconscious 7.8%
- Anal tearing 6.3%
- Internal injuries 6.3%
- Broken bones 3.3%
- Knife or stab wounds 2.1%

Clinical Indicators of Sexual Violence in Custody

Goal

To develop a sensitive, specific, and sustainable data collection system to measure the occurrence of clinical indicators of sexual violence in correctional facilities.

Proposed conditions

Unexplained rectal bleeding

Rectal or anal tears or fissures

Bruises, scratches, or abrasions on buttocks

Genital bruising

Nipple injuries

OR

Allegation of sexual violence

OR

Clinician suspects sexual violence



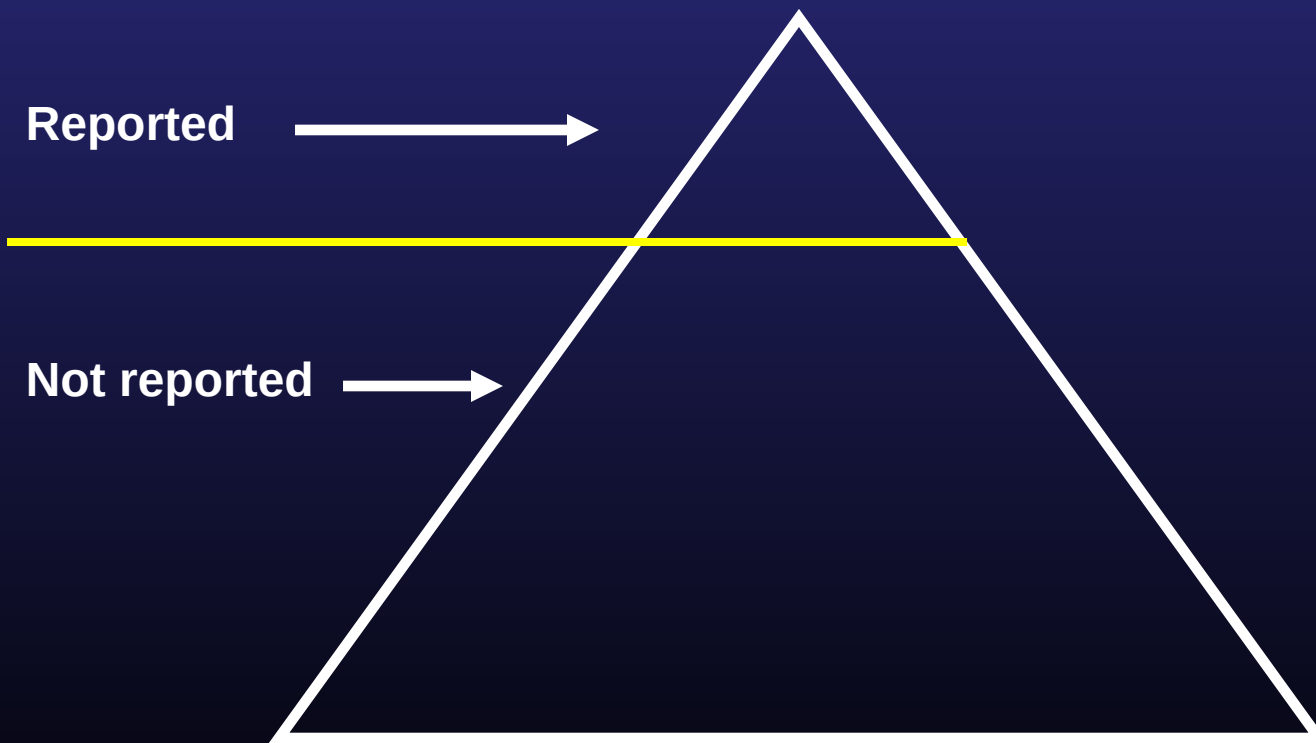
Syndromic surveillance

Surveillance using health-related data that precede diagnosis and signal a sufficient probability of a case or an outbreak to warrant further public health response.



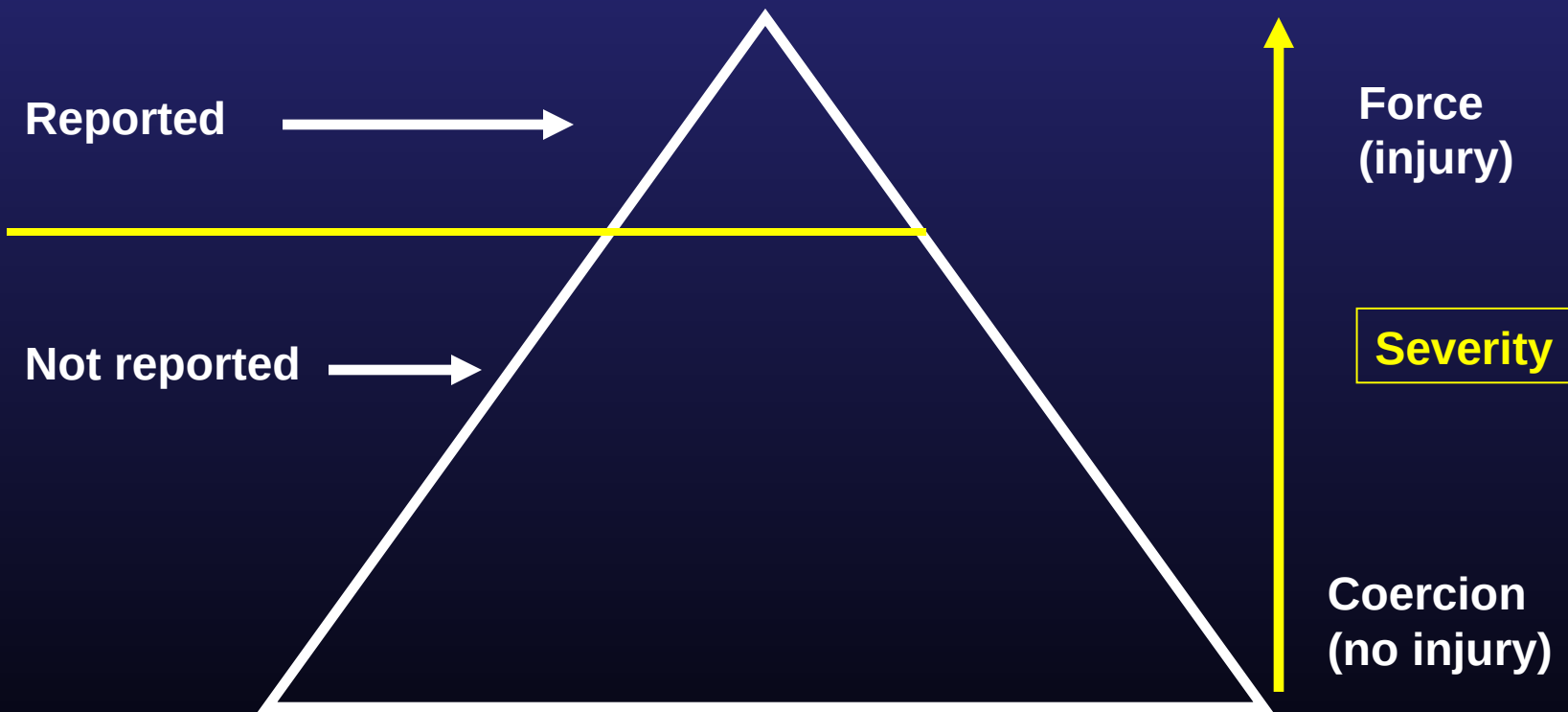
Surveillance

Surveillance pyramid = total number of acts of sexual violence



Surveillance

Surveillance pyramid = total number of acts of sexual violence



Data Collection



When does the form get filled out?

- If an inmate makes an allegation of sexual violence
- If a clinician has a suspicion of sexual violence
- If an inmate has any of the following conditions diagnosed as part of a medical examination:
 - Unexplained rectal bleeding
 - Rectal or anal tears or fissures
 - Bruises, scratches, or abrasions on buttocks
 - Genital bruising
 - Nipple injuries

Which inmates qualify?

- Male inmates ages 18 and older

Which staff members can complete the form?

- **Physicians**
- **Physician assistants (PA)**
- **Nurse practitioners (NP)**
- **Registered nurses (RN)**
- **Licensed practical nurses (LPN)**

Which type of incidents get recorded?

- Injuries that occurred during the current incarceration
- Allegations that are made about an incident that occurred during the current incarceration
- New onset of symptoms
 - Forms do not need to be completed for chronic conditions unrelated to sexual violence

Completing the form



Form Identification Number

OMB NO: 1121-0324
EXP DATE: 05/31/2011

CLINICAL INDICATORS OF SEXUAL VIOLENCE IN CUSTODY

Form Identification Number:	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					Date of encounter:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>					
	Facility ID	Patient ID	Month	Day	Year							
This is a passive surveillance system for clinical indicators of sexual violence in correctional facilities. Inmates should not be made aware of this project nor be interviewed to complete this form. Forms should be completed after an inmate leaves the exam			The REPORTER for each facility will be responsible for maintaining completed forms and serving as the point of contact for the facility, identifying duplicate forms, and reconciling any discrepancies before sending them to CDC. The REPORTER will be contacted									

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Indicators of Sexual Violence

PART A. INDICATORS OF SEXUAL VIOLENCE

- Please respond to all items in A.1 and A.2.

A.1 Did the inmate make an allegation of sexual violence?

Yes

No

A.2 Did the inmate have any of the following:

Unexplained rectal bleeding?

Yes No Don't know

Rectal or anal tears or fissures?

Yes No Don't know

Bruises, scratches or abrasions on the buttocks?

Yes No Don't know

Genital bruising?

Yes No Don't know

Nipple injuries?

Yes No Don't know



Indicators of Sexual Violence

- If you responded NO to A.1 and A.2, please respond to A.3.

A.3 Do you suspect there was an incident of sexual violence? |

Yes → Please explain in COMMENTS on page 3

No

IF YOU ANSWERED YES TO ANY ITEM IN PART A, PLEASE COMPLETE PARTS B - F

Inmate Demographics

B.1 Age:

years

B.2 Height:

ft.

inches

B.3 Weight:

pounds

B.4 Race/Hispanic Origin: (Mark all that apply)

White

Asian

No Information Available

Black or African American

American Indian or Alaska Native

Hispanic or Latino

Native Hawaiian or Other Pacific Islander

General Injury Assessment

C.1 Did the inmate have bruises or scratches to any of the following areas? (Mark all that apply)

Throat

Wrists

Ankles

Shoulders

Trunk

General Injury Assessment

C.2 Did the inmate have any of the following other injuries? (Mark all that apply)

- Defensive injuries to the arms, hands, or fingernails
- Broken bone(s)
- Bite wound(s)
- At least one tooth recently chipped or knocked out
- Bruises or cuts in or near the mouth

Behavioral Observations

D.1 High levels of anxiety. Does the inmate appear agitated or unusually upset during the examination? This may include fidgeting, crying, appearing to startle easily, trembling, or a report of having trouble sleeping.

Yes

No

Don't know

Behavioral Observations

D.2 Emotionally withdrawn. Does the inmate appear detached from others or in a daze, have difficulty concentrating, have difficulty attending to the examination, or appear lost in his own thoughts?

- Yes
- No
- Don't know

Behavioral Observations

D.3 Extreme emotional reactions at the suggestion of sexual assault. If the inmate did not make an allegation of sexual violence, does he react with extreme anger or sadness at the suggestion of victimization? The clinician should not change his/her routine practice regarding discussion of sexual assault with inmates.

Yes

No

Don't know

Inmate made an allegation of sexual violence

Behavioral Observations

D.4 Story/report not matching the physical signs. If the inmate does not make an allegation of sexual violence but has one of the five indicators listed in Part A or you have a suspicion of sexual violence, does his explanation of why he is injured seem implausible? Does he avoid discussing or thinking about the injury?

- Story does not match physical signs / No explanation
- Story matches physical signs
- Don't know
- Inmate made an allegation of sexual violence

Referral

E.1 **HIV/STD testing.** Did the treating clinician recommend the inmate be tested for HIV, syphilis, gonorrhea, Chlamydia, hepatitis B, or another sexually transmitted disease as a follow up to this evaluation?

Yes

No

Referral

E.2 **Referral to mental health.** Did the treating clinician refer the inmate for a mental health examination?

Yes

No

Referral

E.3 **Referral to another clinician.** Did the treating clinician refer the inmate to be seen by another clinician?

Yes

No

Referral

E.4 **Segregation, protective custody or transfer recommended.** Did the treating clinician recommend to security staff that the inmate's housing status be changed?

Yes

No

Referral

E.5 **Incident report initiated.** Did the treating clinician recommend that an incident report be initiated?

Yes

No

Comments

COMMENTS

- Record any additional relevant information.
- Include any comments that would provide a more detailed portrayal of the circumstances surrounding the injuries/allegation.

Visit Information

F.1 Level of training of treating clinician:
(Mark ONE response)

Physician

Physician Assistant

Nurse Practitioner

Registered Nurse

Licensed Practical Nurse

Other _____

Visit Information

F.2 Method with which inmate came in contact with provider:
(Mark ONE response)

Rounding

Sick Call

Walk-in visit

Urgent care

Emergency visit

Routine medical appointment

Booking

Referral

Other _____

Visit Information

F.3 Has the inmate been seen for this incident/injury in the past 30 days?

Yes → Date of most recent visit?

No

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Month

Day

Year

Completed forms

- **The Reporter will be responsible for maintaining completed forms and will serve as the point of contact for the facility**
- **Forms will be sent to CDC on a monthly basis**

