

**Fighting for the Rights of TGNCNBI People in Prisons and Jails:
A Legislative Perspective
CLE Materials**

Lavender Law 2021

Panelists:

Grace Detrevarah, Osborne Association
Mik Kinkead, The Legal Aid Society (NYC)
Jennifer Levi, GLAD
Bamby Salcedo, TransLatin@ Coalition

Moderator:

Erin Beth Harrist, The Legal Aid Society (NYC)

I. State Law/Legislation and Policy Documents

California's SB No. 132, signed into law on September 26, 2020, and related materials

New York's A07001, Gender Identity Respect, Dignity, and Safety Act

Steuben County Sheriff's Office GO-16: Transgender, Intersex, Gender Non-Binary, and Gender Nonconforming People in Custody (June 1, 2020)

Connecticut Gen. Stat. § 18-81ii

Massachusetts GL ch. 127, § 32A and Department of Correction Policies 103 DOC 652: Identification, Treatment and Correctional Management of Inmates Diagnosed with Gender Dysphoria (2/8/21) and 103 DOC 653: Identification, Treatment and Correctional Management of Gender Non-Conforming Inmates (11/19/20)

II. Studies and Advocacy Materials

Studies on the experience of TGNCNBI people in carceral settings; *see also* Report of the 2015 U.S. Transgender Survey at 184-96 (National Center for Transgender Equality, Dec. 2016)

Ending Abuse of Transgender Prisoners: A Guide to Winning Policy Change in Jails and Prisons (National Center for Transgender Equality, Oct. 2018)

III. Relevant Cases and Decisions and the Recent U.S. Department of Justice Statement of Interest

Statement of Interest of the United States, *Diamond v. Timothy Ward, et al.*, 20-cv-00453 (M.D. Ga.) (Doc. No. 65, filed April 22, 2021)

Tay v. Dennison, 2020 WL 2100761 (S.D. Ill. May 1, 2020)

Hampton v. Baldwin, 2018 WL 5830730 (S.D. Ill. Nov. 7, 2018)

Doe v. Massachusetts Department of Correction, 2018 WL 2994403 (D. Mass. June 14, 2018)

Raven v. Polis et al., 19-cv-34492 (Colo. filed Nov. 22, 2019) (class action brought by trans women against Colorado prison system for placement in men's prisons)

Passion Star v. Livingston, 14-cv-03037 (S.D. Tex. filed Oct. 23, 2014) (case resolved through settlement against Texas Department of Criminal Justice for deliberate indifference to threats of sexual assault and violence against transgender woman housed in men's prison)


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SB-132 Corrections. (2019-2020)

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Senate Bill No. 132

CHAPTER 182

An act to add Sections 2605 and 2606 to the Penal Code, relating to corrections.

[Approved by Governor September 26, 2020. Filed with Secretary of State September 26, 2020.]

LEGISLATIVE COUNSEL'S DIGEST

SB 132, Wiener. Corrections.

Existing law establishes the state prisons under the jurisdiction of the Department of Corrections and Rehabilitation. Existing law authorizes a person sentenced to imprisonment in the state prison or a county jail for a felony to be, during the period of confinement, deprived of those rights, and only those rights, as is reasonably related to legitimate penological interests.

This bill would require the Department of Corrections and Rehabilitation to, during initial intake and classification, and in a private setting, ask each individual entering into the custody of the department to specify the individual's gender identity whether the individual identifies as transgender, nonbinary, or intersex, and their gender pronoun and honorific. The bill would prohibit the department from disciplining a person for refusing to answer or not disclosing complete information in response to these questions. The bill would authorize a person under the jurisdiction of the department to update this information. The bill would prohibit staff, contractors, and volunteers of the department from failing to consistently use the gender pronoun and honorific an individual has specified in verbal and written communications with or regarding that individual that involve the use of a pronoun or honorific.

The bill would require the department, for a person who is transgender, nonbinary, or intersex to only conduct a search of that person according to the search policy for their gender identity or according to the gender designation of the facility where they are housed, based on the individual's search preference. The bill would additionally require the department to house the person in a correctional facility designated for men or women based on the individual's preference, except as specified.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: no

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. This act shall be known, and may be cited, as "The Transgender Respect, Agency, and Dignity Act."

SEC. 2. The Legislature finds and declares all of the following:

(a) The term "transgender" is broad and inclusive of all gender identities different from the gender a person was assigned at birth including, but not limited to, transsexual, two-spirit, and māhū. "Nonbinary" is an inclusive

term used to describe individuals who may experience a gender identity that is neither exclusively male nor female or is in between or beyond both of those genders, including, but not limited to, gender fluid, agender or without gender, third gender, genderqueer, gender variant, and gender nonconforming. The term "intersex" is a broad and inclusive term referring to people whose anatomy, hormones, or chromosomes fall outside the strict male and female binary.

(b) The United States Supreme Court recognized that incarcerated transgender individuals are particularly vulnerable to sexual abuse and sexual harassment and that disregarding the known risks to a transgender woman constitutes deliberate indifference in violation of the federal constitution.

(c) In California, a study of the state's prisons found that the rate of sexual assault for transgender women in those prisons was 13 times higher than for men in the same prisons.

(d) Transgender men in California prisons also report high rates of sexual and gender-based violence, harassment, and discrimination.

(e) Official data collected by the federal Bureau of Justice Statistics confirm that, nationwide, incarcerated transgender individuals experience exceptionally high rates of sexual victimization. In a 2011–12 survey, almost 40 percent of incarcerated transgender individuals reported experiencing sexual victimization while incarcerated compared to 4 percent of all incarcerated individuals.

(f) A congressional study found that instances of prison rape often go unreported, and that "most prison staff are not adequately trained or prepared to prevent, report or treat inmate sexual assaults."

(g) Forty percent of transgender women respondents reported harassment from other incarcerated individuals.

(h) Thirty-eight percent reported being harassed by correctional officers or staff.

(i) Correctional officers and other incarcerated people predominantly refer to transgender women as men, using masculine pronouns, and transgender men as women, using feminine pronouns.

(j) Gender transition is a deeply personal experience that may involve some combination of social transition, legal transition, medical transition, or none of these. Some transgender, nonbinary, and intersex people experience gender dysphoria that requires medical treatment, while others do not experience gender dysphoria. Due to safety concerns, inconsistent medical and mental health care, insufficient education and resources, and other factors, incarceration often serves as a barrier to gender transition. Regardless of the ways in which a person chooses or is able to express their gender or to take medical, social, or legal transition steps, they deserve respect, agency, and dignity.

SEC. 3. Section 2605 is added to the Penal Code, to read:

2605. (a) During the initial intake and classification process, and in a private setting, the Department of Corrections and Rehabilitation shall ask each individual entering into the custody of the department to specify all of the following:

- (1) The individual's gender identity of female, male, or nonbinary.
- (2) Whether the individual identifies as transgender, nonbinary, or intersex.
- (3) The individual's gender pronoun and honorific.

(b) A person incarcerated by the department may not be disciplined for refusing to answer, or for not disclosing complete information in response to, the questions pursuant to this section.

(c) At any time, a person under the jurisdiction of the department may inform designated facility staff of their gender identity, and designated facility staff shall promptly repeat the process of offering the individual an opportunity to specify the gender pronoun and honorific most appropriate for staff to use in reference to that individual, in accordance with subdivision (a).

(d) Staff, contractors, and volunteers of the department shall not consistently fail to use the gender pronoun and honorific an individual has specified in all verbal and written communications with or regarding the individual that involve use of a pronoun and honorific.

(e) For the purposes of this section, the following terms have the following meanings:

(1) "Gender pronoun" means a third-person singular personal pronoun, such as "he," "she," or "they."

(2) "Honorific" means a form of respectful address typically combined with an individual's surname.

SEC. 4. Section 2606 is added to the Penal Code, to read:

2606. (a) An individual incarcerated by the Department of Corrections and Rehabilitation who is transgender, nonbinary, or intersex, regardless of anatomy, shall:

(1) Be addressed in a manner consistent with the incarcerated individual's gender identity.

(2) If lawfully searched, be searched according to the search policy for their gender identity or according to the gender designation of the facility where they are housed, based on the individual's search preference. If the incarcerated individual's preference or gender identity cannot be determined, the search shall be conducted according to the gender designation of the facility where they are housed.

(3) Be housed at a correctional facility designated for men or women based on the individual's preference, including, if eligible, at a residential program for individuals under the jurisdiction of the department. These programs include, but are not limited to, the Alternative Custody Program, Custody to Community Transitional Reentry Program, Male Community Reentry Program, or Community Prisoner Mother Program.

(4) Have their perception of health and safety given serious consideration in any bed assignment, placement, or programming decision within the facility in which they are housed pursuant to paragraph (3) of subdivision (a) or subdivision (b), including, but not limited to, granting single-cell status, housing the individual with another incarcerated person of their choice, or removing the individual or individuals who pose a threat from any location where they may have access to the individual who has expressed a safety concern. If, pursuant to this paragraph, the individual is not granted an alternative based on their perception of health and safety, the department shall document the reasons for that denial and share them with the individual.

(b) If the Department of Corrections and Rehabilitation has management or security concerns with an incarcerated individual's search preference pursuant to paragraph (2) of subdivision (a) or preferred housing placement pursuant to paragraph (3) of subdivision (a), the Secretary of the Department of Corrections and Rehabilitation, or the secretary's designee, shall, before denying a search preference or housing the incarcerated individual in a manner contrary to the person's preferred housing placement, certify in writing a specific and articulable basis why the department is unable to accommodate that search or housing preference.

(c) The Department of Corrections and Rehabilitation shall not deny a search preference pursuant to paragraph (2) of subdivision (a) or a housing placement pursuant to paragraph (3) of subdivision (a) based on any discriminatory reason, including, but not limited to, any of the following:

(1) The anatomy, including, but not limited to, the genitalia or other physical characteristics, of the incarcerated person.

(2) The sexual orientation of the incarcerated person.

(3) For a denial of a housing preference pursuant to paragraph (3) of subdivision (a), a factor present among other people incarcerated at the preferred type of facility.

(d) The incarcerated individual shall receive a copy of the written statement described in subdivision (b) and, within a reasonable time following the individual's receipt of the statement, the Department of Corrections and Rehabilitation shall provide the individual with a meaningful opportunity to verbally raise any objections to that denial, and have those objections documented.

(e) If an incarcerated individual raises concerns for their health or safety at any time, their housing and placement shall be reassessed.

SENATE THIRD READING
SB 132 (Wiener)
As Amended August 24, 2020
Majority vote

SUMMARY:

Requires the California Department of Corrections and Rehabilitation (CDCR) to take into account an incarcerated person's gender identity and perception of safety when determining where they will be housed.

Major Provisions

- 1) Require CDCR, in a private setting, to ask each person entering into the custody of the department to specify their gender identity, whether they identify as transgender, nonbinary, or intersex, and their gender pronoun and honorific.
- 2) State that CDCR staff, contractors, and volunteers shall not consistently fail to use the gender pronoun and honorific an individual has specified in all verbal and written communications with or regarding that individual.
- 3) Require CDCR to conduct a search of an individual who is transgender, nonbinary, or intersex, regardless of anatomy, according to the search policy for their gender identity or according to the gender designation of the facility where they are housed, based on the individual's search preference.
- 4) Require CDCR to house an individual in a correctional facility designated for men or women based on the individual's preference, including, if eligible, at a residential program for individuals under the department's jurisdiction.
- 5) Require CDCR to give an individual's perception of health and safety serious consideration in any bed assignment, placement, or programming decision within the facility in which they are housed, including, but not limited to, granting single-cell status, housing the individual with another incarcerated person of their choice, or removing the individual or individuals who pose a threat from any location where they may have access to the individual who has expressed a safety concern.
- 6) Provide that if CDCR has management or security concerns with an incarcerated individual's search or housing preference, CDCR must certify in writing a specific and articulable basis as to why the department cannot accommodate that search or housing preference.

COMMENTS:

According to the Author:

"SB 132 addresses a very real problem facing incarcerated transgender individuals, namely, transgender people being housed according to their birth-assigned gender, not their gender identity or their perception of safety, resulting in significant risk of violence. Transgender women housed in male facilities face particular risk of rape and assault. To house incarcerated transgender people in facilities that do not correspond with their gender identity or perception of

safety puts these individuals at great risk of physical assault and sexual victimization, and reduces access to programming that creates a successful transition from prison back to their community. The risk of violence often leads to incarcerated transgender people being placed in isolation 'for their own protection,' resulting in loss of access to medical and rehabilitation services and leads to increased recidivism rates. SB 132 also allows CDCR, if specific security or management concerns exist regarding the incarcerated person's housing placement, to exercise their judgment and override the placement."

Arguments in Support:

According to Equality California, "Transgender incarcerated individuals face disproportionately high rates of violence, bias, and harassment. In a 2011-2012 survey, almost 40% of incarcerated transgender individuals reported experiencing sexual victimization while incarcerated, compared to four percent of all incarcerated individuals, and 38% reported being harassed by correctional officers or staff. In California, a study of the state's prisons designated for men found that the rate of sexual assault for transgender women in those prisons was 13 times higher than for men in the same prisons."

"SB 132 will help ensure both the safety of people in CDCR custody by requiring CDCR to house transgender incarcerated individuals according to the transgender person's sense of health and safety. SB 132 would also require CDCR staff and contractors to consistently use the gender pronoun and honorific an individual has specified, to foster respect and preserve dignity."

"SB 132 will help ensure both the safety and dignity of transgender people."

Arguments in Opposition:

According to Feminists in Struggle, "...as a result of SB 179, any man may declare himself a woman and change his birth certificate, with no requirements or oversight and in total disregard of biological reality, opening the door for sexual predators of various types, from voyeurs to rapists, to reinvent themselves as female by taking on female names and identities. Add to this the reality that the majority of female prisoners have been molested, raped, sexually assaulted, trafficked, coerced or forced into pornography and/or prostitution, and the potential harm to incarcerated women and girls is greatly increased if SB 132 also passes."

"Feminists in Struggle believes SB 132 poses a grave risk to actual women, who comprise 52% of the general population and a growing percentage of the prison population, and therefore to public safety...We urge that members of the Public Safety Committee oppose its going to the floor of the Assembly for a vote.

FISCAL COMMENTS:

According to the Assembly Appropriations Committee:

- 1) Costs (General Fund (GF)/DNA Identification Fund) of approximately \$854,000 annually for the Department of Justice (DOJ) for personnel, operating expenses and equipment.
- 2) Possible state reimbursable costs (local funds/GF) in the hundreds of thousands of dollars annually for local law enforcement agencies. The Los Angeles County Sheriff's Department anticipates additional personnel costs of about \$450,000 to process the evidence within the timeframe required. Local costs to comply with this bill would be subject to reimbursement

by the state to the extent the Commission on State Mandates determines this bill imposes a reimbursable state-mandated local program.

VOTES:**SENATE FLOOR: 29-8-1**

YES: Allen, Archuleta, Atkins, Beall, Bradford, Caballero, Chang, Dodd, Durazo, Galgiani, Glazer, Hertzberg, Hill, Hueso, Hurtado, Jackson, Leyva, McGuire, Mitchell, Monning, Pan, Portantino, Roth, Rubio, Skinner, Stern, Umberg, Wieckowski, Wiener

NO: Bates, Borgeas, Grove, Jones, Moorlach, Morrell, Nielsen, Stone

ABS, ABST OR NV: Wilk

ASM PUBLIC SAFETY: 5-1-2

YES: Jones-Sawyer, Bauer-Kahan, Kamlager-Dove, Santiago, Wicks

NO: Lackey

ABS, ABST OR NV: Mathis, Quirk

ASM APPROPRIATIONS: 11-5-2

YES: Gonzalez, Bloom, Bonta, Calderon, Carrillo, Chau, Eggman, Gabriel, Eduardo Garcia, Quirk, Robert Rivas

NO: Bigelow, Brough, Diep, Fong, Obernolte

ABS, ABST OR NV: Maienschein, Petrie-Norris

UPDATED:

VERSION: August 24, 2020

CONSULTANT: Cheryl Anderson / PUB. S. / (916) 319-3744

FN: 0003200

UNFINISHED BUSINESS

Bill No: SB 132
Author: Wiener (D), et al.
Amended: 8/24/20
Vote: 21

SENATE PUBLIC SAFETY COMMITTEE: 4-1, 4/23/19
AYES: Skinner, Bradford, Jackson, Wiener
NOES: Morrell
NO VOTE RECORDED: Moorchach, Mitchell

SENATE APPROPRIATIONS COMMITTEE: 4-2, 5/16/19
AYES: Portantino, Bradford, Hill, Wieckowski
NOES: Bates, Jones

SENATE FLOOR: 29-8, 5/23/19
AYES: Allen, Archuleta, Atkins, Beall, Bradford, Caballero, Chang, Dodd,
Durazo, Galgiani, Glazer, Hertzberg, Hill, Hueso, Hurtado, Jackson, Leyva,
McGuire, Mitchell, Monning, Pan, Portantino, Roth, Rubio, Skinner, Stern,
Umberg, Wieckowski, Wiener
NOES: Bates, Borgeas, Grove, Jones, Moorchach, Morrell, Nielsen, Stone
NO VOTE RECORDED: Wilk

ASSEMBLY FLOOR: 52-15, 8/30/20 - See last page for vote

SUBJECT: Corrections

SOURCE: ACLU of California
Equality California
Lambda Legal
TGI Justice Project
Transgender Law Center
TransLatin@

DIGEST: This bill requires the Department of Corrections and Rehabilitation (CDCR) to ask each person entering into its custody specified information, including the individual's gender identity; requires CDCR to conduct searches of and assign housing to transgender inmates based on the inmate's individual preferences, as specified; and requires CDCR to articulate the reasons for denying a search or housing preference if the department has management or security concerns.

Assembly Amendments require that a CDCR inmate who is transgender, nonbinary, or intersex be searched according to the search policy for their gender identity or according to the gender designation of the facility where they are housed, based on the individual's search preference, and require that these inmates be housed based on their preference; prohibit the denial of search or housing preferences based on any discriminatory reason, as specified; and require CDCR to provide a written copy of a denial of an inmate's search or housing preference to the inmate, provide a meaningful opportunity for the inmate to verbally raise any objections to that denial, and document those objections.

ANALYSIS: Existing federal law establishes, via the Prison Rape Elimination Act, a zero-tolerance standard for the incidence of prison rape in prisons in the United States, provides for the development and implementation of national standards for the detection, prevention, reduction, and punishment of prison rape, and mandates the review and analysis of the incidence and effects of prison rape. (34 U.S.C. § 30301 et seq. [previously classified as 42 U.S.C. § 15601 et seq.]

Existing state law:

- 1) Provides the process by which a person may petition the court for a name change, including a name change to conform the petitioner's name to the petitioner's gender identity. (Code Civ. Proc., §§ 1276, 1277.5.)
- 2) Provides that a person under the jurisdiction of CDCR or sentenced to county jail has the right to petition the court to obtain a name or gender change, as specified. (Code Civ. Proc., § 1279.5, subd. (b).)
- 3) Requires a person under the jurisdiction of CDCR to provide a copy of the petition for a name change to the department, in a manner prescribed by the department, at the time the petition is filed. Requires a person sentenced to county jail to provide a copy of the petition for name change to the sheriff's department, in a manner prescribed by the department, at the time the petition is filed. (Code Civ. Proc., § 1279.5, subd. (c).)

- 4) Requires that in all documentation of a person under the jurisdiction of the CDCR or imprisoned within a county jail, the new name of a person who obtains a name change to be used, and prior names to be listed as an alias. (Code Civ. Proc., § 1279.5, subd. (d).)
- 5) Provides that a person may file a petition with the superior court in any county seeking a judgment recognizing the change of gender to female, male, or nonbinary. (Health & Saf. Code, § 103425, subd. (a).)
- 6) Requires CDCR to consider certain factors in determining housing assignments in order to prevent violence and promote inmate safety. (Cal. Code Regs., tit. 15, § 3269.)

This bill:

- 1) Requires CDCR, during the initial intake and classification process, to ask each individual entering into its custody to specify the individual's gender identity and sex assigned at birth, as well as preferred first name, gender pronoun, and honorific.
- 2) Requires a person incarcerated by CDCR to be issued identification reflecting a gender marker consistent with the gender identity the individual has most recently specified.
- 3) Provides that a person incarcerated by CDCR may not be disciplined for refusing to answer, or for not disclosing complete information in response to, the questions pursuant to this bill.
- 4) Provides that at any time, a person under the jurisdiction of CDCR may inform facility staff of their gender identity, and facility staff must promptly repeat the process of offering the individual an opportunity to specify the gender pronoun and honorific most appropriate for staff to use in reference to that individual, as specified above.
- 5) Requires staff and contractors of CDCR to consistently use the gender pronoun and honorific an individual has specified in all verbal and written communications with or regarding the individual that involve use of a pronoun and honorific.
- 6) Defines "gender pronoun" as a third-person singular personal pronoun such as "he," "she," or "they."

- 7) Defines “honorific” as a form of respectful address typically combined with an individual’s surname, such as “Mr.,” “Ms.,” or “Mx.”
- 8) Requires that an individual incarcerated by CDCR who has a gender identity that differs from their sex assigned at birth, with or without a diagnosis of gender dysphoria or any other physical or mental health diagnosis, and regardless of anatomy, be:
 - a) Addressed in a manner consistent with the incarcerated individual’s gender identity.
 - b) If lawfully searched, searched by an officer of the gender identity of the incarcerated individual’s preference. Requires the search be conducted by an officer whose gender identity is female if the incarcerated individual’s preference or gender identity cannot be determined.
 - c) Housed at a correctional facility designated for men or women consistent with the incarcerated individual’s gender identity, unless the incarcerated individual’s perception of their own health and safety needs requires a different placement, in which case the person shall be housed in accordance with their stated health and safety needs.
- 9) Requires that placement in housing within a facility, for example, single cell, double cell, dorm, protective custody, or general population, be based on the incarcerated individual’s perception of health and safety, except as provided.
- 10) Requires that if there are significant security or management concerns with placing an incarcerated individual within a facility based on the individual’s perception of health and safety, the Secretary of CDCR (Secretary), or the Secretary’s designee, certify in writing a specific and articulable basis for why a particular placement would present significant security or management concerns before housing the incarcerated individual in a manner contrary to the person’s perception of health and safety.
- 11) Requires that if an incarcerated individual’s housing and placement be reassessed if the individual raises concerns for their health or safety at any time.
- 12) Includes several legislative findings and declarations.

Background

Penal Code Section 2900 provides that defendants sentenced to state prison shall be delivered to the custody of the Secretary at the place designated by the Secretary to serve the term of imprisonment ordered by the court. Chapter 6 of CDCR's Department Operations Manual (DOM) establishes the procedures for the reception, processing, and transfer of inmates into CDCR institutions. The DOM provides further details on the procedures determining appropriate inmate housing assignments. (DOM §§ 54046.3-54046.4.)

Housing of Transgender Inmates

With respect to housing transgender inmates, the DOM provides: "Inmates who have been diagnosed as transgender or intersex, as documented on the Medical Classification Chrono, shall be referred to a classification committee for review of all case factors and determination of appropriate institutional placement and housing assignment." (DOM § 62080.14.) CDCR specifies the institutions where transgender inmates are to be housed "[i]n order to ensure inmate-patients receive the necessary medical care/mental health treatment, transgender or intersex inmate-patients." (*Id.*) Those institutions include: California Medical Facility, Richard J. Donovan, San Quentin State Prison, Mule Creek State Prison, California Substance Abuse Treatment Facility, California State Prison Sacramento, Salinas Valley State Prison, Correctional Institution for Men, Kern Valley State Prison, California Men's Colony, California Health Care Facility, and all three of the state's women's prisons.

Cross-Gender Searches of Inmates

CDCR policy provides that "[b]ody search procedures for clothed female inmates recognize, address, and minimize the effects of cross-gender contact inherent in the body search process by limiting this function to female correctional staff unless an emergency exists that threatens death, inmate escape, or great bodily injury to staff, inmates, or visitors." (DOM § 52050.16.4.) The policy reiterates that "under no circumstances shall male correctional staff perform non-emergency clothed body searches of female inmate." (*Id.*) With respect to unclothed searches, correctional staff, other than qualified medical staff, is prohibited from conducting unclothed body inspections or searches "of an inmate of the opposite sex, except in an emergency." (DOM § 52050.16.5.) Routine unclothed body searches are prohibited from being completed by staff "of the opposite biological sex." (*Id.*) Finally, CDCR policy provides that unclothed body searches of inmates "by staff of the opposite biological sex" are limited to emergency situations, and that a required cross-gender unclothed body search must be documented. (*Id.*)

Prison Rape Elimination Act (PREA) and the National PREA Standards

PREA was passed by Congress in 2003. It applies to all correctional facilities, including prisons, jails, and juvenile facilities. Among the many stated purposes for PREA are: to establish a zero-tolerance standard for the incidence of prison rape in prisons in the United States; to develop and implement national standards for the detection, prevention, reduction, and punishment of prison rape; to increase the available data and information on the incidence of prison rape to improve the management and administration of correctional facilities; and to increase the accountability of prison officials who fail to detect, prevent, reduce, and punish prison rape. (34 U.S.C. § 30301 et seq. [previously classified as 42 U.S.C. § 15601 et seq.]) PREA also created the National Prison Rape Elimination Commission and charged it with developing standards for the elimination of prison rape.

The PREA standards developed by the National Prison Rape Elimination Commission were issued as a final rule by the U.S. Department of Justice in 2012. (77 Fed.Reg. 37106 (Jun. 20, 2012).) Among other things, the standards require each agency and facility to: designate a PREA point person to coordinate compliance efforts; develop and document a staffing plan, taking into account a set of specified factors, that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse; and train staff on key topics related to preventing, detecting, and responding to sexual abuse. In addition, the standards provide requirements regarding the avenues for reporting sexual abuse, investigation of sexual abuse, and access to medical and mental health care for inmate victims of sexual abuse.

The PREA standards account in various ways for the particular vulnerabilities of inmates who identify as LGBTI or whose appearance or manner does not conform to traditional gender expectations. (*Id.* at pp. 37149-37154.) The standards require training in effective and professional communication with LGBTI and gender nonconforming inmates and require the screening process to consider whether the inmate is, or is perceived to be, LGBTI or gender nonconforming. The standards also require that post-incident reviews consider whether the incident was motivated by the inmate's LGBTI identification, status, or perceived status. In addition, the standards do not allow placement of LGBTI inmates in dedicated facilities, units, or wings in adult prisons, jails, or community confinement facilities solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates.

The standards impose a complete ban on searching or physically examining a transgender inmate for the sole purpose of determining the inmate's genital status. Agencies are required to train security staff in conducting professional and respectful cross-gender pat-down searches and searches of transgender inmates. In deciding whether to assign a transgender inmate to a facility for male or female inmates, and in making other housing and programming assignments, an agency may not simply assign the inmate to a facility based on genital status. Rather, the agency must consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems, giving serious consideration to the inmate's own views regarding their own safety. In addition, the standards require that transgender inmates be given the opportunity to shower separately from other inmates.

CDCR PREA Policy

AB 550 (Goldberg, Chapter 303, Statutes of 2005) established the Sexual Abuse in Detention Elimination Act. The Act requires CDCR to adopt specified policies, practices, and protocols related to the placement of inmates, physical and mental health care of inmate victims, and investigation of sexual abuse.

CDCR's PREA policy provides guidelines for the prevention, detection, response, investigation, and tracking of sexual violence, staff sexual misconduct, and sexual harassment against CDCR inmates. (DOM §§ 54040.1-5404.22.) The policy applies to all offenders and persons employed by CDCR, including volunteers and independent contractors assigned to an institution, community correctional facility, conservation camp, or parole. With respect to inmates who are at a high risk for sexual victimization, CDCR's PREA policy provides:

Offenders at high risk for sexual victimization, as identified on the electronic Initial Housing Review, shall not be placed in segregated housing unless an assessment of all available alternatives has been completed, and a determination has been made that there is no available alternative means of separation from likely abusers.

Offenders at high risk for sexual victimization shall have a housing assessment completed immediately or within 24 hours of placement into segregated housing. . . . If a determination is made at the conclusion of the assessment that there are no available alternative means of separation from likely abusers, the inmate will be retained in segregated housing. . . . The offender's retention in segregation should not ordinarily exceed 30 days. (Italics added) (DOM § 54040.6.)

The policy further provides:

Based on information that the offender has been a victim of sexual violence or victimization, the custody supervisor conducting the initial screening shall discuss housing alternatives with the offender in a private location. *The custody supervisor shall not automatically place the offender into administrative segregation.* Consideration shall be given to housing this offender with another offender who has compatible housing needs. . . .

An inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. (DOM § 54040.7.)

FISCAL EFFECT: Appropriation: No Fiscal Com.:Yes Local:No

According to the Assembly Appropriations Committee:

- One-time costs (GF) likely in the hundreds of thousands of dollars for CDCR to develop and implement staff training consistent with the identification and housing requirements for transgender inmates, as required by this bill.
- One-time costs (GF) between \$150,000 and \$200,000 for CDCR to update the Strategic Offender Management System (SOMS) and the Electronic Record Management System to capture inmates' gender identity, preferred gender pronoun, honorific, preferred gender identity of the officer who may conduct a lawful search of the inmate's body, and any other data point required by this bill.
- One-time costs (GF) in the low hundreds of thousands of dollars for CDCR to create new identification cards for the inmate population that include gender markers consistent with a person's gender identity.

SUPPORT:(Verified 8/29/20)

ACLU of California (co-source)
Equality California (co-source)
Lambda Legal (co-source)
TGI Justice Project (co-source)
Transgender Law Center (co-source)
TransLatin@ (co-source)
ACCESS Women's Health Justice
API Equality-LA

API Equality-Northern California
California Civil Liberties Advocacy
Californians United for a Responsible Budget
Conference of California Bar Associations
Ella Baker Center for Human Rights
Empowering Pacific Islander Communities
Initiate Justice
Lawyers' Committee for Civil Rights of the San Francisco Bay Area
Legal Services for Prisoners with Children
Medina Orthwein LLP
National Center for Lesbian Rights
Root & Rebound
St. James Infirmary
Tides Advocacy
Women's Foundation of California

OPPOSITION: (Verified 8/29/20)

None received

ASSEMBLY FLOOR: 52-15, 8/30/20

AYES: Aguiar-Curry, Arambula, Bauer-Kahan, Berman, Bloom, Boerner
Horvath, Bonta, Burke, Calderon, Carrillo, Cervantes, Chau, Chiu, Chu, Daly,
Diep, Friedman, Gabriel, Cristina Garcia, Gipson, Gloria, Gonzalez, Holden,
Irwin, Jones-Sawyer, Kalra, Kamlager, Levine, Limón, Low, Maienschein,
Mayes, McCarty, Medina, Mullin, Muratsuchi, Nazarian, O'Donnell, Petrie-
Norris, Quirk, Quirk-Silva, Ramos, Reyes, Luz Rivas, Robert Rivas, Blanca
Rubio, Santiago, Mark Stone, Ting, Weber, Wood, Rendon
NOES: Bigelow, Brough, Chen, Choi, Cunningham, Megan Dahle, Flora, Fong,
Gallagher, Kiley, Lackey, Mathis, Obernolte, Patterson, Salas
NO VOTE RECORDED: Cooley, Cooper, Eggman, Frazier, Eduardo Garcia,
Gray, Grayson, Rodriguez, Smith, Voepel, Waldron, Wicks

Prepared by: Stephanie Jordan / PUB. S. /
8/31/20 0:45:16

**** END ****

A07001 Summary:

BILL NO A07001

SAME AS No Same As

SPONSOR Rozic

COSPNSR

MLTSPNSR

Amd §§137, 500-b & 500-k, add §72-d, Cor L

Enacts the "gender identity respect, dignity and safety act"; relates to the treatment and placement of incarcerated people based upon gender identity; requires that incarcerated people in state and local correctional facilities who have a gender identity different from the person's assigned sex at birth be addressed and have access to commissary items, clothing and other materials that are consistent with the person's gender identity; establishes that incarcerated people shall be presumptively placed in a correctional facility with persons of the gender that most closely aligns with such person's gender identity unless the person opts out of such placement, such person is free to change their mind and switch at any time.

A07001 Memo:

NEW YORK STATE ASSEMBLY
MEMORANDUM IN SUPPORT OF LEGISLATION
submitted in accordance with Assembly Rule III, Sec 1(f)

BILL NUMBER: A7001

SPONSOR: Rozic

TITLE OF BILL:

An act to amend the correction law, in relation to enacting the "gender identity respect, dignity and safety act"

PURPOSE:

To allow for the appropriate placement and treatment of transgender, gender nonconforming, and nonbinary individuals in state and local correctional facilities in a manner aligned with their gender identities.

SUMMARY OF PROVISIONS:

Section 1 of the bill amends section 137 of the correction law by adding a new subdivision 7 that would require correctional officers and staff in state prisons to address incarcerated individuals in a manner aligned with their gender identity; sets standards of treatment for searches, medical and mental health care, and accessing gender-aligned items and programming; requires routine training on and notice of the law's protections; and provides a private right of action.

Section 2 amends correction law by adding a new section 72-c to address placement of incarcerated individuals based on gender identity in state prisons, to establish limits on length of time in involuntary protective custody, and to require the New York State Department of Corrections and Community Supervision to provide notice of the law to incarcerated people and to annually publicly report on compliance.

Section 3 amends section 500-b of the correction law by adding a new subdivision 14 to address placement of incarcerated individuals based on gender identity in local jails, to establish limits on length of time in involuntary protective custody, and to require local corrections agencies to provide notice of the law to incarcerated people and to annually publicly report on compliance.

Section 4 amends section 500-k of the correction law as amended by chapter 2 of the laws of 2008 to require local corrections agencies to follow the same standards as state prisons set forth in Section 1.

Section 5 sets forth the effective date.

JUSTIFICATION:

Currently, there are often no standards in New York State and local county correctional facilities allowing for the placement and treatment of incarcerated transgender, gender nonconforming, and nonbinary individuals in a manner that aligns with their gender identity. In the absence of such standards, transgender, gender nonconforming, and nonbinary people are routinely subjected to discriminatory and harmful placement decisions and other treatment. Studies consistently find, for example, that transgender women face extraordinarily high rates of sexual abuse and assault in male prisons. This bill would require that transgender, gender nonconforming, and nonbinary people are presumptively housed in a facility with people most closely aligned with their gender identity unless the person opts out of such placement. In addition to housing, this bill would also require correctional officers and staff to address individuals by the name and pronouns the person uses, ensure they have the right to be searched by correctional officers or staff members aligned with their gender identity, have access to commissary items, clothing, personal property, and programming and educational materials consistent with gender identity, and receive affirming medical and mental health care. It will also limit the use of involuntary protective custody, a practice that is harmful to people's physical and mental well-being. The bill also requires that corrections agencies provide annual training to staff on the protections provided by the law

and give notice to all incarcerated people about their rights. Finally, it requires correctional agencies to routinely and publicly report on their compliance with the law's provisions.

Similar measures have passed in California and are underway in New York City.

While New York State has made strides in pushing back against discrimination based on gender identity and expression, it has turned its back on providing those same protections to transgender, gender nonconforming, and nonbinary New Yorkers in correctional facilities across the state. This bill is an important step to ensure New York State respects the dignity and safety of incarcerated transgender, gender nonconforming, and nonbinary New Yorkers.

LEGISLATIVE HISTORY:

2020: A5257 (Rozic) - Corrections

2019: A5257 (Rozic) - Corrections

FISCAL IMPLICATIONS:

None.

EFFECTIVE DATE:

This act shall take effect immediately; provided however, that the amendments to section 500-b of the correction law made by section three of this act shall not affect the repeal of such section and shall be deemed repealed therewith

A07001 Text:

STATE OF NEW YORK

7001

2021-2022 Regular Sessions

IN ASSEMBLY

April 19, 2021

Introduced by M. of A. ROZIC -- read once and referred to the Committee on Correction

AN ACT to amend the correction law, in relation to enacting the "gender identity respect, dignity and safety act"

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. Short title. This act shall be known and may be cited as
2 the "gender identity respect, dignity and safety act".

3 § 2. Section 137 of the correction law is amended by adding a new
4 subdivision 7 to read as follows:

5 7. (a) Any incarcerated person in a correctional facility who has a
6 gender identity that differs from their assigned sex at birth or who has
7 a diagnosis of gender dysphoria, or who self-identifies as transgender
8 or gender nonconforming or nonbinary shall:

9 (i) be addressed by correctional officers and staff in a manner that
10 most closely aligns with such person's gender identity. If a person
11 states that, in order to most closely align with their gender identity,
12 they use a name that is different from the name listed on their govern-
13 ment-issued identification, they shall be addressed and referred to by
14 their requested name;

15 (ii) have access to commissary items, clothing, personal property,
16 programming and educational materials that most closely align with such
17 person's gender identity;

18 (iii) have the right to be searched by a correctional officer or staff
19 member of the gender most closely aligned with such person's gender
20 identity, unless the incarcerated person requests otherwise or under
21 exigent circumstances; and

22 (iv) have the right to medical and mental health care as needed and as
23 appropriate for their gender identity and to items that are used by
24 individuals to affirm their gender identity, including those associated
25 with necessary and appropriate care after gender-affirming surgery.

EXPLANATION--Matter in *italics* (underscored) is new; matter in brackets
[-] is old law to be omitted.

LBD03291-04-1

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1 (b) The department is prohibited from requiring documentation to
2 confirm a person's gender identity. All people shall receive notice in
3 writing in a language and manner understandable to them about the
4 requirements of this subdivision upon their admission to a correctional
5 facility. The department shall provide annual training on provisions of
6 this subdivision to all personnel. A violation of this subdivision is a
7 violation of section forty-c of the civil rights law and section two
8 hundred ninety-six of the executive law. Any individual aggrieved under
9 this subdivision may initiate proceedings in a court of competent juris-
10 isdiction or in the New York state division of human rights seeking
11 injunctive relief and damages, including reasonable attorney fees.

12 § 2. The correction law is amended by adding a new section 72-d to
13 read as follows:

14 § 72-d. Placement of inmates based on gender identity. 1. An incarcer-
15 ated person who has a gender identity that differs from their assigned
16 sex at birth or who has a diagnosis of gender dysphoria or who self-i-
17 dentifies as transgender or gender nonconforming or nonbinary pursuant
18 to subdivision seven of section one hundred thirty-seven of this chapter
19 shall be presumptively placed in a correctional facility with persons of
20 the gender that most closely aligns with such person's gender identity
21 unless the person opts out of such placement. The incarcerated person
22 shall be permitted to leave such placement and transfer to a facility
23 housing individuals of their assigned sex at birth at any time. Any such
24 person who has opted out of such presumptive placement or who leaves
25 such placement may again request placement in a correctional facility
26 with persons of the gender that most closely aligns with their gender
27 identity at any time. Such presumptive placement may be overcome by a
28 determination in writing by the commissioner or the commissioner's
29 designee that there is clear and convincing evidence that such person
30 presents a current danger of committing gender-based violence against
31 others. A denial of presumptive placement shall not be based on any
32 discriminatory reasons, including but not limited to (a) the anatomy or
33 genitalia of the person whose housing placement is at issue, (b) the
34 sexual orientation of the person whose housing placement is at issue,
35 (c) the complaints of cisgender people who do not wish to be housed with
36 a non-cisgender person due to that person's gender identity, or (d) a
37 factor present among other people in the presumptive housing unit or
38 facility. A denial of presumptive placement and detailed reasoning for
39 the denial shall be provided in writing to the affected person within
40 two days of the department's decision. A person may grieve the denial.

41 2. A transgender or gender nonconforming or nonbinary incarcerated
42 person experiencing harassment, violence or threats of violence due to
43 their gender identity shall not be placed in involuntary protective
44 custody for more than thirty days as a result of such harassment,
45 violence or threats of violence, and shall be housed in a least-restric-
46 tive setting where they will be safe from such behavior.

47 3. All people shall receive notice in writing in a language and manner
48 understandable to them about the requirements of this section upon their
49 admission to a correctional facility. The department shall provide annu-
50 al training on provisions of this section to all correctional personnel
51 who are involved in the supervision or placement of incarcerated
52 persons.

53 4. The department shall report annually to the governor, the temporary
54 president of the senate, the minority leader of the senate, the speaker
55 of the assembly, the minority leader of the assembly, the chairperson of
56 the senate crime victims, crime and correction committee and the chair-

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1 person of the assembly correction committee the number of transgender,
2 gender nonconforming, or nonbinary incarcerated people who (a) were
3 denied presumptive placement in accordance with subdivision one of this
4 section; and (b) voluntarily opted out of presumptive placement in
5 accordance with subdivision one of this section; and (c) were kept in
6 involuntary protective custody for longer than thirty days. Reports
7 required by this section shall be posted on the website maintained by
8 the department. Reports may include de-identified individual information
9 in the aggregate, but shall not include personally identifiable informa-
10 tion.

11 5. A violation of this section is a violation of section forty-c of
12 the civil rights law and section two hundred ninety-six of the executive
13 law. Any individual aggrieved under this section may initiate
14 proceedings in a court of competent jurisdiction or in the New York
15 state division of human rights seeking injunctive relief and damages,
16 including reasonable attorney fees.

17 § 3. Section 500-b of the correction law is amended by adding a new
18 subdivision 14 to read as follows:

19 14. (a) Notwithstanding the provisions of this section, any incarcer-
20 ated person determined to have a gender identity different from their
21 assigned sex at birth or who has a diagnosis of gender dysphoria or who
22 is self-identified as transgender or gender nonconforming or nonbinary
23 pursuant to subdivision seven of section one hundred thirty-seven of
24 this chapter shall be presumptively placed in a facility housing unit
25 with incarcerated individuals of the gender most closely aligned with
26 such person's gender identity unless the person opts out of such place-
27 ment. The incarcerated person shall be permitted to leave such placement
28 and transfer to a unit housing individuals of their assigned sex at
29 birth at any time. Any such person who has opted out of such presumptive
30 placement or who leaves such placement may again request placement in a
31 housing unit with persons of the gender that most closely aligns with
32 their gender identity at any time. Such presumptive placement may be
33 overcome by a determination in writing by the chief administrative offi-
34 cer or their designee that there is clear and convincing evidence that
35 such person presents a current danger of committing gender-based
36 violence against others. A denial of presumptive placement shall not be
37 based on any discriminatory reasons, including but not limited to (1)
38 the anatomy or genitalia of the person whose housing placement is at
39 issue, (2) the sexual orientation of the person whose housing placement
40 is at issue, (3) the complaints of cisgender people who do not wish to
41 be housed with a non-cisgender person due to that person's gender iden-
42 tity, or (4) a factor present among other people in the presumptive
43 housing unit or facility. A denial of presumptive placement and detailed
44 reasoning for the denial shall be provided in writing to the affected
45 person within two days of the decision by the chief administrative offi-
46 cer or his designee. A person may grieve the denial.

47 (b) A transgender, gender nonconforming, or nonbinary incarcerated
48 individual experiencing harassment, violence or threats of violence due
49 to their gender identity shall not be placed in involuntary protective
50 custody for more than thirty days as a result of such harassment,
51 violence or threats of violence, and shall be housed in a least-restric-
52 tive setting where they will be safe from such behavior.

53 (c) All people shall receive notice in writing in a language and
54 manner understandable to them about the requirements of this subdivision
55 upon their admission to a local correctional facility. The sheriff shall
56 provide annual training on provisions of this subdivision to all correc-

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1 tional personnel who are involved in the supervision or placement of
2 incarcerated persons.

3 (d) The sheriff of each county shall report, in a form and manner
4 prescribed by the commission, the number of transgender, gender noncon-
5 forming, or nonbinary incarcerated people who (1) were denied presump-
6 tive placement in accordance with paragraph (a) of this subdivision; and
7 (2) voluntarily opted out of presumptive placement in accordance with
8 paragraph (a) of this subdivision; and (3) were kept in involuntary
9 protective custody for longer than thirty days. The commission shall
10 include such information in its annual report pursuant to section
11 forty-five of this chapter, but shall exclude identifying information
12 from such report. Reports required by this provision shall be posted on
13 the website maintained by the commission.

14 (e) A violation of this subdivision is a violation of section forty-c
15 of the civil rights law and section two hundred ninety-six of the execu-
16 tive law. Any individual aggrieved under this subdivision may initiate
17 proceedings in a court of competent jurisdiction or in the New York
18 state division of human rights seeking injunctive relief and damages,
19 including reasonable attorney fees.

20 § 4. Section 500-k of the correction law, as amended by chapter 2 of
21 the laws of 2008, is amended to read as follows:

22 § 500-k. Treatment of inmates. Subdivisions five [~~and~~], six and seven
23 of section one hundred thirty-seven of this chapter, except paragraphs
24 (d) and (e) of subdivision six of such section, relating to the treat-
25 ment of inmates in state correctional facilities are applicable to
26 inmates confined in county jails; except that the report required by
27 paragraph (f) of subdivision six of such section shall be made to a
28 person designated to receive such report in the rules and regulations of
29 the state commission of correction, or in any county or city where there
30 is a department of correction, to the head of such department.

31 § 5. Subdivision 1 of section 500-k of the correction law, as amended
32 by chapter 93 of the laws of 2021, is amended to read as follows:

33 1. Subdivisions five [~~and~~], six and seven of section one hundred thir-
34 ty-seven of this chapter, except paragraphs (d) and (e) of subdivision
35 six of such section, relating to the treatment of inmates in state
36 correctional facilities are applicable to inmates confined in county
37 jails; except that the report required by paragraph (f) of subdivision
38 six of such section shall be made to a person designated to receive such
39 report in the rules and regulations of the state commission of
40 correction, or in any county or city where there is a department of
41 correction, to the head of such department.

42 § 6. This act shall take effect immediately; provided, however, that
43 the amendments to section 500-b of the correction law made by section
44 three of this act shall not affect the repeal of such section and shall
45 be deemed repealed therewith; provided, further, that section five of
46 this act shall take effect on the same date and in the same manner as
47 chapter 93 of the laws of 2021, takes effect.



Steuben County Sheriff's Office

General Order: GO – 16 Transgender, Intersex, Gender Non-Binary, and Gender, Nonconforming People in Custody

Effective Date: June 1st, 2020 Standard Number: .

Amended:

Sheriff: James L. Allard

Reviewed:

I.Purpose

The purpose of this policy is to establish procedures for interactions with members of the transgender, intersex, gender non-binary, and gender nonconforming communities.

II.Policy

It shall be the policy of the Steuben County Sheriff's Office to receive, evaluate, house and provide secure, safe and humane custody of all persons, including transgender, intersex, gender non-binary, or gender nonconforming inmates, who are lawfully committed to its custody. The Steuben County Sheriff's Office shall treat all inmates in a professional, respectful, and courteous manner that is consistent with all of their rights under state and federal law. Any reported violation of this policy as it relates to the treatment of any person housed in the Steuben County Jail will be fully investigated and appropriate action taken to remedy such violation. A summary of this policy will be posted at the A100 and A119 Doors as a statement of expected behavior by all visitors to the Steuben County Jail (see Addendum 1) and the policy will be distributed to all contractors prior to entering the facility whenever practical.

III.Definitions and Terms

1. "Assigned sex": The sex-based classification of an infant, usually based solely on external genitalia, that occurs when they are born. This is generally the sex that is originally recorded on an infant's birth certificate.
2. "Affirmed sex": The self-reported sex-based classification of an individual that aligns most closely with their gender identity.
3. "Gender identity": A person's internal knowledge of being male, female, or something else.
4. "Transgender" or "Trans": An adjective describing a person whose sex assigned at birth does not match their affirmed sex. For example, a person who was assigned male at birth but is female. She may describe herself as a "transgender woman," "trans woman," or "woman."

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5. “Cisgender” or “Cis”: An adjective describing a person whose sex was accurately assigned at birth, that is, their sex assigned at birth matches their affirmed sex. For example, a person who was assigned male at birth and who identifies as male. He may describe himself as a “cisgender man,” “cis man,” or “man.”
6. “Gender non-binary” (GNB): An adjective describing a person whose gender identity does not conform to the binary (“one or the other”) categories of male or female. This person may self-identify as “non-binary.”
7. “Gender nonconforming” (GNC): An adjective describing a person whose gender expression is outside of sex-based societal assumptions about how they should look or behave. For example, a woman who dresses and cuts her hair in a manner that is stereotypically associated with men.
8. “Intersex”: A general term used to describe people who are born with variations in chromosomes, genitals, or reproductive organs that do not align with typical definitions of male or female.
9. “Gender expression”: A person’s outward manifestation of their sex or gender, often through behavior, clothing, hairstyles, name, or pronouns.

IV. Procedures

A. Employee Conduct:

1. All employees of the Steuben County Sheriff’s Office shall comply with the provisions of this policy.
2. Any substantiated claim of misconduct by a staff member towards an inmate may result in discipline up to and including termination of the staff member’s employment, and/or referral for criminal charges.
3. All members of the Steuben County Sheriff’s Office shall attend training concerning the implementation and enforcement of the provisions of this policy, including yearly refresher training.
4. Staff interactions with transgender, intersex, gender non-binary, and gender nonconforming people shall be conducted in a professional and respectful manner. Staff shall not make derogatory or disrespectful remarks related to a person’s actual or perceived sex, gender identity or gender expression.
5. Staff shall not engage in any harassment or discrimination based on actual or perceived sex, gender identity, or gender expression. A person’s access to any rights, privileges, or opportunities available to other people in custody,

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including the right to seek protection or report instances of harassment or intimidation, shall not be denied or restricted due to that person's actual or perceived sex, gender identity, or gender expression. A person who makes a complaint or seeks staff assistance about harassment, intimidation, threats, or violence shall not be denied such assistance and any such complaint shall not be deemed unfounded due to that person's actual or perceived sex, gender identity, or gender expression.

6. A person's self-identification as transgender, gender non-binary, gender non-conforming, or intersex, at any point before or during their time in custody, is sufficient to trigger the protections and procedures described in this policy. Documentation of a medical diagnosis or legal documentation concerning a person's self-identification is not required for staff to respect or confirm a person's gender identity, absent specific evidence that a person has asserted a gender identity falsely. The fact that a person has not obtained a legal name change or has not obtained government-issued identification that reflects their affirmed sex and gender identity does *not* constitute such specific evidence. The inmate shall upon admission or upon any change in self-identification complete and sign an inmate preference form, a copy of which is attached to this policy.
7. During the admissions process, if a person being admitted has not made clear what their gender identity is, the Booking Officer will respectfully ask the person if they would like to self-identify their gender identity. In so asking, the Booking Officer will make clear that this information will be kept confidential from others, except for members of the staff on a need-to-know basis.
8. If a person indicates that they are transgender, gender non-binary, gender nonconforming, or intersex, they will be provided a medical assessment pursuant to the facility's medical provider regarding appropriate medical care to which they may be entitled. The individual in custody will also be provided a copy of the Policy, along with a plain-language summary of its protections (see Addendum 2). If the person does not understand English, these materials will be provided in a language that the person does understand.
9. Safety risks due to a person's sex, sexual orientation, or gender identity or expression are not a normal or acceptable part of their time in custody and will not be tolerated. This facility will immediately address and investigate any complaint of sexual assault, sexual harassment, or other threats to safety directed at any person in custody by any member of the staff or other person in custody and will take appropriate action to ensure the safety of the person making the complaint.

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B. Names, Pronouns, and Identifying Records

1. Staff shall address people in custody as “Inmate [Last Name].”
2. Whenever pronouns or titles of respect are also used, staff shall address and refer to people in a manner that is appropriate to the person’s self-identified gender identity. For example, if a person states that she uses “she/her” pronouns, staff shall refer to her as “her” or “Ms.,” not “him” or “Mr.” If a person states that they use “they/them” pronouns, staff shall refer to them as “them,” not “him” or “her.”
3. If a person states that, in order to be consistent with their gender identity, they use a name that is different from the name listed on their government-issued identification, staff shall address and refer to that person by their requested name. Nevertheless, jail staff shall use the inmate’s name on a government issued identification or other formal document when communicating with courts or other public agencies.
 - a. The person’s requested name shall be entered into the person’s booking form in the box marked “alias.” Because this designation could be misunderstood, staff shall be made aware that the name a person uses in order to be consistent with their gender identity is not in fact an “alias,” is not false in any way, and is not anything other than the proper name by which to refer to that person.
 - b. After the person’s name is entered in the “alias” box, staff will type, handwrite, or memorialize in another manner the following: “(CHOSEN NAME, TO BE USED BY STAFF)”.
 - c. If a person states that they are neither a man nor a woman—i.e., that they are non-binary or otherwise do not identify as male or female—but a required form limits the options for designating that person’s sex to MALE or FEMALE, then staff shall enter the sex designation that the person indicates. Unless a form is limited by the State to the options MALE or FEMALE, the person may request an “X” or “NONBINARY” sex designation.
 - d. Pertinent information regarding a person’s gender identity or transgender, intersex, or nonbinary status shall be shared only with appropriate staff on a need-to-know basis, and not at all with other people in custody. To the extent a person wishes to speak openly about such information, though, they may not be prohibited from doing so.

C. Toiletry Items, Clothing, and Programming

1. Toiletry items and clothing shall be available to people in custody in a manner that does not discriminate based on sex, gender identity, or gender expression. For example, a transgender woman shall have access to the same toiletry, clothing, and commissary items (e.g., women’s undergarments, hair products, etc.) as a cisgender woman consistent with **Admissions and Discharges Policy (Section 08, Subject 01) Procedures E3-E5.**

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2. Grooming standards shall not be applied differently based on sex, gender identity, or gender expression. For example, if cisgender women are permitted to wear their hair at a certain length or in a certain style (e.g., in a ponytail), people who are not cisgender women shall be permitted to do the same.

3. Permission to access specific items, including prosthetics, wigs, hair extensions, chest binders, or similar items that are used by individuals to have an appearance consistent with their gender identity, may be requested during the person's initial medical assessment performed during the booking process. A person shall be given the opportunity to request that certain items that would otherwise be prohibited—including wigs and hair extensions—be used as medically-prescribed treatment for gender dysphoria, and these requests will be evaluated in a way that is consistent with other requests for accommodations pursuant to medical need.

4. Programs, educational materials, and recreation activities shall not be denied due to actual or perceived sex or gender identity. For example, group activities, resources, or classes made available to cisgender people in a particular housing unit shall also be available to transgender, gender non-binary, or intersex people in that housing unit.

5. Transgender people shall be permitted to shower separately or at separate times from other people in the unit if they so desire in order to address safety concerns. However, a person who does not wish to do so shall not be forced to shower separately based solely on their actual or perceived sex, gender identity, or gender expression.

D. Searches

1. Whenever practical, all searches (including strip and pat searches) of transgender, gender non-binary, or intersex people shall be performed by staff of the gender requested by the person being searched. For example, except in exigent circumstances, a transgender woman shall have the right to request to be searched by a female staff member consistent with **Admissions and Discharges Policy (Section 08, Subject 01) Procedure A9**. If a search is conducted that deviates from this procedure, the reasons for that deviation shall be documented.

2. If a person's search preference cannot be determined, the search shall be conducted in a manner consistent with a person's gender identity.

3. No search shall be conducted for the sole purpose of observing or determining a transgender, gender non-binary, or intersex person's genital characteristics.

4. Searches shall be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

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E. Housing

1. Housing determinations shall be individually tailored and based upon classification factors and an evaluation of the inmate's emotional and physical well-being and in compliance with NYS Commission of Correction regulations.
2. A person taken into custody shall, if that person so desires, have the right to request placement in a sex-segregated unit (i.e., a men's or women's unit) that is consistent with that person's gender identity and affirmed sex. The Sheriff and jail staff shall make a reasonable effort to grant such a request if in accordance with the security requirements of the facility, as set forth in paragraph (3) of this section.
3. If the Sheriff, Jail Superintendent, medical staff, or mental health staff have significant safety, security or health concerns related to a person's stated housing preference pursuant to paragraph (1) above, the Sheriff or designee may, on a case-by-case basis, deny that person's housing placement request. However, any such denial shall be made as soon as possible and:
 - a. Shall be documented in the jail record management system;
 - b. Shall be based on a specific and articulable safety, security or health concern;
 - c. Shall not be based on any discriminatory reason, including but not limited to
 - (i) the anatomy or genitalia of the person whose housing placement is at issue,
 - (ii) the sexual orientation of the person whose housing placement is at issue,
 - (iii) the complaints of cisgender people who do not wish to be housed with a non-cisgender person due to that person's gender identity, or
 - (iv) a factor present among other people in the requested housing unit.
4. Any denial made pursuant to paragraph (2) above shall be made available to the person whose housing request has been denied. Any inmate may grieve such denial.
5. Any request for a housing unit change during an inmate's incarceration due to concerns related to their housing placement and their health and safety shall be assessed at that time. Any subsequent denial shall be able to be grieved by the inmate.
6. Should a transgender, intersex, gender non-binary, or gender nonconforming inmate report a concern for their safety, the housing unit officer shall immediately notify their supervisor, who will in turn notify the Sheriff via the chain of command. A representative of administration

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shall meet with the concerned inmate to formulate a mutually agreed upon safety plan. As stated in Jail Policy and Procedure 6.01, “Code of Conduct and Disciplinary Procedures,” Procedure F, segregation shall only be used in response to behavior which threatens the safety, security and good order of the facility.

F. Access to Medical and Mental Health Care

1. Medical care is presently provided to the Jail by contracted entity PrimeCare Medical of New York, Inc., which maintains its own policy entitled “Patients with Gender Dysphoria.”
2. Mental health care is provided to the Jail by Steuben County Mental Health.
3. PrimeCare, Steuben County Mental Health, and/or any present or future medical care or mental health care provider shall be required to comply with the Policy. Any future provider of health care in the Jail shall have internal policies in place for addressing treatment of patients with gender dysphoria so as to be consistent with the Policy before commencing service.
4. No person shall be denied medical or mental health care or have their access to such care restricted in any way because of their actual or perceived sex, gender identity, gender expression, or sexual orientation. For example, when a transgender person expresses a need for medical attention, staff shall handle the situation with the same urgency and respect they would offer to any other individual who sought assistance with a medical need.
5. Healthcare services, medical devices, and medications for the treatment of gender dysphoria, including prescription hormones and dilation devices for care after certain forms of gender-affirming surgery, shall be treated like any other healthcare services, medical devices, and/or medications necessary for a person in custody’s health and wellbeing. Such services or treatments shall be provided as prescribed by medical staff and as deemed medically necessary.
6. Likewise, actual or perceived sex or gender identity shall not be used to justify the denial of otherwise appropriate medical care when such care is stereotypically associated with a particular assigned sex. For example, a transgender woman may need both gynecological care and treatment for a prostate condition, and her transgender status shall not be used to justify the denial of such medically necessary care.
7. PrimeCare’s current policy indicates that it will provide “appropriate care for transgender patients” and that the medical professionals it employs will be fully qualified and able to provide the types of medically-necessary care listed in its “Patients With Gender Dysphoria.”

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G. Compliance with NYS Commission of Corrections Regulations:

Nothing contained in this policy shall require the Sheriff or jail staff to be in non-compliance with any New York State Law or regulation made by the New York State Commission of Correction, including any changes to state law or regulations which may be made in the future.

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Addendum 1

Policy of the Steuben County Sheriff's Office regarding transgender, intersex, gender non-binary, or gender nonconforming inmate interactions:

The following actions will not be tolerated by any persons entering the Steuben County Jail, for any reason:

- **DISCRIMINATION:** You will not discriminate against, harass or bully any person based on who they are, including their gender identity.
- **NAMES/PRONOUNS:** People should not use the wrong name or pronouns when talking to an inmate, even if the inmate hasn't gotten a legal name change or gender marker change on their ID.

Any complaint of any such action by a visitor will be promptly investigated and confirmed violations could result in the removal of visitation rights, or in a criminal investigation.

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Addendum 2

Plain Language Policy Statement regarding transgender, intersex, gender non-binary, or gender nonconforming inmate interactions

This policy means that:

●**DISCRIMINATION:** You should not be harassed or bullied based on who you are, including your gender identity.

●**NAMES/PRONOUNS:** People should not use the wrong name or pronouns when talking to you, even if you haven't gotten a legal name change or gender marker change on your ID.

●**SEARCHES:** You can request to be searched by a woman if you're a trans woman, or a man if you're a trans man.

●**HOUSING:** You can request to be housed in the unit that is consistent with your gender identity.

●**CLOTHES/APPEARANCE:** You can dress consistent with your gender identity, and you can request commissary items and other things that affect the way you look and your gender expression.

●**MEDICAL CARE:** You can request medical and mental health care related to your gender identity, including hormones, no matter whether you had access to that same health care outside the jail.

If you think that you're being denied any of the things listed above, you can file a **GRIEVANCE** with the housing unit officer, on duty supervisor or the Jail Superintendent.

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Addendum 3

STEUBEN COUNTY JAIL INMATE PREFERENCE FORM

PART I (to be completed by Booking staff):

The below inmate has self-identified as being transgender, intersex, gender non-binary, or gender nonconforming

Inmate's legal name: _____

SCSO JID #: _____

PART II (to be completed by the inmate):

1. I identify myself as a transgender, intersex, gender non-binary, or gender nonconforming individual in the community.
2. My preferred pronoun is [CHECK ONE]: male (mister/he/him/his) female (Miss/ she/her/hers) nonbinary (thy/them/theirs) other (please fill in): _____

3. I normally use my legal name in the community; or I *do not* normally use my legal name in the community and, for purposes of gender identity, wish to be called the following while in custody: PREFERRED NAME: _____

4. Whenever reasonably possible, I would prefer to be searched by an officer of the below indicated sex.

I understand that the SCSO will make reasonable attempts to respect my preference while also understanding that the safety and security of staff and others takes precedent.

Male: _____ Female: _____ No Preference: _____

5. I would prefer to be housed with Male: _____ Female: _____ inmates.

I understand that my housing preference will be taken into consideration, but is only part of the overall assessment on where I shall be housed.

PART III (to be completed as noted):

Inmate Signature: _____ Date: _____

Booking Officer: _____ Shield # _____

Supervisor Signature: _____ Shield # _____

Entered in Sallyport : Yes____ No____

Copy e-mailed to Jail Supt.: Yes____ No____

Copy e-mailed to Sheriff Yes____ No____

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[Conn. Gen. Stat. § 18-81ii](#)

Current through P.A. 21-4.

LexisNexis® Connecticut Annotated Statutes > *Title 18 Correctional Institutions and Department of Correction (Chs. 320 — 327)* > *Chapter 325 Department of Correction (Pts. I — II)* > *Part I General Provisions (§§ 18-78 — 18-101d)*

Sec. 18-81ii. Care and treatment of inmate with a gender identity differing from assigned sex at birth and a diagnosis of gender dysphoria. Placement of inmate in correctional institution with inmates of the gender consistent with the inmate's gender identity.

Any inmate of a correctional institution, as described in [section 18-78](#), who has a gender identity that differs from the inmate's assigned sex at birth and has a diagnosis of gender dysphoria, as set forth in the most recent edition of the American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders", shall: (1) Be addressed by correctional staff in a manner that is consistent with the inmate's gender identity, (2) have access to commissary items, clothing, personal property, programming and educational materials that are consistent with the inmate's gender identity, and (3) have the right to be searched by a correctional staff member of the same gender identity, unless the inmate requests otherwise or under exigent circumstances. An inmate who has a birth certificate, passport or driver's license that reflects his or her gender identity or who can meet established standards for obtaining such a document to confirm the inmate's gender identity shall presumptively be placed in a correctional institution with inmates of the gender consistent with the inmate's gender identity. Such presumptive placement may be overcome by a demonstration by the Commissioner of Correction, or the commissioner's designee, that the placement would present significant safety, management or security problems. In making determinations pursuant to this section, the inmate's views with respect to his or her safety shall be given serious consideration by the Commissioner of Correction, or the commissioner's designee.

History

[P.A. 18-4](#), § 8, effective July 1, 2018.

Annotations

Research References & Practice Aids

Hierarchy Notes:

[Conn. Gen. Stat. Title 18](#)

LexisNexis® Connecticut Annotated Statutes

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[ALM GL ch. 127, § 32A](#)

Current through Chapter 11 of the 2021 Legislative Session of the 192nd General Court.

Annotated Laws of Massachusetts > PART I ADMINISTRATION OF THE GOVERNMENT (Chs. 1 - 182) > TITLE XVIII PRISONS, IMPRISONMENT, PAROLES AND PARDONS (Chs. 124 - 127) > TITLE XVIII PRISONS, IMPRISONMENT, PAROLES AND PARDONS (Chs. 124 — 127) > Chapter 127 Officers and Inmates of Penal and Reformatory Institutions. Paroles and Pardons (§§ 1 — 169)

§ 32A. Prisoner Gender Identity.

A prisoner of a correctional institution, jail or house of correction that has a gender identity, as defined in [section 7 of chapter 4](#), that differs from the prisoner's sex assigned at birth, with or without a diagnosis of gender dysphoria or any other physical or mental health diagnosis, shall be: (i) addressed in a manner consistent with the prisoner's gender identity; (ii) provided with access to commissary items, clothing, programming, educational materials and personal property that is consistent with the prisoner's gender identity; (iii) searched by an officer of the same gender identity if the search requires an inmate to remove all clothing or includes a visual inspection of the anal cavity or genitals; provided, however, that the officer's gender identity shall be consistent with the prisoner's request; and provided further, that such search shall not be conducted for the sole purpose of determining genital status; and (iv) housed in a correctional facility with inmates with the same gender identity; provided further, that the placement shall be consistent with the prisoner's request, unless the commissioner, the sheriff or a designee of the commissioner or sheriff certifies in writing that the particular placement would not ensure the prisoner's health or safety or that the placement would present management or security problems.

History

[2018, 69, § 91](#), effective December 31, 2018.

Annotations

Notes

Codification

[Acts 2018, 69, § 91](#), effective Dec 31, 2018, enacted this section. Section 236 provides:

SECTION 236. Sections 25, 26, 85, 86, 87, 88, 89, 91, 92, 93, 94, 95 and 96 shall take effect on December 31, 2018.

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 <p style="text-align: center;">Massachusetts Department Of Correction</p> <h1 style="text-align: center;">POLICY</h1>	Effective Date	2/8/2021	Responsible Division Deputy Commissioner, Clinical Services and Reentry
	Annual Review Date	2/8/2021	
Policy Name	M.G.L. Reference: M.G.L. Chapter 124, sections 1 (c) and (q)		
103 DOC 652 IDENTIFICATION, TREATMENT AND CORRECTIONAL MANAGEMENT OF INMATES DIAGNOSED WITH GENDER DYSPHORIA	DOC Policy Reference: 103 CMR 403; 103 DOC 630; 103 DOC 650		
	ACA/PREA Standards: PREA: 115.42		
Attachments Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Inmate Library Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Applicability: Staff	
Public Access Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Location: DOC Central Policy File Institution Policy File Health Services Division Policy File		
<p>PURPOSE: The purpose of this policy is to establish guidelines for the identification, treatment, and institutional management of inmates diagnosed with Gender Dysphoria.</p> <p>RESPONSIBLE STAFF FOR IMPLEMENTATION AND MONITORING OF POLICY: Deputy Commissioner, Clinical Services and Reentry Assistant Deputy Commissioner of Clinical Services Director of Behavioral Health Mental Health Regional Administrators Superintendents Program Directors and Staff of the Contractual Medical, Mental Health, Sex Offender Treatment and Program/Substance Abuse Providers</p> <p>CANCELLATION: 103 DOC 652 cancels all previous department policy statements, bulletins, directives, orders, notices, rules or regulations regarding Internal Regulations/Policies which are inconsistent with this document.</p> <p>SEVERABILITY CLAUSE: If any part of 103 DOC 652 is for any reason, held to be in excess of the authority of the Commissioner, such decision shall not affect any other part of this policy.</p>			

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652.01

DEFINITIONS

Clinical Supervision Group – The Gender Dysphoria Clinical Supervision Group shall be comprised of all mental health primary care clinicians who are assigned to work with an inmate or inmates diagnosed with Gender Dysphoria, the contractual mental health provider’s Psychiatric Medical Director, who may serve as Chair, or appoint a designee as Chair, the contractual Director of Clinical Programs, the contractual Gender Dysphoria Consultant, based upon identified need, and a Department of Correction Health Services representative. Other treatment disciplines (i.e. medical, sex offender treatment or substance abuse treatment) may participate on an as needed basis. The role of the DOC Health Services representative shall be to monitor the Group’s activities for contract compliance and to ensure the integrity of the supervision process through direct observation.

DSM-5 – Diagnostic and Statistics Manual of Mental Disorders Fifth Edition (DSM-5). A publication of the American Psychiatric Association (APA), which lists specific criteria that enable a clinician to establish diagnosis of mental disorders. The DSM-5 defines the criteria for Gender Dysphoria listed below. In the case that the DSM-5 is revised, the latest published version of the DSM applies.

Director of Clinical Programs - The contractual mental health provider who is responsible for the administration, management, supervision, and development of mental health programs and delivery of behavioral health services at all Department correctional facilities. The Director of Clinical Programs provides and supervises mental health care services throughout the Department; evaluates patient care and assesses what is required by way of treatment; determines the condition and adequacy of treatment facilities and programs; identifies the need for appropriate equipment; acts as a consultant for physicians and behavioral health care staff; delivers emergency and ongoing direct clinical service; develops and reviews Treatment Plans; and evaluates inmates when clinically indicated.

Gender Dysphoria is defined by the DSM-5 as the following:

- A. A marked incongruence between one’s experienced/expressed gender and assigned gender, of at least 6 months’ duration, as manifested by at least two of the following:
 - 1. A marked incongruence between one’s experiences/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics).
 - 2. A strong desire to be rid of one’s primary and/or secondary sex characteristics because of a marked incongruence with one’s

- experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics).
3. A strong desire for the primary and/or secondary sex characteristics of the other gender.
 4. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender).
 5. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).
 6. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender).

B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Gender Dysphoria Consultant – The Gender Dysphoria Consultant is an individual who is hired by/subcontracted to the Department of Correction's contractual mental health services provider. The Gender Dysphoria Consultant is Board Certified in Psychiatry and has documented experience in working with a transgender population.

Gender Dysphoria Treatment Committee – The Gender Dysphoria Treatment Committee shall be appointed by the Assistant Deputy Commissioner of Clinical Services of the Department of Correction. The Gender Dysphoria Treatment Committee shall be chaired by the contractual mental health provider's Psychiatric Medical Director or designee, and other members shall include the contractual Gender Dysphoria Consultant, based on identified need, the contractual Director of Clinical Programs, and the Department of Correction's Director of Behavioral Health. The role of the Director of Behavioral Health shall be to monitor the committee activities for contract compliance and to ensure the integrity of the process through direct observation.

Open/Active Mental Health Case (OMH) Inmate - An inmate who is diagnosed with a mental illness or determined to be in need of mental health intervention on an ongoing basis. At any time during his or her incarceration, an inmate may become an open mental health case (OMH) based on a mental health crisis, including suicidal threats or self-injurious behavior and/or the display of signs and/or symptoms of mental illness or emotional distress. Based upon clinical indications and within the discretion of the Primary Care Clinician in consultation with the site Psychiatrist (if on medication) and/or Mental Health Director, an inmate may also be removed from the active mental health caseload. However, any inmate carrying the Gender Dysphoria diagnosis will remain an open mental health case. In the case that an inmate is suspected to no longer meet the clinical criteria for a Gender Dysphoria diagnosis, approval to change the diagnosis must be granted by the Gender Dysphoria Treatment Committee, with consultation from the contractual Gender Dysphoria Consultant as deemed necessary.

Primary Care Clinician (PCC) – a Qualified Mental Health Professional who is responsible for case management, direct treatment services and the overall mental health care of inmates assigned to his or her caseload while at a Department correctional facility. Annual training specific to diagnosis and treatment for Gender Dysphoria is required for PCCs who treat inmates with Gender Dysphoria.

Primary Care Provider (PCP) – A Qualified Medical Professional, including a medical doctor or advanced practitioner (nurse practitioner or physician assistant).

Program Medical Director – The physician in charge of the Department’s medical services.

Psychiatric Medical Director – The physician in charge of the Department’s mental health services provider, including Bridgewater State Hospital. The Psychiatric Medical Director is Board Certified in Psychiatry. The Psychiatric Medical Director provides and supervises psychiatric and mental health care services in the correctional setting throughout the Department; evaluates patient care and assesses what is required by way of treatment; determines the condition and adequacy of treatment facilities and programs; identifies the need for appropriate equipment; acts as a consultant for physicians and behavioral health care staff; delivers emergency and ongoing direct clinical service; reviews medical orders for mental health patients; evaluates pharmacy utilization, and develops and reviews Treatment Plans; and evaluates inmates when clinically indicated.

Qualified Mental Health Professional – includes treatment providers who are psychiatrists, psychologists, clinical social workers, licensed mental health counselors, Advanced Practice Registered Nurses, Clinical Nurse Specialists, and others, who by virtue of their education, credentials, and experience, are permitted by law to evaluate and care for the mental health needs of patients.

652.02 **POLICY**

It is the policy of the Massachusetts Department of Correction to appropriately diagnose, treat, and manage inmates with Gender Dysphoria in a humane, safe, correctional environment, sensitive to their unique adjustment issues, consistent with the core values, vision, and mission of the Department and its commitment to provide adequate medical care and mental health services to all inmates in its custody.

652.03 **RESPONSIBILITIES OF THE GENDER DYSPHORIA CLINICAL SUPERVISION GROUP**

A. Duties

The role of the Gender Dysphoria Clinical Supervision Group is to provide orientation and specialized training to mental health PCCs and other practitioners; to serve as a resource to PCCs as they develop Gender

Dysphoria-related specifications to incorporate into an inmate's individualized Treatment Plan for any inmate who has or may have Gender Dysphoria; to conduct clinical reviews of specific cases; to provide supervision to the PCCs assigned to work with inmates who have Gender Dysphoria; and to provide a forum for the discussion of challenging issues related to Gender Dysphoria. This group shall meet at least monthly or as otherwise determined by the Psychiatric Medical Director or his/her designee.

B. Supervision

1. Each Primary Care Clinician (PCC) for an inmate diagnosed with Gender Dysphoria shall meet at least monthly or as scheduled with the Gender Dysphoria Clinical Supervision Group for the purpose of receiving supervision in a group setting regarding the PCC's provision of care to those inmates diagnosed with Gender Dysphoria. Additionally, annual specialized training in the assessment and treatment of Gender Dysphoria is required for all PCCs working with Gender Dysphoria clients.
2. The Gender Dysphoria Consultant shall routinely be available for consultation to the Gender Dysphoria Clinical Supervision Group. Participation with the Gender Dysphoria Consultant may occur via conference call, in person, or by videoconference.
3. For those inmates receiving other clinical services, such as substance abuse or sex offender treatment, or who are receiving cross hormonal therapy, it may be appropriate for providers of those services to participate in the Gender Dysphoria Clinical Supervision Group process on an as needed basis, to ensure that integrated and consistent treatment is being provided to the inmate, in which case access to the inmate's relevant treatment records will be made available to them.

652.04

RESPONSIBILITIES OF THE GENDER DYSPHORIA TREATMENT COMMITTEE

A. Duties

1. The role of the Gender Dysphoria Treatment Committee is to review the individualized Treatment Plans developed for inmates diagnosed with Gender Dysphoria to determine if the proposed treatment recommendations related to the management of Gender Dysphoria are clinically appropriate and medically necessary.
2. The Gender Dysphoria Treatment Committee shall also be responsible for reviewing the overall treatment of all Gender Dysphoria diagnosed inmates on a quarterly basis.

IDENTIFICATION AND DIAGNOSIS OF INMATES WITH GENDER DYSPHORIA

A. Provisional Diagnosis

Upon admission to the Department, or at any other time during an inmate's incarceration, if the inmate either self-identifies as meeting the criteria for Gender Dysphoria or is referred secondary to possible Gender Dysphoria, a facility-based Primary Care Clinician (PCC) assigned to the inmate shall evaluate the inmate to determine whether the inmate meets the clinical criteria for a provisional diagnosis of Gender Dysphoria. This diagnosis shall be based, in part, upon a face-to-face evaluation of the inmate and a review of the medical and mental health history, as well as current medical record documentation. For persons returned to the custody of the Department of Correction with a previously confirmed diagnosis of Gender Dysphoria, a new evaluation will not be required unless clinically indicated.

1. After making this provisional diagnosis, a PCC shall seek the inmate's authorization of the appropriate Releases of Information (ROI) for access to his/her medical and mental health records prior to incarceration and shall place the inmate on the "open mental health (OMH) case" list. For a newly admitted Gender Dysphoric inmate, every effort shall be made to promptly secure medical and mental health records regarding the delivery of Gender Dysphoria services prior to incarceration, to enhance continuity of care.
2. The PCC will review the case with the site treatment team, including the Mental Health Director and psychiatric providers. If clinically indicated, the inmate will be assigned to the on-site psychiatric provider.
3. The PCC shall inform the Psychiatric Medical Director or designee, Director of Clinical Programs or designee, of the provisional diagnosis of an inmate having Gender Dysphoria, using the Gender Dysphoria Mental Health Referral Form (Attachment #1). This written referral from the PCC shall be made upon determination of the provisional Gender Dysphoria diagnosis.
4. In cases where the inmate self-identifies as Gender Dysphoric and the site treatment team does not assess the inmate as meeting the clinical criteria for Gender Dysphoria, the case will be referred to the Psychiatric Medical Director and the Director of Clinical Programs for a subsequent face to face evaluation within thirty (30) calendar days of the referral.

B. Confirmation of Diagnosis

The Psychiatric Medical Director or designee of the mental health service provider shall confirm if the inmate meets the clinical criteria for diagnosis of Gender Dysphoria. This diagnosis shall be based upon, at a minimum, a review of the inmate's medical and mental health record, the referral from the PCC, a consultation with the referring site psychiatrist who has personally assessed the patient, and a face-to-face evaluation of the patient by the Psychiatric Medical Director of the mental health service provider. If there are any concerns with the validity of the Gender Dysphoria diagnosis, the Gender Dysphoria Consultant may be contacted for further evaluation. This decision by the Psychiatric Medical Director regarding an inmate's Gender Dysphoria diagnosis shall be made within thirty (30) calendar days after the referral has been received from the PCC.

C. Confirmation of Community Diagnosis

Upon admission to the Department of Correction and verification of prescribed hormones for the treatment of Gender Dysphoria, the Psychiatric Medical Director may designate a PCC to confirm the diagnosis. This designee will be an existing member of the Gender Dysphoria Supervision Group and will have direct experience treating persons with Gender Dysphoria.

652.06

TREATMENT PLANNING FOR INMATES WITH GENDER DYSPHORIA

A. Development of the Gender Dysphoria Treatment Plan:

Following a confirmed Gender Dysphoria diagnosis, the inmate's PCC shall prepare an individualized, initial treatment plan, and/or review and revise an existing treatment plan, which incorporates the diagnosis, along with all other outstanding co-occurring mental health issues.

1. The PCC shall develop this Treatment Plan in whole or in part with consultation from the Gender Dysphoria Clinical Supervision Group. In addition, the PCC shall also consult with the inmate's treating psychiatrist and any other clinician or practitioner who may provide clinical services to the inmate. The treatment plan should be focused on the inmate's individualized needs based upon the provision of adequate medical care utilizing prudent, professional standards, to include the most current version of the "Standards of Care" set forth by the World Professional Association for Transgender Health (WPATH).

B. Treatment Plan Review and Approval:

Once the Treatment Plan has been developed, it shall be forwarded to the Gender Dysphoria Treatment Committee for review, to ensure that all recommendations are clinically appropriate, and taking into consideration the inmate's individualized needs based upon the provision of adequate

medical care utilizing the most current version of the standards of care referenced by WPATH. The Gender Dysphoria Treatment Committee may refer the inmate for specialty physician consultations if its members believe that such consultations are advisable.

1. If the Gender Dysphoria Treatment Committee recommends that cross-gender hormone therapy should be added as a component of the individualized Treatment Plan, then the inmate shall be referred and evaluated by the assigned institutional Primary Care Provider (PCP – physician or advanced practitioner). If the site medical PCP does not believe that hormone therapy presents a significant physiological threat or contraindication to the patient for medical reasons, then the PCP shall make a referral to the designated endocrinologist under agreement to the contractual medical services provider.
2. The endocrinologist shall conduct the inmate’s assessment for consideration of cross-hormonal therapy as a clinical intervention in the inmate’s Gender Dysphoria Treatment Plan and determine the appropriate course of hormonal treatment, when indicated, if no medical contraindications are present. The medical PCP referral to the endocrinologist shall be made no later than thirty (30) calendar days after the medical PCP has made the initial determination that there are no physiological threats or contraindications to cross-gender hormonal therapy.
3. The purpose of the referral to the endocrinologist is to determine the appropriate cross-gender hormone regimen or any medical contraindications to initiating or continuing treatment with cross-gender hormones. Any approved update to an inmate’s Treatment Plan shall not include cross-gender hormone therapy as a formal recommendation until after an endocrinologist has evaluated the inmate and determined that cross hormonal therapy does not present with any medical contraindications.
4. In the event treatment with cross-gender hormonal therapy is medically contraindicated by the endocrinologist, the determination shall be communicated to the Program Medical Director. Any and all follow-up evaluations shall be conducted by the endocrinologist on a periodic basis as clinically indicated. Any inmate refusing to be evaluated by the site PCP and/or the endocrinologist shall not receive cross-gender hormonal therapy due to the potential for clinical ramifications; medical risks involved, and need for expert medical management from an endocrinologist.

C. Essential Elements of the Treatment Plan for Gender Dysphoria Diagnosed Inmates:

1. The goal of Gender Dysphoria-related modifications to the individualized mental health Treatment Plan is to assist the Gender Dysphoria-diagnosed inmate in exploring and managing his/her issues related to Gender Dysphoria as well as any co-occurring mental health disorders.
2. Although individualized, the Treatment Plan for all inmates diagnosed with Gender Dysphoria shall contain, at a minimum, these essential elements:
 - a. The inmate is offered participation in at least monthly individual psychotherapy provided by the contractual mental health service provider;
 - b. The Treatment Plan may contain recommendations regarding access to cross-gender clothing and canteen/cosmetic items approved for inmates in accordance with the 103 CMR 403, *Inmate Property* policy. Commensurate with the security level of the housing placement, Gender Dysphoria inmates housed in a male institution (Male to Female, or MTF) shall be permitted to purchase and retain clothing items and articles authorized for other male inmates housed in that institution, as well as those items authorized for females commensurate with their particular security level at the female institution. Similarly, Gender Dysphoria inmates housed in a female institution (Female to Male or FTM) shall be permitted to purchase and retain clothing items and articles authorized for other female inmates housed in that institution, as well as those items authorized for males commensurate with their particular security level at the male institutions. Inmates diagnosed with Gender Dysphoria will only be permitted to purchase and retain canteen items that are allowed within the level of security that is commensurate to their housing assignment.
3. The Treatment Plan shall become effective after the Gender Dysphoria Treatment Committee has developed clinically appropriate and medically necessary treatment recommendations. If an inmate refuses to participate in any or all aspects of the Treatment Plan as it relates to his/her treatment of Gender Dysphoria, this will be documented pursuant to 103 DOC 630, *Medical Service*, 630.19, and clinically driven modifications will be made to the Treatment Plan.

All inmates diagnosed with Gender Dysphoria shall have their Treatment Plans updated in accordance with the 103 DOC 650, *Mental Health Services* policy. All treatment plans for inmates diagnosed with Gender Dysphoria shall be revised as necessary to

reflect changes in treatment recommendations, as appropriate. Such revisions shall be made in consultation with the Gender Dysphoria Clinical Supervision Group and must be approved by the Gender Dysphoria Treatment Committee.

D. Continuation of Cross-gender Hormonal Therapy upon Admission

Upon admission to the Department, any inmate for whom cross-gender hormonal therapy is currently, lawfully prescribed as part of an established regimen for Gender Dysphoria shall have this cross-gender hormonal therapy continued at the time of receipt into the Department unless a contractual medical services provider determines that such treatment is clinically contraindicated. Cross-gender hormonal therapy as described above shall be continued within the Department until an appropriate treatment plan has been developed by the PCC through consultation with the Gender Dysphoria Clinical Supervision Group, reviewed and approved by the Gender Dysphoria Treatment Committee.

1. All newly admitted Gender Dysphoria inmates receiving hormone therapy for the management of Gender Dysphoria shall be evaluated by the medical Primary Care Provider (PCP) on-site and then referred to the identified contractual endocrinologist for assessment and continuity of therapy. The endocrinologist determines whether there are any medical contraindications to cross-gender hormone treatment. If no such contraindications exist, the endocrinologist recommends the appropriate medication, dose and route for management with cross-gender hormone therapy. The site Medical Director reviews the endocrinologist's recommendation and either writes a corresponding medical order or documents the rationale for alternative treatment.
2. A refusal by an inmate to provide a Release of Information (ROI) so that medical and mental health records prior to incarceration may be obtained and reviewed may be cause for discontinuing cross-gender hormonal therapy and for interrupting or tapering the medication(s), within the discretion of the Psychiatric Medical Director. However, regardless of the status of cross-gender hormone therapy, the inmate shall be identified as OMH and continue to receive mental health services on an ongoing basis.
3. In those instances where the PCC may believe that the inmate is not competent to provide informed consent for treatment, the PCC shall consult with the Psychiatric Medical Director of the mental health service provider. If the inmate is under a guardianship then the PCC will consult with the inmate's attorney/guardian. If the inmate is in need of a guardianship, then the procedures set forth in 103 DOC 650, *Mental Health Services* shall be followed.

652.07

REPORTING

A. Gender Dysphoria Treatment Committee:

1. The Gender Dysphoria Treatment Committee shall prepare a quarterly report regarding its review of all cases of inmates diagnosed with Gender Dysphoria. The format of this report shall be approved by the Department's Director of Behavioral Health.
2. The quarterly report of the Gender Dysphoria Treatment Committee shall be submitted within thirty (30) calendar days after the end of the quarter to the Department's Director of Behavioral Health.
3. The quarterly report shall be reviewed by the Department's Director of Behavioral Health and made available to the Deputy Commissioner of Clinical Services and Re-Entry through the Assistant Deputy Commissioner of Clinical Services.
4. This quarterly report shall be available for review by Department staff and others on a need-to-know basis as determined by the Deputy Commissioner of Clinical Services and Re-Entry or Commissioner.

652.08

SECURITY REVIEW

1. In the event that a treatment recommendation is made that may potentially present overwhelming security, safety, or operational difficulties within the correctional environment, the Director of Behavioral Health shall refer the treatment recommendation to the Deputy Commissioner of the Prison Division and the Deputy Commissioner of Clinical Services and Re-entry for a security review. The security review shall take into account the inmate's individual history of incarceration and present circumstances.
2. In the event that the treatment recommendation is determined to present overwhelming security, safety or operational difficulties, the security review will be forwarded to the Commissioner for final review. If the Commissioner determines that the treatment recommendation presents overwhelming security, safety or operational difficulties, he shall articulate specific and justifiable reasons for the denial of the recommended treatment, based on his overwhelming security, safety and/or operational concerns, in writing. The security review shall be completed within sixty (60) calendar days of the referral from the Director of Behavioral Health.
3. If the Gender Dysphoria Treatment Committee determines that no clinical alternatives are viable, the Commissioner shall provide articulate, specific and justifiable reasons, in writing, for the denial of the recommended

treatment, based on his overwhelming security, safety and/or operational concerns.

652.09

MANAGEMENT AND PLACEMENT

Initial Classification and Placement:

A. At the time of commitment, adjudicated individuals are court ordered into Department of Correction custody and are transported to the reception institution based upon said court order. For all new commitments, an Internal Housing Risk Factor Assessment (Attachment #2) is completed and examines issues of risk of victimization and risk of violence/predatory behavior and/or abusiveness. Should an individual identify as Gender Dysphoric or appear to need additional clinical assessment, the process of confirmation will commence as outlined in 103 DOC 652.05. An assessment will inform housing, work, education, and program assignments and will focus on individual safety. These assessments will occur on a case by case basis and will include security level, criminal and discipline history, medical and mental health assessment of needs, vulnerability to sexual victimization and potential of perpetrating abuse based on prior history. A Gender Dysphoric inmate's own views with respect to his or her own safety shall be given serious consideration. In addition, consideration of specific cases with partial completion of sex reassignment surgery, removal or augmentation of breasts, removal of testicles, etc. shall be evaluated on a case-by-case basis by the Program Medical Director and reported to the Assistant Deputy Commissioner of Classification for consideration of any safety, security and/or operational concerns presented. Consideration of these clinical recommendations should be given by the Department of Correction when making determinations regarding such issues. Final determination as to the most appropriate housing, however, is the responsibility of the Department.

B. Bi-Annual Review

An Internal Housing Risk Factor Assessment (Attachment #2) will be completed at least every six months in collaboration with medical, mental health and correctional professionals to assess ongoing placement for each Gender Dysphoric inmate. This bi-annual review will include a review any threats to safety experienced by the inmate.

C. Internal Placements

Site mental health directors may provide clinical input as to their clinical recommendations related to housing of an inmate diagnosed with Gender Dysphoria within their respective facility. Consideration of these clinical recommendations should be given by the Department of Correction when making determinations regarding such issues; however, final determination regarding housing placement is the responsibility of the Department and site Superintendent.

D. Transportation

Inmates diagnosed with Gender Dysphoria will be transported per 103 DOC 530, *Inmate Transportation Policy*.

E. Hygiene

Inmates diagnosed with Gender Dysphoria shall be given the opportunity to shower separately from other inmates per 103 DOC 750, *Hygiene Standards*.

MASSACHUSETTS DEPARTMENT OF CORRECTION
MENTAL HEALTH SERVICES
GENDER DYSPHORIA
MENTAL HEALTH REFERRAL
(To be completed by Primary Care Clinician, PCC)

Inmate Name: _____ Date: _____
ID Number: _____ Facility: _____
Primary Care Clinician (PCC): _____
Referral Source (if other than PCC): _____

Brief Criminal History:
Date of State Incarceration (most recent): _____
Charge(s): _____
Sentence Structure: _____
Anticipated Release Date: _____

Brief Psychiatric History (including self-injurious behavior and suicidality):

DSM-5 Diagnosis:

Other Conditions That May Be a Focus of Clinical Attention:

Psychotropic Medications (current): _____

Psychiatric Hospital Admissions (include 18(a) to Bridgewater State Hospital or DMH) and Dates: _____

History of Self-Injurious and/or Suicidal Behavior: _____

History of Gender Dysphoria Diagnosis by Qualified Mental Health Professional: _____

Prior Cross-Gender Hormone Therapy with Dates: Yes No

When: _____

Duration: _____

Prescriber: _____

Medication(s) – including drug name, dosage and start date: _____

Pharmacy: _____

Current Name: _____ **Name Change:** _____

Diagnostic Impressions (prompting Gender Dysphoria referral): _____

Signatures:

PCC: _____ **Date:** _____

Site Psychiatrist: _____ **Date:** _____

Site Mental Health Director: _____ **Date:** _____

Massachusetts Department of Correction
Internal Housing Risk Factors (Males)

Inmate Name _____ # _____ Institution _____

Risk of victimization

To be completed by medical/mental health

- 1) Victim of institutional sexual assault yes/no
- 2) Mental Disability yes/no
- 3) Physical Disability yes/no
- 4) Developmental Disability yes/no
- 5) History of sexual victimization yes/no
- 6) Does offender perceive self as vulnerable yes/no
- 7) Is or perceived to be transgender, intersex, Gender Dysphoria, Gay, Bi-sexual,
gender non-conforming yes/no

To be completed by the CO/ CPO

- 8) Youthful age (21 or younger) yes/no
- 9) Elderly (65 +) yes/no
- 10) Physical stature (5'6" or less/ less than 140 lbs.) yes/no
- 11) First incarceration ever yes/no
- 12) Any convictions for sex offense against child or adult including current offense yes/no
- 13) Exclusively non-violent criminal history yes/no
- 14) Effeminate presentation yes/no
- 15) History of Protective Custody placement yes/no

Risk of Violence/Predatory Behavior

- 1) History of institutional sexual abuse on others, as known yes/no
- 2) History of domestic violence on others yes/no
- 3) Security Threat Group Affiliation yes/no
- 4) History of extortions or assault on others in prison yes/no
- 5) History of violent offenses yes/no

Victim Potential Victim Unknown Aggressor Potential Aggressor Unknown

Override to: Victim Potential Victim Unknown Aggressor Potential Aggressor Unknown

Rationale if override used _____

Completed by _____ Date _____

Override approved/denied _____ Date _____

Reference Guide

Vulnerable/Victim identifiers

1. *Victim of institutional sexual assault (documented)*: Check “yes” if there is any formal documentation or admission by the offender that there is a history of being the victim of a sexual assault while incarcerated in any correctional facility as either an adult or juvenile. This will be answered by medical/mental health staff. The CO/CPO should check other sources for validation (i.e. intake forms, IPS, Certified Sexual Assault Investigator/ PREA database) when the response is NO. Yes responses should result in notification to the institutional Certified Sexual Assault Investigator.
2. *Mental Disability*: a substantial disorder of thought, mood, perception, cognition or memory that grossly impairs their judgment, behavior, capacity to recognize reality or meet ordinary demands of life. This question will be answered by medical/mental health staff.
3. *Physical Disability*: any impairment which limits the physical function of limbs or fine or gross motor ability to include impairments which limit other facets of daily living. This question will be answered by medical/mental health staff.
4. *Developmental Disability*: a mental disorder described as mental retardation in the current edition of the DSM-IV which may impair the offender’s ability to function in a correctional setting. This question will be answered by medical/mental health staff.
5. *History of institutional sexual abuse on others*: Check “yes” if there is any indication in any source documents that the offender has been sexually abused in any setting. Also check “yes” if the offender self-reports as being sexually abused in any setting. This will be answered by medical/mental health staff.
6. *Does inmate perceive self as vulnerable*: check “yes” if inmate self reports perception of there is any indication in source documents that inmate has self reported in the past.
7. *Is or perceived to be transgender, intersex, Gender Dysphoria, Gay, Bi-sexual, gender non-conforming*: as determined and confirmed by medical/mental health staff. This will be answered by medical/mental health staff.
8. *Youthful Age (21 or younger)*: Check “yes” if the offender is 21 or younger at the time of the screening based on the inmate’s official date of birth. This will default from IMS.
9. *Elderly (65 or older)*: Check “yes” if the offender is 65 years or older at the time of the screening based on the inmate’s official date of birth. This will default from IMS.
10. *Physical stature (5’6’ or less and/or less than 140 lbs)* Check “yes” if the male inmate is 5’6” or less and/or is less than 140 pounds in weight based on the official record , self report or visual assessment. This will default from IMS.
11. *First Incarceration ever*: Check “yes” if the offender is serving their first incarceration of any kind, in state or out of state, adult or juvenile. This will default from IMS when possible otherwise will be answered by the CO/CPO.
12. *Any convictions for sex offense against child or adult including current offense*: Check yes if inmate has any conviction for sex offenses against an adult or a child. This will default from IMS.
13. *Exclusively Non-Violent Criminal History* – Including the current offense check “yes” if inmate’s criminal history does not include any convictions for violent offenses. Violent offenses include: murder, manslaughter, vehicular homicide, assault w/i to commit murder, attempted murder, armed robbery, unarmed robbery, carjacking, assault w/DW, armed assault w/i to rob or murder, confining and putting in fear, armed assault in a dwelling, A&B (any type), A&B on a child, A&B DW, assault w/i to commit a felony, mayhem, violation of civil rights, rape adult or child (any type), assault w/i to rape, indecent A&B, unnatural acts w a child, armed burglary, B&E w/i to assault.

14. *Effeminate presentation*: Check “yes” if the offender presents in an effeminate way and by doing so may result in victimization. The “effeminate” attribute is limited to males and will be based on the staff’s observation of the offender. This will be answered by the CO/CPO.
15. *History of Protective Custody Placement (adult/juvenile)*: Check “yes” if there is a documented history of being placed in a protective custody unit in an adult or juvenile correctional facility. Also check yes if the offender self reports as having been classified as a protective custody offender. This will be answered by the CO/CPO

Reference Guide

Violence/Predatory Identifiers

1. *History of institutional sexual abuse on others*: Check “yes” if there is any formal documentation or admission by the offender that there is a history of involvement in institutional sexual predatory behavior. This will default from IMS when it is known otherwise will be answered by the CO/CPO. Yes responses should result in notification to the institutional Certified Sexual Assault Investigator.
2. *History of Domestic Violence on Others*: Check “yes” if inmate has or admits to any prior history for domestic violence on others. 209A violations may be used as an indicator of a domestic violence history. This will be answered by the CO/CPO.
3. *STG (Gang) affiliation*: Check “yes” if inmate has been identified as being a validated member of a security threat group; self reports being an active member of a street gang or security threat group as indicated in IMS or when documentation exists that the inmate is likely a member of a security threat group. This will default from IMS but should be validated through other source documents if needed by the CO/CPO.
4. *History of Extortion/assaults in prison*: Check “yes” if inmate has or admits to a history of extortion of other offenders or assaulting staff or other inmates. This will be default from IMS when possible but will be answered by the CO/CPO.
5. *History of Violent Offenses (adult and juvenile)*: including current offense, check “yes” if inmate has any convictions for a violent felony. This will default from IMS when possible but will be answered by the CO/CPO.

Override Rules

Once a designation(s) has been determined, the screener should consider the accuracy of that designation. The screener, having knowledge of the inmate and/or the inmate’s history should be confident in the designation. In cases where the designation is questioned, the screener may choose to have the housing risk assessment reviewed by the Deputy Superintendent of Classification and Treatment for a possible override of the designation to a different category. The rationale for that type of action needs to be documented. For example, some inmates may have the characteristics of a victim yet when observed; victimization is not likely to occur perhaps based on the offender’s ability to adapt to the prison environment.

Cell Assignment Rules

- Staff responsible for cell/room assignments shall consult the Internal Housing Designation Risk Factor information prior to making a cell/room assignment.
- Staff shall not place known or potential victims with known or potential predators
- Inmates not identified in either category can be housed with anyone including those identified as a known victim or predator
- Staff shall also review for enemy issues prior to making any housing assignments

- Staff shall consider matching other factors such as length of sentence, age, medical and mental health issues, size and weight as matching these characteristics may result in a positive housing situation.

FEMALE INTERNAL HOUSING RISK FACTORS

Inmate Name _____ **#** _____ **Institution** _____

Risk of victimization

To be completed by medical/mental health

- 1. Victim of institutional sexual assault yes/no
- 2. Mental disability yes/no
- 3. Physical disability yes/no
- 4. Developmental disability yes/no
- 5. History of sexual victimization yes/no
- 6. Does offender perceive self as vulnerable yes/no
- 7. Is or perceived to be gay, lesbian, bisexual, transgender, intersex, gender nonconforming or gender dysphoria yes/no

To be completed by the CO/ CPO

- 8. Youthful age (25 or younger) yes/no
- 9. Elderly (60 or older) yes/no
- 10. Small in physical stature (less than 110lbs) yes/no
- 11. First incarceration/confinement ever yes/no
- 12. Conviction for sex offense against an adult or child yes/no
- 13. Exclusively non-violent criminal history yes/no

Risk of abusiveness

- 1. History of institutional sexual abuse toward others, as known yes/no
- 2. History of institutional violence, as known yes/no
- 3. History of sexual abuse or sexual assault toward others yes/no
- 4. History of violent offense yes/no

Victim Potential Victim Unknown Aggressor Potential Aggressor Unknown

Override to: Victim Potential Victim Unknown Aggressor Potential Aggressor Unknown

Rationale if override used _____

Completed by _____ Date _____

Override approved/denied _____ Date _____

Reference Guide

Risk of Victimization

16. **Victim of institutional sexual assault:** Check “yes” if there is any formal documentation or admission by the offender that there is a history of being the victim of a sexual assault while incarcerated in any correctional facility as either an adult or juvenile. This will be answered by medical/mental health staff.
17. **Mental Disability:** A substantial disorder of thought, mood, perception, cognition or memory that grossly impairs their judgment, behavior, capacity to recognize reality or meet ordinary demands of life. This question will be answered by medical/mental health staff.
18. **Physical Disability:** Any impairment which limits the physical function of limbs or fine or gross motor ability to include impairments which limit other facets of daily living. This question will be answered by medical/mental health staff.
19. **Developmental Disability:** A mental disorder described as mental retardation in the current edition of the DSM-IV which may impair the offender’s ability to function in a correctional setting. This question will be answered by medical/mental health staff.
20. **History of Sexual victimization:** Check “yes” if there is any indication in any source documents that the offender has been sexually abused in any setting. Also check “yes” if the offender self-reports as being sexually abused in any setting. This will be answered by medical/mental health staff.
21. **Does offender perceive self as vulnerable:** Check “yes” if offender self reports perception of vulnerability or if there is any indication in source documents that inmate has self reported in the past. This will be answered by medical/mental health staff.
22. **Is or is perceived to be, gay, lesbian, bisexual, transgender, intersex, gender nonconforming or gender dysphoria:** As determined and confirmed by medical/mental health staff. This will be answered by medical/mental health staff.
23. **Youthful Age (25 or younger):** Check “yes” if the offender is 25 or younger based on the inmate’s official date of birth. This will default from IMS.
24. **Elderly (60 or older):** Check “yes” if the offender is 60 years or older based on the inmate’s official date of birth. This will default from IMS.
25. **Small Physical stature: (less than 110 lbs):** Check “yes” if the female offender is less than 110 pounds in weight based on the official record, self report or visual assessment. This will default from IMS
26. **First Incarceration/confinement ever:** Check “yes” if the offender is serving their first incarceration/confinement of any kind, in state or out of state, adult or juvenile, H/C, awaiting trial

or civil commitment. This will default from IMS when possible otherwise will be answered by the CO/CPO.

27. **Conviction for sexual assault on adult or child:** Check “yes” if inmate has any conviction for sex offenses against an adult or a child. This will default from IMS when possible otherwise will be answered by the CO/CPO.
28. **Exclusively non-violent criminal history:** Check “yes” if criminal history does not include any violent offenses (regardless of disposition). Violent offenses include: murder, manslaughter, vehicular homicide, assault w/i to commit murder, attempted murder, armed robbery, unarmed robbery, carjacking, assault w/DW, armed assault w/i to rob or murder, confining and putting in fear, armed assault in a dwelling, A&B (any type), A&B on a child, A&B DW, assault w/i to commit a felony, mayhem, violation of civil rights, rape adult or child (any type), assault w/i to rape, indecent A&B, unnatural acts w a child, armed burglary, B&E w/i to assault. This will default from IMS when it is known otherwise will be answered by the CO/CPO.

Risk of Abusiveness

6. **History of institutional sexual abuse toward others:** Check “yes” if there is any formal documentation or admission by the offender that there is a history of involvement in institutional sexual aggressive behavior. This will default from IMS when it is known otherwise will be answered by the CO/CPO.
7. **History of Institutional Violence:** Institutional violence is normally captured in category 1 or category 2 DOC disciplinary reports or other incident or disciplinary reports if occurred in another jurisdiction. This will default from IMS when it is known otherwise will be answered by the CO/CPO.
8. **History of sexual abuse or sexual assault toward others:** Check “yes” if criminal history includes charges (regardless of disposition) for rape- child or adult (any type), assault w/i to commit rape, indecent assault and battery or unnatural acts with a child. Additionally, if during the interview the offender admits to sexual abuse or sexual assault on others for which no charges were sought a “yes” response is appropriate. This will be answered by the CO/CPO.
9. **History of violent offense:** Check “yes” if criminal history includes charges (regardless of disposition) for a violent offense. Violent offenses include murder, manslaughter, vehicular homicide, assault w/i to commit murder, attempted murder, armed robbery, unarmed robbery, carjacking, assault w/dw, armed assault w/i to rob or murder, confining and putting in fear, armed assault in a dwelling, A&B (any type), A&B on a child, A&B DW, assault w/i to commit a felony, mayhem, violation of civil rights, rape adult or child (any type), assault w/i to rape, indecent A&B, unnatural acts w a child, armed burglary, B&E w/i to assault. This will be answered by the CO/CPO.

Override Rules

Once a designation(s) has been determined, the screener should consider the accuracy of that designation. The screener, having knowledge of the offender and/or the offender’s history should be

confident in the designation. In cases where the designation is questioned, the screener may choose to have the housing risk assessment reviewed by the Deputy Superintendent of Classification and Treatment for a possible override of the designation to a different category. The rationale for that type of action needs to be documented. For example, some offenders may have the characteristics of a victim yet when observed; victimization is not likely to occur perhaps based on the offender's ability to adapt to the prison environment.

Cell Assignment Rules

- Staff responsible for cell/room assignments shall consult the Internal Housing Designation Risk Factor information prior to making a cell/room assignment.
- Staff shall not place known or potential victims with known or a potential aggressor.
- Inmates not identified in either category can be housed with anyone including those identified as a known victim or aggressor.
- Staff shall also review for enemy issues prior to making any housing assignments
- Staff shall consider matching other factors such as length of sentence, age, medical and mental health issues, size and weight as matching these characteristics may result in a positive housing situation.

Victim if yes to question 1. Potential victim if yes to 4 or more victimization identifiers (2-13). Status unknown if yes to 3 or less victimization identifiers.

Aggressor if yes to question 1. Potential aggressor if yes to 2 or more abusiveness identifiers (2-4). Status unknown if yes to 1 or zero identifiers.


 <p style="text-align: center;">Massachusetts Department Of Correction</p> <h1 style="text-align: center;">POLICY</h1>	Effective Date	Responsible Division Health Services Division
	11/19/2020	
	Annual Review Date	
	10/19/2020	
Policy Name	M.G.L. Reference: M.G.L. Chapter 124, §§ 1 (c), (q); Section 91 of Chapter 69 of the Acts of 2018 (a.k.a. Criminal Justice Reform Act)	
<p style="text-align: center;">103 DOC 653 IDENTIFICATION, TREATMENT AND CORRECTIONAL MANAGEMENT OF GENDER NON-CONFORMING INMATES</p>	DOC Policy Reference: 103 DOC 506	
	ACA/PREA Standards: PREA: 115.15; 115.42	
	Applicability: Staff	
<p style="text-align: center;">Attachments</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p style="text-align: center;">Inmate Library</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	
<p style="text-align: center;">Public Access</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>Location: DOC Central Policy File/Facility Policy File Health Services Division Policy File/ Inmate Library</p>	
<p>PURPOSE: The purpose of this policy is to establish guidelines for the identification, treatment, and institutional management of gender non-conforming inmates.</p> <p>RESPONSIBLE STAFF FOR IMPLEMENTATION AND MONITORING OF POLICY: Assistant Deputy Commissioner of Clinical Services Director of Behavioral Health Mental Health Regional Administrators Superintendents Program Directors Staff of the Contractual Medical, Mental Health, Sex Offender Treatment and Program/Substance Abuse Providers</p> <p>CANCELLATION: 103 DOC 653 cancels all previous Department policy statements, bulletins, directives, orders, notices, rules or regulations regarding Internal Regulations/Policies which are inconsistent with this policy.</p> <p>SEVERABILITY CLAUSE: If any part of 103 DOC 653 is, for any reason, held to be in excess of the authority of the Commissioner, such decision shall not affect any other part of this policy.</p>		

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DEFINITIONS

DSM-5: The Diagnostic and Statistics Manual of Mental Disorders Fifth Edition (DSM-5). A publication of the American Psychiatric Association (APA) which lists specific criteria that enable a clinician to establish a diagnosis of a mental disorder.

Program Mental Health Director: The contractual mental health provider who is responsible for the administration, management, supervision, and development of mental health programs and delivery of behavioral health services at all Department correctional facilities. The Program Mental Health Director provides and supervises mental health care services throughout the Department; evaluates patient care, and assesses what is required by way of treatment; determines the condition and adequacy of treatment facilities and programs; identifies the need for appropriate equipment; acts as a consultant for physicians and behavioral health care staff; delivers emergency and ongoing direct clinical services; develops and reviews Treatment Plans; and evaluates inmates when clinically indicated.

Exigent Circumstances: Circumstances, including institutional emergencies as set forth in the Department's regulations or policies, or emergencies in general, under which the doing of an act, or the not doing of an act, would create an unacceptable risk to the safety of any person or property.

Gender Dysphoria: Defined by the DSM-5 as the following:

- A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration, as manifested by at least two of the following:
1. A marked incongruence between one's experiences/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics).
 2. A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics).
 3. A strong desire for the primary and/or secondary sex characteristics of the other gender.
 4. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender).
 5. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).

6. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender).

B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Gender Identity: A person's identity, appearance or behavior as it relates to gender, whether or not that gender identity, appearance or behavior is different from that traditionally associated with the person's physiology or assigned sex at birth. Gender identity may be verified by providing evidence which may include, but is not limited to, medical history, mental health history, care or treatment of the gender identity, consistent and uniform assertion of the gender identity, or any other evidence that the gender identity is sincerely held as part of a person's core identity; provided, however, that gender identity shall not be asserted for any improper purpose.

Gender Non-Conforming: The extent to which a person's identity, role, or expression differs from cultural norms prescribed for people of a particular biological sex. Only some gender non-conforming individuals will experience gender dysphoria at some point in their lives.

Qualified Mental Health Professionals: Treatment providers who are psychiatrists, psychologists, psychiatric social workers, psychiatric nurses, and others who by virtue of their education, credentials and experience are permitted by law to evaluate and care for the mental health needs of patients.

653.02 POLICY STATEMENT

It is the policy of the Massachusetts Department of Correction to appropriately manage gender non-conforming inmates in a humane, safe, correctional environment, sensitive to their unique adjustment issues, consistent with the core values, vision, and mission of the Department and its commitment to provide adequate medical care and mental health services to all inmates in its custody.

Gender expression is the sole province of the individual. Therefore, self-identification for assessment of needs is required.

653.03 MANAGEMENT AND PLACEMENT

At the time of their commitment, sentenced individuals are court ordered into the custody of the Department of Correction, and are transported to the Department's reception center for males or females based upon the court's order.

Once committed to the Department of Correction, placement decisions, classification, and other programming assignments for gender non-conforming inmates shall be considered on a case-by-case basis. Factors which shall be considered include, but are not limited to, the inmate's stated request, whether a placement would ensure the inmate's health and safety, and/or whether the placement would present management or security problems.

Placement and programming assignments for each gender non-conforming inmate shall be reassessed at least twice each year in order to review any threats to safety experienced by the inmate.

A gender non-conforming inmate's own views with respect to his or her own safety shall be given serious consideration.

1. Initial Classification and Placement: For all new commitments, an IMS Housing Risk Factor Assessment is completed which examines issues of risk of victimization and risk of violence/predatory behavior/abusiveness. Should an inmate identify as gender non-conforming, the additional process of the verification of the gender non-conforming status shall commence as outlined in 103 DOC 653.04. The findings of the verification of the gender non-conforming status process, along with the Housing Risk Factor Assessment, shall inform housing, work, education, and program assignments.
 - A. Bi-Annual Review: A Housing Risk Factor Assessment will be completed at least every six months for all gender non-conforming inmates. In preparing for the status review, medical staff, mental health staff, and other security personnel will collaborate to assess appropriate programming and placement within the agency for each gender non-conforming inmate. The review shall assist with decisions regarding housing, work, education, and program assignments and shall focus on individual safety. Recommendations shall be considered on a case by case basis, and shall consider whether placement will ensure the inmate's health and safety, and whether the placement would present management or security issues. Security level, criminal and discipline history, medical and mental health assessment of needs, vulnerability to sexual victimization and potential of perpetrating abuse based on a history of being sexually or physically abusive, shall all be considered. The inmate's own views with respect to his or her own safety shall also be given serious consideration. This bi-annual review shall include a review of any threats to safety experienced by the inmate.

In addition, specific cases with partial completion of sex reassignment surgery, removal or augmentation of breasts, removal

of testicles, etc., shall be evaluated on a case by case basis by the Program Medical Director. In the event that the Program Medical Director's recommendation may potentially present security, safety, or operational difficulties within the correctional environment, the Director of Behavioral Health shall refer the request to the Deputy Commissioner of the Prison Division and the Deputy Commissioner of Clinical Services and Reentry for a security review, pursuant to 103 DOC 653.08, Security Review.

- B. Internal Placements: Site mental health directors may provide input as to their clinical recommendations related to housing gender non-conforming inmates within their respective facilities. Consideration of these clinical recommendations should be given by the Department of Correction when making determinations regarding such issues; however, final determination regarding internal housing placement is the responsibility of the Superintendent.
- C. Gender non-conforming inmates will not be housed in dedicated facilities, units, or wings solely on the basis of their gender non-conforming identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates.
- D. Searches will be conducted pursuant to 103 DOC 506, *Search Policy*.
- E. Upon request by the inmate, an unclothed search will be conducted by an officer of the gender with which the inmate identifies, except in exigent circumstances. Gender non-conforming inmates shall inform the Department of their strip search preference, and any transition from that preference shall require reassessment by the contracted medical vendor.

Gender non-conforming inmates shall not be searched or physically examined for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by the contracted medical provider.

The Department shall provide training to security staff regarding how to conduct gender-specific pat-down searches. Pat-down searches of gender non-conforming inmates shall be conducted in a

professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

653.04

VERIFICATION OF GENDER NON-CONFORMING STATUS

1. If, upon admission to the Department, or at any time during an inmate's incarceration, an inmate self-identifies as being gender non-conforming, a facility-based medical provider, or qualified mental health professional assigned to the inmate, shall review the inmate's gender non-conforming status to determine whether the inmate's gender identity is sincerely held as part of the inmate's core identity. This assessment shall include a thorough record review including obtaining releases of information for external providers as well as a face to face interview. Gender identity may be verified by providing to the medical provider or qualified mental health professional evidence of the inmate's gender non-conforming status which may include, but is not limited to, medical history, mental health history, care or treatment of the gender identity, consistent and uniform assertion of the gender identity, or any other evidence that the gender identity is sincerely held.

For persons returned to the custody of the Department of Correction with a previously confirmed gender non-conforming status, a new gender identity verification process shall not be required unless indicated by the contracted medical provider or qualified mental health professional assigned to the inmate.

2. If an inmate's gender non-conforming status is denied by the contracted medical provider or qualified mental health professional assigned to the inmate, the inmate may appeal to the Statewide Medical Director within thirty (30) days of the denial. The Statewide Medical Director shall issue his/her decision for the appeal within sixty (60) days of receipt of the appeal. The grounds for the appeal decision shall be in writing and given to the inmate. The Statewide Medical Director's decision is final.

If an inmate's gender non-conforming status is denied, the inmate may request a re-verification process by the facility-based medical provider or qualified mental health professional assigned to the inmate after one year of the prior denial.

653.05

PROPERTY, HYGIENE, AND GROOMING

1. At the time of commitment, an inmate who self identifies as gender non-conforming shall be assessed by the contracted medical and/or mental health provider to confirm the inmate's gender identity. If the inmate's gender non-conforming status is affirmed, the inmate shall be provided access to clothing

and canteen items of the inmate's gender identity. In addition, personal property consistent with the inmate's gender identity shall be available for the inmate to purchase through the canteen. The personal property must be commensurate with the security level of the facility. As such, not all items are available universally.

2. Any item utilized to feminize or masculinize which is not property approved by the Department (e.g., chest binders, breast forms, etc.) though deemed necessary by medical providers may be ordered by a Primary Care Provider (PCP) and noted as a medical device in IMS.
3. All gender non-conforming inmates shall be provided notice by the facility PREA Manager or Deputy Superintendent of Reentry that they shall be given the opportunity to shower separately from other inmates. An appropriate schedule shall be included within said notice.

653.06

CONTINUATION OF CROSS-GENDER HORMONAL THERAPY UPON ADMISSION

Upon admission to the Department, any inmate who has a current, lawful prescription for cross-gender hormonal therapy which is part of an established regimen for the inmate's gender non-conforming status and/or Gender Dysphoria shall have the cross-gender hormonal therapy continued at the time of placement into the Department's custody unless a contracted medical provider determines that such cross-gender hormonal therapy which is part of an established regimen for the inmate's treatment is clinically contraindicated. Cross-gender hormonal therapy as described above shall be continued within the Department until an appropriate treatment plan has been developed by the PCP.

1. All newly committed gender non-conforming inmates receiving hormone therapy shall be evaluated by the medical PCP on-site and then referred to the identified contracted endocrinologist for assessment and continuity of therapy. The endocrinologist determines whether there are any medical contraindications to cross-gender hormone treatment. If no such contraindications exist, the endocrinologist shall recommend the appropriate medication, dose and management with cross-gender hormone therapy. The site Medical Director shall review the endocrinologist's recommendation and shall write a corresponding medical order or shall document the rationale for alternative treatment.
2. A refusal by an inmate to provide a Release of Information (ROI) so that medical and mental health records prior to incarceration may be obtained and reviewed may be cause for discontinuing cross-gender hormonal therapy and for interrupting or tapering the medication(s), within the discretion of the Statewide Medical Director.

653.07 COMMUNICATION

All correctional staff shall communicate with all inmates in a respectful manner at all times. In order to communicate effectively and professionally with gender non-conforming inmates, correctional staff shall utilize the inmate’s preferred pronoun, if using a pronoun, when speaking to, speaking about, or writing about the inmate. Otherwise, correctional staff shall utilize the inmate’s first and/or last name when speaking to, speaking about, or writing about the inmate.

653.08 SECURITY REVIEW

1. A gender non-conforming inmate may request to be housed in a facility of the gender with which the inmate identifies. Upon receipt of the request, the site administration shall notify the Department’s Director of Behavioral Health. In the event that a request may potentially present security, safety, or operational difficulties within the correctional environment, the Director of Behavioral Health shall refer the request to the Deputy Commissioner of the Prison Division and the Deputy Commissioner of Clinical Services and Reentry for a security review. The security review shall take into account the inmate’s individual history of incarceration and present circumstances.

2. Arrangements for transition to the facility of the gender with which the inmate identifies shall occur unless the Commissioner certifies in writing that the particular placement would not ensure the inmate’s health or safety or that the placement would present management or security problems.

The Commissioner shall articulate specific and justifiable reasons based on security, safety and/or operational concerns, in writing. The security review shall be completed within ninety (90) calendar days of the referral from the Director of Behavioral Health.

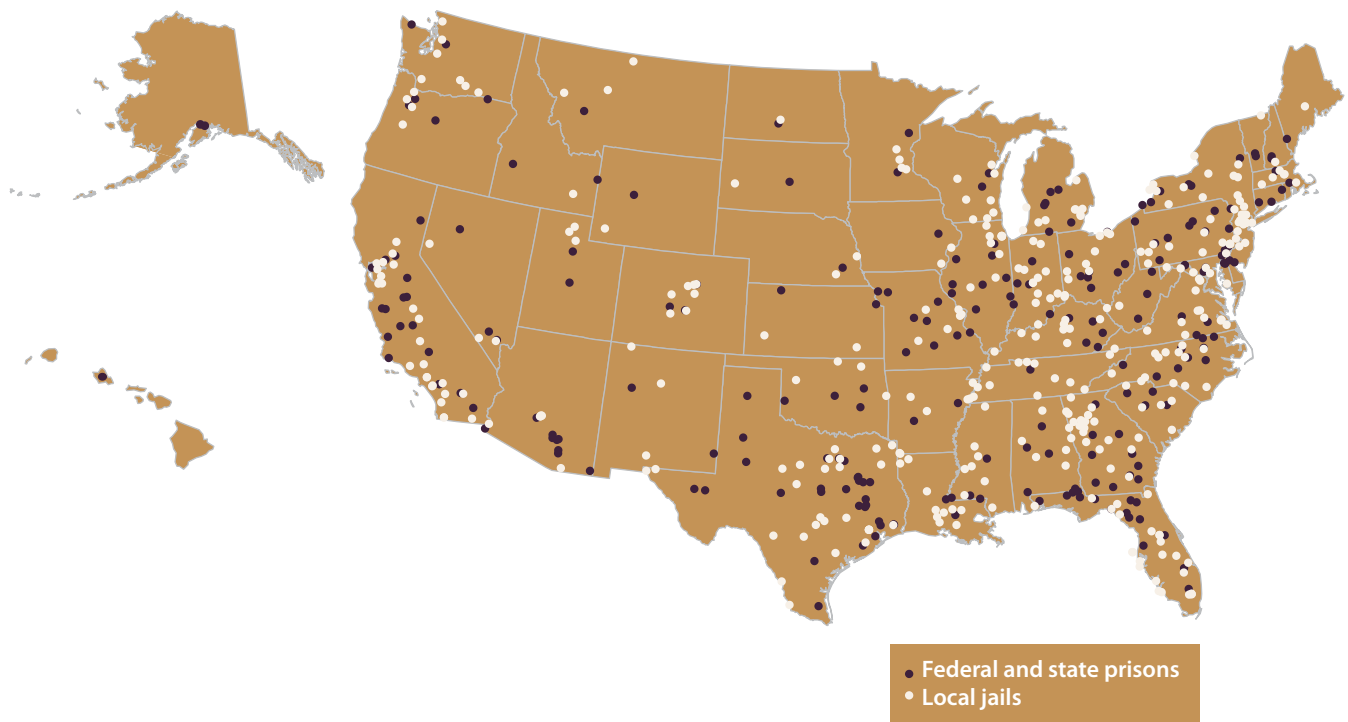
653.09 EMERGENCIES

Whenever, in the opinion of the Commissioner or the Deputy Commissioner of Prisons, an emergency exists which requires suspension of all or part of 103 DOC 653, he/she may order such suspension, provided that any such suspension ordered by the Deputy Commissioner of Prisons lasting beyond forty-eight (48) hours is authorized by the Commissioner.



Sexual Victimization in Prisons and Jails Reported by Inmates, 2011–12

National Inmate Survey, 2011–12



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May 2013, NCJ 241399

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The Bureau of Justice Statistics is the statistics agency of the U.S. Department of Justice. William J. Sabol is the acting director.

This report was written by Allen J. Beck, Ph.D., BJS Statistician, and Marcus Berzofsky, Dr.P.H., Rachel Caspar, and Christopher Krebs, Ph.D., RTI International.

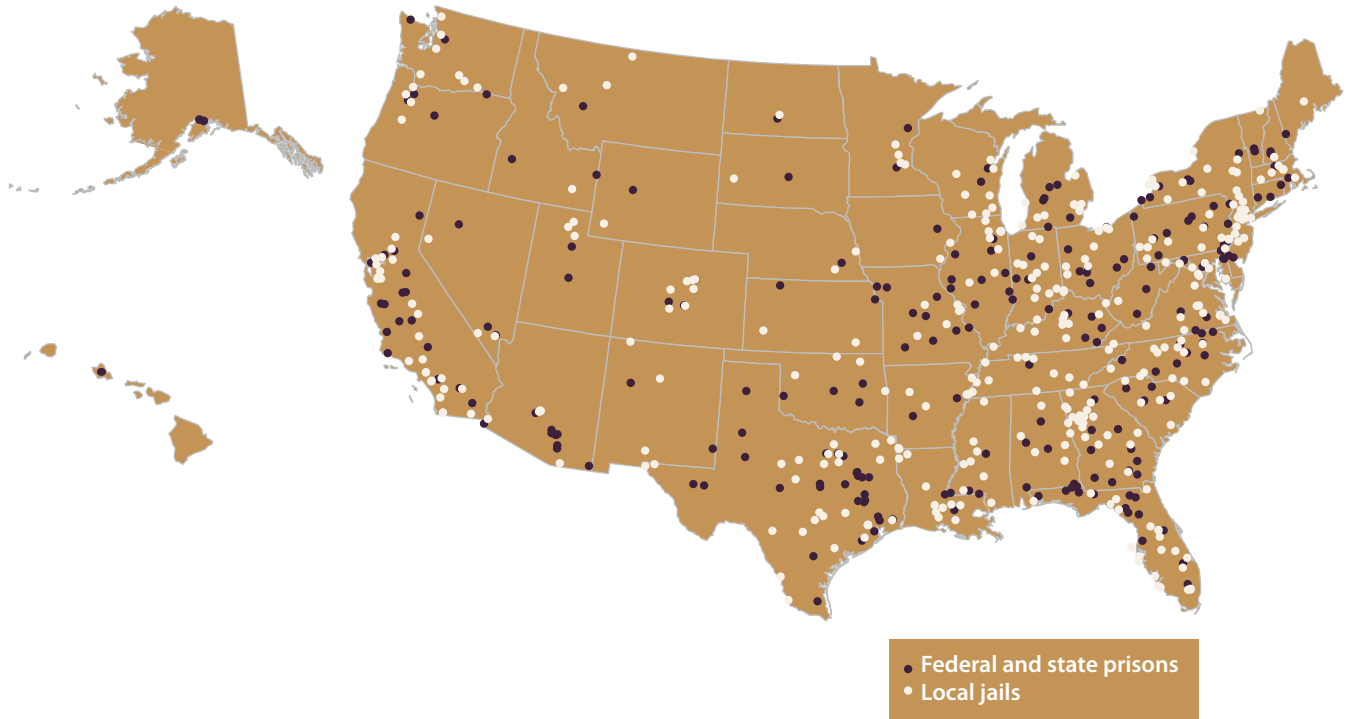
Paige M. Harrison (former BJS statistician) was the project manager for the NIS-3. RTI International staff, under a cooperative agreement and in collaboration with BJS, designed the survey, developed the questionnaires, and monitored the data collection and processing. The staff included Rachel Caspar, Principal Investigator/Instrumentation Task Leader; Christopher Krebs, Co-principal Investigator; Ellen Stutts, Co-principal Investigator and Data Collection Task Leader; Susan Brumbaugh, Logistics Task Leader; Jamia Bachrach, Human Subjects Task Leader; David Forvendel, Research Computing Task Leader; and Marcus Berzofsky, Statistics Task Leader. Ramona Rantala, BJS statistician, and RTI staff, including Heather Meier, Barbara Alexander, and Rodney Baxter, verified the report.

Morgan Young and Jill Thomas edited the report, and Barbara Quinn designed and produced the report under the supervision of Doris J. James.

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Sexual Victimization in Prisons and Jails Reported by Inmates, 2011–12

National Inmate Survey, 2011–12



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BJS

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Highlights

Prevalence of sexual victimization

- In 2011-12, an estimated 4.0% of state and federal prison inmates and 3.2% of jail inmates reported experiencing one or more incidents of sexual victimization by another inmate or facility staff in the past 12 months or since admission to the facility, if less than 12 months.
- Using the same methodology since 2007, the rate of sexual victimization among state and federal prison inmates was 4.5% in 2007 and 4.0% in 2011-12; but, the difference was not statistically significant. Among jail inmates, the rate of sexual victimization remained unchanged—3.2% in 2007 and 3.2% in 2011-12.
- Among state and federal prison inmates, 2.0% (or an estimated 29,300 prisoners) reported an incident involving another inmate, 2.4% (34,100) reported an incident involving facility staff, and 0.4% (5,500) reported both an incident by another inmate and staff.
- About 1.6% of jail inmates (11,900) reported an incident with another inmate, 1.8% (13,200) reported an incident with staff, and 0.2% (2,400) reported both an incident by another inmate and staff.
- From 2007 to 2011-12, reports of “willing” sexual activity with staff (excluding touching) declined in prisons and jails, while reports of other types of sexual victimization remained stable.

Facility rankings

- Eleven male prisons, 1 female prison, and 9 jails were identified as high-rate facilities based on the prevalence of inmate-on-inmate sexual victimization in 2011-12. Eight male prisons, 4 female prisons, and 12 jails were identified as high rate based on the prevalence of staff sexual misconduct. Each of these facilities had a lower bound of the 95%-confidence interval that was at least 55% higher than the average rate among comparable facilities.
- Seven male prisons, 6 female prisons, and 4 jails were identified as low-rate facilities based on a small percentage of inmates reporting any sexual victimization by another inmate or staff and a low upper bound of the 95%-confidence interval around the rate.
- Among the 225 prisons and 358 jails in the survey, 13 prisons and 34 jails had no reported incidents of sexual victimization.
- Two military facilities and one Indian country jail had high rates of staff sexual misconduct in 2011-12. The

Northwest Joint Regional Correctional Facility (Fort Lewis, Washington) (6.6%) and the Naval Consolidated Brig (Miramar, California) (4.9%) had high rates of staff sexual misconduct that were more than double the average of prisons (2.4%) and jails (1.8%) nationwide. The Oglala Sioux Tribal Offenders Facility (Pine Ridge, South Dakota) (10.8%) reported the highest rate of staff sexual misconduct among all tribal and nontribal jails in the survey.

Variations in victimization rates

- Patterns of inmate-on-inmate sexual victimization in 2011-12 were consistent with patterns in past surveys. Rates reported by prison and jail inmates were higher among females than males, higher among whites than blacks, and higher among inmates with a college degree than those who had not completed high school.
- Variations in staff sexual misconduct rates were also similar across surveys. Rates reported by inmates were higher among males in jails than females in jails, higher among black inmates in prisons and jails than white inmates in prisons and jails, and lower among inmates age 35 or older than inmates ages 20 to 24 in both prisons and jails.
- Inmates held for violent sexual offenses reported higher rates of inmate-on-inmate sexual victimization (3.7% in prison and 3.9% in jails) than inmates held for other offenses.

Special inmate populations

- In 2011-12, juveniles ages 16 to 17 held in adult prisons and jails did not have significantly higher rates of sexual victimization than adult inmates:
 - An estimated 1.8% of juveniles ages 16 to 17 held in prisons and jails reported being victimized by another inmate, compared to 2.0% of adults in prisons and 1.6% of adults in jails.
 - An estimated 3.2% of juveniles ages 16 to 17 held in prisons and jails reported experiencing staff sexual misconduct. Though higher, these rates were not statistically different from the 2.4% of adults in prisons and 1.8% of adults in jails.
 - Juveniles (ages 16 to 17) and young adults (ages 18 to 19 and 20 to 24) reported similar rates of sexual victimization for most of the key subgroups (sex, race or Hispanic origin, body mass index, sexual orientation, and offense).

Highlights (continued)

- Inmates with serious psychological distress reported high rates of inmate-on-inmate and staff sexual victimization in 2011-12:
 - Among state and federal prison inmates, an estimated 6.3% of those identified with serious psychological distress reported that they were sexually victimized by another inmate. In comparison, among prisoners with no indication of mental illness, 0.7% reported being victimized by another inmate.
 - Similar differences were reported by jail inmates. An estimated 3.6% of those identified with serious psychological distress reported inmate-on-inmate sexual victimization, compared to 0.7% of inmates with no indication of mental illness.
 - Rates of serious psychological distress in prisons (14.7%) and jails (26.3%) were substantially higher than the rate (3.0%) in the U.S. noninstitutional population age 18 or older.
 - For each of the measured demographic subgroups, inmates with serious psychological distress reported higher rates of inmate-on-inmate sexual victimization than inmates without mental health problems.
- Inmates who reported their sexual orientation as gay, lesbian, bisexual, or other were among those with the highest rates of sexual victimization in 2011-12:
 - Among non-heterosexual inmates, 12.2% of prisoners and 8.5% of jail inmates reported being sexually victimized by another inmate; 5.4% of prisoners and 4.3% of jail inmates reported being victimized by staff.
 - In each demographic subgroup (sex, race or Hispanic origin, age, and education), non-heterosexual prison and jail inmates reported higher rates of inmate-on-inmate sexual victimization than heterosexual inmates.
 - Among inmates with serious psychological distress, non-heterosexual inmates reported the highest rates of inmate-on-inmate sexual victimization (21.0% of prison inmates and 14.7% of jail inmates).

Sexual Victimization in Prisons and Jails Reported by Inmates, 2011-12

National Inmate Survey-3

Between February 2011 and May 2012, BJS completed the third National Inmate Survey (NIS-3) in 233 state and federal prisons, 358 jails, and 15 special confinement facilities operated by Immigration and Customs Enforcement (ICE), the U.S. Military, and correctional authorities in Indian country. The survey, conducted by RTI International (Research Triangle Park, North Carolina), was administered to 92,449 inmates age 18 or older, including 38,251 inmates in state and federal prisons, 52,926 in jails, 573 in ICE facilities, 539 in military facilities, and 160 in Indian country jails. The survey was also administered to juveniles ages 16 to 17 held in adult prisons and jails. Based on 527 completed interviews of juveniles in state prisons and 1,211 interviews in local jails, the NIS-3 provides the first-ever national estimates of sexual victimization of juveniles held in adult facilities.

The NIS-3 is part of the National Prison Rape Statistics Program, which collects reported sexual violence from administrative records and allegations of sexual victimization directly from victims through surveys of inmates in prisons and jails and surveys of youth held in juvenile correctional facilities. Administrative records have been collected annually since 2004. Reports by victims of sexual victimization have been collected since 2007.

The NIS-3 survey consisted of an audio computer-assisted self-interview (ACASI) in which inmates used a touch-screen to interact with a computer-assisted questionnaire and followed audio instructions delivered via headphones. Some inmates (751) completed a short paper form instead of using the ACASI. Most of these inmates were housed in administrative or disciplinary segregation or were considered too violent to be interviewed.

The Prison Rape Elimination Act of 2003 (P.L. 108-79; PREA) requires the Bureau of Justice Statistics (BJS) to carry out a comprehensive statistical review and analysis of incidents and effects of prison rape for each calendar year. This report fulfills the requirement under Sec. 4c(2)(B)(ii) of the act to provide a list of prisons and jails according to the prevalence of sexual victimization.

As in the NIS-1 (conducted 2007) and the NIS-2 (conducted 2008-09), the NIS-3 collected only allegations of sexual victimization. Since participation in the survey is anonymous and reports are confidential, the survey does not permit any follow-up investigation or substantiation of reported incidents through review. Some allegations in the NIS-3 may be untrue. At the same time, some inmates may not report sexual victimization experienced in the facility, despite efforts of survey staff to assure inmates that their responses would be kept confidential. Although the effects may be offsetting, the relative extent of under reporting and false reporting in the NIS-3 is unknown.

Incidents of sexual victimization

In 2011-12, 4.0% of prison inmates and 3.2% of jail inmates reported experiencing one or more incidents of sexual victimization

Among the 91,177 adult prison and jail inmates participating in the NIS-3 sexual victimization survey, 3,381 reported experiencing one or more incidents of sexual victimization in the past 12 months or since admission to the facility, if less than 12 months. Since the NIS-3 is a sample survey, weights were applied for sampled facilities and inmates within facilities to produce national-level and facility-level estimates. The estimated number of prison and jail inmates experiencing sexual victimization totaled 80,600 (or 4.0% of all prison inmates and 3.2% of jail inmates nationwide) ([table 1](#)).

Among all state and federal prison inmates, 2.0% (or an estimated 29,300 prisoners) reported an incident involving another inmate, and 2.4% (34,100) reported an incident involving facility staff. Some prisoners (0.4% or 5,500) reported sexual victimization by both another inmate and facility staff.

Among all jail inmates, about 1.6% (11,900) reported an incident with another inmate, and 1.8% (13,200) reported an incident with staff. Approximately 0.2% of jail inmates (2,400) reported being sexually victimized by both another inmate and staff.

TABLE 1
Adult inmates reporting sexual victimization, by type of facility and incident, National Inmate Survey, 2011–12

Type of incident ^c	Number of victims ^a		Percent of inmates		Standard errors ^b	
	Prisons	Jails	Prisons	Jails	Prisons	Jails
Total	57,900	22,700	4.0%	3.2%	0.2%	0.2%
Inmate-on-inmate	29,300	11,900	2.0%	1.6%	0.1%	0.1%
Nonconsensual sexual acts	15,400	5,100	1.1	0.7	0.1	0.1
Abusive sexual contacts only	13,900	6,800	1.0	0.9	0.1	0.1
Staff sexual misconduct	34,100	13,200	2.4%	1.8%	0.2%	0.1%
Unwilling activity	21,500	10,000	1.5	1.4	0.1	0.1
Excluding touching	15,400	7,400	1.1	1.0	0.1	0.1
Touching only	5,600	2,500	0.4	0.3	0.1	--
Willing activity	19,700	6,200	1.4	0.9	0.1	0.1
Excluding touching	17,000	5,200	1.2	0.7	0.1	0.1
Touching only	2,700	900	0.2	0.1	--	--

Note: Detail may not sum to total because inmates may report more than one type of victimization. They may also report victimization by both other inmates and staff.

--Less than 0.05%.

^aEstimates of the number of victims nationwide are based on weighted data and rounded to the nearest 100.

^bStandard errors may be used to construct confidence intervals around each estimate. See *Methodology* for calculations.

^cSee *Methodology* for terms and definitions.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

The NIS-3 screened for specific sexual activities in which inmates may have been involved during the past 12 months or since admission to the facility, if less than 12 months. Inmates were then asked if they were forced or pressured to engage in these activities by another inmate or staff. (See appendices 1, 2, and 3 for specific survey questions.) Reports of inmate-on-inmate sexual victimization were classified as either nonconsensual sexual acts or abusive sexual contacts. (See text box for *Terms and definitions*.)

Approximately 1.1% of prisoners and 0.7% of jail inmates said they were forced or pressured to have nonconsensual sex with another inmate, including manual stimulation and oral, anal, or vaginal penetration. An additional 1.0% of prison inmates and 0.9% of jail inmates said they had experienced one or more abusive sexual contacts only or unwanted touching of specific body parts in a sexual way by another inmate.

An estimated 1.5% of prison inmates and 1.4% of jail inmates reported that they had sex or sexual contact unwillingly with staff as a result of physical force, pressure, or offers of special favors or privileges. An estimated 1.4% of all prison inmates and 0.9% of jail inmates reported they willingly had sex or sexual contact with staff. Any sexual contact between inmates and staff is illegal, regardless of whether an inmate reported being willing or unwilling, but this difference between willing and unwilling may be informative when addressing issues of staff training, prevention, and investigation.

Terms and definitions

Sexual victimization—all types of sexual activity, e.g., oral, anal, or vaginal penetration; hand jobs; touching of the inmate’s buttocks, thighs, penis, breasts, or vagina in a sexual way; abusive sexual contacts; and both willing and unwilling sexual activity with staff.

Nonconsensual sexual acts—unwanted contacts with another inmate or any contacts with staff that involved oral, anal, vaginal penetration, hand jobs, and other sexual acts.

Abusive sexual contacts only—unwanted contacts with another inmate or any contacts with staff that involved touching of the inmate’s buttocks, thigh, penis, breasts, or vagina in a sexual way.

Unwilling activity—incidents of unwanted sexual contacts with another inmate or staff.

Willing activity—incidents of willing sexual contacts with staff. These contacts are characterized by the reporting inmates as willing; however, all sexual contacts between inmates and staff are legally nonconsensual.

Staff sexual misconduct—includes all incidents of willing and unwilling sexual contact with facility staff and all incidents of sexual activity that involved oral, anal, vaginal penetration, hand jobs, blow jobs, and other sexual acts with facility staff.

The NIS-3 recorded slightly lower rates of sexual victimization in prisons compared to the NIS-1 and NIS-2, which was largely driven by a decline in the reported rates of staff sexual misconduct (table 2). Overall, the rate of sexual victimization was 4.5% in 2007 and 4.0% in 2011-12, but the difference was not statistically significant. (See *Methodology* for discussion of significance testing and standard errors.) Staff sexual misconduct considered “willing” by the victims was the only rate to show a decline, from 1.8% in 2008-09 to 1.4% in 2011-12. This drop was limited to willing sexual activity, excluding touching. In addition, willing sexual activity with staff (excluding touching only) in 2011-12 was significantly different from 2007 (dropping from 1.5% to 1.2%).

Among jail inmates, the overall rates of sexual victimization remained unchanged (3.2% in 2007, 3.1% in 2008-09, and 3.2% in 2011-12). The rates of staff sexual misconduct in jails were 2.0% in 2007, 2.0% in 2008-09, and 1.8% in 2011-12, but this decline was not statistically significant. Jail inmates in 2011-12 were less likely to report experiencing willing sexual activity with staff (0.9%) than jail inmates in 2007 (1.1%) and 2008-09 (1.1%). This decline was limited to willing sexual activity, excluding touching.

Facility-level rates

The NIS-3 provides a basis for identifying high rate and low rate facilities

As required under the Prison Rape Elimination Act, the NIS-3 provides facility-level estimates of inmate-on-inmate sexual victimization and staff sexual misconduct. Since these estimates are based on a sample of inmates rather than a complete enumeration, they are subject to sampling error. (See *Methodology* for description of sampling procedures.)

The precision of each of the facility-level estimates can be calculated based on the estimated standard error. Typically, a 95%-confidence interval around each survey estimate is calculated by multiplying the standard error by 1.96 and then adding and subtracting the result from the sample estimate to create an upper and lower bound. This interval expresses the range of values that could result among 95% of the different samples that could be drawn.

For small samples and estimates close to 0%, as is the case with facility-level estimates of sexual victimization by type of incident, the use of the standard error to construct the 95%-confidence interval may not be reliable. An alternative method developed by E. B. Wilson has been shown to perform better than the traditional method.^{1,2}

¹Brown, L.D., Cai, T., & DasGupta, A. (2001). “Interval Estimation for a Binomial Proportion.” *Statistical Science*, 16(2), pp. 101–117.

²Wilson, E.B. (1927). “Probable Inference, the Law of Succession, and Statistical Inference.” *Journal of the American Statistical Association*, 22(158), pp. 209–12.

TABLE 2
Prevalence of sexual victimization across inmate surveys, by type of incident, National Inmate Survey, 2007, 2008–09, and 2011–12

Type of incident	Percent of prison inmates			Percent of jail inmates		
	NIS-1 2007	NIS-2 2008–09	NIS-3 2011–12*	NIS-1 2007	NIS-2 2008–09	NIS-3 2011–12*
Total	4.5%	4.4%	4.0%	3.2%	3.1%	3.2%
Inmate-on-inmate	2.1%	2.1%	2.0%	1.6%	1.5%	1.6%
Nonconsensual sexual acts	1.3	1.0	1.1	0.7	0.8	0.7
Abusive sexual contacts only	0.8	1.0	1.0	0.9	0.7**	0.9
Staff sexual misconduct	2.9%	2.8%	2.4%	2.0%	2.0%	1.8%
Unwilling activity	1.7	1.7	1.5	1.3	1.5	1.4
Excluding touching	1.3	1.3	1.1	1.1	1.1	1.0
Touching only	0.4	0.4	0.4	0.3	0.4	0.3
Willing activity	1.7	1.8**	1.4	1.1**	1.1**	0.9
Excluding touching	1.5**	1.5**	1.2	0.9**	0.9**	0.7
Touching only	0.2	0.3	0.2	0.2	0.2	0.1

Note: Detail may not sum to total because inmates may report more than one type of victimization. They may also report victimization by both other inmates and staff. See appendix table 10 for standard errors.

*Comparison group.

**Difference with comparison group is significant at the 95%-confidence level. (See *Methodology* for tests of significance.)

Source: Bureau of Justice Statistics, National Inmate Survey, 2007, 2008–09, and 2011–12.

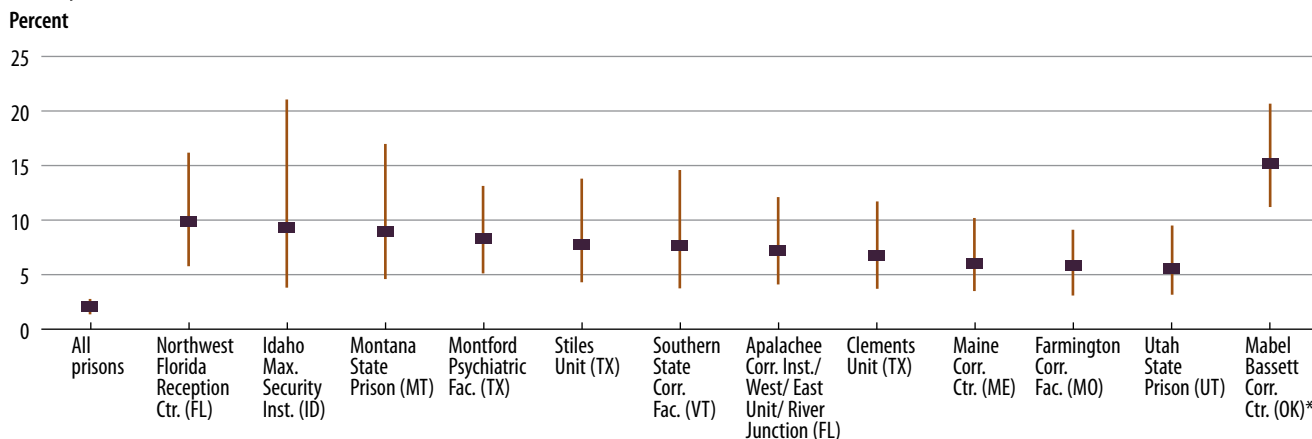
This method provides asymmetrical confidence intervals for facilities in which the lower bound is constrained to be no less than 0%. It also provides confidence intervals for facilities in which the survey estimates are 0% (but other similarly conducted samples could yield non-zero estimates).

Although the NIS-3 provides facility-level estimates and measures of precision, it cannot provide an exact ranking for all facilities as required under PREA. Rates of inmate-on-inmate sexual victimization and staff sexual misconduct differ across facilities, but the observed differences are not always statistically significant. To address PREA requirements, facilities have been categorized as having high rates or low rates based on criteria applied to the lower and upper bounds of the 95%-confidence interval for each facility (figure 1 and figure 2).

As with the NIS-2, the criterion that the lower bound of the confidence interval be at least 55% higher than the average rate for comparable facilities was used in the NIS-3 to identify high-rate male prisons, female prisons, and jails. The criterion that the upper bound of the confidence interval be lower than 65% of the average rate for comparable facilities was used to identify low-rate facilities.

To better identify variations among correctional facilities in rates of sexual victimization, prisons and jails are compared separately by type of sexual victimization. Though informative, an analysis of a single, overall prevalence rate of sexual victimization for each sampled facility would confound differing risk factors, circumstances, and underlying causes of victimization. For the same reasons, prisons are compared separately by the sex of inmates housed.

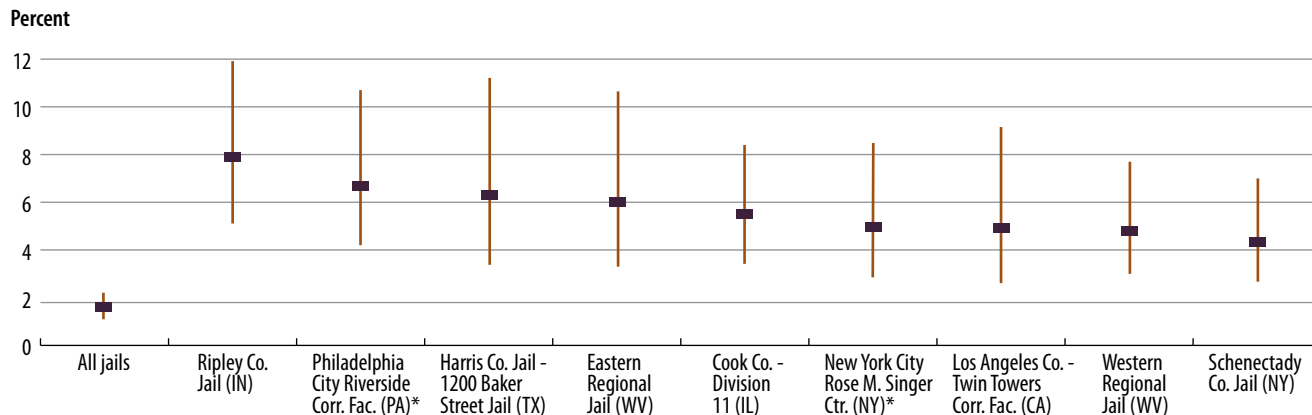
FIGURE 1
Confidence intervals at the 95% level for prisons with high rates of inmate-on-inmate sexual victimization, National Inmate Survey, 2011–12



*Facility housed only female inmates.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

FIGURE 2
Confidence intervals at the 95% level for jails with high rates of inmate-on-inmate sexual victimization, National Inmate Survey, 2011–12



*Facility housed only female inmates.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

The NIS-3 sample was designed to ensure a sufficient number of female-only prison facilities (44 facilities participated) and a sufficient number of female respondents (7,141 completed the survey) to allow for valid comparisons among female prisons. Four of the 358 jails that participated in the NIS-3 housed females only and one other jail was majority female. As a result, rates of sexual victimization in jails could not be compared separately by sex of inmates housed.

11 male prisons, 1 female prison, and 9 jails were identified as having high rates of inmate-on-inmate sexual victimization in 2011-12

Among the 233 prisons and 358 jails surveyed in the NIS-3, 11 male prisons, 1 female prison, and 9 jails were designated as high-rate facilities based on reports of inmate-on-inmate sexual

victimization (table 3). Each of these facilities had a rate of inmate-on-inmate sexual victimization that was at least twice the national rate of 1.7% for male prisons, 7.2% for female prisons, and 1.6% for jails. Each had a 95%-confidence interval with a lower bound that was at least 55% higher than the average rate among comparable facilities.

Among male prisons, Northwest Florida Reception Center (Florida), Idaho Maximum Security Institution, and Montana State Prison recorded inmate-on-inmate sexual victimization rates of 9.0% or greater. Mabel Bassett Correctional Center (Oklahoma), with a rate of 15.3%, was the only female prison that could be classified as high rate. Eleven other female-only prison facilities had rates of 10% or greater but did not meet the requirement of a lower bound that was 55% higher than the average rate for all female prisons. (See appendix table 2.)

TABLE 3
Facilities with high rates of inmate-on-inmate sexual victimization, by type of facility, National Inmate Survey, 2011–12

Facility name	Number of respondents ^b	Response rate	Any inmate-on-inmate incident ^a		
			Percent ^c	95%-confidence interval	
				Lower bound	Upper bound
All prisons	38,251	60.0%	2.0%	1.8%	2.3%
Male facilities	31,110	59.0%	1.7%	1.5%	2.0%
Northwest Florida Reception Ctr. (FL)	131	49.0	9.8	5.8	16.1
Idaho Max. Security Inst. (ID)	78	39.0	9.4	3.9	21.0
Montana State Prison (MT)	191	65.0	9.0	4.6	16.8
Montford Psychiatric Fac. (TX)	166	70.0	8.4	5.2	13.1
Stiles Unit (TX)	151	49.0	7.8	4.3	13.8
Southern State Corr. Fac. (VT)	109	55.0	7.7	3.9	14.6
Apalachee Corr. Inst./West/ East Unit/ River Junction (FL)	161	57.0	7.3	4.3	12.1
Clements Unit (TX)	141	44.0	6.8	3.8	11.7
Maine Corr. Ctr. (ME)	192	80.0	6.1	3.6	10.2
Farmington Corr. Fac. (MO)	240	84.0	5.8	3.6	9.3
Utah State Prison (UT)	233	73.0	5.6	3.2	9.5
Female facilities	7,141	69.0%	7.2%	5.9%	8.6%
Mabel Bassett Corr. Ctr. (OK) ^d	192	70.0	15.3	11.3	20.6
All jails	52,926	61.0%	1.6%	1.4%	1.9%
Ripley Co. Jail (IN)	51	89.0	7.9	5.1	11.9
Philadelphia City Riverside Corr. Fac. (PA) ^d	194	58.0	6.7	4.2	10.7
Harris Co. Jail - 1200 Baker Street Jail (TX)	238	58.0	6.3	3.4	11.2
Eastern Regional Jail (WV)	130	51.0	6.0	3.3	10.6
Cook Co. - Division 11 (IL)	272	76.0	5.5	3.5	8.4
New York City Rose M. Singer Ctr. (NY) ^d	202	63.0	5.0	2.9	8.4
Los Angeles Co. - Twin Towers Corr. Fac. (CA)	199	44.0	4.9	2.6	9.1
Western Regional Jail (WV)	215	68.0	4.8	3.0	7.7
Schenectady Co. Jail (NY)	162	68.0	4.4	2.7	7.0

Note: High-rate facilities are those in which the lower bound of the 95%-confidence interval is larger than 1.55 times the average among prisons by sex of inmates housed, and 1.55 times the average among all jail facilities.

^aWeighted percent of inmates reporting one or more incidents of sexual victimization involving another inmate or facility staff in the past 12 months or since admission to the facility, if less than 12 months.

^bNumber of inmates who responded to the sexual victimization survey.

^cWeights were applied so that inmates who responded accurately reflected the entire population of each facility on selected characteristics, including age, sex, race, sentence length, and time since admission.

^dFacility housed only female inmates.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

Ripley County Jail (Indiana) recorded an inmate-on-inmate sexual victimization rate of 7.9% and Philadelphia City Riverside Correctional Facility (Pennsylvania), a female-only jail facility, recorded a rate of 6.7%, both of which were more than four times the average rate among jails nationwide. Two other jails—Harris County Jail, Baker Street (Texas) and Eastern Regional Jail (Martinsburg, West Virginia)—each had rates of 6% or greater.

8 male prisons, 4 female prisons, and 12 jails were identified as having high rates of staff sexual misconduct

Twelve prisons were identified as high-rate facilities based on reports of staff sexual misconduct—eight male prisons and four female prisons (table 4). Twelve jails were also

identified as high-rate facilities. Each had a confidence interval with a lower bound that was at least 55% higher than the national rate for male prisons (2.4%), female prisons (2.4%), and jails (1.8%) (figure 3 and figure 4).

In five state prisons, at least 9% of surveyed inmates reported being the victims of staff sexual misconduct, including 10.1% of inmates in Santa Rosa Correctional Institution (Florida), 9.9% in Montana State Prison, 9.6% in Walnut Grove Youth Correctional Facility (Mississippi), 9.5% in Clements Unit (Texas), and 10.7% in Denver Women’s Correctional Facility (Colorado).

TABLE 4
Facilities with high rates of staff sexual misconduct, by type of facility, National Inmate Survey, 2011–12

Facility name	Number of respondents ^b	Response rate	Any staff sexual misconduct ^a		
			Percent ^c	95%-confidence interval	
				Lower bound	Upper bound
All prisons	38,251	60.0%	2.4%	2.0%	2.8%
Male facilities	31,110	59.0%	2.4%	2.0%	2.9%
Santa Rosa Corr. Inst. (FL)	185	60.0	10.1	6.5	15.5
Montana State Prison (MT)	191	65.0	9.9	5.3	17.7
Walnut Grove Youth Corr. Fac. (MS)	249	92.0	9.6	6.9	13.2
Clements Unit (TX)	141	44.0	9.5	5.7	15.3
Apalachee Corr. Inst./West/ East Unit/ River Junction (FL)	161	57.0	6.8	3.7	12.2
Coffield Unit (TX)	210	66.0	6.8	4.1	11.1
Wilkinson Co. Corr. Ctr. - CCA (MS)	173	67.0	6.4	3.8	10.6
Louisiana State Penitentiary (LA)	219	70.0	6.3	3.9	10.1
Female facilities	7,141	69.0%	2.4%	1.9%	3.0%
Denver Women’s Corr. Fac. (CO) ^d	160	68.0	10.7	6.8	16.3
Broward Corr. Inst. (FL) ^d	154	64.0	7.3	3.9	13.3
Delores J. Baylor Women’s Corr. Inst. (DE) ^d	165	83.0	7.0	4.6	10.3
Julia Tutwiler Prison (AL) ^d	181	68.0	6.8	4.1	10.9
All jails	52,926	61.0%	1.8%	1.7%	2.0%
Marion Co. Jail Intake Fac. (IN)	62	43.0	7.7	3.4	16.3
Baltimore City Det. Ctr. (MD)	261	66.0	6.7	4.3	10.2
St. Louis Med. Security Inst. (MO)	220	58.0	6.3	3.9	10.0
Philadelphia City Industrial Corr. Ctr. (PA)	207	69.0	6.3	3.9	10.0
Santa Clara Co. Main Jail (CA)	130	37.0	6.2	3.0	12.5
Ulster Co. Law Enforcement Ctr. (NY)	153	68.0	6.1	3.6	10.2
Houston Co. Jail (GA)	174	71.0	6.0	3.7	9.6
Contra Costa Co. Martinez Det. Fac. (CA)	143	42.0	5.9	3.2	10.4
Oakland Co. Law Enforcement Complex (MI)	148	49.0	5.9	3.0	11.1
New York City Rose M. Singer Ctr. (NY) ^d	202	63.0	5.9	3.7	9.4
New York City Otis Bantum Corr. Ctr. (NY)	170	44.0	5.6	2.9	10.5
Robeson Co. Jail (NC)	147	52.0	5.2	3.0	8.7

Note: High-rate facilities are those in which the lower bound of the 95%-confidence interval is larger than 1.55 times the average among prisons by sex of inmates housed, and 1.55 times the average among all jail facilities.

^aWeighted percent of inmates reporting one or more incidents of sexual victimization involving another inmate or facility staff in the past 12 months or since admission to the facility, if less than 12 months.

^bNumber of inmates who responded to the sexual victimization survey.

^cWeights were applied so that inmates who responded accurately reflected the entire population of each facility on selected characteristics, including age, sex, race, sentence length, and time since admission.

^dFacility housed only female inmates.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

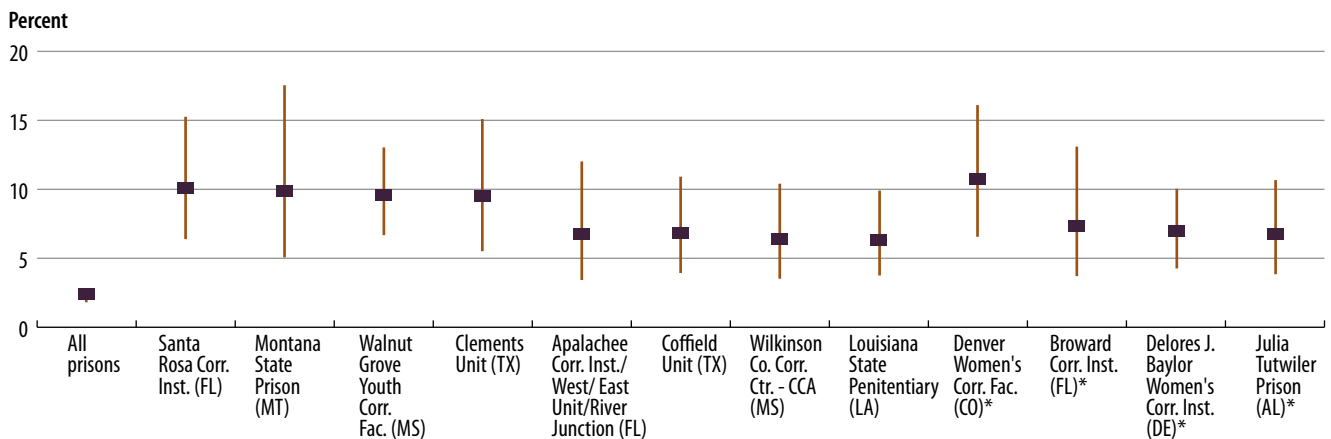
Seven jails had staff sexual misconduct rates of at least 6%. Marion County Jail Intake Facility (Indiana) had the highest reported rate of staff sexual misconduct (7.7%), followed by Baltimore City Detention Center (Maryland) (6.7%), St. Louis Medium Security Institution (Missouri) (6.3%), and Philadelphia City Industrial Correctional Center (Pennsylvania) (6.3%).

The reported use or threat of physical force to engage in sexual activity with staff was generally low among all prison and jail inmates (0.8%); however, at least 5% of the inmates in three state prisons and one high-rate jail facility reported they had been physically forced or threatened with force. (See appendix tables 3 and 7.) The Clements Unit (Texas) had the highest percentage of inmates reporting sexual victimization involving physical force or threat of force by staff (8.1%), followed by Denver Women’s Correctional Facility (Colorado) (7.3%), and Idaho Maximum Security

Institution (6.0%). Wilson County Jail (Kansas) led all surveyed jails, with 5.6% of inmates reporting that staff used physical force or threat of force to have sex or sexual contact.

While 0.8% of prison and jail inmates reported the use or threat of physical force, an estimated 1.4% of prison inmates and 1.2% of jail inmates reported being coerced by facility staff without any use or threat of force, including being pressured or made to feel they had to have sex or sexual contact. In 8 of the 24 facilities with high rates of staff sexual misconduct, at least 5% of the inmates reported such pressure by staff. Among state prisoners, the highest rates were reported by female inmates in the Denver Women’s Correctional Facility (Colorado) (8.8%) and by male inmates in the Clements Unit (Texas) (8.7%). Among jail inmates, the highest rates were reported by inmates in the Rose M. Singer Center (New York) (5.6%) and the Contra Costa County Martinez Detention Facility (California) (5.2%).

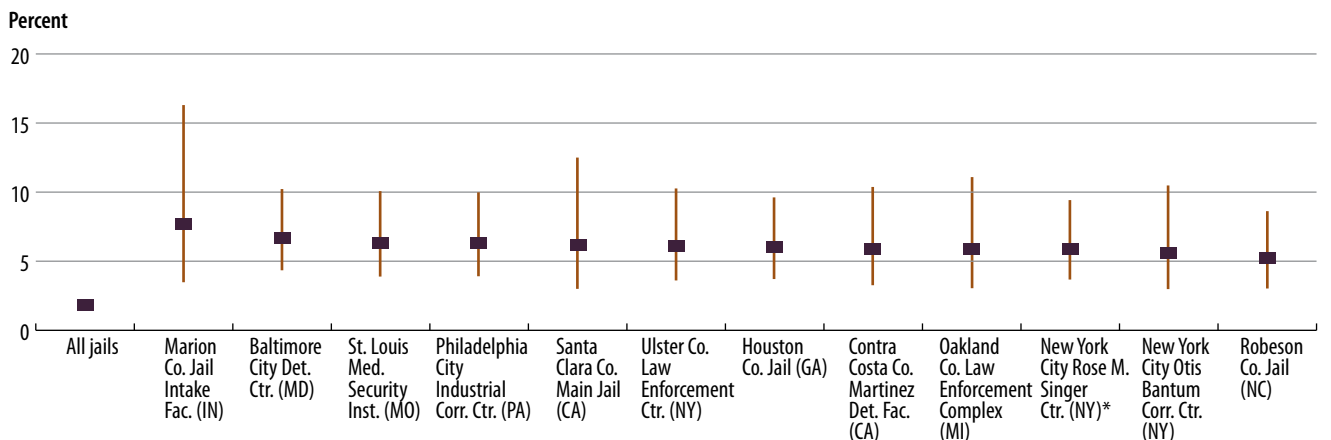
FIGURE 3
Confidence intervals at the 95% level for prisons with high rates of staff sexual misconduct, National Inmate Survey, 2011–12



*Facility housed only female inmates.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

FIGURE 4
Confidence intervals at the 95% level for jails with high rates of staff sexual misconduct, National Inmate Survey, 2011–12



*Facility housed only female inmates.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

7 male prisons, 6 female prisons, and 4 jails were identified as low-rate facilities for sexual victimization overall

Thirteen prisons and 34 jails had no reported incidents of sexual victimization of any kind. (See appendix tables 1 and 5.) Estimates of the number of inmates who experienced a sexual victimization in each of these facilities are also subject to sampling error and could vary if a different group of inmates had been interviewed. Although the lower bound of the 95%-confidence interval in each of these facilities is 0%, the upper bound varies depending on the number of completed interviews in each facility.

Combining reports of inmate-on-inmate sexual victimization and staff sexual misconduct, seven male prisons and six female prisons were designated as low-rate facilities. These designations were based on their low rate of sexual victimization overall and the upper bound of their 95%-confidence interval that was less than 65% of

the average rate among male and female prisons (**table 5**). Six of these facilities had no reported incidents of sexual victimization, while seven facilities had at least one inmate who reported sexual victimization.

Danville Correctional Center (Illinois), with a reported sexual victimization rate of 0.5%, had a confidence interval with the lowest upper bound (1.8%) among male prisons. FCI Marianna Camp (operated in Florida by the Federal Bureau of Prisons), with a reported sexual victimization rate of 0.6%, had a confidence interval with the lowest upper bound (2.1%) among female prisons.

Four jails were designated as low-rate facilities based on the upper bound of the 95%-confidence interval that was less than 65% of the average for jails nationwide. Woodford County Detention Center (Kentucky), with a 0.1% overall sexual victimization rate, had a confidence interval with the lowest upper bound (0.6%).

TABLE 5
Facilities with low rates of sexual victimization, by type of facility, National Inmate Survey, 2011–12

Facility name	Number of respondents ^b	Response rate	Inmates reporting any sexual victimization ^a		
			Percent ^c	95%-confidence interval	
				Lower bound	Upper bound
All prisons	38,251	60.0%	4.0%	3.6%	4.5%
Male prisons	31,110	59.0%	3.7%	3.2%	4.3%
Danville Corr. Ctr. (IL)	205	70.0	0.5	0.2	1.8
Lawtey Corr. Inst. (FL)	198	80.0	0.0	0.0	1.9
CI Eden (TX) ^d	185	67.0	0.0	0.0	2.0
CI Reeves III (TX) ^d	188	69.0	0.4	0.1	2.0
CI Reeves I and II (TX) ^d	180	64.0	0.0	0.0	2.1
Jackie Brannon Corr. Ctr. (OK)	179	72.0	0.5	0.1	2.3
La Palma Corr. Ctr. (AZ) ^d	163	45.0	0.0	0.0	2.3
Female prisons	7,141	69.0%	8.5%	7.2%	10.0%
FCI Marianna Camp (FL)	172	88.0	0.6	0.2	2.1
FMC Lexington Camp (KY)	148	83.0	0.8	0.2	2.7
Decatur Corr. Ctr. (IL)	157	65.0	1.1	0.3	3.3
Brunswick Women's Reception and Pre-Release Ctr. (VA)	95	86.0	0.0	0.0	3.9
Woodman State Jail (TX)	139	57.0	1.3	0.4	4.3
Mary Frances Ctr. (NC)	68	85.0	0.0	0.0	5.3
All jails	52,926	61.0%	3.2%	2.9%	3.5%
Woodford Co. Det. Ctr. (KY)	34	51.0	0.1	0.0	0.6
Cameron Co. Carrizales-Rucker Det. Ctr. (TX)	262	72.0	0.3	0.1	1.6
Jefferson Co. Jail (CO)	205	62.0	0.0	0.0	1.8
Sarasota North Co. Jail (FL)	203	65.0	0.0	0.0	1.9

Note: Low-rate facilities are those in which the upper bound of the 95%-confidence interval is lower than 0.65 times the average among prisons by sex of inmates housed, and 0.65 times the average among all jail facilities.

^aPercent of inmates reporting one or more incidents of sexual victimization involving another inmate or facility staff in the past 12 months or since admission to the facility, if less than 12 months.

^bNumber of inmates who responded to the sexual victimization survey.

^cWeights were applied so that inmates who responded accurately reflected the entire population of each facility on selected characteristics, including age, sex, race, time since admission, and sentence length.

^dPrivately operated facility.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

In 2011-12, two military facilities and one Indian country jail had high rates of staff sexual misconduct

The NIS-3 also surveyed 15 special confinement facilities, including 5 ICE facilities, 5 military facilities, and 5 Indian country jails. (See *Methodology* for sample description.)

As a result of too few completed interviews, rates in two Indian country facilities—Hualapai Adult Detention Center (Arizona) and Standing Rock Law Enforcement and Adult Detention Center (North Dakota)—could not be provided.

Among ICE facilities, sexual victimization rates were highest in the Krome North Service Processing Center (Florida), in which 3.2% of detainees reported experiencing sexual victimization by another detainee and 3.0% reported experiencing staff sexual misconduct (table 6). Overall, an estimated 3.8% of detainees in this ICE facility reported experiencing one or more incidents of sexual victimization, which was somewhat lower than the 4.0% average in prisons nationwide and slightly higher than the 3.2% average in jails nationwide. (See appendix table 9.)

The Northwest Joint Regional Correctional Facility (Washington), which is operated by the U.S. Army Corrections Command and holds pretrial offenders

and short-term post-trial offenders, had a staff sexual misconduct rate (6.6%) that was more than double the average rate for prisons (2.4%) and jails (1.8%) nationwide. Inmates held at this military facility also reported a high rate of inmate-on-inmate sexual victimization (5.1%), which was also more than double the 2.0% average among prisons and 1.6% average among jails nationwide.

Inmates at the Naval Consolidated Brig Miramar (California) reported high rates of staff sexual misconduct (4.9%) and inmate-on-inmate sexual victimization (3.0%). This facility, which is operated by the U.S. Navy, holds male inmates sentenced to terms of 10 years or less and female inmates regardless of sentence length from all military services.

Among all facilities sampled, staff sexual misconduct was highest in the Oglala Sioux Tribal Offenders Facility (South Dakota) (10.8%). Based on the 6.2% lower bound of the 95%-confidence interval, the rate of staff sexual misconduct in this Indian country facility was statistically higher than the rate reported for any jail nationwide. This facility, with a peak population of 147 in June 2011, was the most crowded facility among the 80 Indian jails in operation at midyear 2011. (See *Jails in Indian Country, 2011*, NCJ 238978.)

TABLE 6
Rates of sexual victimization in special correctional facilities, by type of incident and facility, National Inmate Survey, 2011-12

Facility name	Number of completed interviews	Any inmate-on-inmate incident			Any staff sexual misconduct		
		Percent ^a	95%-confidence interval		Percent ^a	95%-confidence interval	
			Lower bound	Upper bound		Lower bound	Upper bound
Immigration and Customs Enforcement facilities							
El Centro SPC (CA)	115	0.0%	0.0%	3.2%	0.8%	0.2%	3.4%
Jena/LaSalle Det. Fac. (LA) ^b	97	0.0	0.0	3.8	1.1	0.2	5.4
Krome North SPC (FL)	60	3.2	0.8	11.7	3.0	0.7	11.6
Otero Co. Processing Ctr. (NM)	140	1.7	0.6	4.4	0.5	0.1	2.4
Port Isabel Processing Ctr. (TX)	161	2.3	1.0	5.6	0.0	0.0	2.3
Military facilities							
Midwest Joint Regional Corr. Fac., Fort Leavenworth (KS)	82	1.0%	0.3%	3.6%	3.0%	1.3%	6.7%
Naval Consolidated Brig, Charleston (SC)	94	2.9	1.6	5.3	2.4	1.1	5.1
Naval Consolidated Brig, Miramar (CA) ^c	121	3.0	1.5	6.0	4.9	2.5	9.4
Northwest Joint Regional Corr. Fac. (WA)	85	5.1	1.9	13.0	6.6	2.9	14.1
United States Disciplinary Barracks, Fort Leavenworth (KS)	157	2.1	0.9	5.1	1.1	0.4	3.2
Indian country jails							
Hualapai Adult Det. Ctr. (AZ) ^b	7	^	^	^	^	^	^
Laguna Det. Ctr. (NM) ^b	26	0.0%	0.0%	12.9%	0.0%	0.0%	12.9%
Oglala Sioux Tribal Offenders Fac. (SD) ^b	56	1.8	0.5	6.4	10.8	6.2	17.9
San Carlos Dept. of Corr. and Rehabilitation - Adult and Juvenile Det. (AZ) ^b	64	0.0	0.0	5.7	1.6	0.6	4.2
Standing Rock Law Enforcement and Adult Det. Ctr. (ND) ^b	7	^	^	^	^	^	^

^aToo few cases to provide reliable estimate.

^bWeighted percent of inmates reporting one or more incidents of sexual victimization involving another inmate or facility staff in the past 12 months or since admission to the facility, if less than 12 months.

^cFacility housed both males and females; both were sampled at this facility.

^dFacility housed both males and females; only males were sampled at this facility.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011-12.

Demographic and other characteristics

Overweight and obese prison inmates had lower rates of inmate-on-inmate sexual victimization and staff misconduct than inmates who were at or below a normal weight

Variations in reported sexual victimization rates across inmate demographic categories in the NIS-3 were consistent with past surveys:

- Rates of inmate-on-inmate sexual victimization among prison inmates were higher among females (6.9%) than males (1.7%), higher among whites (2.9%) or inmates of two or more races (4.0%) than among blacks (1.3%), higher among inmates with a college degree (2.7%) than among inmates who had not completed high school (1.9%), and lower among currently married inmates (1.4%) than among inmates who never married (2.1%) (table 7).

TABLE 7
Prevalence of sexual victimization, by type of incident and inmate characteristics, National Inmate Survey, 2011–12

Characteristic	Prison inmates reporting sexual victimization ^a			Jail inmates reporting sexual victimization ^a		
	Number of inmates ^b	Inmate-on-inmate	Staff sexual misconduct	Number of inmates ^b	Inmate-on-inmate	Staff sexual misconduct
Sex						
Male*	1,345,200	1.7%	2.4%	628,600	1.4%	1.9%
Female	96,600	6.9**	2.3	91,600	3.6**	1.4**
Race/Hispanic origin						
White ^c	430,000	2.9%**	1.6%**	240,500	2.0%**	1.4%**
Black ^{c*}	507,900	1.3	2.6	239,200	1.1	2.1
Hispanic	339,800	1.6	2.2	159,300	1.5	1.5**
Other ^{c,d}	38,200	1.7	2.6	18,900	1.2	1.8
Two or more races ^c	108,300	4.0**	3.9**	54,300	3.0**	3.2**
Age						
18–19	18,500	1.6%	2.4%	40,000	1.9%	2.6%
20–24*	162,500	2.2	3.5	145,800	2.0	2.4
25–34	457,100	2.3	2.9	250,700	1.9	2.2
35–44	398,200	2.0	2.3**	150,900	1.4**	1.5**
45–54	281,400	2.0	1.7**	102,800	1.1**	0.9**
55 or older	124,000	1.1**	0.8**	30,000	1.3	0.3**
Education						
Less than high school*	813,300	1.9%	2.4%	379,700	1.4%	1.8%
High school graduate	293,900	1.7	2.3	168,700	1.4	1.7
Some college ^e	231,100	2.7**	1.8	120,700	2.3**	1.9
College degree or more	98,700	2.7**	2.4	47,200	3.0**	2.7**
Marital status						
Married*	265,600	1.4%	1.9%	134,800	1.1%	1.8%
Widowed, divorced, or separated	390,500	1.9	1.6	165,800	1.9**	1.7
Never married	741,200	2.1**	2.5	410,800	1.7**	1.8
Body Mass Index						
Underweight	12,500	3.2%	3.6%	9,800	3.5%**	2.0%
Normal*	357,000	2.7	2.7	267,000	1.6	1.8
Overweight	632,200	1.4**	2.0**	272,200	1.5	1.7
Obese	348,700	1.8**	1.8**	133,000	1.7	1.9
Morbidly obese	32,700	2.7	3.7	14,400	3.0**	2.6

Note: See appendix table 11 for standard errors.

*Comparison group.

**Difference with comparison group is significant at the 95%-confidence level.

^aPercent of inmates reporting one or more incidents of sexual victimization involving another inmate or facility staff in the past 12 months or since admission to the facility, if less than 12 months.

^bEstimated number of inmates at midyear 2011 and yearend 2011 in prisons and jails represented by NIS-3, excluding inmates under age 18. Estimates have been rounded to the nearest 100.

^cExcludes persons of Hispanic or Latino origin.

^dIncludes American Indian, Alaska Native, Asian, Native Hawaiian, and other Pacific Islander.

^eIncludes persons with an associate degree.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

- Similar patterns of inmate-on-inmate sexual victimization were reported by jail inmates. Female jail inmates (3.6%), whites (2.0%), and inmates with a college degree (3.0%) reported higher rates of victimization than males (1.4%), blacks (1.1%), and inmates who had not completed high school (1.4%).
- Rates of inmate-on-inmate sexual victimization were unrelated to age among state and federal prisoners, except for slightly lower rates among inmates age 55 or older.
- Rates were lower among jail inmates in the oldest age categories (ages 35 to 44, 45 to 54, and 55 or older) than among jail inmates ages 20 to 24.
- Patterns of staff sexual misconduct were different, with higher rates among males in jails (1.9%) than among females in jails (1.4%), and higher among black inmates in prisons (2.6%) and jails (2.1%) than among white inmates in prisons (1.6%) and jails (1.4%).
- In both prisons and jails, rates of reported staff sexual misconduct were lower among inmates in the oldest age categories (ages 35 to 44, 45 to 54, and 55 or older), compared to inmates in the 20 to 24 age category.

With a new survey question on the inmate's specific height in combination with a question on the inmate's weight, the NIS-3 provides the first opportunity to determine if rates of sexual victimization vary based on an inmate's Body Mass Index (BMI). Among state and federal prison inmates, obese inmates (with a BMI of 30 to 39) and overweight

inmates (with a BMI of 25 to 30) had lower rates of inmate-on-inmate sexual victimization and staff sexual misconduct than inmates with a normal weight (with a BMI of 18.5 to 24) or who were underweight (a BMI of less than 18.5). (See *Methodology* for calculation of BMI.)

Among jail inmates, those underweight (3.5%) and those morbidly obese (BMI of 40 or greater) (3.0%) have nearly double the rate of inmate-on-inmate sexual victimization than inmates in other categories (1.6%, normal weight; 1.5%, overweight; and 1.7%, obese). There are no statistically significant variations in reported staff sexual misconduct among jail inmates across BMI categories.

Large differences in sexual victimization were found among inmates based on their sexual orientation and past sexual experiences

Inmates who identified their sexual orientation as gay, lesbian, bisexual, or other reported high rates of inmate-on-inmate sexual victimization and staff sexual misconduct:

- Among heterosexual state and federal prisoners, an estimated 1.2% reported being sexually victimized by another inmate, and 2.1% reported being victimized by staff. In comparison, among non-heterosexual prison inmates (including gay, lesbian, bisexual, and other sexual orientations), 12.2% reported being sexually victimized by another inmate, and 5.4% reported being sexually victimized by staff ([table 8](#)).

TABLE 8
Prevalence of sexual victimization, by type of incident and inmate sexual characteristics, National Inmate Survey, 2011–12

Sexual characteristic	Prison inmates reporting sexual victimization ^a			Jail inmates reporting sexual victimization ^a		
	Number of inmates ^b	Inmate-on-inmate	Staff sexual misconduct	Number of inmates ^b	Inmate-on-inmate	Staff sexual misconduct
Sexual orientation						
Heterosexual ^c	1,298,000	1.2%	2.1%	654,500	1.2%	1.7%
Non-heterosexual ^c	111,500	12.2**	5.4**	50,100	8.5**	4.3**
Number of sexual partners						
0–1*	227,500	1.1%	1.2%	106,900	1.5%	1.1%
2–4	173,300	2.3**	1.6	99,900	1.7	1.4
5–10	242,200	2.1**	1.5	127,800	1.6	1.2
11–20	218,500	2.5**	2.9**	117,100	1.8	1.6
21 or more	491,700	1.9**	2.8**	234,600	1.8	2.9**
Prior sexual victimization						
Yes	178,800	12.0%**	6.7%**	94,200	8.3%**	5.1%**
No*	1,262,500	0.6	1.8	625,800	0.6	1.3

Note: See appendix table 12 for standard errors.

*Comparison group.

**Difference with comparison group is significant at the 95%-confidence level.

^aPercent of inmates reporting one or more incidents of sexual victimization involving another inmate or facility staff in the past 12 months or since admission to the facility, if less than 12 months.

^bEstimated number of inmates at midyear 2011 and yearend 2011 in prisons and jails represented by NIS-3, excluding inmates under age 18. Estimates have been rounded to the nearest 100.

^cIncludes gay, lesbian, bisexual, and other sexual orientations.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

- Among jail inmates, heterosexual inmates reported lower rates of inmate-on-inmate sexual victimization (1.2%) and staff sexual misconduct (1.7%) than non-heterosexual inmates (8.5% for inmate-on-inmate and 4.3% for staff sexual misconduct).
- Inmates who experienced sexual victimization before coming to the facility were also more likely than inmates with no sexual victimization history to report incidents of sexual victimization involving other inmates and staff. Among inmates who experienced sexual victimization before coming to the facility, 12.0% of prisoners and 8.3% of jail inmates reported being sexually victimized

by another inmate at the current facility. An estimated 6.7% of prisoners and 5.1% of jail inmates who experienced sexual victimization before coming to the facility reported sexual victimization by staff.

In 2011-12, inmates held for a violent sexual offense reported higher rates of inmate-on-inmate sexual victimization than inmates held for other offenses

An estimated 3.7% of violent sex offenders in prison and 3.9% of violent sex offenders in jail reported being sexually victimized by another inmate in the last 12 months or since admission to the facility, if less than 12 months (table 9).

TABLE 9
Prevalence of sexual victimization, by type of incident and inmate criminal justice status and history, National Inmate Survey, 2011–12

Criminal justice status and history	Prison inmates reporting sexual victimization ^a			Jail inmates reporting sexual victimization ^a		
	Number of prison inmates ^b	Inmate-on-inmate	Staff sexual misconduct	Number of jail inmates ^b	Inmate-on-inmate	Staff sexual misconduct
Most serious offense						
Violent sexual offense*	211,300	3.7%	2.1%	34,300	3.9%	2.0%
Other violent	440,900	2.3**	3.4**	113,700	2.3**	3.3**
Property	244,100	2.4**	2.6	165,400	1.9**	1.7
Drug	310,300	0.7**	1.1**	153,900	1.1**	1.4
Other	162,900	1.7**	2.1	190,300	1.2**	1.6
Sentence length						
Less than 1 year	53,400	1.5%	1.6%	:	:	:
1–4 years*	350,400	1.8	1.3	:	:	:
5–9 years	311,100	1.6	2.2**	:	:	:
10–19 years	296,900	1.8	2.3**	:	:	:
20 years or more	239,300	2.2	2.5**	:	:	:
Life/death	139,600	2.7**	3.2**	:	:	:
Time in a correctional facility prior to current facility						
None	296,400	1.8%	1.5%	204,500	1.9%	1.5%
Less than 6 months	161,400	2.3	1.7	135,500	1.7	1.3
6–11 months	131,200	1.7	2.1	69,200	1.5	1.9
1–4 years	384,900	1.6	1.8	171,700	1.4**	2.1**
5 years or more	423,500	2.2	3.0**	129,700	1.6	2.5**
Number of times arrested						
1 time*	217,600	2.0%	1.7%	78,800	2.1%	1.3%
2–3	427,200	2.0	2.2	197,800	1.7	1.6
4–10	495,400	1.8	2.0	265,900	1.5	1.9**
11 or more	253,200	2.0	2.8**	164,400	1.5	2.3**
Time since admission						
Less than 1 month*	79,600	1.4%	0.8%	226,800	0.9%	1.2%
1–5 months	367,500	1.6	1.7**	341,100	1.7**	1.8**
6–11 months	263,200	2.2	2.6**	92,500	2.7**	2.5**
1–4 years	558,100	2.1	2.5**	58,000	2.6**	3.3**
5 years or more	172,400	2.9**	3.4**	1,600	2.1	3.2

Note: See appendix table 13 for standard errors.

: Not calculated.

*Comparison group.

**Difference with comparison group is significant at the 95%-confidence level.

^aPercent of inmates reporting one or more incidents of sexual victimization involving another inmate or facility staff in the past 12 months or since admission to the facility, if less than 12 months.

^bEstimated number of inmates at midyear 2011 and yearend 2011 in prisons and jails represented by NIS-3, excluding inmates under age 18. Estimates have been rounded to the nearest 100.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

These rates were higher than those reported by inmates held for other offenses. Among state and federal prisoners, rates of inmate-on-inmate sexual victimization were—

- higher among prison inmates serving a sentence of life or death (2.7%) than among inmates serving a sentence of 1 to 4 years (1.8%).
- higher among prison inmates who had been at their current facility for 5 years or more (2.9%) than among inmates who had been admitted in the last month (1.4%).

Among jail inmates, the rate of inmate-on-inmate sexual victimization increased with the length of time served in the current facility, rising from 0.9% among inmates who had been at the facility for less than a month to 1.7% among inmates in jail for 1 to 5 months, 2.7% among inmates in jail for 6 to 11 months, and 2.6% among those in jail for 1 to 4 years.

Rates of staff sexual misconduct varied among inmates based on their criminal justice status and history

- Among state and federal prisoners, inmates with a long sentence, inmates who had served 5 years or more in prison prior to coming to the current facility, and inmates who had served 5 years or more at the current facility were more likely to report experiencing staff sexual misconduct than inmates with a sentence of 1 to 4 years, inmates who had not served any prior time, and inmates who had been admitted in the last month.
- Among jail inmates, the rate of reported staff sexual misconduct increased with time served in the current facility and was higher among inmates who had previously served time in a correctional facility for 1 year or more.

These variations in rates of sexual victimization among inmate subgroups based on demographic characteristics, sexual history and orientation, and criminal justice status are almost identical to those reported in the NIS-2. (See *Sexual Victimization in Prisons and Jails Reported by Inmates, 2008-09*, NCJ 231169, BJS Web, August 2010.)

Special inmate populations—Inmates ages 16 to 17

In 2011-12, juvenile inmates ages 16 to 17 held in adult facilities reported rates of sexual victimization similar to those of adult inmates

The NIS-3 was specially designed to provide estimates of sexual victimization for inmates ages 16 to 17 held in adult facilities. Previous NIS collections excluded inmates age 17 or younger due to special human subject issues (related to consent and assent, as well as risk of trauma in the survey process) and statistical issues (related to clustering of youth and the need to oversample to ensure a representative sample). To address issues of consent and risk, the NIS-3 juvenile sample was restricted to inmates ages 16 to 17 (who represented an estimated 95% of the 1,790 juveniles held in prisons at yearend 2011 and 97% of the 5,870 juveniles held in local jails at midyear 2011).

The NIS-3 was designed to oversample for facilities that house juveniles and to oversample juveniles within selected facilities. The resulting sample was structured to provide separate nationwide estimates for juveniles in prisons and jails, while providing national-level and facility-level estimates for adult inmates that were comparable to estimates in the NIS-1 and NIS-2. (See *Methodology* for the juvenile sample design.)

Juveniles ages 16 to 17 held in prisons and jails did not report significantly higher rates of sexual victimization than adult inmates. Although the overall rates for juveniles (4.5% in prisons and 4.7% in jails) were somewhat higher than those for adults (4.0% in prisons and 3.2% in jails), the differences were not statistically significant (table 10).

Rates of inmate-on-inmate sexual victimization are unrelated to age among state and federal prisoners (table 11). When compared to inmates in every other age category, inmate ages 16 to 17 reported experiencing inmate-on-inmate sexual victimization at similar rates. Among jail inmates, the rate of staff sexual misconduct was higher for inmates ages 16 to 17 than for older inmates; however, the differences were statistically significant only for inmates age 35 or older.

These data do not support the conclusion that juveniles held in adult prisons and jails are more likely to be sexually victimized than inmates in other age groups. Due to the relatively small number of juveniles held in state prisons (an estimated 1,700 inmates ages 16 to 17 at midyear 2011), BJS combined these data with reports from juveniles held in local jails (an estimated 5,700 inmates ages 16 to 17).

TABLE 10
Juvenile inmates reporting sexual victimization, by type of incident, National Inmate Survey, 2011–12

Type of incident ^b	Percent of inmates		
	All facilities	Prisons	Jails
Total	4.7%	4.5%	4.7%
Inmate-on-inmate	1.8%	1.8%	1.8%
Nonconsensual sexual acts	0.7	1.6	0.4
Abusive sexual contacts only	1.1	0.2	1.4
Staff sexual misconduct	3.2%	2.8%	3.3%
Unwilling activity	1.9	0.9	2.2
Excluding touching	1.6	0.9	1.9
Touching only	0.2	0.0	0.3
Willing activity	2.2	2.5	2.1
Excluding touching	2.2	2.5	2.1
Touching only	0.0	0.0	0.0
Number of inmates	7,400	1,700	5,700

Note: Detail may not sum to total because inmates may report more than one type of victimization. They may also report victimization by both other inmates and staff. See appendix table 14 for standard errors.

: Not calculated.

^aStandard errors may be used to construct confidence intervals around each estimate. See *Methodology* for calculations.

^bSee *Methodology* for terms and definitions.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

TABLE 11
Prevalence of sexual victimization, by type of incident and age of inmate, National Inmate Survey, 2011–12

Age	Prison inmates			Jail inmates		
	Number	Inmate-on-inmate	Staff sexual misconduct	Number	Inmate-on-inmate	Staff sexual misconduct
16–17*	1,700	1.8%	2.8%	5,700	1.8%	3.3%
18–19	18,550	1.6	2.4	40,000	1.9	2.6
20–24	162,520	2.2	3.5	145,770	2.0	2.4
25–34	457,060	2.3	2.9	250,690	1.9	2.2
35–44	398,230	2.0	2.3	150,890	1.4	1.5**
45–54	281,390	2.0	1.7	102,820	1.1	0.9**
55 or older	124,050	1.1	0.8	30,010	1.3	0.3**

Note: See appendix table 15 for standard errors.

*Comparison group.

**Difference with comparison group is significant at the 95%-confidence level.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

Overall, the patterns of reported sexual victimization by juveniles were similar to those for adult inmates, including higher rates of staff sexual misconduct than rates of inmate-on-inmate sexual victimization:

- Of juveniles held in prisons and jails, 1.8% reported being victimized by another inmate in the past 12 months or since admission to the facility, if less than 12 months) (table 12). This rate was similar to the rate reported by adult prisoners (2.0%) and adult jail inmates (1.6%).
- Among juveniles held in prisons and jails nationwide, 3.2% reported experiencing staff sexual misconduct. Though higher, the rate was not statistically different from that of adults in prisons (2.4%) and adults in jails (1.8%).

Among juveniles and young adult inmates in 2011-12, patterns of sexual victimization across demographic subgroups showed little variation

Across subgroups defined by sex, race or Hispanic origin, BMI, sexual orientation, and most serious offense, juveniles and young adults reported experiencing similar rates of sexual victimization. Due to the small number of juveniles within each subgroup, few differences in sexual victimization rates across age groups were statistically significant. (Tests across age group not shown; see appendix table 14 for standard errors.)

TABLE 12
Prevalence of sexual victimization among juveniles ages 16–17 and inmates ages 18–19 and 20–24, by type of incident and inmate characteristics, National Inmate Survey, 2011–12

Characteristic	Prison and jail inmates reporting sexual victimization ^a								
	Number of inmates			Inmate-on-inmate			Staff sexual misconduct		
	Ages 16–17	18–19	20–24	Ages 16–17	18–19	20–24	Ages 16–17	18–19	20–24
All inmates	7,400	58,550	308,290	1.8%	1.8%	2.1%	3.2%	2.5%	2.9%
Sex									
Male*	6,930	54,220	280,670	1.6%	1.5%	1.8%	3.3%	2.6%	3.1%
Female	470	4,330	27,610	4.4	5.2**	5.7**	0.9**	0.8**	1.7**
Race/Hispanic origin									
White ^c	910	12,080	76,890	6.6%	3.8%**	3.6%**	3.4%	2.5%	2.0%**
Black ^{c*}	3,760	24,770	115,000	1.1	1.0	1.2	3.3	2.5	3.0
Hispanic	1,820	14,730	78,470	1.1	1.6	1.5	3.5	2.0	3.0
Other ^{c,d}	100	1,120	8,200	0.0**	1.6	1.1	0.0**	1.8	4.7
Two or more races ^c	740	5,430	25,910	1.5	2.0	3.8**	1.9	3.8	3.6
Body Mass Index									
Underweight	340	1,260	3,670	5.9%	1.7%	2.5%	6.6%	1.8%	4.1%
Normal*	4,410	33,850	139,140	1.1	1.8	2.0	2.9	2.6	2.4
Overweight	1,540	15,940	110,360	2.4	1.9	1.7	2.7	2.8	3.0
Obese	520	3,970	36,160	4.8	2.0	2.9	4.8	0.9**	3.2
Morbidly obese	70	310	3,740	0.0**	5.3	4.3	0.0**	7.3	5.0
Sexual orientation									
Heterosexual*	6,930	54,200	277,960	1.7%	1.1%	1.4%	3.0%	2.5%	2.6%
Non-heterosexual ^e	270	3,150	22,840	6.3	13.9**	11.3**	1.4	4.3	7.0**
Most serious offense									
Violent sexual offense*	160	2,200	18,830	7.5%	10.4%	6.9%	12.0%	3.0%	2.4%
Other violent	3,100	18,580	94,970	1.7	1.5	2.1**	4.3	3.6	4.1**
Property	2,170	18,480	70,730	1.0	1.5	2.4**	1.5**	2.4	2.5
Drug	480	6,980	53,990	4.8	1.3	1.4**	2.9	1.6	2.0
Other	870	8,230	50,900	2.3	1.8	1.2**	1.9**	1.3	2.1

Note: See appendix table 16 for standard errors.

*Comparison group.

**Difference with comparison group is significant at the 95%-confidence level.

^aPercent of inmates reporting one or more incidents of sexual victimization involving another inmate or facility staff in the past 12 months or since admission to the facility, if less than 12 months.

^bEstimated number of inmates at midyear 2011 in jails and yearend 2011 in prisons represented by NIS-3, excluding inmates under age 18. Estimates have been rounded to the nearest 100.

^cExcludes persons of Hispanic or Latino origin.

^dIncludes American Indian, Alaska Native, Asian, Native Hawaiian, and other Pacific Islander.

^eIncludes gay, lesbian, bisexual, and other sexual orientations.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

Among juvenile inmates ages 16 to 17 and young adult inmates ages 18 to 19 and 20 to 24—

- Young adult females reported higher rates of inmate-on-inmate sexual victimization than young adult males, while young adult males reported higher rates of staff sexual misconduct than young adult females.
- White non-Hispanic young adults (ages 18 to 19 and 20 to 24) reported higher rates of inmate-on-inmate sexual victimization than black non-Hispanic and Hispanic youth in the same age groups.
- Inmates ages 18 to 19 and 20 to 24 with a sexual orientation other than heterosexual experienced higher rates of sexual victimization by another inmate than heterosexual inmates in similar age groups.
- Male juvenile inmates reported higher rates of staff sexual misconduct (3.3%) than female juveniles (0.9%).
- Juvenile inmates held for violent sex offenses reported higher rates of staff sexual misconduct (12.0%) than those held for property offenses (1.5%).

Among juveniles victimized by other inmates in 2011-12, more than three-quarters experienced force or threat of force, and a quarter were injured

Juveniles ages 16 to 17 who reported sexual victimization by other inmates revealed that—

- Two-thirds were victimized more than once (65.5%) (table 13).
- An estimated 78.6% reported experiencing physical force or threat of force, and 39.8% were pressured by the perpetrator to engage in the sexual act or other sexual contact.
- More than a quarter (27.7%) were injured in at least one of the incidents.
- Fewer than 1 in 6 (15.4%) reported an incident to someone at the facility, a family member, or a friend.

Among juvenile inmates ages 16 to 17 who reported experiencing staff sexual misconduct—

- Three-quarters (75.8%) were victimized more than once.
- An estimated 43.7% said that staff used force or threat of force.
- An estimated 10.8% were injured in at least one of the incidents.
- Fewer than 1 in 10 (9.0%) reported the staff sexual misconduct to someone at the facility, a family member, or a friend.

TABLE 13
Circumstances surrounding incidents among juveniles ages 16–17 and inmates ages 18–19 and 20–24, by type of victimization, National Inmate Survey, 2011–12

Circumstance	Victims in prisons and jails					
	Inmate-on-inmate			Staff sexual misconduct		
	Ages 16–17*	18–19	20–24	16–17*	18–19	20–24
Number of victims	130	1,070	6,490	230	1,470	9,070
Number of incidents ^a						
1	34.5%	26.2%	29.9%	24.2%	19.7%	27.9%
2 or more	65.5	73.8	70.1	75.8	80.3	72.1
Type of coercion or force ^b						
Without pressure or force	~	~	~	68.9%	59.9%	67.2%
Pressured	39.8%	62.6%	73.8%**	51.2	52.6	49.7
Force or threat of force	78.6	75.5	62.1	43.7	36.2	33.0
Ever injured	27.7%	33.2%	15.9%	10.8%	12.9%	13.5%
Ever report an incident	15.4%	29.9%	18.1%	9.0%	14.3%	16.9%

Note: See appendix table 17 for standard errors.

~Not applicable.

*Comparison group.

**Difference with comparison group is significant at the 95%-confidence level.

^aNumber of incidents by another inmate and number of reported willing and unwilling incidents of staff sexual misconduct.

^bDetail sums to more than 100% because some inmates reported more than one victimization.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

Special inmate populations— Inmates with mental health problems

The NIS-3 collected data on the mental health problems of inmates for the first time in 2011-12. Inmates were asked whether they had been told by a mental health professional that they had a mental disorder or if because of a mental health problem they had stayed overnight in a hospital or other facility, used prescription medicine, or they had received counseling or treatment from a trained professional. These items have been previously used by BJS to determine if inmates in prisons and jails had any history of mental health problems. (See *Mental Health Problems of Prison and Jail Inmates*, NCJ 213600, BJS Web, September 2006.)

A high percentage of inmates had a history of problems with their emotions, nerves, or mental health

An estimated 36.6% of prison inmates and 43.7% of jail inmates reported being told by a mental health professional that they had a mental health disorder, as specified in

the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (table 14). Inmates were asked specifically if they had ever been told they had manic depression, bipolar disorder, or other depressive disorder, schizophrenia or another psychotic disorder, post-traumatic stress disorder, or an anxiety or other personality disorder. (See *Methodology* for survey items and full list of disorders.)

More than a third of prison inmates (35.8%) and jail inmates (39.2%) said they had received some counseling or therapy from a trained professional for these problems. An estimated 8.9% of prisoners and 12.8% of jail inmates reported an overnight stay in a hospital or other facility before their current admission to prison or jail. Approximately 15.4% of prisoners and 19.7% of jail inmates reported taking prescription medication for these mental health and emotional problems at the time of the offense for which they were currently being held.

TABLE 14
Prevalence of victimization by current mental health status and history of mental health problems among inmates, by type of facility, National Inmate Survey, 2011–12

Mental health status	Adult prison inmates				Adult jail inmates			
	Number ^b	Percent	Inmate-on-inmate	Staff sexual misconduct	Number	Percent	Inmate-on-inmate	Staff sexual misconduct
Current mental health status^a								
No mental illness*	926,800	67.1%	0.7%	1.1%	360,600	51.4%	0.7%	1.0%
Anxiety-mood disorder	251,700	18.2	2.8**	3.0**	155,800	22.2	1.3**	1.4**
Serious psychological distress	203,200	14.7	6.3**	5.6**	184,500	26.3	3.6**	3.6**
History of mental health problems^b								
Ever told by mental health professional had disorder								
Yes	505,600	36.6%	3.8%**	3.4%**	305,400	43.7%	2.9%**	2.5%**
No*	875,500	63.4	0.8	1.3	393,500	56.3	0.6	1.2
Had overnight stay in hospital in year before current admission								
Yes	122,800	8.9	5.7%**	4.9%**	89,700	12.8%	4.4%**	3.4%**
No*	1,257,700	91.1	1.5	1.8	611,300	87.2	1.2	1.5
Used prescription medications at time of current offense								
Yes	211,800	15.4	4.5%**	3.3%**	137,700	19.7%	3.2%**	2.7%**
No*	1,165,000	84.6	1.4	1.8	561,400	80.3	1.2	1.5
Ever received professional mental health therapy								
Yes	492,000	35.8%	3.6%**	3.0%**	274,100	39.2%	2.8%**	2.3%**
No*	884,000	64.2	0.9	1.5	425,200	60.8	0.8	1.4

Note: See appendix table 18 for standard errors.

*Comparison group.

**Difference with comparison group is significant at the 95%-confidence level.

^aBased on the K6 scale where a score of 1–7 indicates no mental illness, a score of 8–12 indicates anxiety mood-disorder, and a score of 13 or more indicates serious psychological distress. See *Methodology* for discussion of the K6 scale and past applications.

^bSee *Methodology* for survey items.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

Inmates with a history of mental health problems had higher rates of sexual victimization than other inmates

Inmates who had been told by a mental health professional that they had a mental disorder were more likely than other inmates to report being sexually victimized while in prison or jail. Among inmates who had been told they had a specific DSM-IV disorder—

- During 2011-12, an estimated 3.8% of prison inmates and 2.9% of jail inmates reported that they were sexually victimized by another inmate.
- Approximately 3.4% of prison inmates and 2.5% of jail inmates reported that they were sexually victimized by staff during 2011-12.

Sexual victimization rates were also higher among inmates who had stayed overnight in a hospital or other treatment facility because of a mental health problem than among inmates who had no prior admission for mental health problems. Among those who had stayed overnight in a hospital for mental or emotional problems, 5.7% of prison inmates and 4.4% of jail inmates said they were victimized by another inmate, and 4.9% of prison inmates and 3.4% of jail inmates said they were victimized by facility staff.

Differences in sexual victimization rates among inmates were similar across other mental health measures. Rates of inmate-on-inmate sexual victimization were—

- Two to three times higher among inmates who were taking prescription medications for their mental health or emotional problems at the time of the current offense than among inmates who were not taking such medications.
- Three to four times higher among inmates who had received mental health counseling or treatment from a trained professional in the past than among inmates who had not received such counseling or treatment.

In 2011-12, nearly 15% of state and federal prisoners and 26% of jail inmates had symptoms of serious psychological distress

To determine whether inmates had a current mental health problem, BJS used the K6 screening scale in the NIS-3. The K6 was previously developed by Kessler and others for estimating the prevalence of serious mental illness in noninstitutional settings as a tool to identify cases of psychiatric disorder. It has been used widely in epidemiological surveys in the U.S. and internationally.^{3,4}

³Kessler, R.C., Barker, P.R., Colpe, L.J., Epstein, J.F., Gfroerer, J.C., Hiripi, E., Howes, M.J., Normand, S.L., Manderscheid, R.W., Walters, E.E., & Zaslavsky, A.M. (2003). "Screening for serious mental illness in the general population." *Archives of General Psychiatry*, 60, 184–189.

The K6 consists of six questions that ask inmates to report how often during the past 30 days they had felt—

- nervous
- hopeless
- restless or fidgety
- so depressed that nothing could cheer them up
- everything was an effort
- worthless.

The response options were (1) all of the time, (2) most of the time, (3) some of the time, (4) a little of the time, and (5) none of the time. Following Kessler, the responses were coded from 4 to 0, with 4 assigned to "all of the time" and 0 assigned to "none of the time." A summary scale combining the responses from all six items was then produced with a range of 0 to 24. The summary score was then reduced to three categories: 0 to 7 indicated no mental illness, 8 to 12 indicated an anxiety-mood disorder, and 13 or higher indicated serious psychological distress (SPD).

Since 2008, the K6 scale has been used in federal epidemiological studies to measure symptoms of SPD rather than serious mental illness. Although the K6 has been demonstrated to be a good predictor of serious mental illness in prior studies, a technical advisory group, convened by the Center for Mental Health Services at the Substance Abuse and Mental Health Services Administration (SAMHSA), recommended that it should be supplemented with questions on functional impairment to improve statistical prediction and validity. (See *Methodology* for discussion of K6 scaling rules and current applications.)

Consistent with other measures of mental health or emotional problems, the K6 reveals that prison and jail inmates have high rates of SPD. An estimated 203,200 state and federal inmates and 185,500 jail inmates reported levels of psychological distress in the 30 days prior to the interview consistent with SPD. These estimates of current SPD represented nearly 15% of state and federal inmates and 26% of local jail inmates. These may be underestimates because some inmates with serious mental illness may have been unable to participate in the NIS-3 due to cognitive limitations that precluded them from fully understanding the informed consent procedures or the survey questions.

⁴Kessler, R.C., Green, J.G., Gruber, M.J., Sampson, N.A., Bromet, E., Cuitan, M., Furukawa, T.A., et al. (2010). "Screening for serious mental illness in the general population with the K6 screening scale: results from the WHO World Mental Health (WMH) survey initiative." *International Journal of Methods in Psychiatric Research*, 19 (Supp. 1) 4–22.

An additional 251,700 state and federal prisoners (18.2%) and 155,800 jail inmates (22.2%) reported lower levels of psychological distress, indicative of anxiety-mood disorders.

Rates of SPD in prisons and jails were substantially higher than the 3.0% rate of SPD observed in the 2012 National Health Interview Survey of the noninstitutional U.S. population age 18 or older, using the same K6 screener.⁵ Although inmate populations are demographically different from the general U.S. population, these differences in the prevalence of SPD remain significant when comparisons are restricted to demographic subgroups most commonly held in prisons and jails (**table 15**):

- Among males, 3.0% of the general U.S. population was identified with SPD, compared to 14.7% of prisoners and 26.3% of jails inmates.
- Among persons ages 18 to 44, 2.7% of the general population, 14.8% of prisoners and 26.1% of jail inmates had SPD.
- Among black non-Hispanic adults, 2.6% of the general population was classified with SPD, compared to 13.0% of prisoners and 22.1% of jail inmates.
- Among white non-Hispanic adults, 2.9% of the general population, 17.5% of prisoners and 30.8% of jail inmates had SPD.

Inmates with SPD or anxiety-mood disorders reported high overall rates of sexual victimization in 2011-12

Inmates identified with SPD reported significantly higher rates of inmate-on-inmate sexual victimization and staff sexual misconduct than inmates without a mental health problem:

- Among state and federal inmates, an estimated 6.3% of those identified with SPD reported being sexually victimized by another inmate, and 5.6% reported being victimized by staff. In comparison, among prison inmates with no indication of mental illness or anxiety-mood disorders, 0.7% reported being sexually victimized by another inmate and 1.1% reported experiencing staff sexual misconduct.

- Similarly, jail inmates identified with SPD reported higher rates of inmate-on-inmate sexual victimization (3.6%) and staff sexual misconduct (3.6%) than inmates with no mental illness (0.7% for inmate-on-inmate and 1.0% for staff sexual misconduct).

TABLE 15
Prevalence of serious psychological distress among adults in prisons, jails, and the U.S. civilian noninstitutional population, 2011–12

Demographic characteristic	Percent with symptoms of serious psychological distress ^a		
	U.S. noninstitutional adult population ^{b**}	Prison	Jail
Total	3.0%	14.7%**	26.3%**
Sex			
Male	2.8%	14.3%**	25.5%**
Female	3.7	20.8**	32.2**
Race/Hispanic origin			
White ^c	2.9%	17.5%**	30.8%**
Black ^c	2.6	13.0**	22.4**
Hispanic	3.6	11.6**	23.1**
Age			
18–44	2.7%	14.8%**	26.1%**
45–64	3.9	14.7**	27.7**
65 or older	1.9	9.5**	19.3**

Note: See appendix table 19 for standard errors.

*Comparison group.

**Difference with comparison group is significant at the 95%-confidence level.

^aBased on a score of 13 or more on the K-6 scale.

^bBased on household interviews of a national sample of the civilian noninstitutional population between January and September 2012.

^cExcludes persons of Hispanic or Latino origin.

Sources: Bureau of Justice Statistics, National Inmate Survey, 2011–12; and Centers for Disease Control and Prevention, National Health Interview Survey, 2012.

⁵Centers for Disease Control and Prevention, *Early Release of Selected Estimates Based on Data from Surveillance Among Adults in the United States*, Morbidity and Mortality Weekly Report, 2011;60 (Suppl.) table 7.) January-September 2012, National Health Interview Survey. Figures 13.1-13.3, March 2013.

Inmates identified as having anxiety-mood disorders reported higher rates of sexual victimization than inmates who did not report a mental health problem. Inmates with anxiety-mood disorders reported lower victimization rates than inmates with SPD. Among inmates with anxiety-mood disorders—

- An estimated 2.8% of prison inmates and 1.3% of jail inmates reported that they were sexually victimized by another inmate.
- About 3.0% of prison inmates and 1.4% of jail inmates reported that they were sexually victimized by staff.

Inmates with mental illness reported higher rates of sexual victimization than inmates without mental health problems across subgroups

For each of the measured subgroups (i.e., sex, race or Hispanic origin, age, sexual orientation, and most serious offense), inmates with SPD reported higher rates of inmate-on-inmate sexual victimization than inmates without mental health problems (table 16). With the exception of jail inmates age 45 or older, the differences were large and statistically significant. Among inmates with SPD, non-heterosexual inmates reported the highest rates of inmate-on-inmate sexual victimization (an estimated 21.0% of prison inmates and 14.7% of jail inmates).

TABLE 16
Prevalence of inmate-on-inmate sexual victimization, by current mental health status and inmate characteristics, National Inmate Survey, 2011–12

Characteristic	Prison inmates reporting sexual victimization ^a			Jail inmates reporting sexual victimization ^a		
	No mental illness*	Anxiety-mood disorder	Serious psychological distress	No mental illness*	Anxiety-mood disorder	Serious psychological distress
Sex						
Male	0.5%	2.2%**	5.6%**	0.5%	1.1%**	3.2%**
Female	3.4	8.9%**	12.9%**	2.3	2.8	5.8%**
Race/Hispanic origin^c						
White ^d	1.1%	3.9%**	7.0%**	0.8%	1.4%**	4.0%**
Black ^d	0.3	1.5%**	5.3%**	0.5	0.9	2.7%**
Hispanic	0.6	2.2%**	5.3%**	0.6	1.3%**	3.8%**
Age						
18–24	0.4%	3.4%**	7.4%**	0.5%	1.8%**	4.8%**
25–34	0.9	3.2%**	6.1%**	1.0	1.6%**	3.6%**
35–44	0.5	2.4%**	6.9%**	0.5	0.7	3.4%**
45 or older	0.7	2.4%**	5.4%**	0.6	0.8	2.2
Sexual orientation						
Heterosexual	0.4%	1.6%**	4.0%**	0.5%	1.0%**	2.6%**
Non-heterosexual ^e	5.9	13.4%**	21.0%**	5.0	5.1	14.7%**
Most serious offense						
Violent sexual offense	1.5%	4.8%**	9.5%**	1.4%	4.1%	6.7%**
Other violent	0.9	3.1%**	6.1%**	1.2	1.8	3.9%**
Property	0.5	3.1%**	8.1%**	0.8	1.6%**	4.1%**
Drug	0.3	1.2%**	2.8%**	0.3	0.6	2.9%**
Other	0.6	1.3	4.2%**	0.5	0.8	2.9%**

Note: See appendix table 20 for standard errors.

*Comparison group.

**Difference with comparison group is significant at the 95%-confidence level.

^aPercent of inmates reporting one or more incidents of sexual victimization involving another inmate or facility staff in the past 12 months or since admission to the facility, if less than 12 months.

^bEstimated number of inmates at midyear 2011 in jails and yearend 2011 in prisons represented by NIS-3, excluding inmates under age 18. Estimates have been rounded to the nearest 100.

^cDue to small sample size, estimates for other races, including American Indian, Alaska Native, Asian, Native Hawaiian, and other Pacific Islander, and two or more races, are not shown.

^dExcludes persons of Hispanic or Latino origin.

^eIncludes gay, lesbian, bisexual, and other sexual orientations.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

Patterns of staff sexual misconduct were similar to those of inmate-on-inmate victimization. Staff sexual misconduct was also higher among inmates with SPD than those without mental health problems (table 17). With the exception of

female jail inmates, the differences within each demographic subgroup were statistically significant. Among inmates with SPD, non-heterosexual prison inmates recorded the highest rate (10.5%) of sexual victimization by staff.

TABLE 17
Prevalence of staff sexual misconduct, by current mental health status and inmate characteristics, National Inmate Survey, 2011–12

Characteristic	Prison inmates reporting sexual victimization ^a			Jail inmates reporting sexual victimization ^a		
	No mental illness*	Anxiety-mood disorder	Serious psychological distress	No mental illness*	Anxiety-mood disorder	Serious psychological distress
Sex						
Male	1.1%	3.0%**	5.7%**	1.0%	1.4%**	4.0%**
Female	1.0	2.4**	5.2**	1.1	1.0	1.7
Race/Hispanic origin^c						
White ^d	0.6%	2.0%**	3.6%**	0.8%	0.7%	2.5%**
Black ^d	1.2	4.1**	6.1**	1.1	1.7	4.7**
Hispanic	1.1	1.7	6.8**	0.5	1.2**	3.9**
Age						
18–24	1.8%	3.1%	7.4%**	1.2%	1.8%**	5.1%**
25–34	1.6	3.4**	6.1**	1.3	1.6	3.9**
35–44	0.9	3.3**	5.6**	0.7	0.9	3.3**
45 or older	0.6	2.0**	4.3**	0.4	0.7	1.4**
Sexual orientation						
Heterosexual	1.0%	2.9%**	4.8%**	0.9%	1.3%**	3.4%**
Non-heterosexual ^e	3.4	3.6	10.5**	3.0	2.4	6.2**
Most serious offense						
Violent sexual offense	1.4%	2.3%	4.1%**	1.2%	1.2%	3.3%
Other violent offense	1.7	3.8**	7.2**	2.2	2.2	5.7**
Property	1.1	3.1**	6.7**	0.8	1.6**	3.3**
Drug	0.4	2.9	2.3**	0.7	1.0	2.8**
Other	0.8	1.7	5.9**	0.8	1.0	3.5**

Note: See appendix table 21 for standard errors.

*Comparison group.

**Difference with comparison group is significant at the 95%-confidence level.

^aPercent of inmates reporting one or more incidents of sexual victimization involving another inmate or facility staff in the past 12 months or since admission to the facility, if less than 12 months.

^bEstimated number of inmates at midyear 2011 in jails and yearend 2011 in prisons represented by NIS-3, excluding inmates under age 18. Estimates have been rounded to the nearest 100.

^cDue to small sample size, estimates for other races, including American Indian, Alaska Native, Asian, Native Hawaiian, and other Pacific Islander, and two or more races, are not shown.

^dExcludes persons of Hispanic or Latino origin.

^eIncludes gay, lesbian, bisexual, and other sexual orientations.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

Reports of sexual victimization differed among inmates with SPD and other inmates

Among prison and jail inmates who reported inmate-on-inmate sexual victimization, those with SPD were more likely than those without mental health problems to be—

- victimized more than once (80.4% compared to 62.6%)
- forced or threatened with force by the perpetrator (71.2% compared to 57.7%)
- injured (26.4% compared to 12.3%) (table 18).

Among victims of staff sexual misconduct, inmates with SPD were more likely than those without mental health problems to—

- report being pressured by staff (73.4% compared to 50.2%) or forced or threatened with force (47.2% compared to 33.8%)
- be injured by staff (19.8% compared to 6.3%)
- report at least one victimization to someone at the facility, a family member, or a friend (24.9% compared to 14.1%).

TABLE 18
Circumstances surrounding incidents among adult inmates, by current mental health status and type of victimization, National Inmate Survey, 2011–12

Circumstance	Victims in prisons and jails					
	Inmate-on-inmate			Staff sexual misconduct		
	No mental illness*	Anxiety-mood disorder	Serious psychological distress	No mental illness*	Anxiety-mood disorder	Serious psychological distress
Number of victims	8,880	9,040	19,490	13,910	9,580	18,130
Number of incidents^a						
1	37.4%	33.5%	19.6%**	23.4%	25.5%	23.6%
2 or more	62.6	66.5	80.4%**	76.6	74.5	76.4
Type of coercion or force^b						
Without pressure or force	~	~	~	64.1%	57.2%	43.6%**
Pressured	72.7%	79.4%	73.7%	50.2	54.8	73.4%**
Force or threat of force	57.7	61.9	71.2%**	33.8	29.8	47.2%**
Ever injured	12.3%	14.1%	26.4%**	6.3%	6.1%	19.8%**
Ever report an incident	21.2%	15.4%	23.1%	14.1%	18.4%	24.9%**

Note: See appendix table 22 for standard errors.

~Not applicable.

*Comparison group.

**Difference with comparison group is significant at the 95%-confidence level.

^aNumber of sexual acts by another inmate and number of reported willing and unwilling incidents of staff sexual misconduct.

^bDetail sums to more than 100% because some inmates reported more than one victimization.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

Special inmate populations—Inmates with a non-heterosexual sexual orientation

To date, all of the BJS victim self-report surveys conducted under PREA have found that inmates with the highest rates of sexual victimization are those who reported their sexual orientation as gay, lesbian, bisexual, or other. For example, among non-heterosexual inmates interviewed in the NIS-2, 11.2% of prison inmates and 7.2% of jail inmates reported being victimized by another inmate in the past 12 months or since admission to the facility, if less than 12 months. Among former state prison inmates interviewed in the National Former Prisoner Survey (NFPS, conducted in 2008), more than a third of non-heterosexual males (33% of bisexuals and 39% of gays and lesbians) reported being sexually victimized by another inmate during their most recent period of incarceration. Combined with the higher rates among non-heterosexual inmates in the NIS-3 (12.2% in prisons and 8.5% in jails), the surveys clearly identify a high-risk population. Although the NIS-2 and NFPS provide detailed multivariate models that control for other risk factors, NIS-3 provides additional detail on this population.

Across subgroups, inmate-on-inmate victimization rates were higher for non-heterosexual inmates than heterosexual inmates

In every measured subgroup (i.e., sex, race or Hispanic origin, age, education, and mental health problems), non-heterosexual prison and jail inmates reported higher rates of inmate-on-inmate sexual victimization than heterosexual inmates (table 19). Rates of sexual victimization by other inmates against non-heterosexual inmates were at least 10 times greater than that of heterosexual inmates when the victim was also male, black, Hispanic, or had less than a high school education. These differences were smaller, but still large, among non-heterosexual female inmates (2.5 times larger), whites (more than 6 times larger), and high school graduates (8 times larger).

Within each of the other demographic subgroups, staff-on-inmate victimization rates were at least double for non-heterosexual inmates compared to heterosexual inmates. Among non-heterosexual prison and jail inmates, rates of staff sexual misconduct were the highest for inmates ages 18 to 24 (6.7%), blacks (6.2%), and males (6.1%).

TABLE 19
Prevalence of sexual victimization, by type of incident and inmate sexual orientation, National Inmate Survey, 2011–12

Characteristic	Inmate-on-inmate		Staff sexual misconduct	
	Heterosexual*	Non-heterosexual ^a	Heterosexual*	Non-heterosexual ^a
Sex				
Male	1.0%	11.9%**	2.0%	6.1%**
Female	3.6	9.4%**	1.4	3.0%**
Race/Hispanic origin^b				
White ^c	1.7%	11.4%**	1.3%	3.2%**
Black ^c	0.6	10.6%**	2.2	6.2%**
Hispanic	1.0	10.1%**	1.8	5.9%**
Age				
18–24	1.3%	11.6%**	2.5%	6.7%**
25–44	1.2	11.9%**	2.2	5.0%**
45 or older	0.9	8.9%**	1.1	4.2%**
Education				
Less than high school	1.0%	11.0%**	2.0%	5.1%**
High school graduate	1.1	9.0%**	2.0	4.9
Some college or more	1.7	12.6%**	1.8	4.8%**
Current mental health status				
No mental illness	0.4%	5.7%**	1.0%	3.2%**
Anxiety-mood disorder	1.3	10.7%**	2.3	3.2
Serious psychological distress	3.3	18.6%**	4.1	8.8%**

Note: Prison and jail inmates have been combined to obtain a sufficient number of non-heterosexual inmates. See appendix table 23 for standard errors.

*Comparison group.

**Difference with comparison group is significant at the 95%-confidence level.

^aIncludes gay, lesbian, bisexual, and other sexual orientations.

^bDue to small sample size, estimates for other races, including American Indian, Alaska Native, Asian, Native Hawaiian, and other Pacific Islander, and persons of two or more races, are not shown.

^cExcludes persons of Hispanic or Latino origin.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

Non-heterosexual victims (82.9%) were more likely than heterosexual victims (68.0%) to report that the victimization by another inmate involved pressure, but less likely to report that it involved force or threat of force (62.0% for non-heterosexual compared to 69.7%

for heterosexual victims) (table 20). In addition, non-heterosexual victims (84.2%) of staff sexual misconduct were more likely than heterosexual victims (71.4%) to report more than one incident.

TABLE 20
Circumstances surrounding incidents of sexual victimization among heterosexual and non-heterosexual inmates, National Inmate Survey, 2011–12

Circumstance	Victims in prisons and jails			
	Inmate-on-inmate		Staff sexual misconduct	
	Heterosexual*	Non-heterosexual ^a	Heterosexual *	Non-heterosexual ^a
Number of victims	22,960	17,910	38,320	8,130
Number of incidents^b				
1	32.5%	25.9%	28.6%	15.8%**
2 or more	67.5	74.1	71.4	84.2**
Type of coercion or force^c				
Without pressure or force	~	~	53.0%	60.6%
Pressured	68.0%	82.9%**	60.1	63.8
Force or threat of force	69.7	62.0**	37.8	41.7
Ever injured	22.5%	20.9%	11.0%	15.6%
Ever report an incident	27.5%	19.4%**	19.5%	26.7%

Note: Prison and jail inmates have been combined to obtain a sufficient number of non-heterosexual inmates. See appendix table 24 for standard errors.

~Not applicable.

*Comparison group.

**Difference with comparison group is significant at the 95%-confidence level.

^aIncludes gay, lesbian, bisexual, and other sexual orientations.

^bNumber of incidents by another inmate and number of reported willing and unwilling incidents of staff sexual misconduct.

^cBased only on victims reporting incidents involving force, threat of force, or pressure.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

Methodology

The National Inmate Survey, 2011-12 (NIS-3) was conducted in 233 state and federal prisons, 358 jails, and 15 special facilities (military, Indian country, and Immigration and Customs Enforcement (ICE)) between February 2011 and May 2012. The data were collected by RTI International under a cooperative agreement with the Bureau of Justice Statistics (BJS).

The NIS-3 comprised two questionnaires—a survey of sexual victimization and a survey of mental and physical health, past drug and alcohol use, and treatment for substance abuse. Inmates were randomly assigned to receive one of the questionnaires so that at the time of the interview the content of the survey remained unknown to facility staff and the interviewers.

A total of 106,532 inmates participated in NIS-3, including the sexual victimization survey or the randomly assigned companion survey. Combined, the surveys included 43,721 inmates in state and federal prisons, 61,351 inmates in jails, 605 inmates in military facilities, 192 inmates in Indian country jails, and 663 inmates in facilities operated by ICE.

The interviews, which averaged 35 minutes in length, used computer-assisted personal interviewing (CAPI) and audio computer-assisted self-interviewing (ACASI) data collection methods. For approximately the first two minutes, survey interviewers conducted a personal interview using CAPI to obtain background information and date of admission to the facility. For the remainder of the interview, respondents interacted with a computer-administered questionnaire using a touchscreen and synchronized audio instructions delivered via headphones. Respondents completed the ACASI portion of the interview in private, with the interviewer either leaving the room or moving away from the computer.

A shorter paper questionnaire was made available for inmates who were unable to come to the private interviewing room or interact with the computer. The paper form was completed by 751 prison inmates (or 1.9% of all prison interviews)—733 were completed by adult prison inmates (1.9% of adult prison inmate interviews) and 18 were completed by prisoners ages 16 to 17 (3.4% of all prison inmate interviews of inmates ages 16 to 17). The paper questionnaire was also completed by 264 jail inmates (0.5% of all jail inmate interviews)—255 were completed by adults (0.5% of adult jail inmate interviews) and 9 were completed by jail inmates ages 16 to 17 (0.7% of jail inmate interviews of inmates ages 16 to 17). In addition, five paper questionnaires were completed by military inmates (0.9%

of all military inmate interviews). Most of these inmates were housed in administrative or disciplinary segregation or were considered too violent to be interviewed.

Before the interview, inmates were informed verbally and in writing that participation was voluntary and that all information provided would be held in confidence. Interviews were conducted in either English (96% in prisons, 95% in jails, 35% in ICE facilities, and 100% in military and Indian country facilities) or Spanish (4% in prisons, 5% in jails, and 65% in ICE facilities).

Selection of state and federal prisons

A sample of 241 state and federal prisons was drawn to produce a sample representing the 1,158 state and 194 federal adult confinement facilities identified in the 2005 Census of State and Federal Adult Correctional Facilities, supplemented with updated information from websites maintained by each state's department of corrections (DOC) and the Federal Bureau of Prisons (BOP). The 2005 census was a complete enumeration of adult state prisons, including all publicly operated and privately operated facilities under contract to state correctional authorities.

The NIS-3 was restricted to confinement facilities—institutions in which fewer than 50% of the inmates were regularly permitted to leave, unaccompanied by staff, for work, study, or treatment. Such facilities included prisons, penitentiaries, prison hospitals, prison farms, boot camps, and centers for reception, classification, or alcohol and drug treatment. The NIS-3 excluded community-based facilities, such as halfway houses, group homes, and work release centers.

Based on BJS's 2011 National Prisoner Statistics and 2005 Census of State and Federal Adult Correctional Facilities, the prisons in the study universe held an estimated 1,238,000 state and 203,800 federal inmates age 18 or older and 1,700 state inmates ages 16 to 17 at yearend 2011. Facilities that had been closed and new facilities that had opened since the 2005 census were identified via review of DOC and BOP websites. Facilities determined to be closed were removed from the NIS-3 frame and new facilities were added.

State and federal confinement facilities were sequentially sampled with probabilities of selection proportionate to size (as measured by the number of inmates held in state prisons on December 30, 2005, and in federal prisons on September 9, 2010).

Facilities on the sampling frame were stratified by sex of inmates housed, whether the facility had a mental health function, and whether the facility held five or more juveniles:

- Among facilities that housed males, the measure of size for facilities that held male inmates and participated in the NIS-1 in 2007 or NIS-2 in 2008-09 were adjusted to lower their probability of selection in the NIS-3.
- Among facilities with an inmate population that was at least 50% female, the measure of size for facilities that participated in the NIS-2 was reduced to lower their probability of selection in the NIS-3.
- The measures of size were further adjusted to increase the probability of selection of facilities with large juvenile populations.

Within each stratum, facilities in the sampling frame were first sorted by region, state, and public or private operation:

- The sample measures of size for facilities housing only female inmates were increased by a factor of 5 to ensure a sufficient number of women and allow for meaningful analyses of sexual victimization by sex. This led to an allocation of 51 female facilities (out of 233) in the sample.
- An additional 25 facilities were allocated to the stratum with facilities that have a mental health function, and another 20 facilities were allocated to the strata that housed juveniles.
- This led to the allocation of 66 facilities known to have a mental health function—49 male facilities and 17 female facilities—and 38 facilities that housed juveniles (36 facilities that housed males and 2 facilities that housed females).

Facilities were sampled ensuring that at least one facility in every state was selected. Federal facilities were grouped together and treated like a state for sampling purposes. The remaining facilities were selected from each region with probabilities proportionate to size.

Of the 241 selected prison facilities, 7 had closed prior to the start of data collection: Metro State Prison (Georgia), Hillsborough Corr. Inst. (Florida), Gates Corr. Inst. (Connecticut), Brush Corr. Fac. (Colorado), Burnet Co. Intermediate Sanction Fac. (Texas), and Diamondback Corr. Fac. (Oklahoma). One facility—Chittenden Regional Corr. Fac. (Vermont)—had transitioned from holding males to females during the data collection period and was considered a closed facility. All other selected prison facilities participated fully in NIS-3.

Selection of inmates within prisons

A roster of inmates was obtained just prior to the start of data collection at each facility. Inmates age 15 or younger and inmates who were released prior to data collection were deleted from the roster. Eligible inmates within a facility were placed into one of two strata based on their ages. Inmates who were ages 16 to 17 (juveniles) were placed in one stratum and inmates age 18 or older (adults) were placed in the other. Inmates age 15 or younger were considered ineligible for the NIS-3.

Selection of adult inmates within prisons

The number of adult inmates sampled in each facility varied based on six criteria—

- an expected sexual victimization prevalence rate of 4%
- a desired level of precision based on a standard error of 1.75%
- a projected 70% response rate among selected inmates
- a 10% chance among participating inmates of not receiving the sexual victimization questionnaire
- an adjustment factor of 1.9 to account for the complex survey design
- the size of the facility.

Each eligible adult inmate was assigned a random number and sorted in ascending order. Inmates were selected from the list up to the expected number of inmates determined by the sampling criteria.

Selection of inmates ages 16 to 17 within prisons

The number of inmates ages 16 to 17 sampled in each facility varied based on the number who appeared on the roster:

- If fewer than 50 were on the roster, all inmates ages 16 to 17 were selected.
- If between 50 and 149 were on the roster, 75% were sampled (with a minimum of 50).
- If 150 or more were on the roster, 75% were sampled (with a minimum of 150).

In cases in which not all inmates ages 16 to 17 were selected, each eligible inmate ages 16 to 17 was assigned a random number and sorted in ascending order. Inmates were selected from the list up to the expected number of inmates determined by the sampling criteria.

A total of 74,655 prison inmates were selected. After selection, 2,233 ineligible inmates were excluded—1,441 (1.9%) were released or transferred to another facility before interviewing began, 657 (0.9%) were mentally or physically unable to be interviewed, 10 (0.01%) were age 15 or younger or their age could not be obtained during the interview process, 56 (0.5%) were selected in error (i.e., an inmate was incorrectly listed on the facility roster), 21 (0.03%) were only in the facility on weekends, and 47 (0.06%) were on unsupervised work release or only served time on weekends.

Of all selected eligible prison inmates, 32% refused to participate in the survey, 0.5% were not available to be interviewed (e.g., in court, in medical segregation, determined by the facility to be too violent to be interviewed, or restricted from participation by another legal jurisdiction), and 0.5% were not interviewed due to survey logistics (e.g., language barriers, releases, or transfers to another facility after interviewing began).

Overall, 43,721 prison inmates participated in the survey, yielding a response rate of 60%. Approximately 90% of the participating inmates (38,778) received the sexual assault survey. (See appendix table 1 for the number of participating inmates in each prison facility.)

Selection of jail facilities

A sample of 393 jails was drawn to represent the 2,957 jail facilities identified in the Census of Jail Inmates, 2005, and the sample was supplemented with information obtained during the NIS-1 and NIS-2. The 2005 census was a complete enumeration of all jail jurisdictions, including all publicly operated and privately operated facilities under contract to jail authorities. The NIS-3 was restricted to jails that had six or more inmates on June 30, 2005. Jails identified as closed or ineligible during the NIS-1 and NIS-2 were removed from the NIS-3 frame. Based on estimates from the Annual Survey of Jails, 2011, the jails in the NIS-3 held an estimated 720,171 inmates age 18 or older and 5,700 inmates ages 16 to 17 on June 30, 2011.

Jail facilities were sequentially sampled with probabilities of selection proportionate to size (as measured by the number of inmates held on June 30, 2005).

- Two facilities that were unable to participate in the NIS-2 were selected with certainty in the NIS-3.
- The measures of size for facilities that participated in the NIS-1 or NIS-2 were adjusted to give them a lower probability of selection.

- Facilities with juveniles had their measures of size adjusted to increase their probability of selection.
- Facilities were stratified such that facilities in each of the 10 largest jail jurisdictions were placed into a stratum. Within the large jurisdiction stratum, three facilities were selected from the five largest jurisdictions with probabilities proportionate to size, and two facilities were selected from the next five largest jurisdictions with probabilities proportionate to size.
- All other facilities were placed in a single stratum and then sorted by region, state, and public or private operation. Facilities were sampled to ensure that at least one jail facility in every state was selected. The remaining jail facilities were selected from each region with probabilities proportionate to size.

Of the 393 selected jails in the NIS-3, 20 facilities refused to participate:

- Covington Co. Jail (Alabama)
- Mobile Co. Metro Jail (Alabama)
- Delaware Co. George W. Hill Corr. Fac. (Pennsylvania)
- Montcalm Co. Jail (Michigan)
- Will Co. Adult Det. Fac. (Illinois)
- Northumberland Co. Prison (Pennsylvania)
- Kenosha Co. Pre-Trial Det. Fac. (Wisconsin)
- Carroll Co. Jail (Tennessee)
- Brevard Co. Jail (Florida)
- Pinellas Co. North Division (Florida)
- Hillsborough Co. Falkenburg Road Jail (Florida)
- Paulding Co. Det. Ctr. (Georgia)
- Whitfield Co. Jail (Georgia)
- Marion Co. Jail (Tennessee)
- Sandoval Co. Det. Ctr. (New Mexico)
- Williamson Co. Jail (Texas)
- Montgomery Co. Jail (North Carolina)
- Catahoula Parish Corr. Ctr. (Louisiana)
- Escambia Co. Det. Ctr. (Alabama)
- Orleans Parish House of Det. (Louisiana).

Williamsburg Co. Jail (South Carolina), was excused due to construction at the facility. In Nassau Co. Corr. Ctr. (New York), data were collected only among inmates ages 16 to 17 due to lack of space to interview both adults and juveniles ages 16 to 17.

Fourteen facilities were determined to be ineligible: six had closed, two were considered part of another facility on the sampling frame, three had fewer than six eligible inmates, two were facilities containing only unsupervised work release inmates, and one had active litigation related to sexual victimization. All other selected jail facilities participated fully in NIS-3.

Selection of inmates within jails

A roster of inmates was obtained just prior to the start of data collection at each facility. Inmates age 15 or younger and inmates who had not been arraigned were removed from the roster. Eligible inmates within a facility were placed into one of two stratum based on their age. Inmates who were ages 16 to 17 (juveniles) were placed in one stratum and inmates age 18 or older (adults) were placed in the other. Inmates age 15 or younger were considered ineligible for the NIS-3.

Selection of adult inmates within jails

The number of adult inmates sampled in each facility varied based on six criteria:

- an expected prevalence rate of sexual victimization of 3%
- a desired level of precision based on a standard error of 1.4%
- a projected 65% response rate among selected inmates
- a 10% chance among participating inmates of not receiving the sexual victimization questionnaire
- an adjustment factor of 1.9 to account for the complex survey design
- a pre-arraignment adjustment factor equal to 1 in facilities where the status was known for all inmates and less than 1 in facilities where only the overall proportion of inmates who were pre-arraigned was known.

Each eligible adult inmate was assigned a random number and sorted in ascending order. Inmates were selected from the list up to the expected number of inmates determined by the sampling criteria.

Due to the dynamic nature of jail populations, a second roster of inmates was obtained on the first day of data collection. Eligible adult inmates who appeared on the second roster but who had not appeared on the initial roster were identified. These inmates had been arraigned since the initial roster was created or were newly admitted to the facility and arraigned. A random sample of these new inmates was chosen using the same probability of selection used to sample from the first roster.

Selection of inmates ages 16 to 17 within jails

The number of inmates ages 16 to 17 sampled in each facility varied based on the number who appeared on the roster:

- If fewer than 50 were on the roster, all inmates ages 16 to 17 were selected.
- If between 50 and 149 were on the roster, 75% were sampled (with a minimum of 50).
- If 150 or more were on the roster, 75% were sampled (with a minimum of 150).

In facilities in which not all inmates ages 16 to 17 were selected, each eligible inmate ages 16 to 17 was assigned a random number and sorted in ascending order. Inmates were selected from the list up to the expected number of inmates determined by the sampling criteria.

As with adult jail inmates, a second roster obtained on the first day of data collection was used to identify inmates that had been arraigned since the initial roster was created or newly admitted. A random sample of these new inmates was chosen using the same probability of selection used to sample from the first roster.

A total of 112,594 jail inmates was selected. After selection, 11,342 ineligible inmates were excluded—9,479 (8.4%) were released or transferred to another facility before interviewing began, 1,036 (0.8%) were mentally or physically unable to be interviewed, 25 (0.02%) were age 15 or younger or their age could not be obtained during the interview process, 296 (0.3%) were selected in error (i.e., an inmate was incorrectly listed on the facility roster), and 484 (0.4%) were on unsupervised work release or only served time on weekends.

Of all selected inmates, 22% refused to participate in the survey, 1.1% were not available to be interviewed (e.g., in court, in medical segregation, determined by the facility to be too violent to be interviewed, or restricted from participation by another legal jurisdiction), and 8% were not interviewed due to survey logistics (e.g., language barriers, releases, and transfers to another facility after interviewing began).

Overall, 61,351 jail inmates participated in the survey, yielding a response rate of 61%. Approximately 90% of the participating inmates (54,137) received the sexual victimization survey. (See appendix table 5 for the number of participating inmates in each jail facility.)

Selection of special confinement facilities

A sample of 16 special facilities was drawn to represent the inmate populations in military, Indian country, and ICE facilities. Five military, six Indian country, and five ICE facilities were included.

The military frame came from the military correctional facilities population report on April 1, 2011. The Indian country frame came from the BJS report, *Jails in Indian Country, 2009*, NCJ 232223, BJS Web, February 2011. The ICE frame came from the ICE integrated decision support system on March 21, 2011.

Military, Indian country, and ICE facilities were sequentially selected with probability proportionate to the adjusted number of inmates in the facility. The measures of size (population) were adjusted to reduce the probability of selection among facilities included in the NIS-2.

Tohono O'odham Adult Detention Facility (Arizona) refused to participate in the NIS-3. All other selected special confinement facilities participated fully in the survey.

Selection of inmates in special confinement facilities

For purposes of inmate selection, military facilities were treated as prisons, and Indian country and ICE facilities were treated like jails. The assumptions used to determine the sample size within a prison or jail and the corresponding selection procedures were used. However, in ICE facilities, a second sample of newly admitted inmates was not drawn due to an inability to identify new inmates on the ICE rosters. In addition, inmates in ICE facilities who did not speak English or Spanish were defined as ineligible for the study.

Overall, 2,874 inmates were selected, including 910 in military facilities, 300 in Indian country facilities, and 1,664 in ICE facilities. After selection, 163 ineligible inmates were excluded—28 (1.0%) were released or transferred to another facility before interviewing began, 46 (1.1%) were mentally or physically unable to be interviewed, 3 (0.1%) were sampled in error, 2 (0.1%) were inmates in custody only on the weekend, and 84 (3.0%) in ICE facilities did not speak English or Spanish.

Overall, 1,272 inmates participated in the survey (605 in military, 192 in Indian country, and 663 in ICE facilities), yielding a response rate of 68% in military, 68% in Indian country, and 43% in ICE facilities. Approximately 90% of the participating inmates (1,379) received the sexual victimization survey (539 in military, 160 in Indian country, and 573 in ICE facilities). (See appendix table 9 for the number of participating inmates in each special confinement facility.)

Weighting and nonresponse adjustments

Responses from interviewed inmates were weighted to provide national-level and facility-level estimates. Each interviewed inmate was assigned an initial weight corresponding to the inverse of the probability of selection within each sampled facility. A series of adjustment factors was applied to the initial weight to minimize potential bias due to nonresponse and to provide national estimates.

Bias occurs when the estimated prevalence is different from the actual prevalence for a given facility. In each facility, bias could result if the random sample of inmates did not accurately represent the facility population. Bias could also result if the nonrespondents were different from the respondents. Post-stratification and nonresponse adjustments were made to the data to compensate for these two possibilities. These adjustments included—

- calibration of the weights of the responding inmates within each facility so that the estimates accurately reflected the facility's entire population in terms of known demographic characteristics. These characteristics included distributions by inmate age, sex, race, sentence length, and time since admission. This adjustment ensured that the estimates better reflected the entire population of the facility and not just the inmates who were randomly sampled.
- calibration of the weights so that the weight from a non-responding inmate was assigned to a responding inmate with similar demographic characteristics. This adjustment ensured that the estimates accurately reflected the full sample, rather than only the inmates who responded.

For each inmate, these adjustments were based on a generalized exponential model, developed by Folsom and Singh, and applied to the sexual victimization survey respondents.⁶

A final ratio adjustment to each inmate weight was made to provide national-level estimates for the total number of inmates age 18 or older and the total number of inmates ages 16 to 17 who were held in jails at midyear 2011 or in prison at yearend 2011. These ratios represented the estimated number of inmates by sex (from BJS's 2011 Annual Survey of Jails and 2011 National Prisoner Statistics) divided by the number of inmates by sex for adults and overall for juvenile inmates ages 16 to 17 in the NIS-3, after calibration for sampling and nonresponse. The national estimates for state prisons were 1,154,600

⁶Folsom, Jr., R.E., & Singh, A.C. (2002). "The Generalized Exponential Model for Sampling Weight Calibration for Extreme Values, Nonresponse, and Poststratification." *Proceedings of the American Statistical Association, Survey Research Methods Section*, pp. 598–603.

adult males, 83,400 adult females, and 1,700 juveniles ages 16 to 17; for federal prisons, 190,600 adult males and 13,200 adult females (there were no juveniles ages 16 to 17 in federal custody); and for jails (with an average daily population of six or more inmates), 628,620 adult males, 91,551 adult females, and 5,700 juveniles ages 16 to 17.

Final ratio adjustments were not applied to inmate weights in military, Indian country, and ICE facilities. Estimates for special confinement facilities were made at the facility level only.

Standard errors and tests of significance

The NIS-3 is statistically unable to provide an exact ranking for all facilities as required under PREA. As with any survey, the NIS estimates are subject to error arising from the fact that they are based on a sample rather than a complete enumeration. Within each facility, the estimated sampling error varies by the size of the estimate, the number of completed interviews, and the size of the facility.

A common way to express this sampling variability is to construct a 95%-confidence interval around each survey estimate. Typically, multiplying the standard error by 1.96 and then adding or subtracting the result from the estimate produces the confidence interval. This interval expresses the range of values that could result among 95% of the different samples that could be drawn.

For small samples and estimates close to 0%, as is the case with sexual victimization in most prisons and jails, the use of the standard error to construct the 95%-confidence interval may not be reliable. An alternative developed by Wilson has been shown to perform better than the traditional method when constructing a confidence interval. (See footnote 1 on page 10.) This method produces an asymmetrical confidence interval around the facility estimates in which the lower bound is constrained to be greater than or equal to 0%. It also provides confidence intervals for facilities in which the survey estimates are zero (but other similarly conducted surveys could yield non-zero estimates). (See tables 3, 4, 5, and 6 and appendix tables 1, 2, 4, 5, 6, 8, and 9.)

When applied to large samples, the traditional and the Wilson confidence intervals are nearly identical. As a result, the tables that show national estimates display traditional standard errors. (See tables 1 and 2.) The traditional standard errors have also been used to compare estimates of sexual victimization among selected groups of inmates that have been defined by type of incident, demographic subgroup, sexual history, and criminal justice status. (See tables 7 through 9 and 11 through 20.) To facilitate the

analysis, rather than provide the detailed estimates for every standard error, differences in the estimates of sexual victimization for subgroups in these tables have been tested and notated for significance at the 95%-level of confidence.

For example, the difference in the rate of inmate-on-inmate sexual victimization among female prison inmates (6.9%) compared to male prison inmates (1.7%) is statistically significant at the 95%-level of confidence (**table 7**). In all tables providing detailed comparisons, statistically significant differences at the 95%-level of confidence or greater have been designated with two asterisks (**).

Exposure period

To calculate comparative rates of sexual victimization, respondents were asked to provide the most recent date of admission to the current facility. If the date of admission was at least 12 months prior to the date of the interview, inmates were asked questions related to their experiences during the past 12 months. If the admission date was less than 12 months prior to the interview, inmates were asked about their experiences since they had arrived at the facility.

The average exposure period of inmates participating in the sexual victimization survey was—

- 8.8 months for federal prisoners
- 8.1 months for adult state prisoners
- 5.5 months for juveniles ages 16 to 17 in state prisons
- 3.7 months for jail inmates
- 7.6 months for inmates in military facilities
- 2.8 months for inmates in ICE facilities
- 2.0 months for inmates in Indian country facilities.

Measurement of sexual victimization

The survey of sexual victimization relied on inmates reporting their direct experiences, rather than inmates reporting on the experiences of other inmates. Questions related to inmate-on-inmate sexual activity were asked separately from questions related to staff sexual misconduct. (For specific survey questions, see appendices 1 and 2.)

The ACASI survey began with a series of questions that screened for specific sexual activities without restriction, including both wanted and unwanted sex and sexual contacts with other inmates. To fully measure all sexual activities, questions related to the touching of body parts in a sexual way were followed by questions related to manual stimulation and questions related to acts involving oral,

anal, and vaginal sex. The nature of coercion (including use of physical force, pressure, and other forms of coercion) was measured for each type of reported sexual activity.

ACASI survey items related to staff sexual misconduct were asked in a different order. Inmates were first asked about being pressured or being made to feel they had to have sex or sexual contact with the staff and then asked about being physically forced. In addition, inmates were asked if any facility staff had offered favors or special privileges in exchange for sex. Finally, inmates were asked if they willingly had sex or sexual contact with staff. All reports of sex or sexual contact between an inmate and facility staff, regardless of the level of coercion, were classified as staff sexual misconduct.

The ACASI survey included additional questions related to both inmate-on-inmate sexual victimization and staff sexual misconduct. These questions, known as latent class measures, were included to assess the reliability of the survey questionnaire. After being asked detailed questions, all inmates were asked a series of general questions to determine if they had experienced any type of unwanted sex or sexual contact with another inmate or had any sex or sexual contact with staff. (See appendix 3.)

The entire ACASI questionnaire (listed as the National Inmate Survey-3) and the shorter paper and pencil survey form (PAPI) are available on the BJS website at www.bjs.gov.

Interviews checked for inconsistent response patterns

Once data collection was completed, individual response patterns were assessed to identify interviewer error, interviews that had been completed in too short of time, and incomplete interviews. In 141 interviews, the interviewers administered sex-specific survey items inconsistent with the sex of the inmate. In 693 interviews, the inmate failed to complete enough questions to be considered a completed interview. These interviews were excluded from the calculations of sexual victimization.

Interviews were also examined for inconsistent response patterns. A list of 31 indicators were developed based on inmate characteristics (e.g., education, age, marital status, and time since admission) and items related to victimization (e.g., number of times, injuries, willing contact with staff, sex of staff perpetrator, and reporting of victimization). Indicators compared responses to initial questions with responses to detailed follow-up questions. The indicators were identified as unlikely, highly unlikely, or extremely unlikely.

Of the 31 indicators, 21 were deemed unlikely, 7 were deemed highly unlikely, and 3 were deemed extremely unlikely. An example of an unlikely indicator is when a respondent indicated victimization occurred, but responded no to all types of victimization. An example of a highly unlikely indicator is when a respondent indicated that the first time a victimization occurred was before the inmate was admitted to the facility. An example of an extremely unlikely indicator is if the inmate responded yes to 12 or more of the sex-specific victimization items and indicated being victimized 11 or more times to both staff sexual misconduct and inmate-on-inmate victimization. If any of the extremely unlikely indicators were triggered and at least one highly unlikely indicator or four or more unlikely indicators were triggered, the inmate's data were removed.

The amount of time the interview took was also reviewed. Inmates whose average time for the sexual victimization items was less than 2 seconds per item and inmates whose total time was less than 10 minutes for English respondents and less than 12 minutes for Spanish respondents had their data removed.

Overall, the results revealed very high levels of consistency in survey responses. Of the 92,689 respondents to the sexual victimization survey, 87 triggered one extremely highly unlikely flag. Of these, 20 met the additional criteria for removal. In addition, data for 12 respondents were removed because their interviews did not meet the length of interview criteria. Among the 32 cases that were removed, 1 respondent was in a federal facility, 13 respondents were in state prisons (2 were juveniles ages 16 to 17), and 18 respondents were in jails. These 32 inmates came from separate facilities (i.e., only one inmate from each of these facilities was removed) and were excluded from the calculation of sexual victimization.

Calculation of Body Mass Index (BMI)

BMI is a measurement of body fat, based on height and weight, that applies to both men and women ages 18 to 65. BMI can be used to determine if a person is underweight (18.5 or less), normal (18.5 to 24.9), overweight (25 to 29.9), obese (30 to 39.9), or morbidly obese (40 or greater). The calculation in the NIS-3 was based on the following formula provided by the Centers for Disease Control and Prevention:

$$\text{BMI} = \text{weight (pounds)} / [\text{height (inches)}]^2 \times 703.$$

Screening for serious psychological distress (SPD) and history of mental health problems

The NIS-3 included four items to measure the prevalence of any problems with emotions, nerves, or mental health an inmate may have had in the past:

R24. Have you ever been told by a mental health professional, such as a psychiatrist or psychologist, that you had...

- a. manic depression, a bipolar disorder or mania?
- b. a depressive disorder?
- c. schizophrenia or another psychotic disorder?
- d. post-traumatic stress disorder (PTSD)?
- e. another anxiety disorder, such as panic disorder or obsessive compulsive disorder (OCD)?
- f. a personality disorder, such as antisocial or borderline personality?
- g. a mental or emotional condition other than those listed above?

R27. During the 12 months before you were admitted to [this facility / any facility to serve time on your current sentence], did you stay overnight or longer in any type of hospital or other facility to receive treatment or counseling for problems you were having with your emotions, nerves, or mental health?

R30. At the time of the offense for which you are currently [being held / serving time], were you taking prescription medicine for any problem you were having with your emotions, nerves, or mental health?

R33. Have you ever received counseling or therapy from a trained professional, such as a psychiatrist, psychologist, social worker, or nurse, for any problem you were having with your emotions, nerves, or mental health?

Development of the K6

The K6 is a six-item scale designed to provide rapid assessment of the prevalence of serious psychological distress (SPD) in population surveys. (See page 25 for the six items and response categories.) Developed by Kessler and colleagues, the K6 has become widely used in epidemiological surveys throughout the world. It is included in three general population surveys in the U.S.—the Behavioral Risk Factor Surveillance System and the National Health Interview Survey (conducted

by the Centers for Disease Control and Prevention) and the National Survey on Drug Use and Health (conducted by the U.S. Substance Abuse and Mental Health Services Administration).

The K6 has been recognized as a broad screener rather than a specific screener for any one mental disorder. Kessler and others have shown that the K6 outcomes are consistent with blinded clinical diagnoses of SPD in general population samples. Moreover, their statistical analyses of alternative scoring rules for the six items have shown the unweighted sum (based on codes 0 to 4, with a total sum ranging from 0 to 24) to be virtually identical to sums using other weighting schemes. Although its use under PREA is to determine risk related to SPD and the incidence of sexual victimization, more specific screening scales could have been used to determine if sexual victimization was associated with particular kinds of mental disorder.

Prior to 2004, the K6 was used in the National Survey on Drug Use and Health (NSDUH) to estimate the prevalence of serious mental illness. In 2008, following the recommendation of a technical advisory group, convened by the Center for Mental Health Services at the SAMHSA, NSDUH supplemented the K6 scale with questions on functional impairment. Functional impairment is defined as difficulties that substantially interfere with or limit role functioning in one or more major life activities, including basic living skills; instrumental living skills; and functioning in social, family, and vocational or educational contexts.⁷ However, the NIS-3 did not include any items related to functional impairment, since past measures and scales are not appropriate for inmates held in prisons or jails.

The use of K6 for predicting serious mental illness has never been validated in a correctional setting. It may be expected that some inmates feel nervous, hopeless, restless or fidgety, sad or depressed, or worthless due to their confinement rather than due to an underlying mental health disorder. Consequently, the exact cut point for serious psychological distress may be higher than 13 among inmates than among persons in the general population.

However, the link between SPD and sexual victimization rates remains strong, regardless of the exact cut point in the K6 scale. For example, had the cut point for serious psychological distress in the NIS been raised to 17 (from 13), inmate-on-inmate sexual victimization rates would have increased to 7.6% among prison inmates and 4.4%

⁷Gfroerer, J., Hedden, S., Barker, P., Bose, J., & Aldworth, J. (2012). "Estimating Mental Illness in an Ongoing National Survey," Federal Committee on Statistical Methodology, available at www.fcsfm.gov/12papers/Gfroerer_2012FCSM_VII-A.pdf

among jail inmates, and staff sexual misconduct rates would have increased to 7.2% among prison inmates and 4.4% among jail inmates.

Imputation of missing data

SPD status was determined by the sum of the responses to the K6 items. Since some inmates did not respond to all six items, inclusion and imputation criteria were developed. Only respondents who answered at least four of the K6 items were included in the estimates of SPD status.

A missing K6 item was imputed in a nearest neighbor approach (i.e., the donor value for the imputed value was the nearest previous nonmissing K6 response). If the nearest K6 item was missing, then the value from the first nonmissing response preceding the missing item was used as the donor. For example, if item 2 was not answered, but item 1 was answered, then the value from the first K6 item was used as the value for the selected K6 item. If the first K6 item was missing, then the first nonmissing value that followed was used as the donor. Since only respondents who answered at least four of the K6 items were included in the analysis, the donor response was never more than two items away from the item with the missing response.

In prisons, among the 38,251 adult respondents, 555 (1.5%) answered fewer than four items and thus were not included in the estimates of SPD. Of the adult prison inmates who responded to four or more items, 931 (2.4%) had one or two items imputed.

In jails, among the 52,926 adult respondents, 1,106 (2.1%) answered fewer than four items and therefore were not included in the estimates of SPD status. Of the adult jail inmates who responded to four or more items, 1,840 (3.5%) had one or two items imputed.

Terms and definitions

Sexual victimization—all types of sexual activity, e.g., oral, anal, or vaginal penetration; hand jobs; touching of the inmate's buttocks, thighs, penis, breasts, or vagina in a sexual way; abusive sexual contacts; and both willing and unwilling sexual activity with staff.

Nonconsensual sexual acts—unwanted contacts with another inmate or any contacts with staff that involved oral, anal, vaginal penetration, hand jobs, and other sexual acts.

Abusive sexual contacts only—unwanted contacts with another inmate or any contacts with staff that involved touching of the inmate's buttocks, thigh, penis, breasts, or vagina in a sexual way.

Unwilling activity—incidents of unwanted sexual contacts with another inmate or staff.

Willing activity—incidents of willing sexual contacts with staff. These contacts are characterized as willing by the reporting inmates; however, all sexual contacts between inmates and staff are legally nonconsensual.

Staff sexual misconduct—includes all incidents of willing and unwilling sexual contact with facility staff and all incidents of sexual activity that involved oral, anal, vaginal penetration, hand jobs, blow jobs, and other sexual acts with facility staff.

Related prior publications

Eight BJS reports on sexual victimization in prisons and jails:

Sexual Violence Reported by Correctional Authorities, 2004 (NCJ 210333)

Sexual Violence Reported by Correctional Authorities, 2005 (NCJ 214646)

Sexual Violence Reported by Correctional Authorities, 2006 (NCJ 218914)

Sexual Victimization Reported by Adult Correctional Authorities, 2007-2008 (NCJ 231172)

Sexual Victimization in State and Federal Prisons Reported by Inmates, 2007 (NCJ 219414)

Sexual Victimization in Local Jails Reported by Inmates, 2007 (NCJ 221946)

Sexual Victimization in Prisons and Jails Reported by Inmates, 2008-09 (NCJ 231169)

Sexual Victimization Reported by Former State Prisoners, 2008 (NCJ 237363).

An overview of all of the BJS prison rape collections: *PREA Data Collection Activities, 2012* (NCJ 238640)

These reports are available on the BJS website at www.bjs.gov.

Males

E16. During the last 12 months, did another inmate use physical force to touch your butt, thighs, or penis in a sexual way?

E17. During the last 12 months, did another inmate, without using physical force, pressure you or make you feel that you had to let them touch your butt, thighs, or penis in a sexual way?

E22. During the last 12 months, did another inmate use physical force to make you give or receive a hand job?

E23. During the last 12 months, did another inmate, without using physical force, pressure you or make you feel that you had to give or receive a hand job?

E26. During the last 12 months, did another inmate use physical force to make you give or receive oral sex or a blow job?

E27. During the last 12 months, did another inmate, without using physical force, pressure you or make you feel that you had to give or receive oral sex or a blow job?

E32. During the last 12 months, did another inmate use physical force to make you have anal sex?

E33. During the last 12 months, did another inmate, without using physical force, pressure you or make you feel that you had to have anal sex?

E34. During the last 12 months, did another inmate use physical force to make you have any type of sex or sexual contact other than sexual touching, hand jobs, oral sex or blow jobs, or anal sex?

E35. During the last 12 months, did another inmate, without using physical force, pressure you or make you feel that you had to have any type of sex or sexual contact other than sexual touching, hand jobs, oral sex or blow jobs, or anal sex?

Females

E18. During the last 12 months, did another inmate use physical force to touch your butt, thighs, breasts, or vagina in a sexual way?

E19. During the last 12 months, did another inmate, without using physical force, pressure you or make you feel that you had to let them touch your butt, thighs, breasts, or vagina in a sexual way?

E24. During the last 12 months, did another inmate use physical force to make you give or receive oral sex?

E25. During the last 12 months, did another inmate, without using physical force, pressure you or make you feel that you had to give or receive oral sex?

E28. During the last 12 months, did another inmate use physical force to make you have vaginal sex?

E29. During the last 12 months, did another inmate, without using physical force, pressure you or make you feel that you had to have vaginal sex?

E32. During the last 12 months, did another inmate use physical force to make you have anal sex?

E33. During the last 12 months, did another inmate, without using physical force, pressure you or make you feel that you had to have anal sex?

E34. During the last 12 months, did another inmate use physical force to make you have any type of sex or sexual contact other than sexual touching, oral sex, vaginal sex, or anal sex?

E35. During the last 12 months, did another inmate, without using physical force, pressure you or make you feel that you had to have any type of sex or sexual contact other than sexual touching, oral sex, vaginal sex, or anal sex?

Appendix 2. Survey items related to staff sexual misconduct, National Inmate Survey, 2011–12

These next questions are about the behavior of staff at this facility during the last 12 months. By staff we mean the employees of this facility and anybody who works as a volunteer in this facility.

G4. During the last 12 months, have any facility staff pressured you or made you feel that you had to let them have sex or sexual contact with you?

G5. During the last 12 months, have you been physically forced by any facility staff to have sex or sexual contact?

G7. During the last 12 months, have any facility staff offered you favors or special privileges in exchange for sex or sexual contact?

G2. During the last 12 months, have you willingly had sex or sexual contact with any facility staff?

G11. [IF G2 OR G4 OR G5 OR G7 = Yes] During the last 12 months, which of the following types of sex or sexual contact did you have with a facility staff person?

G11a. You touched a facility staff person's body or had your body touched in a sexual way.

G11b. You gave or received a hand job.

G11c. You gave or received oral sex or a blow job.

G11d. You had vaginal sex.

G11e. You had anal sex.

Appendix 3. Follow-up questions for inmates reporting no sexual activity, National Inmate Survey, 2011–12

Follow-up questions for inmates reporting no sexual activity in the screener questions for sexual activity with inmates:

LCM1. During the last 12 months, did another inmate use physical force, pressure you, or make you feel that you had to have any type of sex or sexual contact?

LCM2. How long has it been since another inmate in this facility used physical force, pressured you, or made you feel that you had to have any type of sex or sexual contact?

1. Within the past 7 days
2. More than 7 days ago but within the past 30 days
3. More than 30 days ago but within the past 12 months
4. More than 12 months ago
5. This has not happened to me at this facility

Follow-up questions for inmates reporting no sexual activity in the screener questions for sexual activity with staff:

LCM5. During the last 12 months, have you had any sex or sexual contact with staff in this facility whether you wanted to have it or not?

LCM6. How long has it been since you had any sex or sexual contact with staff in this facility whether you wanted to or not?

1. Within the past 7 days
2. More than 7 days ago but within the past 30 days
3. More than 30 days ago but within the past 12 months
4. More than 12 months ago
5. This has not happened to me at this facility

APPENDIX TABLE 1**Characteristics of state and federal prisons and prevalence of sexual victimization, by facility, National Inmate Survey, 2011–12**

Facility name	Number of inmates in custody ^c	Respondents to sexual victimization survey ^d	Response rate ^e	Inmates reporting sexual victimization ^a		
				Percent ^f	95%-confidence interval ^b	
					Lower bound	Upper bound
Total	386,307	38,778	60.4%	4.0%	3.6%	4.5%
Alabama						
Bibb Corr. Fac.	1,928	219	72.9%	5.8%	3.6%	9.4%
G.K. Fountain Corr. Fac./J.O. Davis Corr. Fac.	1,233	194	66.7	5.7	3.3	9.6
Julia Tutwiler Prison ^g	964	181	68.2	14.1	10.1	19.3
St. Clair Corr. Fac.	1,331	178	64.4	5.5	2.8	10.7
Alaska						
Anchorage Corr. Complex West	472	119	57.0%	5.9%	3.1%	10.7%
Hiland Mountain Corr. Ctr. ^g	412	139	76.0	12.9	8.5	19.1
Arizona						
ASPC - Douglas	2,512	163	55.6%	1.2%	0.3%	4.5%
ASPC - Eyman	4,919	200	41.2	4.1	2.0	8.2
ASPC - Perryville ^g	3,417	208	66.9	9.1	5.9	13.9
ASPC - Tuscon ^h	5,092	273	72.7	3.7	1.9	7.2
ASPC - Yuma	4,190	158	50.6	1.9	0.6	5.6
Florence Corr. Ctr. ^{h,i}	2,809	188	67.4	1.0	0.3	3.5
La Palma Corr. Ctr. ⁱ	3,023	163	45.1	0.0	0.0	2.3
Red Rock Corr. Ctr. ⁱ	1,525	62	18.8	2.9	0.8	10.0
Arkansas						
Ouachita River Corr. Unit	2,558	136	80.2%	4.2%	2.1%	8.5%
California						
Avenal State Prison	5,619	183	61.3%	1.2%	0.3%	4.4%
California Corr. Ctr.	3,527	120	39.0	2.1	0.7	6.0
California Corr. Inst.	4,939	161	38.7	5.4	2.4	11.5
California Inst. for Women ^g	1,952	146	51.6	6.7	3.8	11.3
California Men's Colony	6,273	168	51.8	1.5	0.6	4.2
California Rehabilitation Ctr.	4,173	137	45.2	2.5	0.8	7.3
Calipatria State Prison	4,408	92	30.8	2.3	0.8	6.4
Central California Women's Fac. ^g	3,745	196	67.6	10.1	6.5	15.3
Chuckawalla Valley State Prison	3,169	158	52.7	2.7	1.1	6.7
Corcoran State Prison	4,812	155	35.7	6.4	3.0	12.9
Corr. Training Fac.	6,635	214	66.4	3.2	1.6	6.3
Sacramento State Prison	2,827	93	29.7	3.3	1.2	8.7
Salinas Valley State Prison	3,589	143	45.8	3.8	1.8	7.6
San Quentin State Prison	3,495	156	50.3	3.8	1.6	8.6
Sierra Conservation Ctr.	3,451	187	59.8	1.4	0.5	3.9
Solano State Prison	4,649	202	64.8	2.0	0.8	5.0
Valley State Prison for Women ^g	3,513	178	56.3	11.5	7.5	17.2
Colorado						
Buena Vista Corr. Ctr.	929	128	55.3%	3.3%	1.5%	7.1%
Denver Women's Corr. Fac. ^g	777	160	68.2	19.3	13.8	26.3
Skyline Corr. Ctr.	248	95	54.9	3.7	1.4	8.9
Connecticut						
Manson Youth Inst.	446	242	84.3%	5.2%	3.4%	7.9%
York Corr. Inst. ^g	1,087	206	76.3	12.0	8.3	17.2
Delaware						
Central Violation of Probation Ctr.	216	138	88.3%	3.0%	1.7%	5.3%
Delores J. Baylor Women's Corr. Inst. ^g	360	165	82.9	13.6	10.0	18.3
James T. Vaughn Corr. Ctr.	2,538	167	57.4	5.3	2.7	10.0

APPENDIX TABLE 1 (continued)**Characteristics of state and federal prisons and prevalence of sexual victimization, by facility, National Inmate Survey, 2011–12**

Facility name	Number of inmates in custody ^c	Respondents to sexual victimization survey ^d	Response rate ^e	Inmates reporting sexual victimization ^a		
				Percent ^f	95%-confidence interval ^b	
					Lower bound	Upper bound
Florida						
Apalachee Corr. Inst./West/East Unit/River Junction	2,230	161	56.9%	12.2%	8.0%	18.3%
Broward Corr. Inst. ⁹	699	154	64.4	12.0	7.6	18.6
Calhoun Corr. Inst. and Work Camp	1,615	185	64.2	4.1	2.2	7.7
Central Florida Reception Ctr. East and South	2,057	115	48.0	0.0	0.0	3.4
Florida State Prison and Work Camp	2,082	133	44.2	5.2	2.6	10.2
Jackson Corr. Inst. and Work Camp	1,522	129	46.1	4.0	1.7	9.1
Lancaster Corr. Inst. and Work Camp	908	184	69.0	5.5	3.2	9.3
Lawtey Corr. Inst.	806	198	79.7	0.0	0.0	1.9
Levy Forestry Camp ⁹	159	91	66.0	6.1	3.1	11.9
Marion Corr. Inst. and Work Camp	1,455	238	83.2	2.2	1.1	4.6
Martin Corr. Inst. and Work Camp	1,489	189	66.4	5.8	3.4	9.7
Northwest Florida Reception Ctr.	2,073	135	48.9	13.7	8.8	20.7
Santa Rosa Corr. Inst.	2,686	185	60.0	14.0	9.5	20.3
Taylor Corr. Inst. and Annex	2,996	206	67.1	2.7	1.1	6.0
Zephyrhills Corr. Inst.	656	156	62.5	7.9	4.7	13.0
Georgia						
Autry State Prison	1,662	132	46.2%	6.1%	3.3%	11.1%
Burruss Corr. Training Ctr.	763	228	79.7	0.6	0.1	2.6
D. Ray James Prison ⁱ	2,066	195	66.0	0.5	0.1	2.7
Lee Arrendale State Prison ⁹	1,664	211	78.9	5.9	3.5	9.7
Macon State Prison	1,706	215	74.1	5.8	3.5	9.5
Rogers State Prison	1,479	235	80.2	2.2	1.0	4.8
Valdosta State Prison	1,457	139	50.6	10.5	6.5	16.7
Ware State Prison	1,521	231	78.0	4.6	2.7	7.8
Washington State Prison	1,537	216	82.3	2.2	1.0	4.7
Hawaii						
Waiawa Corr. Fac.	280	155	92.0%	6.2%	4.2%	8.8%
Idaho						
Idaho Max. Security Inst.	388	78	39.3%	14.0%	7.0%	25.9%
St. Anthony Work Camp	230	72	43.2	2.3	0.5	9.4
Illinois						
Danville Corr. Ctr.	1,833	206	69.7%	0.5%	0.2%	1.8%
Decatur Corr. Ctr. ⁹	683	157	65.0	1.1	0.3	3.3
Dwight Corr. Ctr. ⁹	1,029	203	81.0	10.7	7.1	15.6
Hill Corr. Ctr.	1,843	248	84.1	4.9	2.7	8.7
Menard Corr. Ctr.	3,660	162	51.4	2.6	1.1	6.0
Pittsfield Work Camp	401	79	35.7	0.0	0.0	4.6
Stateville Corr. Ctr.	3,670	229	74.2	1.0	0.4	3.0
Western Illinois Corr. Ctr.	1,932	156	55.0	3.7	1.6	8.1
Indiana						
Miami Corr. Fac.	3,168	203	65.5%	3.2%	1.5%	7.0%
Reception-Diagnostic Ctr.	645	148	63.2	2.4	1.1	5.5
Rockville Corr. Fac. ⁹	1,140	224	83.1	7.6	4.3	12.9
Wabash Valley Corr. Fac.	2,080	169	49.1	3.2	1.3	7.7
Iowa						
Anamosa State Penitentiary	1,166	166	59.0%	4.5%	2.3%	8.7%
Kansas						
Lansing Corr. Fac.	2,241	191	66.3%	6.7%	4.0%	11.0%
Norton Corr. Fac.	808	128	61.6	5.1	2.6	9.9

APPENDIX TABLE 1 (continued)**Characteristics of state and federal prisons and prevalence of sexual victimization, by facility, National Inmate Survey, 2011–12**

Facility name	Number of inmates in custody ^c	Respondents to sexual victimization survey ^d	Response rate ^e	Inmates reporting sexual victimization ^a		
				Percent ^f	95%-confidence interval ^b	
					Lower bound	Upper bound
Kentucky						
Eastern Kentucky Corr. Complex	1,704	154	50.3%	6.3%	3.6%	10.9%
Kentucky State Reformatory	2,039	156	53.3	6.4	3.6	11.3
Otter Creek Corr. Complex ^l	640	117	47.3	7.0	3.8	12.3
Louisiana						
B.B. Rayburn Corr. Ctr.	1,157	187	70.1%	4.1%	2.1%	8.0%
Elayn Hunt Corr. Ctr.	2,158	184	68.9	6.5	3.7	11.0
Louisiana State Penitentiary	5,351	220	69.5	8.5	5.5	12.8
Maine						
Maine Corr. Ctr. ^h	617	192	80.5%	6.1%	3.6%	10.2%
Maryland						
Maryland Corr. Inst. - Hagerstown	2,021	180	61.4%	3.1%	1.5%	6.4%
Maryland Corr. Inst. for Women ^g	827	151	54.8	12.7	8.5	18.4
Maryland Corr. Training Ctr.	2,653	203	64.7	3.4	1.7	6.8
Metropolitan Transition Ctr.	635	106	43.9	3.2	1.4	7.6
Massachusetts						
Old Colony Corr. Ctr.	856	181	69.3%	5.6%	3.4%	9.3%
Michigan						
Bellamy Creek Corr. Fac.	1,822	186	58.1%	4.4%	2.2%	8.6%
Central Michigan Corr. Fac.	2,455	226	76.0	2.7	1.2	6.0
Lakeland Corr. Fac.	1,368	222	78.0	5.6	3.4	9.3
Saginaw Corr. Fac.	1,459	215	78.0	2.9	1.4	6.0
Thumb Corr. Fac.	955	181	58.3	3.2	1.3	7.4
Minnesota						
MCF - Moose Lake	1,019	191	70.0%	4.4%	2.5%	7.8%
MCF - Shakopee ^g	564	156	67.8	13.0	8.4	19.6
Mississippi						
Pike Co. Community Work Ctr.	46	29	79.5%	0.0%	0.0%	11.7%
Walnut Grove Youth Corr. Fac. ⁱ	976	281	92.0	9.9	7.2	13.6
Wilkinson Co. Corr. Fac. ⁱ	881	173	66.8	7.5	4.6	11.8
Missouri						
Algoa Corr. Ctr.	1,485	152	53.3%	0.0%	0.0%	2.5%
Farmington Corr. Fac.	2,602	240	83.9	7.9	5.2	11.8
South Central Corr. Fac.	1,576	182	62.6	7.2	4.2	12.1
Tipton Corr. Ctr.	1,155	152	51.0	1.3	0.4	4.5
Western Missouri Corr. Ctr.	1,910	161	54.0	3.4	1.7	6.9
Western Reception, Diagnostic and Corr. Ctr.	1,876	187	67.1	1.5	0.5	4.1
Women's Eastern Reception, Diagnostic and Corr. Ctr. ^g	1,535	198	68.9	8.7	5.3	13.7
Montana						
Montana State Prison	1,443	191	65.3%	13.9%	8.8%	21.4%
Nebraska						
Lincoln Corr. Ctr.	491	141	64.2%	4.5%	2.4%	8.1%
Nevada						
Florence McClure Women's Corr. Ctr. ^g	705	142	61.0%	16.3%	10.8%	23.7%
High Desert State Prison	2,713	192	59.4	2.5	1.0	6.4
Lovelock Corr. Ctr.	1,609	191	61.9	3.8	1.8	7.6
New Hampshire						
New Hampshire State Prison for Men	1,370	193	69.2%	5.5%	2.9%	10.3%
New Hampshire State Prison for Women ^g	111	78	84.0	8.2	5.5	12.1
New Jersey						
Bayside State Prison	2,241	119	39.6%	3.4%	1.3%	8.6%
Mountainview Youth Corr. Fac.	1,060	151	53.2	3.1	1.4	6.7
South Woods State Prison	3,398	131	44.1	5.2	2.3	11.3

APPENDIX TABLE 1 (continued)

Characteristics of state and federal prisons and prevalence of sexual victimization, by facility, National Inmate Survey, 2011–12

Facility name	Number of inmates in custody ^c	Respondents to sexual victimization survey ^d	Response rate ^e	Inmates reporting sexual victimization ^a		
				Percent ^f	95%-confidence interval ^b	
					Lower bound	Upper bound
New Mexico						
Lea Co. Corr. Fac. ⁱ	1,137	135	51.4%	4.5%	2.2%	9.2%
New Mexico Women's Corr. Fac. ^{9,i}	599	157	65.2	14.3	10.1	19.9
New York						
Auburn Corr. Fac.	1,710	195	67.4%	9.8%	6.3%	14.7%
Cayuga Corr. Fac.	979	165	60.9	2.7	1.2	5.7
Gowanda Corr. Fac.	1,503	239	85.6	3.4	1.8	6.1
Lakeview Shock Incarceration Corr. Fac. ^h	950	233	85.4	1.9	0.8	4.3
Otisville Corr. Fac.	407	128	61.1	8.3	4.9	13.7
Washington Corr. Fac.	705	180	69.0	3.9	2.0	7.3
Wyoming Corr. Fac.	1,576	217	73.5	3.1	1.6	6.0
North Carolina						
Harnett Corr. Inst.	987	160	58.9%	3.6%	1.8%	7.0%
Lanesboro Corr. Inst.	982	161	37.0	3.3	1.5	7.1
Mary Frances Ctr. ^{9,i}	93	68	84.6	0.0	0.0	5.3
Maury Corr. Inst.	961	102	29.0	5.6	2.7	11.3
North Carolina Corr. Inst. for Women ⁹	1,138	150	57.8	13.0	8.3	19.6
Odom Corr. Inst.	531	129	59.0	3.3	1.5	7.4
Western Youth Inst.	668	227	70.6	1.1	0.4	3.2
North Dakota						
North Dakota State Penitentiary	517	146	61.5%	5.3%	2.9%	9.3%
Ohio						
Allen Corr. Inst.	1,340	116	41.2%	3.2%	1.1%	9.0%
Belmont Corr. Inst.	2,648	167	55.0	2.4	0.9	5.8
Chillicothe Corr. Inst.	2,944	197	59.4	5.1	2.8	9.0
Franklin Medical Ctr. ^h	577	129	55.9	0.0	0.0	2.9
Madison Corr. Inst.	2,333	172	47.0	7.2	3.5	14.3
Noble Corr. Inst.	2,561	186	62.1	4.5	2.4	8.1
Northeast Pre-Release Ctr. ⁹	553	157	65.5	7.6	4.5	12.3
Pickaway Corr. Fac.	2,185	188	65.4	5.3	2.9	9.5
Oklahoma						
Dr. Eddie Warrior Corr. Ctr. ⁹	717	187	75.3%	9.4%	6.3%	13.8%
Jackie Brannon Corr. Ctr.	709	179	72.1	0.5	0.1	2.3
Mabel Bassett Corr. Ctr. ⁹	1,054	193	70.1	17.5	13.1	22.9
North Fork Corr. Fac. ⁱ	2,326	46	17.2	1.7	0.3	8.7
Oregon						
Coffee Creek Corr. Fac. ⁹	1,107	207	69.1%	10.8%	7.5%	15.3%
Deer Ridge Corr. Inst.	754	165	65.7	3.2	1.5	6.6
Oregon State Penitentiary	1,989	203	62.3	2.9	1.4	6.1
Pennsylvania						
Cambridge Springs State Corr. Inst. ⁹	856	199	76.6%	4.1%	2.3%	7.3%
Chester State Corr. Inst.	1,237	195	70.0	1.5	0.5	4.1
Houtzdale State Corr. Inst.	2,268	175	55.7	1.8	0.6	5.4
Mahanoy State Corr. Inst.	2,323	202	68.6	0.9	0.3	3.2
Muncy State Corr. Inst. ⁹	1,443	216	75.6	11.4	8.2	15.8
Pine Grove State Corr. Inst.	798	196	68.2	7.1	4.0	12.2
Somerset State Corr. Inst.	2,237	183	61.0	4.5	2.2	9.1
Waymart State Corr. Inst.	1,426	189	66.1	1.4	0.4	5.1
Rhode Island						
Donald Price Med. Security Fac.	290	151	81.9%	2.6%	1.4%	4.8%

APPENDIX TABLE 1 (continued)

Characteristics of state and federal prisons and prevalence of sexual victimization, by facility, National Inmate Survey, 2011–12

Facility name	Number of inmates in custody ^c	Respondents to sexual victimization survey ^d	Response rate ^e	Inmates reporting sexual victimization ^a		
				Percent ^f	95%-confidence interval ^b	
					Lower bound	Upper bound
South Carolina						
Camille Griffin Graham Corr. Inst. ^g	495	129	67.5%	8.7%	5.2%	14.1%
Kershaw Corr. Inst.	1,473	232	78.9	5.6	3.2	9.7
Kirkland Reception and Evaluation Ctr.	1,672	233	85.3	2.8	1.4	5.8
Turbeville Corr. Inst.	1,163	214	74.6	3.2	1.6	6.2
Tyger River Corr. Inst.	1,287	206	63.7	1.9	0.7	4.8
South Dakota						
South Dakota Women's Prison ^g	220	118	74.7%	13.2%	9.5%	18.1%
Tennessee						
Riverbend Max. Security Inst.	698	87	16.5%	1.2%	0.3%	4.1%
Texas						
Byrd Unit	1,095	183	60.9%	1.8%	0.8%	4.4%
Carole Young Medical Fac. Complex ^g	402	162	79.5	1.7	0.8	3.6
Clemens Unit	1,168	173	55.8	6.4	3.1	12.7
Clements Unit	3,631	141	43.6	11.9	7.6	18.0
Coffield Unit	4,113	210	66.1	7.9	4.9	12.4
Dawson State Jail ^{h,i}	2,202	188	63.7	2.4	1.1	5.1
Eastham Unit	2,439	207	68.1	4.7	2.7	8.2
Gist State Jail	1,997	213	72.2	1.5	0.5	4.1
Gurney Transfer Fac.	1,834	179	62.3	1.5	0.5	4.2
Henley State Jail ^g	423	138	69.0	2.4	1.0	5.8
Hodge Unit	928	154	21.9	2.1	0.8	5.3
Holiday Transfer Fac.	2,077	161	52.9	2.8	1.1	7.1
Huntsville Unit	1,530	171	67.1	0.9	0.2	2.9
McConnell Unit	2,905	172	54.2	5.3	2.8	10.0
Michael Unit	3,257	179	57.1	6.0	3.4	10.3
Montford Psychiatric Fac.	819	166	70.2	10.2	6.7	15.2
Murray Unit ^g	1,315	168	63.7	15.3	10.7	21.4
Plane State Jail ^g	2,175	175	63.0	4.4	2.2	8.9
Powledge Unit	1,119	170	61.3	2.9	1.0	8.0
Stiles Unit	2,935	151	49.4	11.9	7.5	18.6
Willacy Co. State Jail ⁱ	1,069	151	55.6	1.1	0.3	3.8
Woodman State Jail ^g	796	140	56.8	1.3	0.4	4.3
Utah						
Central Utah Corr. Fac.	1,105	193	69.9%	5.5%	3.2%	9.2%
Utah State Prison ^h	3,746	233	73.1	6.4	3.8	10.5
Vermont						
Southeast State Corr. Fac.	92	58	71.1%	5.1%	2.3%	10.9%
Southern State Corr. Fac.	359	109	55.3	9.9	5.6	16.9
Virginia						
Brunswick Women's Reception and Pre-Release Ctr. ^g	131	95	85.8%	0.0%	0.0%	3.9%
Dillwyn Corr. Ctr.	1,061	163	60.3	4.5	2.2	9.0
Sussex II State Prison	1,276	204	74.1	5.4	3.0	9.5
Washington						
Clallam Bay Corr. Ctr.	894	146	53.2%	5.1%	2.6%	9.6%
Monroe Corr. Complex	2,229	183	60.2	2.9	1.2	7.0
Washington State Penitentiary	2,017	119	41.2	5.2	2.2	11.9
West Virginia						
Huttonsville Corr. Ctr.	1,147	128	46.6%	8.1%	4.4%	14.6%
Wisconsin						
Green Bay Corr. Inst.	1,076	208	72.2%	4.8%	2.8%	7.9%
Oshkosh Corr. Ctr.	2,020	223	74.3	4.7	2.7	8.1

APPENDIX TABLE 1 (continued)

Characteristics of state and federal prisons and prevalence of sexual victimization, by facility, National Inmate Survey, 2011–12

Facility name	Number of inmates in custody ^c	Respondents to sexual victimization survey ^d	Response rate ^e	Inmates reporting sexual victimization ^a		
				Percent ^f	Lower bound	Upper bound
Wyoming						
Wyoming Honor Farm	153	97	69.9%	2.9%	1.5%	5.5%
Federal Facilities (Bureau of Prisons)						
CI Eden ⁱ	1,556	185	67.5%	0.0%	0.0%	2.0%
CI Reeves I and II ⁱ	2,395	180	63.7	0.0	0.0	2.1
CI Reeves III ⁱ	1,345	188	69.2	0.4	0.1	2.0
CI Rivers ⁱ	1,416	159	58.3	0.9	0.2	4.7
FCI Allenwood Low	1,398	149	52.4	1.9	0.7	5.2
FCI Big Spring Camp	209	70	45.7	1.2	0.3	5.0
FCI Butner Med. I Camp	328	99	49.1	0.0	0.0	3.7
FCI Butner Med. II	1,722	180	61.0	2.2	0.7	7.1
FCI Forrest City Med.	1,725	152	51.4	0.6	0.1	2.9
FCI Greenville Camp ^g	353	130	65.8	4.1	2.1	8.0
FCI Jesup	1,127	132	46.5	0.0	0.0	2.8
FCI Lompoc	1,413	164	57.5	0.6	0.1	2.8
FCI Manchester Camp	495	110	49.0	0.9	0.2	4.1
FCI Marianna Camp ^g	296	172	88.5	0.6	0.2	2.1
FCI Milan	1,525	163	58.6	2.4	1.0	6.0
FCI Seagoville	1,562	194	67.4	1.1	0.4	3.1
FCI Tallahassee ^g	1,250	157	60.2	5.8	3.2	10.3
FCI Terre Haute	1,182	92	34.6	2.2	0.5	8.2
FDC Philadelphia ^h	1,093	162	59.1	1.8	0.7	4.8
FMC Carswell ^g	1,413	193	64.6	4.2	2.3	7.5
FMC Devens	1,027	155	57.2	2.6	1.2	5.8
FMC Lexington Camp ^g	285	148	83.2	0.8	0.2	2.7
FPC Alderson ^g	1,130	237	83.6	2.7	1.2	5.9
Limestone Co. Det. Ctr. ⁱ	1,021	157	60.1	0.6	0.1	3.1
MCFP Springfield	1,163	80	33.5	1.8	0.6	5.2
USP Hazelton - Female ^g	487	111	49.0	5.2	2.6	10.2
USP Lee	1,479	101	32.3	1.7	0.5	5.7
USP Tucson	1,521	140	42.2	7.3	3.9	13.4

^aIncludes all types of sexual victimization, including oral, anal, or vaginal penetration, hand jobs, touching of the inmate's butt, thighs, penis, breasts, or vagina in a sexual way, and other sexual acts occurring in the past 12 months or since admission to the facility, if shorter.

^bIndicates that different samples in the same facility would yield prevalence rates falling between the lower and upper bound estimates 95 out of 100 times.

^cNumber of inmates in custody on day when the facility provided the sample roster.

^dNumber of respondents completing the sexual victimization survey. (See *Methodology*.)

^eResponse rate is equal to the number of respondents divided by the number of eligible sampled inmates times 100 percent.

^fWeights were applied so that inmates who responded accurately reflected the entire population of each facility on select characteristics, including age, sex, race, sentence length, and time served. (See *Methodology*.)

^gFemale facility.

^hFacility housed both males and females; both were sampled at this facility.

ⁱPrivately operated facility.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

APPENDIX TABLE 2**Percent of prison inmates reporting sexual victimization, by type of incident and facility, National Inmate Survey, 2011–12**

Facility name	Inmate-on-inmate ^a			Staff sexual misconduct ^a		
	Percent victimized ^c	95%-confidence interval ^b		Percent victimized ^c	95%-confidence interval ^b	
Lower bound		Upper bound	Lower bound		Upper bound	
Total	2.0%	1.8%	2.3%	2.4%	2.0%	2.8%
Alabama						
Bibb Corr. Fac.	3.1%	1.5%	6.0%	3.6%	2.0%	6.5%
G.K. Fountain Corr. Fac./J.O. Davis Corr. Fac.	4.4	2.3	8.2	2.3	1.0	5.2
Julia Tutwiler Prison ^d	10.0	6.8	14.6	6.8	4.1	10.9
St. Clair Corr. Fac.	3.2	1.3	7.6	3.5	1.4	8.4
Alaska						
Anchorage Corr. Complex West	3.7%	1.8%	7.5%	2.2%	0.7%	6.5%
Hiland Mountain Corr. Ctr. ^d	9.9	6.2	15.5	3.0	1.2	7.4
Arizona						
ASPC - Douglas	0.0%	0.0%	2.3%	1.2%	0.3%	4.5%
ASPC - Eyman	1.8	0.7	4.4	3.2	1.4	7.2
ASPC - Perryville ^d	7.5	4.6	11.9	2.1	0.8	5.4
ASPC - Tuscon ^e	1.3	0.5	3.9	2.4	1.0	5.4
ASPC - Yuma	0.5	0.1	3.0	1.4	0.4	5.0
Florence Corr. Ctr. ^{e,f}	0.5	0.1	2.7	0.5	0.1	2.7
La Palma Corr. Ctr. ^f	0.0	0.0	2.3	0.0	0.0	2.3
Red Rock Corr. Ctr. ^f	0.0	0.0	5.8	2.9	0.8	10.0
Arkansas						
Ouachita River Corr. Unit	3.0%	1.2%	7.2%	1.3%	0.5%	3.6%
California						
Avenal State Prison	1.2%	0.3%	4.4%	0.0%	0.0%	2.1%
California Corr. Ctr.	1.4	0.4	5.0	0.7	0.1	3.9
California Corr. Inst.	3.3	1.1	9.4	2.0	0.7	6.0
California Inst. for Women ^d	3.6	1.7	7.4	4.2	2.1	8.3
California Men's Colony	1.5	0.6	4.2	0.0	0.0	2.2
California Rehabilitation Ctr.	1.4	0.3	5.2	1.1	0.2	5.9
Calipatria State Prison	0.7	0.1	3.8	1.6	0.4	5.5
Central California Women's Fac. ^d	9.5	6.1	14.7	2.1	0.8	5.1
Chuckawalla Valley State Prison	2.7	1.1	6.7	0.0	0.0	2.4
Corcoran State Prison	2.4	0.9	5.9	4.3	1.6	11.0
Corr. Training Fac.	1.6	0.6	3.9	2.8	1.3	5.7
Sacramento State Prison	2.4	0.8	7.6	2.2	0.6	7.9
Salinas Valley State Prison	2.2	0.8	5.6	3.0	1.4	6.3
San Quentin State Prison	1.7	0.4	5.9	2.7	1.1	6.8
Sierra Conservation Ctr.	0.4	0.1	2.3	1.0	0.3	3.4
Solano State Prison	0.5	0.1	2.5	2.0	0.8	5.0
Valley State Prison for Women ^d	11.5	7.5	17.2	3.9	1.8	8.0
Colorado						
Buena Vista Corr. Ctr.	1.5%	0.5%	4.9%	3.3%	1.5%	7.1%
Denver Women's Corr. Fac. ^d	13.4	8.8	19.9	10.7	6.8	16.3
Skyline Corr. Inst.	0.0	0.0	3.9	3.6	1.4	8.9
Connecticut						
Manson Youth Inst.	1.3%	0.5%	3.1%	4.0%	2.5%	6.3%
York Corr. Fac. ^d	11.0	7.4	16.0	2.5	1.0	6.3
Delaware						
Central Violation of Probation Ctr.	0.7%	0.2%	2.0%	2.4%	1.2%	4.5%
Delores J. Baylor Women's Corr. Inst. ^d	10.7	7.4	15.3	7.0	4.6	10.3
James T. Vaughn Corr. Ctr.	3.6	1.7	7.6	1.7	0.5	5.7

APPENDIX TABLE 2 (continued)**Percent of prison inmates reporting sexual victimization, by type of incident and facility, National Inmate Survey, 2011–12**

Facility name	Inmate-on-inmate ^a			Staff sexual misconduct ^a		
	Percent victimized ^c	95%-confidence interval ^b		Percent victimized ^c	95%-confidence interval ^b	
		Lower bound	Upper bound		Lower bound	Upper bound
Florida						
Apalachee Corr. Inst./West/East Unit/River Junction	7.3%	4.3%	12.1%	6.8%	3.7%	12.2%
Broward Corr. Inst. ^d	5.4	2.9	9.9	7.3	3.9	13.3
Calhoun Corr. Inst. and Work Camp	1.7	0.7	4.3	2.4	1.0	5.5
Central Florida Reception Ctr. East and South	0.0	0.0	3.4	0.0	0.0	3.4
Florida State Prison and Work Camp	2.8	1.0	7.2	3.3	1.5	7.1
Jackson Corr. Inst. and Work Camp	1.8	0.5	6.1	3.0	1.2	7.6
Lancaster Corr. Inst. and Work Camp	2.7	1.2	5.7	3.4	1.7	6.7
Lawtey Corr. Inst.	0.0	0.0	1.9	0.0	0.0	1.9
Levy Forestry Camp ^d	4.7	2.1	10.4	1.4	0.4	4.3
Marion Corr. Inst. and Work Camp	1.0	0.4	2.6	1.6	0.7	3.8
Martin Corr. Inst. and Work Camp	4.3	2.3	7.8	2.5	1.1	5.5
Northwest Florida Reception Ctr.	9.8	5.8	16.1	4.9	2.3	10.2
Santa Rosa Corr. Inst.	4.6	2.1	9.4	10.1	6.5	15.5
Taylor Corr. Inst. and Annex	0.4	0.1	2.2	2.2	0.9	5.5
Zephyrhills Corr. Inst.	2.9	1.3	6.1	5.5	2.9	10.3
Georgia						
Autry State Prison	1.9%	0.7%	5.2%	4.2%	2.0%	8.8%
Burruss Corr. Training Ctr.	0.0	0.0	1.9	0.6	0.1	2.6
D. Ray James Prison ^f	0.5	0.1	2.7	0.0	0.0	1.9
Lee Arrendale State Prison ^d	5.9	3.5	9.7	0.0	0.0	1.8
Macon State Prison	1.3	0.5	3.6	5.3	3.1	8.9
Rogers State Prison	0.0	0.0	1.6	2.2	1.0	4.8
Valdosta State Prison	5.0	2.5	9.8	6.5	3.4	11.9
Ware State Prison	0.4	0.1	1.8	4.6	2.7	7.8
Washington State Prison	0.0	0.0	1.7	2.1	1.0	4.7
Hawaii						
Waiawa Corr. Fac.	4.1%	2.6%	6.4%	2.1%	1.1%	3.9%
Idaho						
Idaho Max. Security Inst.	9.4%	3.9%	21.0%	8.2%	3.1%	19.7%
St. Anthony Work Camp	0.0	0.0	5.1	2.3	0.5	9.4
Illinois						
Danville Corr. Ctr.	0.5%	0.2%	1.8%	0.3%	0.1%	1.4%
Decatur Corr. Ctr. ^d	1.1	0.3	3.3	0.0	0.0	2.4
Dwight Corr. Ctr. ^d	9.2	6.0	14.0	4.2	2.2	7.9
Hill Corr. Ctr.	0.8	0.2	2.5	4.1	2.1	7.9
Menard Corr. Ctr.	0.4	0.1	2.4	2.6	1.1	6.0
Pittsfield Work Camp	0.0	0.0	4.6	0.0	0.0	4.6
Stateville Corr. Ctr.	0.0	0.0	1.7	1.0	0.4	3.0
Western Illinois Corr. Ctr.	2.2	0.8	6.1	3.0	1.2	7.4
Indiana						
Miami Corr. Fac.	1.6%	0.5%	4.9%	2.7%	1.1%	6.4%
Reception-Diagnostic Ctr.	1.3	0.4	3.9	1.2	0.4	3.6
Rockville Corr. Fac. ^d	5.8	3.2	10.4	1.8	0.5	6.5
Wabash Valley Corr. Fac.	1.7	0.5	5.7	2.3	0.8	6.3
Iowa						
Anamosa State Penitentiary	4.0%	2.0%	8.2%	0.5%	0.1%	2.4%
Kansas						
Lansing Corr. Fac.	2.9%	1.4%	6.2%	5.1%	2.8%	9.1%
Norton Corr. Fac.	1.6	0.5	5.2	4.5	2.2	9.1
Kentucky						
Eastern Kentucky Corr. Complex	2.0%	0.7%	5.6%	5.7%	3.2%	10.1%
Kentucky State Reformatory	3.4	1.5	7.7	4.5	2.2	8.9
Otter Creek Corr. Complex ^f	4.7	2.3	9.6	2.9	1.2	6.7

APPENDIX TABLE 2 (continued)**Percent of prison inmates reporting sexual victimization, by type of incident and facility, National Inmate Survey, 2011–12**

Facility name	Inmate-on-inmate ^a			Staff sexual misconduct ^a		
	Percent victimized ^c	95%-confidence interval ^b		Percent victimized ^c	95%-confidence interval ^b	
		Lower bound	Upper bound		Lower bound	Upper bound
Louisiana						
B.B. Rayburn Corr. Ctr.	2.7%	1.1%	6.3%	2.1%	0.9%	5.0%
Elayn Hunt Corr. Ctr.	3.5	1.6	7.5	4.6	2.5	8.4
Louisiana State Penitentiary	3.5	1.7	7.0	6.3	3.9	10.1
Maine						
Maine Corr. Ctr. ^e	6.1%	3.6%	10.2%	1.8%	0.6%	5.1%
Maryland						
Maryland Corr. Inst. - Hagerstown	1.5%	0.5%	4.1%	1.6%	0.6%	4.4%
Maryland Corr. Inst. for Women ^d	8.4	5.2	13.2	5.6	3.0	10.3
Maryland Corr. Training Ctr.	1.6	0.6	4.5	2.4	1.0	5.3
Metropolitan Transition Ctr.	0.8	0.2	3.8	3.2	1.4	7.6
Massachusetts						
Old Colony Corr. Ctr.	3.1%	1.5%	6.1%	2.6%	1.2%	5.4%
Michigan						
Bellamy Creek Corr. Fac.	0.7%	0.1%	3.4%	4.3%	2.2%	8.6%
Central Michigan Corr. Fac.	1.3	0.5	3.5	1.8	0.6	5.1
Lakeland Corr. Fac.	1.7	0.7	3.9	4.0	2.1	7.4
Saginaw Corr. Fac.	0.4	0.1	2.1	2.9	1.4	6.0
Thumb Corr. Fac.	1.4	0.4	4.4	2.5	0.9	6.5
Minnesota						
MCF - Moose Lake	2.8%	1.4%	5.6%	2.6%	1.2%	5.5%
MCF - Shakopee ^d	12.8	8.2	19.4	0.5	0.2	1.5
Mississippi						
Pike Co. Community Work Ctr.	0.0%	0.0%	11.7%	0.0%	0.0%	11.7%
Walnut Grove Youth Corr. Fac. ^f	0.4	0.1	1.6	9.6	6.9	13.2
Wilkinson Co. Corr. Fac. ^f	1.1	0.3	3.4	6.4	3.8	10.6
Missouri						
Algoa Corr. Ctr.	0.0%	0.0%	2.5%	0.0%	0.0%	2.5%
Farmington Corr. Fac.	5.8	3.6	9.3	3.7	2.0	6.7
South Central Corr. Fac.	1.0	0.3	3.6	6.1	3.4	10.9
Tipton Corr. Ctr.	0.0	0.0	2.5	1.3	0.4	4.5
Western Missouri Corr. Ctr.	1.1	0.3	3.9	2.3	1.0	5.3
Western Reception, Diagnostic and Corr. Ctr.	0.0	0.0	2.0	1.5	0.5	4.1
Women's Eastern Reception, Diagnostic and Corr. Ctr. ^d	7.8	4.6	12.8	1.3	0.5	3.6
Montana						
Montana State Prison	9.0%	4.6%	16.8%	9.9%	5.3%	17.7%
Nebraska						
Lincoln Corr. Ctr.	0.5%	0.1%	2.1%	4.0%	2.1%	7.6%
Nevada						
Florence McClure Women's Corr. Ctr. ^d	16.3%	10.8%	23.7%	2.1%	0.8%	5.3%
High Desert State Prison	1.3	0.4	4.7	1.2	0.3	4.5
Lovelock Corr. Ctr.	2.3	0.9	5.7	1.5	0.5	4.4
New Hampshire						
New Hampshire State Prison for Men	2.2%	0.9%	5.3%	3.3%	1.3%	7.9%
New Hampshire State Prison for Women ^d	5.8	3.5	9.3	2.4	1.2	4.8
New Jersey						
Bayside State Prison	2.0%	0.6%	7.1%	1.4%	0.4%	4.9%
Mountainview Youth Corr. Fac.	0.8	0.2	4.2	3.1	1.4	6.7
South Woods State Prison	3.5	1.3	8.8	4.0	1.5	10.2
New Mexico						
Lea Co. Corr. Fac. ^f	1.3%	0.4%	4.4%	3.2%	1.3%	7.7%
New Mexico Women's Corr. Fac. ^{d,f}	12.2	8.3	17.5	6.0	3.4	10.5

APPENDIX TABLE 2 (continued)**Percent of prison inmates reporting sexual victimization, by type of incident and facility, National Inmate Survey, 2011–12**

Facility name	Inmate-on-inmate ^a			Staff sexual misconduct ^a		
	Percent victimized ^c	95%-confidence interval ^b		Percent victimized ^c	95%-confidence interval ^b	
		Lower bound	Upper bound		Lower bound	Upper bound
New York						
Auburn Corr. Fac.	3.7%	1.9%	7.3%	6.0%	3.4%	10.4%
Cayuga Corr. Fac.	0.0	0.0	2.3	2.7	1.2	5.7
Gowanda Corr. Fac.	1.1	0.4	3.2	2.6	1.3	5.1
Lakeview Shock Incarceration Corr. Fac. ^e	0.5	0.1	2.4	1.9	0.8	4.3
Otisville Corr. Fac.	3.7	1.7	8.1	5.9	3.2	10.6
Washington Corr. Fac.	1.0	0.3	3.1	2.9	1.4	6.1
Wyoming Corr. Fac.	1.4	0.5	3.8	1.7	0.7	4.0
North Carolina						
Harnett Corr. Inst.	1.9%	0.8%	4.7%	1.9%	0.8%	4.7%
Lanesboro Corr. Inst.	0.0	0.0	2.3	3.3	1.5	7.1
Mary Frances Ctr. ^{d,f}	0.0	0.0	5.3	0.0	0.0	5.3
Maury Corr. Inst.	1.9	0.7	5.0	3.7	1.4	9.4
North Carolina Corr. Inst. for Women ^d	11.4	7.1	17.8	4.9	2.3	10.1
Odom Corr. Inst.	0.9	0.2	3.9	3.3	1.5	7.4
Western Youth Inst.	0.6	0.1	2.5	0.5	0.1	2.3
North Dakota						
North Dakota State Penitentiary	2.5%	1.1%	5.6%	3.3%	1.6%	6.9%
Ohio						
Allen Corr. Inst.	1.5%	0.3%	7.7%	1.7%	0.5%	5.7%
Belmont Corr. Inst.	1.6	0.6	4.6	0.7	0.1	3.8
Chillicothe Corr. Inst.	4.5	2.4	8.1	0.8	0.2	3.3
Franklin Medical Ctr. ^e	0.0	0.0	2.9	0.0	0.0	2.9
Madison Corr. Inst.	3.0	1.2	7.3	4.2	1.5	11.4
Noble Corr. Inst.	0.8	0.3	2.3	3.7	1.8	7.3
Northeast Pre-Release Ctr. ^d	5.2	3.0	8.8	2.4	0.8	7.0
Pickaway Corr. Fac.	3.2	1.5	6.7	2.1	0.8	5.3
Oklahoma						
Dr. Eddie Warrior Corr. Ctr. ^d	8.1%	5.3%	12.3%	2.4%	1.0%	5.5%
Jackie Brannon Corr. Ctr.	0.5	0.1	2.3	0.0	0.0	2.1
Mabel Bassett Corr. Ctr. ^d	15.3	11.3	20.6	3.4	1.8	6.6
North Fork Corr. Fac. ^f	0.0	0.0	7.7	1.6	0.3	8.7
Oregon						
Coffee Creek Corr. Fac. ^d	8.0%	5.2%	12.0%	4.7%	2.7%	8.1%
Deer Ridge Corr. Inst.	2.3	1.1	5.0	0.9	0.2	4.1
Oregon State Penitentiary	2.1	0.8	5.0	0.9	0.3	3.1
Pennsylvania						
Cambridge Springs State Corr. Inst. ^d	3.7%	1.9%	6.7%	0.9%	0.3%	2.7%
Chester State Corr. Inst.	0.5	0.1	2.3	1.0	0.3	3.6
Houtzdale State Corr. Inst.	0.0	0.0	2.1	1.8	0.6	5.4
Mahanoy State Corr. Inst.	0.0	0.0	1.9	0.9	0.3	3.2
Muncy State Corr. Inst. ^d	8.9	6.0	12.9	3.6	2.0	6.4
Pine Grove State Corr. Inst.	2.0	0.8	4.6	6.3	3.4	11.4
Somerset State Corr. Inst.	2.9	1.1	7.4	3.1	1.3	7.1
Waymart State Corr. Inst.	1.0	0.2	5.0	0.4	0.1	2.1
Rhode Island						
Donald Price Med. Security Fac.	0.9%	0.4%	2.4%	1.7%	0.8%	3.6%
South Carolina						
Camille Griffin Graham Corr. Inst. ^d	6.5%	3.6%	11.4%	3.0%	1.3%	6.7%
Kershaw Corr. Inst.	3.0	1.3	6.8	2.6	1.3	5.3
Kirkland Reception and Evaluation Ctr.	1.5	0.5	3.9	1.4	0.5	3.7
Turbeville Corr. Inst.	1.5	0.5	3.9	2.3	1.0	5.0
Tyger River Corr. Inst.	0.9	0.3	2.9	1.0	0.3	3.8

APPENDIX TABLE 2 (continued)**Percent of prison inmates reporting sexual victimization, by type of incident and facility, National Inmate Survey, 2011–12**

Facility name	Inmate-on-inmate ^a			Staff sexual misconduct ^a		
	Percent victimized ^c	95%-confidence interval ^b		Percent victimized ^c	95%-confidence interval ^b	
		Lower bound	Upper bound		Lower bound	Upper bound
South Dakota						
South Dakota Women's Prison ^d	12.4%	8.8%	17.3%	2.6%	1.2%	5.4%
Tennessee						
Riverbend Max. Security Inst.	0.4%	0.1%	2.0%	1.2%	0.3%	4.1%
Texas						
Byrd Unit	0.9%	0.3%	2.8%	1.0%	0.3%	3.3%
Carole Young Medical Fac. Complex ^d	1.2	0.5	3.0	1.3	0.5	3.1
Clemens Unit	2.9	0.9	8.8	3.5	1.5	8.2
Clements Unit	6.8	3.8	11.7	9.5	5.7	15.3
Coffield Unit	1.1	0.3	3.8	6.8	4.1	11.1
Dawson State Jail ^{e,f}	1.4	0.5	3.9	1.6	0.6	4.1
Eastham Unit	2.3	1.0	5.1	2.9	1.4	5.9
Gist State Jail	0.6	0.1	2.9	0.9	0.2	3.1
Gurney Transfer Fac.	1.5	0.5	4.2	0.6	0.1	2.9
Henley State Jail ^d	1.7	0.6	4.9	0.8	0.2	3.2
Hodge Unit	1.9	0.7	5.2	0.7	0.2	2.6
Holliday Transfer Fac.	1.0	0.3	3.7	1.8	0.5	6.1
Huntsville Unit	0.5	0.1	2.6	0.3	0.1	1.7
McConnell Unit	3.4	1.4	8.0	2.3	1.1	4.9
Michael Unit	4.4	2.3	8.4	2.1	0.8	5.2
Montford Psychiatric Fac.	8.4	5.2	13.1	5.0	2.7	9.2
Murray Unit ^d	11.3	7.3	17.0	4.4	2.3	8.2
Plane State Jail ^d	2.1	0.9	5.2	2.3	0.8	6.5
Powledge Unit	1.8	0.5	6.5	1.1	0.2	5.2
Stiles Unit	7.8	4.3	13.8	6.2	3.2	11.4
Willacy Co. State Jail ^f	1.1	0.3	3.8	0.6	0.1	2.8
Woodman State Jail ^d	1.3	0.4	4.3	0.0	0.0	2.7
Utah						
Central Utah Corr. Fac.	3.7%	2.0%	6.9%	2.7%	1.2%	5.7%
Utah State Prison ^e	5.6	3.2	9.5	1.2	0.4	3.6
Vermont						
Southeast State Corr. Fac.	2.2%	0.7%	6.5%	5.1%	2.3%	10.9%
Southern State Corr. Fac.	7.7	3.9	14.6	4.8	2.2	10.3
Virginia						
Brunswick Women's Reception and Pre-Release Ctr. ^d	0.0%	0.0%	3.9%	0.0%	0.0%	3.9%
Dillwyn Corr. Ctr.	0.8	0.2	3.9	3.7	1.7	8.0
Sussex II State Prison	1.3	0.4	4.6	4.1	2.2	7.7
Washington						
Clallam Bay Corr. Ctr.	1.6%	0.5%	5.1%	3.5%	1.6%	7.5%
Monroe Corr. Complex	0.3	0.1	1.6	2.6	1.0	6.8
Washington State Penitentiary	3.3	1.1	9.4	1.9	0.5	6.9
West Virginia						
Huttonsville Corr. Ctr.	2.8%	1.0%	7.5%	6.5%	3.2%	12.8%
Wisconsin						
Green Bay Corr. Inst.	2.4%	1.2%	4.7%	2.4%	1.1%	5.1%
Oshkosh Corr. Ctr.	3.9	2.1	7.2	1.1	0.4	3.1
Wyoming						
Wyoming Honor Farm	1.0%	0.3%	3.0%	2.9%	1.5%	5.5%

APPENDIX TABLE 2 (continued)

Percent of prison inmates reporting sexual victimization, by type of incident and facility, National Inmate Survey, 2011–12

Facility name	Inmate-on-inmate ^a			Staff sexual misconduct ^a		
	Percent victimized ^c	95%-confidence interval ^b		Percent victimized ^c	95%-confidence interval ^b	
		Lower bound	Upper bound		Lower bound	Upper bound
Federal Facilities (Bureau of Prisons)						
CI Eden ^f	0.0%	0.0%	2.0%	0.0%	0.0%	2.0%
CI Reeves I and II ^f	0.0	0.0	2.1	0.0	0.0	2.1
CI Reeves III ^f	0.0	0.0	2.0	0.4	0.1	2.0
CI Rivers ^f	0.9	0.2	4.7	0.0	0.0	2.4
FCI Allenwood Low	0.5	0.1	2.8	1.4	0.4	4.5
FCI Big Spring Camp	0.0	0.0	5.2	1.2	0.3	5.0
FCI Butner Med. I Camp	0.0	0.0	3.7	0.0	0.0	3.7
FCI Butner Med. II	1.4	0.3	7.0	0.8	0.2	2.7
FCI Forrest City Med.	0.0	0.0	2.5	0.6	0.1	2.9
FCI Greenville Camp ^d	3.3	1.5	7.0	0.8	0.2	3.2
FCI Jesup	0.0	0.0	2.8	0.0	0.0	2.8
FCI Lompoc	0.0	0.0	2.3	0.6	0.1	2.8
FCI Manchester Camp	0.9	0.2	4.1	0.0	0.0	3.4
FCI Marianna Camp ^d	0.6	0.2	2.1	0.0	0.0	2.2
FCI Milan	1.2	0.3	4.0	1.3	0.4	4.4
FCI Seagoville	1.1	0.4	3.1	0.0	0.0	1.9
FCI Tallahassee ^d	4.0	2.1	7.8	2.3	0.8	6.1
FCI Terre Haute	0.5	0.1	2.7	1.6	0.3	8.3
FDC Philadelphia ^e	1.2	0.4	4.0	0.6	0.1	3.0
FMC Carswell ^d	4.2	2.3	7.5	0.4	0.1	2.2
FMC Devens	1.3	0.4	4.1	1.4	0.5	3.8
FMC Lexington Camp ^d	0.8	0.2	2.7	0.0	0.0	2.5
FPC Alderson ^d	2.3	1.0	5.5	0.4	0.1	1.8
Limestone Co. Det. Ctr. ^f	0.6	0.1	3.1	0.0	0.0	2.4
MCFP Springfield	1.2	0.3	4.2	0.6	0.1	3.4
USP Hazelton - Female ^d	4.4	2.0	9.2	0.8	0.2	3.7
USP Lee	0.9	0.2	4.8	0.7	0.1	3.9
USP Tucson	4.1	1.7	9.5	3.2	1.3	7.9

Note: Detail may sum to more than total victimization rate because victims may have reported both inmate-on-inmate and staff-on-inmate sexual victimization.

^aIncludes all types of sexual victimization, including oral, anal, or vaginal penetration, hand jobs, touching of the inmate's butt, thighs, penis, breasts, or vagina in a sexual way, and other sexual acts occurring in the past 12 months, or since admission to the facility, if shorter.

^bIndicates that different samples in the same facility would yield prevalence rates falling between the lower and upper bound estimates 95 out of 100 times.

^cWeights were applied so that inmates who responded accurately reflected the entire population of each facility on select characteristics, including age, sex, race, time served, and sentence length. (See *Methodology*.)

^dFemale facility.

^eFacility housed both males and females; both were sampled at this facility.

^fPrivately operated facility.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

APPENDIX TABLE 3**Percent of prison inmates reporting sexual victimization by level of coercion, by facility, National Inmate Survey, 2011–12**

Facility name	Inmate-on-inmate ^a		Staff sexual misconduct ^a		Without force or pressure ^d
	Physically forced ^b	Pressured ^c	Physically forced ^b	Pressured ^c	
Total	1.3%	1.6%	0.8%	1.4%	1.4%
Alabama					
Bibb Corr. Fac.	2.0%	1.8%	0.3%	1.5%	2.9%
G.K. Fountain Corr. Fac./J.O. Davis Corr. Fac.	3.5	3.1	1.0	1.7	1.3
Julia Tutwiler Prison ^e	5.0	7.8	4.0	5.5	2.4
St. Clair Corr. Fac.	2.5	3.2	1.1	2.9	1.7
Alaska					
Anchorage Corr. Complex West	3.7%	2.3%	1.2%	1.2%	1.0%
Hiland Mountain Corr. Ctr. ^e	5.9	8.3	0.7	3.0	1.6
Arizona					
ASPC - Douglas	0.0%	0.0%	1.2%	0.4%	0.4%
ASPC - Eyman	1.3	1.8	1.8	1.7	1.7
ASPC - Perryville ^e	4.3	6.5	1.3	1.8	1.7
ASPC - Tuscon ^f	0.6	0.7	0.6	1.6	1.2
ASPC - Yuma	0.5	0.0	0.5	1.4	0.0
Florence Corr. Ctr. ^{f,g}	0.0	0.5	0.5	0.5	0.5
La Palma Corr. Ctr. ^g	0.0	0.0	0.0	0.0	0.0
Red Rock Corr. Ctr. ^g	0.0	0.0	0.0	0.0	2.9
Arkansas					
Ouachita River Corr. Unit	2.2%	3.0%	0.4%	0.4%	0.9%
California					
Avenal State Prison	1.2%	0.5%	0.0%	0.0%	0.0%
California Corr. Ctr.	0.8	1.4	0.0	0.0	0.7
California Corr. Inst.	0.9	2.9	0.3	2.0	0.0
California Inst. for Women ^e	1.9	3.0	0.6	3.7	1.2
California Men's Colony	1.1	1.5	0.0	0.0	0.0
California Rehabilitation Ctr.	0.4	1.0	0.0	1.1	0.0
Calipatria State Prison	0.7	0.7	0.7	0.7	0.9
Central California Women's Fac. ^e	7.5	5.4	1.5	2.1	0.0
Chuckawalla Valley State Prison	1.5	1.8	0.0	0.0	0.0
Corcoran State Prison	2.0	2.0	0.0	1.7	2.6
Corr. Training Fac.	1.2	0.8	1.8	1.1	2.2
Sacramento State Prison	1.4	2.4	0.0	2.2	0.0
Salinas Valley State Prison	2.2	2.2	1.4	2.0	1.0
San Quentin State Prison	1.7	1.7	1.4	1.9	1.9
Sierra Conservation Ctr.	0.0	0.4	0.0	0.4	0.5
Solano State Prison	0.0	0.5	0.4	0.9	1.1
Valley State Prison for Women ^e	8.8	10.7	3.1	3.6	0.7
Colorado					
Buena Vista Corr. Ctr.	1.5%	1.5%	1.2%	2.8%	0.8%
Denver Women's Corr. Fac. ^e	9.7	11.8	7.3	8.8	3.2
Skyline Corr. Inst.	0.0	0.0	0.6	1.8	1.9
Connecticut					
Manson Youth Inst.	0.5%	0.8%	1.6%	2.2%	2.7%
York Corr. Fac. ^e	7.2	9.1	0.4	2.4	0.3
Delaware					
Central Violation of Probation Ctr.	0.7%	0.7%	0.8%	1.5%	1.6%
Delores J. Baylor Women's Corr. Inst. ^e	6.0	5.8	0.6	5.2	3.2
James T. Vaughn Corr. Ctr.	3.2	2.5	0.0	0.8	0.9
Florida					
Apalachee Corr. Inst./West/East Unit/River Junction	5.0%	6.9%	1.3%	2.4%	5.7%
Broward Corr. Inst. ^e	2.3	3.6	4.7	3.5	1.3
Calhoun Corr. Inst. and Work Camp	1.4	1.0	0.7	1.1	2.4
Central Florida Reception Ctr. East and South	0.0	0.0	0.0	0.0	0.0
Florida State Prison and Work Camp	2.3	1.6	0.9	1.4	2.9

APPENDIX TABLE 3 (continued)**Percent of prison inmates reporting sexual victimization by level of coercion, by facility, National Inmate Survey, 2011–12**

Facility name	Inmate-on-inmate ^a		Staff sexual misconduct ^a		Without force or pressure ^d
	Physically forced ^b	Pressured ^c	Physically forced ^b	Pressured ^c	
Jackson Corr. Inst. and Work Camp	0.8%	1.8%	1.8%	1.9%	0.3%
Lancaster Corr. Inst. and Work Camp	1.6	2.0	1.1	2.2	2.8
Lawtey Corr. Inst.	0.0	0.0	0.0	0.0	0.0
Levy Forestry Camp ^e	4.7	3.6	1.4	1.4	0.0
Marion Corr. Inst. and Work Camp	0.6	1.0	0.7	1.2	1.6
Martin Corr. Inst. and Work Camp	1.3	4.3	1.5	1.5	1.0
Northwest Florida Reception Ctr.	6.9	6.9	1.8	2.9	3.4
Santa Rosa Corr. Inst.	2.5	3.5	2.4	6.4	3.5
Taylor Corr. Inst. and Annex	0.4	0.4	1.2	1.2	1.0
Zephyrhills Corr. Inst.	1.9	2.5	1.9	2.0	3.4
Georgia					
Autry State Prison	0.7%	1.9%	0.8%	0.8%	4.2%
Burruss Corr. Training Ctr.	0.0	0.0	0.0	0.0	0.6
D. Ray James Prison ⁹	0.0	0.5	0.0	0.0	0.0
Lee Arrendale State Prison ^e	2.5	4.4	0.0	0.0	0.0
Macon State Prison	1.3	1.3	1.5	2.9	3.8
Rogers State Prison	0.0	0.0	0.0	0.4	1.8
Valdosta State Prison	4.2	4.0	2.2	3.0	2.6
Ware State Prison	0.0	0.4	1.7	2.2	3.4
Washington State Prison	0.0	0.0	0.9	0.5	1.7
Hawaii					
Waiawa Corr. Fac.	2.6%	3.3%	0.7%	1.4%	1.4%
Idaho					
Idaho Max. Security Inst.	8.3%	4.8%	6.0%	6.0%	5.9%
St. Anthony Work Camp	0.0	0.0	0.0	2.3	0.0
Illinois					
Danville Corr. Ctr.	0.5%	0.3%	0.0%	0.3%	0.0%
Decatur Corr. Ctr. ^e	1.1	0.0	0.0	0.0	0.0
Dwight Corr. Ctr. ^e	6.8	6.9	2.6	3.7	0.5
Hill Corr. Ctr.	0.3	0.8	1.2	3.3	2.2
Menard Corr. Ctr.	0.4	0.0	0.6	1.3	1.3
Pittsfield Work Camp	0.0	0.0	0.0	0.0	0.0
Stateville Corr. Ctr.	0.0	0.0	0.0	0.3	0.8
Western Illinois Corr. Ctr.	0.8	2.2	0.8	2.3	0.9
Indiana					
Miami Corr. Fac.	0.9%	1.6%	0.0%	1.5%	1.2%
Reception-Diagnostic Ctr.	1.0	0.3	0.0	0.0	1.2
Rockville Corr. Fac. ^e	2.6	4.0	0.3	0.0	1.4
Wabash Valley Corr. Fac.	0.0	1.7	0.8	0.8	1.5
Iowa					
Anamosa State Penitentiary	1.3%	4.0%	0.5%	0.0%	0.5%
Kansas					
Lansing Corr. Fac.	2.4%	1.9%	2.8%	3.2%	3.1%
Norton Corr. Fac.	1.6	1.0	2.6	2.6	2.8
Kentucky					
Eastern Kentucky Corr. Complex	1.2%	2.0%	1.6%	2.9%	5.0%
Kentucky State Reformatory	2.1	2.6	0.5	3.1	3.6
Otter Creek Corr. Complex ⁹	1.4	3.9	0.7	0.7	2.2
Louisiana					
B.B. Rayburn Corr. Ctr.	1.2%	2.7%	1.7%	1.1%	0.9%
Elayn Hunt Corr. Ctr.	2.7	1.3	1.6	3.8	1.2
Louisiana State Penitentiary	1.6	3.5	2.2	3.3	4.6
Maine					
Maine Corr. Ctr. ^f	3.1%	4.4%	0.0%	1.8%	1.0%

APPENDIX TABLE 3 (continued)**Percent of prison inmates reporting sexual victimization by level of coercion, by facility, National Inmate Survey, 2011–12**

Facility name	Inmate-on-inmate ^a		Staff sexual misconduct ^a		Without force or pressure ^d
	Physically forced ^b	Pressured ^c	Physically forced ^b	Pressured ^c	
Maryland					
Maryland Corr. Inst. - Hagerstown	1.0%	1.5%	0.6%	0.6%	1.6%
Maryland Corr. Inst. for Women ^e	4.8	5.1	0.9	5.6	1.4
Maryland Corr. Training Ctr.	1.6	1.0	0.6	1.4	1.4
Metropolitan Transition Ctr.	0.8	0.8	1.8	1.8	2.2
Massachusetts					
Old Colony Corr. Ctr.	2.5%	1.6%	1.5%	2.0%	1.1%
Michigan					
Bellamy Creek Corr. Fac.	0.7%	0.7%	1.1%	2.0%	2.7%
Central Michigan Corr. Fac.	0.4	1.3	0.7	0.7	1.8
Lakeland Corr. Fac.	0.8	0.9	2.4	3.5	2.7
Saginaw Corr. Fac.	0.4	0.4	1.5	1.1	1.6
Thumb Corr. Fac.	1.4	0.7	1.5	2.5	1.0
Minnesota					
MCF - Moose Lake	0.4%	2.4%	1.5%	1.6%	2.1%
MCF - Shakopee ^f	7.3	10.2	0.2	0.5	0.0
Mississippi					
Pike Co. Community Work Ctr.	0.0%	0.0%	0.0%	0.0%	0.0%
Walnut Grove Youth Corr. Fac. ^g	0.4	0.0	1.5	2.7	8.8
Wilkinson Co. Corr. Fac. ^g	1.1	0.6	0.5	1.9	5.7
Missouri					
Algoa Corr. Ctr.	0.0%	0.0%	0.0%	0.0%	0.0%
Farmington Corr. Fac.	4.7	4.2	2.4	3.2	1.7
South Central Corr. Fac.	1.0	1.0	2.2	1.8	3.0
Tipton Corr. Ctr.	0.0	0.0	0.8	0.8	1.3
Western Missouri Corr. Ctr.	0.7	0.4	0.0	0.6	2.3
Western Reception, Diagnostic and Corr. Ctr.	0.0	0.0	0.0	0.5	1.0
Women's Eastern Reception, Diagnostic and Corr. Ctr. ^e	6.2	4.1	0.4	1.3	0.4
Montana					
Montana State Prison	7.1%	5.0%	3.5%	8.0%	2.3%
Nebraska					
Lincoln Corr. Ctr.	0.5%	0.0%	0.7%	1.1%	2.8%
Nevada					
Florence McClure Women's Corr. Ctr. ^e	12.0%	11.3%	0.4%	2.1%	0.0%
High Desert State Prison	0.0	1.3	0.8	0.8	1.2
Lovelock Corr. Ctr.	1.5	1.5	1.2	0.2	1.0
New Hampshire					
New Hampshire State Prison for Men	1.7%	1.2%	2.4%	2.4%	0.9%
New Hampshire State Prison for Women ^e	4.3	3.3	2.4	2.4	1.2
New Jersey					
Bayside State Prison	1.2%	2.0%	0.0%	1.4%	0.0%
Mountainview Youth Corr. Fac.	0.8	0.8	0.8	2.6	1.8
South Woods State Prison	2.9	3.5	1.0	2.3	2.8
New Mexico					
Lea Co. Corr. Fac. ^g	0.6%	1.3%	0.0%	2.4%	2.4%
New Mexico Women's Corr. Fac. ^{e,g}	6.8	8.9	4.5	5.3	2.4
New York					
Auburn Corr. Fac.	3.1%	2.8%	3.0%	2.9%	1.8%
Cayuga Corr. Fac.	0.0	0.0	1.6	2.1	1.6
Gowanda Corr. Fac.	0.4	1.1	1.8	1.9	0.3
Lakeview Shock Incarceration Corr. Fac. ^f	0.5	0.5	0.9	1.4	1.3
Otisville Corr. Fac.	0.8	3.7	3.3	0.8	3.5
Washington Corr. Fac.	0.6	0.4	1.8	2.5	0.4
Wyoming Corr. Fac.	0.4	1.4	0.4	1.2	0.5

APPENDIX TABLE 3 (continued)**Percent of prison inmates reporting sexual victimization by level of coercion, by facility, National Inmate Survey, 2011–12**

Facility name	Inmate-on-inmate ^a		Staff sexual misconduct ^a		Without force or pressure ^d
	Physically forced ^b	Pressured ^c	Physically forced ^b	Pressured ^c	
North Carolina					
Harnett Corr. Inst.	0.8%	1.4%	1.0%	1.5%	1.0%
Lanesboro Corr. Inst.	0.0	0.0	1.2	1.2	3.3
Mary Frances Ctr. ^{e,g}	0.0	0.0	0.0	0.0	0.0
Maury Corr. Inst.	1.6	1.0	1.1	0.0	3.7
North Carolina Corr. Inst. for Women ^e	7.1	9.1	2.5	2.5	4.0
Odom Corr. Inst.	0.9	0.9	0.9	0.9	1.6
Western Youth Inst.	0.0	0.6	0.0	0.0	0.5
North Dakota					
North Dakota State Penitentiary	1.6%	1.4%	1.6%	1.1%	2.8%
Ohio					
Allen Corr. Inst.	1.5%	1.5%	0.9%	0.9%	1.7%
Belmont Corr. Inst.	1.0	1.2	0.7	0.7	0.7
Chillicothe Corr. Inst.	3.0	2.3	0.0	0.6	0.2
Franklin Medical Ctr. ^f	0.0	0.0	0.0	0.0	0.0
Madison Corr. Inst.	2.3	3.0	0.0	4.2	0.0
Noble Corr. Inst.	0.5	0.6	1.7	2.1	3.2
Northeast Pre-Release Ctr. ^e	2.4	4.7	0.0	2.4	0.0
Pickaway Corr. Fac.	1.9	2.3	0.3	1.6	0.5
Oklahoma					
Dr. Eddie Warrior Corr. Ctr. ^e	6.7%	6.5%	1.7%	2.4%	1.2%
Jackie Brannon Corr. Ctr.	0.0	0.5	0.0	0.0	0.0
Mabel Bassett Corr. Ctr. ^e	9.5	13.2	1.4	2.5	1.5
North Fork Corr. Fac. ^g	0.0	0.0	0.0	0.0	1.6
Oregon					
Coffee Creek Corr. Fac. ^e	5.5%	5.5%	1.1%	3.9%	1.3%
Deer Ridge Corr. Inst.	1.2	1.7	0.0	0.9	0.0
Oregon State Penitentiary	1.1	2.1	0.9	0.5	0.0
Pennsylvania					
Cambridge Springs State Corr. Inst. ^e	2.8%	3.0%	0.0%	0.4%	0.5%
Chester State Corr. Inst.	0.0	0.5	0.7	1.0	0.0
Houtzdale State Corr. Inst.	0.0	0.0	0.0	1.1	0.7
Mahanoy State Corr. Inst.	0.0	0.0	0.0	0.5	0.5
Muncy State Corr. Inst. ^e	5.7	6.0	1.0	3.2	0.3
Pine Grove State Corr. Inst.	1.5	2.0	1.8	1.8	5.6
Somerset State Corr. Inst.	1.9	1.4	1.5	2.0	2.1
Waymart State Corr. Inst.	0.0	1.0	0.4	0.4	0.0
Rhode Island					
Donald Price Med. Security Fac.	0.9%	0.5%	0.4%	1.7%	0.8%
South Carolina					
Camille Griffin Graham Corr. Inst. ^e	3.3%	4.4%	0.7%	1.1%	1.2%
Kershaw Corr. Inst.	1.9	2.6	0.4	1.3	2.2
Kirkland Reception and Evaluation Ctr.	0.5	1.5	0.5	1.0	1.4
Turbeville Corr. Inst.	0.5	1.0	1.6	1.9	1.9
Tyger River Corr. Inst.	0.5	0.9	0.3	0.3	1.0
South Dakota					
South Dakota Women's Prison ^e	7.9%	9.9%	0.0%	1.9%	0.7%
Tennessee					
Riverbend Max. Security Inst.	0.4%	0.4%	0.4%	0.4%	1.2%

APPENDIX TABLE 3 (continued)**Percent of prison inmates reporting sexual victimization by level of coercion, by facility, National Inmate Survey, 2011–12**

Facility name	Inmate-on-inmate ^a		Staff sexual misconduct ^a		Without force or pressure ^d
	Physically forced ^b	Pressured ^c	Physically forced ^b	Pressured ^c	
Texas					
Byrd Unit	0.9%	0.4%	0.4%	0.4%	1.0%
Carole Young Medical Fac. Complex ^e	0.4	1.2	0.8	1.3	0.5
Clemens Unit	2.0	2.6	0.3	1.5	2.0
Clements Unit	4.9	5.7	8.1	8.7	2.5
Coffield Unit	0.7	0.4	2.0	3.5	3.8
Dawson State Jail ^{f,g}	1.4	1.4	1.6	1.0	0.6
Eastham Unit	1.4	2.3	1.9	1.9	1.8
Gist State Jail	0.6	0.6	0.0	0.6	0.3
Gurney Transfer Fac.	1.5	0.5	0.0	0.6	0.0
Henley State Jail ^e	1.7	0.0	0.0	0.8	0.0
Hodge Unit	1.9	1.9	0.5	0.5	0.2
Holliday Transfer Fac.	1.0	0.7	0.7	1.8	0.7
Huntsville Unit	0.0	0.5	0.3	0.3	0.0
McConnell Unit	3.0	2.9	1.0	1.6	1.1
Michael Unit	3.8	2.3	1.1	1.1	1.0
Montford Psychiatric Fac.	5.2	7.3	2.9	4.5	2.0
Murray Unit ^e	6.9	7.4	1.0	3.6	1.1
Plane State Jail ^e	1.7	1.1	1.0	2.3	0.0
Powledge Unit	1.3	0.5	1.1	1.1	1.1
Stiles Unit	4.5	6.3	0.9	2.5	4.9
Willacy Co. State Jail ^g	0.0	1.1	0.0	0.0	0.6
Woodman State Jail ^e	0.8	1.3	0.0	0.0	0.0
Utah					
Central Utah Corr. Fac.	3.7%	2.8%	2.2%	1.5%	1.8%
Utah State Prison ^f	2.4	4.7	0.0	1.2	0.0
Vermont					
Southeast State Corr. Fac.	2.2%	2.2%	2.2%	2.2%	5.1%
Southern State Corr. Fac.	3.3	7.7	2.2	4.1	1.3
Virginia					
Brunswick Women's Reception and Pre-Release Ctr. ^e	0.0%	0.0%	0.0%	0.0%	0.0%
Dillwyn Corr. Ctr.	0.0	0.8	0.6	0.0	3.2
Sussex II State Prison	1.3	1.3	0.8	2.1	2.8
Washington					
Clallam Bay Corr. Ctr.	0.8%	0.7%	1.4%	1.4%	2.6%
Monroe Corr. Complex	0.3	0.3	0.4	0.4	2.2
Washington State Penitentiary	3.3	3.3	0.0	1.3	0.7
West Virginia					
Huttonsville Corr. Ctr.	2.0%	1.6%	0.9%	2.8%	4.7%
Wisconsin					
Green Bay Corr. Inst.	1.6%	0.8%	0.9%	1.5%	1.9%
Oshkosh Corr. Ctr.	1.6	3.1	0.4	0.7	0.4
Wyoming					
Wyoming Honor Farm	1.0%	1.0%	0.0%	2.0%	0.8%

APPENDIX TABLE 3 (continued)**Percent of prison inmates reporting sexual victimization by level of coercion, by facility, National Inmate Survey, 2011–12**

Facility name	Inmate-on-inmate ^a		Staff sexual misconduct ^a		Without force or pressure ^d
	Physically forced ^b	Pressured ^c	Physically forced ^b	Pressured ^c	
Federal Facilities (Bureau of Prisons)					
CI Eden ⁹	0.0%	0.0%	0.0%	0.0%	0.0%
CI Reeves I and II ⁹	0.0	0.0	0.0	0.0	0.0
CI Reeves III ⁹	0.0	0.0	0.0	0.4	0.0
CI Rivers ⁹	0.9	0.9	0.0	0.0	0.0
FCI Allenwood Low	0.0	0.5	0.7	1.4	0.0
FCI Big Spring Camp	0.0	0.0	1.2	1.2	0.0
FCI Butner Med. I Camp	0.0	0.0	0.0	0.0	0.0
FCI Butner Med. II	1.4	0.0	0.0	0.4	0.8
FCI Forrest City Med.	0.0	0.0	0.0	0.0	0.6
FCI Greenville Camp ^e	0.0	3.3	0.0	0.8	0.8
FCI Jesup	0.0	0.0	0.0	0.0	0.0
FCI Lompoc	0.0	0.0	0.0	0.0	0.6
FCI Manchester Camp	0.9	0.0	0.0	0.0	0.0
FCI Marianna Camp ^e	0.6	0.0	0.0	0.0	0.0
FCI Milan	0.5	1.2	0.5	0.5	0.8
FCI Seagoville	0.4	1.1	0.0	0.0	0.0
FCI Tallahassee ^e	1.7	3.5	0.0	0.8	1.5
FCI Terre Haute	0.0	0.5	1.7	1.6	0.0
FDC Philadelphia ^f	0.6	1.2	0.0	0.6	0.6
FMC Carswell ^e	1.5	4.2	0.0	0.4	0.0
FMC Devens	0.7	1.3	0.0	1.0	0.4
FMC Lexington Camp ^e	0.8	0.0	0.0	0.0	0.0
FPC Alderson ^e	1.3	2.3	0.4	0.4	0.0
Limestone Co. Det. Ctr. ⁹	0.6	0.6	0.0	0.0	0.0
MCFP Springfield	1.2	0.6	0.6	0.0	0.0
USP Hazelton - Female ^e	3.3	3.6	0.8	0.8	0.0
USP Lee	0.9	0.9	0.0	0.7	0.0
USP Tucson	1.2	4.1	0.6	3.2	2.5

Note: Detail may sum to more than total victimization rate because victims may report on more than one incident involving different levels of coercion.

^aIncludes all types of sexual victimization, including oral, anal, or vaginal penetration, hand jobs, touching of the inmate's butt, thighs, penis, breasts, or vagina in a sexual way, and other sexual acts occurring in the past 12 months or since admission to the facility, if shorter.

^bPhysical force or threat of physical force reported.

^cIncludes incidents in which the perpetrator, without using force, pressured the inmate or made the inmate feel that they had to participate. (See *Methodology*.)

^dIncludes incidents in which the staff offered favors or privileges in exchange for sex or sexual contact and incidents in which the inmate reported that they willingly had sex or sexual contact with staff.

^eFemale facility.

^fFacility housed both males and females; both were sampled at this facility.

⁹Privately operated facility.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

APPENDIX TABLE 4**Percent of prison inmates reporting nonconsensual sexual acts and abusive sexual contacts, by facility, National Inmate Survey, 2011–12**

Facility name	Nonconsensual sexual acts ^a			Abusive sexual contacts only ^b		
	Percent victimized ^d	95%-confidence interval ^c		Percent victimized ^d	95%-confidence interval ^c	
		Lower bound	Upper bound		Lower bound	Upper bound
Total	1.3%	1.1%	1.6%	2.7%	2.4%	3.0%
Alabama						
Bibb Corr. Fac.	0.8%	0.2%	2.5%	5.1%	3.0%	8.5%
G.K. Fountain Corr. Fac./J.O. Davis Corr. Fac.	2.3	0.9	5.5	3.4	1.7	6.7
Julia Tutwiler Prison ^e	6.1	3.6	10.1	8.0	5.1	12.2
St. Clair Corr. Fac.	0.0	0.0	2.1	5.5	2.8	10.7
Alaska						
Anchorage Corr. Complex West	2.6%	1.0%	6.7%	3.2%	1.4%	7.1%
Hiland Mountain Corr. Ctr. ^e	6.2	3.8	9.9	6.7	3.4	12.8
Arizona						
ASPC - Douglas	0.0%	0.0%	2.3%	1.2%	0.3%	4.5%
ASPC - Eyman	0.0	0.0	1.9	4.1	2.0	8.2
ASPC - Perryville ^e	4.7	2.6	8.3	4.5	2.3	8.5
ASPC - Tuscon ^f	1.6	0.6	4.6	2.1	0.9	4.8
ASPC - Yuma	0.5	0.1	3.0	1.4	0.4	5.0
Florence Corr. Ctr. ^{f,g}	0.0	0.0	2.0	1.0	0.3	3.5
La Palma Corr. Ctr. ^g	0.0	0.0	2.3	0.0	0.0	2.3
Red Rock Corr. Ctr. ^g	0.0	0.0	5.8	2.9	0.8	10.0
Arkansas						
Ouachita River Corr. Unit	0.8%	0.1%	4.0%	3.5%	1.6%	7.4%
California						
Avenal State Prison	1.2%	0.3%	4.4%	0.0%	0.0%	2.1%
California Corr. Ctr.	1.4	0.4	5.0	0.7	0.1	3.9
California Corr. Inst.	4.5	1.8	10.4	0.9	0.2	4.8
California Inst. for Women ^e	1.4	0.4	4.6	5.3	2.9	9.5
California Men's Colony	0.0	0.0	2.2	1.5	0.6	4.2
California Rehabilitation Ctr.	1.5	0.4	5.9	1.0	0.2	5.1
Calipatria State Prison	1.4	0.4	4.9	0.9	0.2	4.7
Central California Women's Fac. ^e	4.8	2.6	8.6	5.3	2.8	9.8
Chuckawalla Valley State Prison	2.2	0.8	6.2	0.5	0.1	2.5
Corcoran State Prison	1.6	0.5	5.3	4.7	1.9	11.3
Corr. Training Fac.	0.9	0.2	3.0	2.4	1.1	5.2
Sacramento State Prison	0.9	0.2	4.7	2.4	0.8	7.6
Salinas Valley State Prison	1.0	0.3	3.6	2.7	1.2	6.3
San Quentin State Prison	0.0	0.0	2.4	3.8	1.6	8.6
Sierra Conservation Ctr.	0.0	0.0	2.0	1.4	0.5	3.9
Solano State Prison	0.5	0.1	2.5	1.5	0.5	4.4
Valley State Prison for Women ^e	6.1	3.4	10.7	5.4	2.8	10.0
Colorado						
Buena Vista Corr. Ctr.	1.2%	0.4%	4.1%	2.1%	0.7%	5.5%
Denver Women's Corr. Fac. ^e	7.0	3.8	12.6	12.2	8.0	18.3
Skyline Corr. Inst.	2.4	0.8	7.5	1.2	0.3	4.8
Connecticut						
Manson Youth Inst.	1.7%	0.8%	3.6%	3.5%	2.1%	5.8%
York Corr. Fac. ^e	6.5	4.1	10.3	5.5	3.0	10.0
Delaware						
Central Violation of Probation Ctr.	0.0%	0.0%	2.7%	3.0%	1.7%	5.3%
Delores J. Baylor Women's Corr. Inst. ^e	6.2	3.8	10.0	7.4	4.9	11.0
James T. Vaughn Corr. Ctr.	1.5	0.4	5.1	3.8	1.8	8.0

APPENDIX TABLE 4 (continued)

Percent of prison inmates reporting nonconsensual sexual acts and abusive sexual contacts, by facility, National Inmate Survey, 2011–12

Facility name	Nonconsensual sexual acts ^a			Abusive sexual contacts only ^b		
	Percent victimized ^d	95%-confidence interval ^c		Percent victimized ^d	95%-confidence interval ^c	
Lower bound		Upper bound	Lower bound		Upper bound	
Florida						
Apalachee Corr. Inst./West/East Unit/River Junction	4.5%	2.3%	8.6%	7.7%	4.4%	13.3%
Broward Corr. Inst. ^e	5.0	2.5	9.5	7.1	3.7	13.1
Calhoun Corr. Inst. and Work Camp	1.2	0.4	3.7	2.9	1.4	6.1
Central Florida Reception Ctr. East and South	0.0	0.0	3.4	0.0	0.0	3.4
Florida State Prison and Work Camp	1.9	0.5	6.7	3.3	1.5	7.1
Jackson Corr. Inst. and Work Camp	2.5	0.9	7.0	1.5	0.4	5.7
Lancaster Corr. Inst. and Work Camp	2.2	0.9	5.0	3.3	1.6	6.6
Lawtey Corr. Inst.	0.0	0.0	1.9	0.0	0.0	1.9
Levy Forestry Camp ^e	1.6	0.7	4.0	4.5	1.9	10.4
Marion Corr. Inst. and Work Camp	0.3	0.1	1.6	1.9	0.9	4.2
Martin Corr. Inst. and Work Camp	1.2	0.3	3.9	4.7	2.6	8.2
Northwest Florida Reception Ctr.	3.3	1.5	7.4	10.4	6.1	17.0
Santa Rosa Corr. Inst.	4.4	2.2	8.7	9.6	5.9	15.2
Taylor Corr. Inst. and Annex	1.1	0.3	3.7	1.6	0.5	4.5
Zephyrhills Corr. Inst.	0.5	0.1	2.5	7.4	4.3	12.4
Georgia						
Autry State Prison	0.0%	0.0%	2.8%	6.1%	3.3%	11.1%
Burruss Corr. Training Ctr.	0.0	0.0	1.9	0.6	0.1	2.6
D. Ray James Prison ^g	0.0	0.0	1.9	0.5	0.1	2.7
Lee Arrendale State Prison ^e	3.5	1.7	6.8	2.4	1.1	5.3
Macon State Prison	0.0	0.0	1.8	5.8	3.5	9.5
Rogers State Prison	0.0	0.0	1.6	2.2	1.0	4.8
Valdosta State Prison	4.0	1.9	8.4	6.5	3.4	12.0
Ware State Prison	0.0	0.0	1.7	4.6	2.7	7.8
Washington State Prison	0.0	0.0	1.7	2.1	1.0	4.7
Hawaii						
Waiawa Corr. Fac.	2.1%	1.1%	4.0%	4.0%	2.5%	6.3%
Idaho						
Idaho Max. Security Inst.	6.9%	2.6%	17.1%	7.0%	2.5%	18.0%
St. Anthony Work Camp	2.3	0.5	9.4	0.0	0.0	5.1
Illinois						
Danville Corr. Ctr.	0.5%	0.2%	1.8%	0.0%	0.0%	1.8%
Decatur Corr. Ctr. ^e	1.1	0.3	3.3	0.0	0.0	2.4
Dwight Corr. Ctr. ^e	4.0	2.1	7.4	6.7	3.9	11.0
Hill Corr. Ctr.	1.9	0.8	4.5	3.0	1.4	6.5
Menard Corr. Ctr.	1.0	0.3	3.5	1.6	0.5	4.6
Pittsfield Work Camp	0.0	0.0	4.6	0.0	0.0	4.6
Stateville Corr. Ctr.	0.3	0.1	1.5	0.8	0.2	2.7
Western Illinois Corr. Ctr.	0.0	0.0	2.4	3.7	1.6	8.1
Indiana						
Miami Corr. Fac.	0.0%	0.0%	1.9%	3.2%	1.5%	7.0%
Reception-Diagnostic Ctr.	1.2	0.3	3.9	1.3	0.4	3.6
Rockville Corr. Fac. ^e	4.1	2.0	8.3	3.5	1.5	8.1
Wabash Valley Corr. Fac.	0.8	0.1	4.0	2.4	0.9	6.7
Iowa						
Anamosa State Penitentiary	2.1%	0.7%	5.5%	2.5%	1.0%	5.9%
Kansas						
Lansing Corr. Fac.	2.1%	0.8%	5.2%	4.5%	2.4%	8.4%
Norton Corr. Fac.	2.2	0.8	5.8	2.9	1.2	7.1

APPENDIX TABLE 4 (continued)**Percent of prison inmates reporting nonconsensual sexual acts and abusive sexual contacts, by facility, National Inmate Survey, 2011–12**

Facility name	Nonconsensual sexual acts ^a			Abusive sexual contacts only ^b		
	Percent victimized ^d	95%-confidence interval ^c		Percent victimized ^d	95%-confidence interval ^c	
Lower bound		Upper bound	Lower bound		Upper bound	
Kentucky						
Eastern Kentucky Corr. Complex	1.0%	0.3%	3.4%	5.4%	2.9%	9.7%
Kentucky State Reformatory	2.0	0.7	5.6	4.4	2.2	8.8
Otter Creek Corr. Complex ^g	1.3	0.4	4.2	5.7	2.9	10.9
Louisiana						
B.B. Rayburn Corr. Ctr.	1.0%	0.3%	3.1%	3.2%	1.4%	6.9%
Elayn Hunt Corr. Ctr.	2.5	0.9	6.3	4.0	2.1	7.6
Louisiana State Penitentiary	1.1	0.3	3.7	7.4	4.7	11.5
Maine						
Maine Corr. Ctr. ^f	2.6%	1.3%	5.4%	3.5%	1.6%	7.2%
Maryland						
Maryland Corr. Inst. - Hagerstown	0.0%	0.0%	2.1%	3.1%	1.5%	6.4%
Maryland Corr. Inst. for Women ^e	5.8	3.1	10.6	6.9	4.1	11.4
Maryland Corr. Training Ctr.	1.5	0.5	4.1	2.0	0.8	4.8
Metropolitan Transition Ctr.	0.0	0.0	3.5	3.2	1.4	7.6
Massachusetts						
Old Colony Corr. Ctr.	3.2%	1.6%	6.4%	2.4%	1.1%	5.1%
Michigan						
Bellamy Creek Corr. Fac.	0.7%	0.1%	3.4%	3.7%	1.7%	7.7%
Central Michigan Corr. Fac.	0.0	0.0	1.7	2.7	1.2	6.0
Lakeland Corr. Fac.	0.8	0.2	2.7	4.8	2.7	8.4
Saginaw Corr. Fac.	0.8	0.2	3.1	2.1	0.9	4.9
Thumb Corr. Fac.	1.5	0.5	4.9	1.7	0.5	5.4
Minnesota						
MCF - Moose Lake	2.5%	1.2%	5.4%	1.9%	0.8%	4.5%
MCF - Shakopee ^e	7.6	4.5	12.6	5.4	2.5	11.4
Mississippi						
Pike Co. Community Work Ctr.	0.0%	0.0%	11.7%	0.0%	0.0%	11.7%
Walnut Grove Youth Corr. Fac. ^g	1.2	0.5	3.1	8.7	6.1	12.2
Wilkinson Co. Corr. Fac. ^g	1.8	0.7	4.6	5.7	3.3	9.7
Missouri						
Algoa Corr. Ctr.	0.0%	0.0%	2.5%	0.0%	0.0%	2.5%
Farmington Corr. Fac.	3.0	1.5	5.7	4.9	2.9	8.3
South Central Corr. Fac.	2.0	0.7	5.7	5.1	2.7	9.5
Tipton Corr. Ctr.	0.6	0.1	2.8	0.8	0.2	3.9
Western Missouri Corr. Ctr.	0.7	0.1	3.7	2.7	1.3	5.8
Western Reception, Diagnostic and Corr. Ctr.	0.0	0.0	2.0	1.5	0.5	4.1
Women's Eastern Reception, Diagnostic and Corr. Ctr. ^e	6.0	3.4	10.5	2.6	1.1	6.4
Montana						
Montana State Prison	5.6%	3.2%	9.6%	8.3%	4.1%	16.1%
Nebraska						
Lincoln Corr. Ctr.	1.3%	0.5%	3.5%	3.2%	1.5%	6.6%
Nevada						
Florence McClure Women's Corr. Ctr. ^e	10.9%	6.3%	18.3%	5.4%	2.9%	9.6%
High Desert State Prison	0.5	0.1	2.5	2.1	0.7	5.9
Lovelock Corr. Ctr.	1.6	0.6	4.7	2.1	0.8	5.4
New Hampshire						
New Hampshire State Prison for Men	1.7%	0.6%	4.7%	3.8%	1.7%	8.4%
New Hampshire State Prison for Women ^e	4.3	2.4	7.6	3.9	2.2	6.7
New Jersey						
Bayside State Prison	0.0%	0.0%	3.1%	3.4%	1.3%	8.6%
Mountainview Youth Corr. Fac.	0.6	0.1	3.2	2.4	1.0	5.9
South Woods State Prison	1.3	0.2	6.6	4.0	1.6	9.3

APPENDIX TABLE 4 (continued)**Percent of prison inmates reporting nonconsensual sexual acts and abusive sexual contacts, by facility, National Inmate Survey, 2011–12**

Facility name	Nonconsensual sexual acts ^a			Abusive sexual contacts only ^b		
	Percent victimized ^d	95%-confidence interval ^c		Percent victimized ^d	95%-confidence interval ^c	
Lower bound		Upper bound	Lower bound		Upper bound	
New Mexico						
Lea Co. Corr. Fac. ^g	0.9%	0.2%	4.4%	3.7%	1.6%	8.0%
New Mexico Women's Corr. Fac. ^{e,g}	5.2	2.9	9.2	9.1	5.8	14.0
New York						
Auburn Corr. Fac.	4.0%	2.1%	7.6%	5.8%	3.2%	10.0%
Cayuga Corr. Fac.	0.5	0.1	2.6	2.1	0.9	5.0
Gowanda Corr. Fac.	0.2	0.0	1.2	3.1	1.7	5.9
Lakeview Shock Incarceration Corr. Fac. ^f	0.0	0.0	1.8	1.9	0.8	4.3
Otisville Corr. Fac.	0.6	0.1	2.4	7.7	4.4	13.2
Washington Corr. Fac.	0.6	0.1	2.7	3.3	1.6	6.5
Wyoming Corr. Fac.	1.3	0.5	3.5	1.8	0.7	4.3
North Carolina						
Harnett Corr. Inst.	0.9%	0.3%	3.1%	2.7%	1.2%	5.9%
Lanesboro Corr. Inst.	0.0	0.0	2.3	3.3	1.5	7.1
Mary Frances Ctr. ^{e,g}	0.0	0.0	5.3	0.0	0.0	5.3
Maury Corr. Inst.	2.1	0.8	5.4	3.5	1.3	9.2
North Carolina Corr. Inst. for Women ^e	4.9	2.4	9.6	8.0	4.5	14.1
Odom Corr. Inst.	0.0	0.0	2.9	3.3	1.5	7.4
Western Youth Inst.	0.0	0.0	2.3	1.1	0.4	3.2
North Dakota						
North Dakota State Penitentiary	1.6%	0.6%	4.1%	3.6%	1.7%	7.5%
Ohio						
Allen Corr. Inst.	1.5%	0.3%	7.7%	1.7%	0.5%	5.7%
Belmont Corr. Inst.	0.5	0.1	2.5	1.9	0.7	5.3
Chillicothe Corr. Inst.	2.6	1.2	5.7	2.5	1.0	5.8
Franklin Medical Ctr. ^f	0.0	0.0	2.9	0.0	0.0	2.9
Madison Corr. Inst.	0.0	0.0	2.7	7.2	3.5	14.3
Noble Corr. Inst.	0.5	0.2	1.9	3.9	2.0	7.6
Northeast Pre-Release Ctr. ^e	4.7	2.7	8.3	2.8	1.1	7.3
Pickaway Corr. Fac.	2.9	1.2	6.5	2.5	1.1	5.5
Oklahoma						
Dr. Eddie Warrior Corr. Ctr. ^e	5.4%	3.2%	9.1%	4.0%	2.1%	7.3%
Jackie Brannon Corr. Ctr.	0.0	0.0	2.1	0.5	0.1	2.3
Mabel Bassett Corr. Ctr. ^e	8.5	5.6	12.8	8.9	5.8	13.4
North Fork Corr. Fac. ^g	0.0	0.0	7.7	1.6	0.3	8.7
Oregon						
Coffee Creek Corr. Fac. ^e	6.5%	4.1%	10.2%	4.3%	2.4%	7.6%
Deer Ridge Corr. Inst.	0.9	0.3	2.9	2.3	1.0	5.6
Oregon State Penitentiary	0.0	0.0	1.9	2.9	1.4	6.1
Pennsylvania						
Cambridge Springs State Corr. Inst. ^e	2.0%	0.9%	4.2%	2.2%	0.9%	5.1%
Chester State Corr. Inst.	1.2	0.3	3.8	0.4	0.1	1.8
Houtzdale State Corr. Inst.	0.8	0.2	4.2	1.0	0.3	3.8
Mahanoy State Corr. Inst.	0.5	0.1	2.4	0.5	0.1	2.5
Muncy State Corr. Inst. ^e	5.7	3.5	9.2	5.7	3.5	9.1
Pine Grove State Corr. Inst.	1.7	0.7	4.5	5.4	2.7	10.4
Somerset State Corr. Inst.	1.4	0.4	5.2	3.1	1.3	7.1
Waymart State Corr. Inst.	0.4	0.1	2.1	1.0	0.2	5.0
Rhode Island						
Donald Price Med. Security Fac.	1.2%	0.5%	3.0%	1.4%	0.7%	3.0%

APPENDIX TABLE 4 (continued)**Percent of prison inmates reporting nonconsensual sexual acts and abusive sexual contacts, by facility, National Inmate Survey, 2011–12**

Facility name	Nonconsensual sexual acts ^a			Abusive sexual contacts only ^b		
	Percent victimized ^d	95%-confidence interval ^c		Percent victimized ^d	95%-confidence interval ^c	
Lower bound		Upper bound	Lower bound		Upper bound	
South Carolina						
Camille Griffin Graham Corr. Inst. ^e	4.4%	2.1%	9.1%	4.3%	2.2%	8.4%
Kershaw Corr. Inst.	1.3	0.5	3.6	4.3	2.2	8.2
Kirkland Reception and Evaluation Ctr.	0.4	0.1	2.2	2.4	1.1	5.2
Turbeville Corr. Inst.	0.9	0.3	2.8	2.3	1.0	5.2
Tyger River Corr. Inst.	0.3	0.1	1.3	1.6	0.6	4.5
South Dakota						
South Dakota Women's Prison ^e	8.6%	5.6%	13.1%	4.6%	2.7%	7.7%
Tennessee						
Riverbend Max. Security Inst.	0.8%	0.2%	3.9%	0.4%	0.1%	2.0%
Texas						
Byrd Unit	1.0%	0.3%	3.3%	0.8%	0.3%	2.7%
Carole Young Medical Fac. Complex ^e	1.3	0.5	3.1	0.4	0.1	1.5
Clemens Unit	1.5	0.5	4.6	4.9	2.1	11.2
Clements Unit	2.4	1.0	6.1	9.4	5.7	15.2
Coffield Unit	2.7	1.2	6.0	5.2	3.0	9.1
Dawson State Jail ^g	1.2	0.4	3.2	1.3	0.4	3.7
Eastham Unit	0.7	0.2	2.5	4.0	2.1	7.4
Gist State Jail	0.6	0.1	2.9	0.9	0.2	3.1
Gurney Transfer Fac.	0.4	0.1	2.1	1.1	0.3	3.7
Henley State Jail ^e	1.7	0.6	4.9	0.8	0.2	3.2
Hodge Unit	0.5	0.1	2.6	1.6	0.5	4.7
Holliday Transfer Fac.	1.0	0.3	3.7	1.8	0.5	6.1
Huntsville Unit	0.0	0.0	2.2	0.9	0.2	2.9
McConnell Unit	2.2	0.9	4.9	3.2	1.3	7.7
Michael Unit	3.2	1.5	6.8	2.7	1.2	6.1
Montford Psychiatric Fac.	3.4	1.7	6.8	6.8	4.0	11.3
Murray Unit ^e	7.0	4.0	11.9	8.3	5.0	13.4
Plane State Jail ^e	3.5	1.5	7.8	1.0	0.3	3.3
Powledge Unit	1.8	0.5	6.5	1.1	0.2	5.2
Stiles Unit	5.8	2.8	11.8	6.1	3.4	11.0
Willacy Co. State Jail ^g	0.0	0.0	2.5	1.1	0.3	3.8
Woodman State Jail ^e	1.3	0.4	4.3	0.0	0.0	2.7
Utah						
Central Utah Corr. Fac.	1.8%	0.7%	4.3%	3.7%	1.9%	7.1%
Utah State Prison ^f	2.8	1.3	5.8	3.6	1.8	7.2
Vermont						
Southeast State Corr. Fac.	0.0%	0.0%	6.2%	5.1%	2.3%	10.9%
Southern State Corr. Fac.	3.2	1.1	9.4	6.7	3.5	12.4
Virginia						
Brunswick Women's Reception and Pre-Release Ctr. ^e	0.0%	0.0%	3.9%	0.0%	0.0%	3.9%
Dillwyn Corr. Ctr.	1.5	0.5	5.0	3.0	1.3	7.0
Sussex II State Prison	1.3	0.4	4.3	4.1	2.1	7.8
Washington						
Clallam Bay Corr. Ctr.	2.3%	0.9%	6.1%	2.8%	1.2%	6.5%
Monroe Corr. Complex	1.9	0.6	6.0	1.0	0.3	3.5
Washington State Penitentiary	1.7	0.5	6.2	3.5	1.2	9.9
West Virginia						
Huttonsville Corr. Ctr.	2.2%	0.8%	6.1%	5.9%	2.8%	12.1%
Wisconsin						
Green Bay Corr. Inst.	1.8%	0.8%	4.2%	2.9%	1.5%	5.6%
Oshkosh Corr. Ctr.	1.7	0.7	4.0	3.1	1.5	6.1

APPENDIX TABLE 4 (continued)

Percent of prison inmates reporting nonconsensual sexual acts and abusive sexual contacts, by facility, National Inmate Survey, 2011–12

Facility name	Nonconsensual sexual acts ^a			Abusive sexual contacts only ^b		
	Percent victimized ^d	95%-confidence interval ^c		Percent victimized ^d	95%-confidence interval ^c	
Lower bound		Upper bound	Lower bound		Upper bound	
Wyoming						
Wyoming Honor Farm	0.0%	0.0%	3.8%	2.9%	1.5%	5.5%
Federal facilities (Bureau of Prisons)						
CI Eden ⁹	0.0%	0.0%	2.0%	0.0%	0.0%	2.0%
CI Reeves I and II ⁹	0.0	0.0	2.1	0.0	0.0	2.1
CI Reeves III ⁹	0.4	0.1	2.0	0.0	0.0	2.0
CI Rivers ⁹	0.0	0.0	2.4	0.9	0.2	4.7
FCI Allenwood Low	0.5	0.1	2.8	1.4	0.4	4.5
FCI Big Spring Camp	0.0	0.0	5.2	1.2	0.3	5.0
FCI Butner Med. I Camp	0.0	0.0	3.7	0.0	0.0	3.7
FCI Butner Med. II	1.4	0.3	7.0	0.8	0.2	2.7
FCI Forrest City Med.	0.0	0.0	2.5	0.6	0.1	2.9
FCI Greenville Camp ^e	3.3	1.5	7.0	0.8	0.2	3.2
FCI Jesup	0.0	0.0	2.8	0.0	0.0	2.8
FCI Lumpoc	0.0	0.0	2.3	0.6	0.1	2.8
FCI Manchester Camp	0.9	0.2	4.1	0.0	0.0	3.4
FCI Marianna Camp ^e	0.6	0.2	2.1	0.0	0.0	2.2
FCI Milan	1.0	0.3	3.2	1.5	0.4	4.9
FCI Seagoville	0.0	0.0	1.9	1.1	0.4	3.1
FCI Tallahassee ^e	1.7	0.6	4.5	4.1	2.0	8.3
FCI Terre Haute	0.0	0.0	4.0	2.1	0.5	8.2
FDC Philadelphia ^f	0.6	0.1	3.0	1.2	0.4	4.0
FMC Carswell ^e	2.3	1.1	5.1	1.8	0.8	4.4
FMC Devens	1.3	0.4	4.1	1.4	0.5	3.8
FMC Lexington Camp ^e	0.8	0.2	2.7	0.0	0.0	2.5
FPC Alderson ^e	2.2	0.9	5.3	0.5	0.1	2.4
Limestone Co. Det. Ctr. ⁹	0.0	0.0	2.4	0.6	0.1	3.1
MCFP Springfield	1.8	0.6	5.2	0.0	0.0	4.6
USP Hazelton - Female ^e	2.0	0.6	6.2	3.2	1.4	7.3
USP Lee	0.0	0.0	3.7	1.7	0.5	5.7
USP Tucson	2.6	0.9	7.8	4.7	2.2	9.8

Note: Detail may not sum to total due to rounding.

^aIncludes all inmates who reported unwanted contacts with another inmate or unwilling contacts with staff that involved oral sex, anal sex, vaginal sex, hand jobs, and other sexual acts occurring in the past 12 months or since admission to the facility, if shorter.

^bIncludes all inmates who reported unwanted contacts with another inmate or unwilling contacts with staff that involved touching of the inmate's butt, thighs, penis, breasts, or vagina in a sexual way occurring in the past 12 months or since admission to the facility, if shorter.

^cIndicates that different samples in the same facility would yield prevalence rates falling between the lower and upper bound estimates 95 out of 100 times.

^dWeights were applied so that inmates who responded accurately reflected the entire population of each facility on select characteristics, including age, sex, race, sentence length, and time served. (See *Methodology*.)

^eFemale facility.

^fFacility housed both males and females; both were sampled at this facility.

⁹Privately operated facility.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

APPENDIX TABLE 5**Characteristics of jails and prevalence of sexual victimization, by facility, National Inmate Survey, 2011–12**

Facility name	Number of inmates in custody ^c	Respondents to sexual victimization survey ^d	Response rate ^e	Percent ^f	Inmates reporting sexual victimization ^a 95%-confidence interval ^b	
					Lower bound	Upper bound
Total	279,129	54,118	60.6%	3.2%	2.9%	3.5%
Alabama						
Barbour Co. Jail	95	47	65.9%	2.4%	0.7%	7.5%
Dallas Co. Jail	197	114	72.6	1.5	0.7	3.5
Lee Co. W.S. Buck Jones Det. Ctr.	384	165	79.9	2.9	1.6	5.2
Marshall Co. Jail	206	122	70.8	5.0	3.1	8.0
Tuscaloosa Co. Jail	626	216	77.1	3.5	2.0	5.9
Arizona						
Maricopa Co. Estrella Jail ⁹	925	205	63.5%	3.7%	2.0%	6.8%
Maricopa Co. Fourth Avenue Jail	1,927	193	52.0	1.5	0.5	4.3
Maricopa Co. Towers Jail	167	85	63.9	5.4	3.0	9.5
Mariopa Co. Lower Buckeye Jail	1,989	234	52.8	4.3	2.4	7.7
Santa Cruz Co. Jail	228	52	34.7	0.0	0.0	6.9
Yuma Co. Det. Ctr.	620	162	57.5	2.1	0.8	5.1
Arkansas						
Crittenden Co. Jail	268	114	73.6%	6.3%	4.0%	9.9%
Mississippi Co. Det. Ctr.	177	86	67.1	0.9	0.3	2.8
Pope Co. Det. Ctr.	179	48	36.6	5.9	2.4	14.0
Pulaski Co. Regional Det. Ctr.	1,235	198	63.3	6.0	3.1	11.4
Sebastian Co. Adult Det. Ctr.	394	153	54.3	1.1	0.4	2.8
California						
Alameda Co. Santa Rita Jail	3,506	281	60.9%	3.0%	1.6%	5.5%
Contra Costa Co. Martinez Det. Fac.	766	143	42.5	7.0	4.1	11.7
Fresno Co. Downtown Det. Fac. - Main, North and South	1,883	190	51.9	3.5	1.8	6.7
Imperial Co. Jail	708	202	63.5	1.0	0.4	2.8
Kern Co. Lerdo Pre-Trial Fac.	1,287	163	46.7	3.8	1.8	8.0
Los Angeles Co. - Twin Towers Corr. Fac.	3,406	199	44.1	8.0	4.8	13.0
Los Angeles Co. Men's Central Jail	5,246	188	42.0	6.9	4.1	11.2
Los Angeles Co. North County Corr. Fac.	3,980	190	47.5	2.8	1.2	6.4
Napa Co. Jail	325	112	46.5	3.8	2.0	7.3
Orange Co. Central Jail Complex	2,525	169	53.6	1.4	0.4	4.7
Orange Co. Theo Lacy Fac.	2,999	241	58.4	4.7	2.5	8.7
Riverside Co. Indio Jail	387	133	56.3	2.8	1.3	5.8
Riverside Co. Larry D. Smith Corr. Ctr.	1,454	204	57.5	5.1	2.9	8.8
Riverside Co. Southwest Det. Ctr. ^h	888	149	46.8	0.6	0.1	3.0
Sacramento Co. Rio Cosumnes Corr. Ctr.	2,049	258	73.3	4.9	3.0	8.0
San Diego Co. East Mesa Med. Fac.	350	138	58.4	2.4	1.0	5.6
San Diego Co. George F. Bailey Det. Fac.	1,742	175	49.5	5.2	2.7	9.8
San Diego Co. Vista Det. Fac.	876	153	47.8	3.8	2.1	7.0
San Francisco Co. Jail Number 3	363	73	34.3	4.0	1.5	9.9
Santa Clara Co. Elmwood Fac. - Min. and Med.	1,920	219	54.4	2.4	1.1	5.4
Santa Clara Co. Main Jail	1,356	130	37.4	9.2	5.2	15.8
Santa Clara Co. Women's Corr. Ctr. ⁹	518	141	50.3	2.1	0.9	5.2
Solano Co. Justice Ctr. Det. Fac.	660	195	71.6	5.2	3.1	8.4
Tulare Co. Jail	1,487	187	51.6	1.0	0.3	3.8
Ventura Co. Jail	722	199	65.0	2.8	1.4	5.3
Yolo Co. Leinberger Ctr.	77	44	73.1	2.1	0.7	6.0
Yuba Co. Jail	375	138	62.4	2.0	0.9	4.5
Colorado						
Chaffee Co. Jail	70	33	61.5%	0.0%	0.0%	10.4%
Denver Co. Jail	751	205	68.8	3.7	2.1	6.3
Denver Co. Van Cise-Simonet Det. Ctr.	1,211	158	44.0	2.1	0.8	5.6
Douglas Co. Jail	352	128	61.7	2.8	1.4	5.8
Fremont Co. Jail	205	105	63.8	3.0	1.6	5.7
Jefferson Co. Jail	1,165	205	62.0	0.0	0.0	1.8
Park Co. Jail	95	56	67.4	0.0	0.0	6.4

APPENDIX TABLE 5 (continued)**Characteristics of jails and prevalence of sexual victimization, by facility, National Inmate Survey, 2011–12**

Facility name	Number of inmates in custody ^c	Respondents to sexual victimization survey ^d	Response rate ^e	Percent ^f	Inmates reporting sexual victimization ^a	
					95%-confidence interval ^b	
					Lower bound	Upper bound
Florida						
Collier Co. Jail	939	154	45.9%	5.1%	2.6%	9.5%
Dixie Co. Jail	72	39	73.0	8.2	4.1	15.5
Escambia Co. Jail	1,562	222	54.3	2.5	1.2	5.2
Jacksonville City Montgomery Corr. Ctr.	488	179	68.8	2.4	1.1	4.9
Lake Co. Jail	920	172	54.8	2.8	0.8	9.4
Lee Co. Community Programs Unit	266	134	65.4	3.1	1.6	5.8
Leon Co. Det. Fac.	1,049	252	67.6	4.9	3.0	8.0
Manatee Co. Jail	1,141	226	64.5	5.2	3.1	8.5
Martin Co. Jail	569	165	60.2	3.1	1.5	6.3
Miami-Dade Co. Boot Camp	65	56	98.4	0.0	0.0	7.4
Miami-Dade Co. Metro West Det. Ctr.	2,091	218	58.4	2.6	1.3	5.1
Miami-Dade Co. Training and Treatment Ctr.	1,117	174	53.4	1.0	0.3	3.2
Miami-Dade Co. Turner Guilford Knight Corr. Ctr.	885	208	58.8	1.0	0.3	3.0
Okeechobee Co. Jail	232	105	57.7	1.1	0.3	3.9
Orange Co. 33rd Street Corr. Ctr.	2,896	278	66.2	3.5	1.7	6.9
Orange Co. Booking and Release Ctr.	711	43	42.7	2.9	1.2	6.8
Osceola Co. Jail	1,032	238	71.0	0.9	0.3	3.1
Palm Beach Co. Stockade	824	155	54.8	2.4	1.0	5.6
Pinellas Co. Central Division Fac.	938	155	48.4	2.4	0.9	6.4
Pinellas Co. South Division	1,294	181	48.3	3.2	1.5	7.0
Polk Co. - South Co. Jail	1,268	216	62.0	5.1	3.0	8.5
Sarasota North Co. Jail	952	207	65.0	0.0	0.0	1.9
Suwanee Co. Jail	155	83	64.7	0.9	0.3	3.0
Taylor Co. Jail	78	25	40.8	0.0	0.0	13.3
Georgia						
Candler Co. Jail	40	27	84.2%	0.0%	0.0%	12.5%
Carroll Co. Prison	203	150	82.7	2.7	1.6	4.3
Clayton Co. Jail	1,924	265	67.8	4.7	2.8	7.7
Dekalb Co. Jail	3,825	300	61.6	3.2	1.7	5.9
Douglas Co. Jail	908	272	66.1	2.8	1.5	5.1
Floyd Co. Jail	724	234	80.0	3.6	2.1	6.0
Floyd Co. Prison	351	180	75.7	2.8	1.5	5.0
Fulton Co. Jail	3,288	169	41.6	4.9	2.5	9.3
Gwinnett Co. Det. Ctr.	2,811	267	50.8	0.8	0.2	2.6
Hall Co. Det. Ctr.	1,350	193	57.3	3.0	1.5	6.0
Houston Co. Jail	524	176	71.2	7.1	4.6	10.8
Irwin Co. Jail	876	189	62.6	1.1	0.4	2.9
Murray County Jail	148	83	75.4	3.3	1.7	6.2
Newton Co. Jail	679	199	65.5	3.7	2.0	6.6
Screven Co. Jail	114	64	82.1	3.9	2.2	6.6
South Fulton Municipal Regional Jail	151	43	37.5	4.7	1.6	12.8
Spalding Co. Jail	507	138	50.6	5.1	2.7	9.2
Troup Co. Jail	440	174	68.7	2.2	1.0	4.4
Upson Co. Jail	160	108	82.3	2.6	1.5	4.6
Ware Co. Jail	429	201	84.3	2.2	1.2	3.9
Wilkinson Co. Jail	35	19	57.1	6.5	1.9	20.0
Idaho						
Bannock Co. Jail	298	114	55.8%	3.0%	1.3%	6.8%
Illinois						
Champaign Co. Satellite Jail ^h	313	58	42.5%	2.0%	0.5%	8.4%
Cook Co. - Division 1	1,206	284	82.5	4.3	2.7	6.9
Cook Co. - Division 11	1,552	289	75.6	7.7	5.3	11.0

APPENDIX TABLE 5 (continued)**Characteristics of jails and prevalence of sexual victimization, by facility, National Inmate Survey, 2011–12**

Facility name	Number of inmates in custody ^c	Respondents to sexual victimization survey ^d	Response rate ^e	Inmates reporting sexual victimization ^a		
				Percent ^f	95%-confidence interval ^b	
					Lower bound	Upper bound
Cook Co. - Division 2	1,579	213	52.7%	5.8%	3.5%	9.4%
Cook Co. - Division 5	1,177	247	72.9	3.5	2.0	6.2
Cook Co. - Division 6	995	273	83.3	2.2	1.2	4.2
Kane Co. Adult Justice Ctr.	590	167	58.6	2.9	1.4	6.0
Kankakee Co. Jerome Combs Det. Ctr.	510	206	75.7	3.4	1.9	5.9
Kendall Co. Jail	111	61	68.4	5.1	2.8	9.2
McHenry Co. Jail	558	150	60.2	1.1	0.4	3.3
Sangamon Co. Jail	342	174	74.1	3.9	2.5	6.0
Indiana						
Bartholomew Co. Jail	183	120	79.9%	3.2%	1.9%	5.2%
Clinton Co. Jail	169	97	73.9	2.4	1.1	5.2
Dearborn Co. Jail	235	125	64.4	1.8	0.8	4.3
Delaware Co. Justice Ctr.	292	100	47.1	1.8	0.7	4.6
Elkhart Co. Corr. Ctr.	941	275	79.2	3.6	2.1	6.1
Hamilton Co. Jail	301	137	67.4	1.5	0.6	3.8
Jackson Co. Jail	169	91	63.5	1.0	0.3	3.4
Marion Co. Jail II ⁱ	1,223	197	58.8	3.4	1.4	8.1
Marion Co. Jail Intake Fac.	225	62	43.3	7.7	3.4	16.3
Noble Co. Jail	156	105	82.3	0.9	0.3	2.3
Ripley Co. Jail	84	52	89.2	7.9	5.1	11.9
Tippecanoe Co. Jail	271	119	55.7	2.5	1.1	5.7
Iowa						
Des Moines Co. Jail	75	30	58.9%	2.1%	0.6%	7.1%
Scott Co. Jail and Annex	301	141	66.7	3.2	1.6	6.1
Kansas						
Finney Co. Jail	124	73	78.4%	4.0%	2.3%	6.9%
Wilson Co. Jail	85	36	73.8	5.6	1.7	16.5
Kentucky						
Big Sandy Regional Det. Ctr.	262	144	74.3%	1.3%	0.6%	3.2%
Boyle Co. Det. Ctr.	308	150	84.5	1.9	0.6	5.7
Daviess Co. Det. Ctr.	628	202	69.3	3.6	2.1	6.2
Grayson Co. Det. Ctr.	497	213	76.8	2.2	1.2	4.1
Kenton Co. Det. Ctr.	524	137	53.9	1.1	0.4	3.0
Lexington-Fayette Co. Jail Det. Division	1,113	191	53.5	4.3	2.2	7.9
Madison Co. Det. Ctr.	263	139	67.2	3.8	2.3	6.2
McCracken Co. Jail	448	183	79.4	3.1	1.8	5.4
Meade Co. Jail	137	83	80.5	1.3	0.5	3.6
Pulaski Co. Det. Ctr.	269	97	57.2	1.6	0.6	4.2
Woodford Co. Det. Ctr.	100	34	50.7	0.1	0.0	0.6
Louisiana						
Assumption Parish Det. Ctr.	91	65	82.8%	4.6%	2.7%	7.9%
Bossier Parish Max. Security Fac.	349	177	74.8	0.9	0.4	2.3
Bossier Parish Med. Security Fac.	441	190	73.5	2.3	1.2	4.4
Caddo Parish Corr. Ctr.	1,285	273	80.5	2.0	0.9	4.2
East Baton Rouge Parish Prison	1,779	220	60.4	2.3	1.0	5.1
Iberia Parish Jail	546	198	67.5	3.9	2.3	6.6
Lafayette Parish Jail	972	213	63.6	3.2	1.7	6.0
Livingston Parish Det. Ctr.	560	219	78.7	1.4	0.6	3.2
Rapides Parish Det. Ctr. III	414	207	85.7	1.9	1.0	3.6
St. Landry Parish Jail	273	114	59.7	0.7	0.2	2.5
St. Martin Parish Corr. Ctr. 1	179	78	60.1	3.8	1.8	8.1
Webster Parish Bayou Dorcheat Corr. Fac.	464	192	78.1	3.3	1.9	5.8
Maine						
Penobscot Co. Jail	178	61	51.0%	4.3%	1.6%	11.4%

APPENDIX TABLE 5 (continued)**Characteristics of jails and prevalence of sexual victimization, by facility, National Inmate Survey, 2011–12**

Facility name	Number of inmates in custody ^c	Respondents to sexual victimization survey ^d	Response rate ^e	Percent ^f	Inmates reporting sexual victimization ^a	
					95%-confidence interval ^b	
					Lower bound	Upper bound
Maryland						
Allegany Co. Det. Ctr.	170	46	36.1%	2.3%	0.5%	9.6%
Anne Arundel Co. Jennifer Road Det. Ctr.	553	106	38.0	0.9	0.2	4.4
Baltimore City Det. Ctr.	2,574	268	65.9	6.7	4.3	10.2
Montgomery Co. Corr. Fac.	649	186	62.8	2.7	1.3	5.5
Wicomico Co. Det. Ctr.	325	147	73.5	0.6	0.2	2.1
Massachusetts						
Hampden Co. Corr. Ctr.	1,095	236	68.9%	1.9%	0.7%	5.0%
Middlesex Co. Jail and House of Corr.	1,204	232	70.1	2.1	0.9	4.7
Plymouth Co. Corr. Fac.	1,365	182	49.8	2.0	0.8	4.7
Suffolk Co. House of Corr.	1,510	228	65.5	6.2	3.8	9.9
Suffolk Co. Nashua Street Jail	775	150	48.7	1.9	0.7	4.9
Worcester Co. Jail and House of Corr.	1,172	266	77.0	4.4	2.7	7.3
Michigan						
Berrien Co. Jail	503	213	79.7%	4.3%	2.9%	6.5%
Calhoun Co. Jail	547	167	46.8	5.1	2.7	9.6
Huron Co. Jail	52	29	70.2	0.0	0.0	12.1
Kalamazoo Co. Jail	355	164	71.9	5.7	3.7	8.7
Macomb Co. Jail	1,154	157	40.6	1.9	0.8	4.5
Oakland Co. East Annex	443	177	71.9	2.5	1.3	5.0
Oakland Co. Law Enforcement Complex	779	151	48.7	7.3	4.1	12.6
Ottawa Co. Jail	344	120	53.3	0.6	0.2	2.5
Wayne Co. Andrew C. Baird Det. Fac.	1,354	127	32.4	4.1	2.0	8.3
Wayne Co. William Dickerson Det. - Division III	996	175	54.2	0.4	0.1	2.1
Minnesota						
Anoka Co. Jail	220	95	58.7%	2.0%	0.9%	4.5%
Hennepin Co. Adult Det. Ctr.	793	156	51.7	1.5	0.6	3.8
Mille Lacs Co. Jail	70	35	64.9	1.8	0.6	5.5
Ramsey Co. Corr. Fac.	383	167	71.6	0.9	0.3	2.2
Mississippi						
Covington Co. Jail	35	11	44.4%	0.0%	0.0%	25.9%
Harrison Co. Adult Det. Ctr.	909	258	73.7	5.1	3.0	8.7
Hinds Co. Jackson Det. Ctr.	161	92	79.5	3.0	1.6	5.6
Hinds Co. Raymond Det. Ctr.	684	209	69.8	5.2	3.1	8.6
Holmes-Humphreys Co. Regional Corr. Fac.	359	147	64.6	2.5	1.1	5.6
Madison Co. Jail	325	146	65.7	3.2	1.7	5.9
Marshall Co. Jail	87	47	64.2	0.0	0.0	7.6
Pike Co. Jail	144	92	75.2	0.0	0.0	4.1
Missouri						
Boone Co. Jail	219	71	47.1%	4.0%	1.6%	9.9%
LaCleve Co. Jail	133	90	90.3	7.6	5.2	10.8
St. Charles Co. Jail	448	150	60.1	6.0	3.5	10.1
St. Louis Co. Jail	1,424	212	61.8	3.5	1.7	7.0
St. Louis Med. Security Inst.	837	224	57.6	6.7	4.2	10.4
Washington Co. Jail	41	20	59.0	3.3	0.9	11.3
Montana						
Cascade Co. Regional Jail	377	167	62.8%	5.2%	3.3%	8.3%
Hill Co. Jail	53	27	60.9	0.0	0.0	12.5
Missoula Co. Jail	350	155	67.7	2.5	1.3	4.9
Nebraska						
Douglas Co. Dept. of Corr.	1,517	207	55.5%	4.0%	1.9%	8.3%
Saline Co. Jail	93	63	73.0	4.0	1.9	8.1

APPENDIX TABLE 5 (continued)

Characteristics of jails and prevalence of sexual victimization, by facility, National Inmate Survey, 2011–12

Facility name	Number of inmates in custody ^c	Respondents to sexual victimization survey ^d	Response rate ^e	Percent ^f	Inmates reporting sexual victimization ^a	
					95%-confidence interval ^b	
					Lower bound	Upper bound
Nevada						
Clark Co. Det. Ctr.	3,967	240	55.6%	1.0%	0.3%	2.8%
Nye Co. Jail - Pahrump	44	14	43.9	0.0	0.0	21.5
Washoe Co. Det. Ctr.	1,100	210	62.1	3.2	1.6	6.4
New Hampshire						
Coos Co. Jail	36	19	63.9%	4.4%	1.2%	14.3%
Hillsborough Co. House of Corr.	618	132	38.3	6.0	3.3	10.6
New Jersey						
Bergen Co. Jail	785	238	79.1%	2.7%	1.5%	4.8%
Burlington Co. Min. Security Jail/Corr. and Work Release Ctr.	203	61	48.6	0.0	0.0	5.9
Essex Co. Corr. Fac.	2,620	174	34.1	2.2	0.9	4.9
Hudson Co. Corr. Fac.	2,068	279	57.4	2.0	0.9	4.1
Mercer Co. Corr. Ctr.	910	145	55.6	7.3	4.3	12.0
Middlesex Co. Adult Corr. Ctr.	1,111	256	75.5	1.3	0.5	2.9
Ocean Co. Justice Complex	643	149	67.5	2.0	0.8	5.1
Passaic Co. Jail	1,020	197	61.1	2.6	1.3	5.0
Salem Co. Corr. Fac.	359	115	51.4	2.5	1.0	5.7
New Mexico						
Dona Ana Co. Det. Ctr.	849	212	66.4%	4.8%	2.9%	7.9%
San Juan Co. Adult Det. Ctr.	693	140	45.1	3.0	1.3	6.9
Santa Fe Co. Adult Det. Fac. ⁱ	496	136	47.0	3.5	1.6	7.5
New York						
Albany Co. Corr. Fac.	702	193	60.6%	4.2%	2.4%	7.2%
Allegany Co. Jail	138	69	56.8	4.6	2.1	9.6
Broome Co. Jail	536	167	54.7	5.3	2.8	9.7
Dutchess Co. Jail	305	129	60.3	1.5	0.5	3.8
Erie Co. Corr. Fac.	892	205	61.3	4.3	2.3	7.7
Erie Co. Holding Fac.	850	71	38.5	4.5	0.9	19.6
Jefferson Co. Jail	186	78	52.9	5.2	2.5	10.5
New York City Anna M. Kross Ctr.	2,739	161	42.1	5.6	3.1	10.0
New York City George Motchan Det. Ctr.	1,424	220	57.0	5.3	3.2	8.8
New York City Otis Bantum Corr. Ctr.	1,780	175	43.6	6.2	3.3	11.1
New York City Robert N Davoren Complex	2,166	273	50.2	3.4	1.8	6.3
New York City Rose M. Singer Ctr. ⁹	1,004	215	63.4	8.6	5.8	12.6
Niagara Co. Jail	490	170	61.2	1.8	0.7	4.1
Oneida Co. Corr. Fac.	510	158	59.6	3.1	1.4	6.5
Orange Co. Corr. Fac.	611	199	62.6	1.9	0.9	4.2
Putnam Co. Corr. Fac.	129	68	63.4	1.1	0.3	3.7
Rockland Co. Corr. Ctr.	253	146	68.0	4.1	2.1	7.9
Schenectady Co. Jail	353	173	67.6	4.8	3.1	7.6
Seneca Co. Law Enforcement Ctr.	79	56	81.3	4.9	2.8	8.5
Ulster Co. Law Enforcement Ctr.	332	159	67.9	6.9	4.3	11.0
Washington Co. Corr. Fac.	102	63	72.9	0.0	0.0	5.8
Westchester Co. Jail	938	150	43.0	2.9	1.3	6.4
Westchester Co. Penitentiary - Dept. of Corr.	569	167	59.9	2.2	1.0	4.4

APPENDIX TABLE 5 (continued)

Characteristics of jails and prevalence of sexual victimization, by facility, National Inmate Survey, 2011–12

Facility name	Number of inmates in custody ^c	Respondents to sexual victimization survey ^d	Response rate ^e	Percent ^f	Inmates reporting sexual victimization ^a	
					95%-confidence interval ^b	
					Lower bound	Upper bound
North Carolina						
Buncombe Co. Det. Fac.	433	154	63.6%	1.9%	0.8%	4.3%
Cherokee Co. Jail	81	45	65.8	2.5	0.8	7.8
Durham Co. Jail	538	180	76.4	2.3	1.1	4.8
Edgecombe Co. Det. Ctr.	249	138	67.2	6.3	4.2	9.5
Forsyth Co. Adult Det. Ctr.	705	153	40.5	3.2	1.5	6.8
Granville Co. Det. Ctr.	83	35	52.1	6.5	2.3	17.1
Guilford Co. High Point Det. Fac.	329	162	57.8	1.1	0.4	2.7
Guilford Co. Prison Farm	60	36	66.1	0.0	0.0	9.6
Mecklenburg Co. Jail North	510	146	45.5	2.0	0.8	4.9
New Hanover Det. Fac.	415	155	60.1	1.9	0.8	4.3
Robeson Co. Jail	488	147	52.4	7.5	4.8	11.5
Scotland Co. Jail	187	93	58.2	5.4	3.1	9.3
Wake Co. John H. Baker, Jr. Public Safety Ctr.	1,380	200	57.1	4.2	1.9	8.8
North Dakota						
Burleigh Co. Det. Ctr.	151	82	75.2%	3.5%	1.9%	6.5%
Ohio						
Bedford Heights City Jail	143	35	34.7%	0.0%	0.0%	9.9%
Cuyahoga Co. Corr. Ctr.	2,321	315	72.3	2.4	1.3	4.4
Delaware Co. Jail	214	108	61.1	0.0	0.0	3.4
Franklin Co. Jail	628	155	53.4	4.1	2.1	7.9
Hamilton Co. Justice Ctr.	1,245	219	64.9	1.8	0.8	4.3
Hamilton Co. Reading Road Fac.	183	105	70.7	2.4	1.3	4.3
Lorain Co. Jail	432	174	66.4	2.2	1.1	4.3
Miami Co. Jail	125	68	73.8	0.0	0.0	5.3
Montgomery Co. Jail	942	202	59.2	1.3	0.5	3.3
Richland Co. Jail	226	130	75.8	2.9	1.7	4.7
Oklahoma						
Dewey Co. Jail	14	13	100.0%	0.0%	0.0%	22.8%
Kay Co. Jail	182	110	75.6	2.6	1.4	4.9
Nowata Co. Jail	53	24	63.8	2.4	0.7	8.3
Oregon						
Lane Co. Jail	489	171	72.9%	0.8%	0.3%	2.1%
Marion Co. Corr. Fac.	597	212	77.3	1.9	0.9	3.8
Washington Co. Jail	604	153	49.4	0.5	0.1	2.4
Yamhill Co. Corr. Fac.	235	127	77.8	4.7	2.8	7.7
Pennsylvania						
Allegheny Co. Jail	2,792	233	50.1%	3.0%	1.6%	5.6%
Blair Co. Prison	335	100	45.3	5.3	2.3	11.5
Fayette Co. Prison	310	97	39.3	4.9	2.6	9.1
Indiana Co. Jail	229	70	44.8	3.9	1.5	9.4
Luzerne Co. Corr. Fac.	727	181	52.2	3.0	1.6	5.7
Montgomery Co. Prison Corr. Fac.	1,838	236	66.4	3.7	2.0	6.6
Philadelphia City Alternative and Special Det. Fac.	768	173	55.0	0.8	0.3	2.5
Philadelphia City Curran/Fromhold Corr. Fac.	3,217	221	54.8	4.5	2.5	7.9
Philadelphia City Industrial Corr. Ctr.	1,052	241	68.7	9.5	6.4	13.7
Philadelphia City Riverside Corr. Fac. ^g	801	195	58.4	8.6	5.7	12.9
Schuylkill Co. Prison	292	136	74.3	2.7	1.4	5.0
Westmoreland Co. Prison	566	145	51.3	3.3	1.5	7.0
York Co. Prison	2,559	237	59.6	5.4	3.1	9.1

APPENDIX TABLE 5 (continued)

Characteristics of jails and prevalence of sexual victimization, by facility, National Inmate Survey, 2011–12

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					95%-confidence interval ^b	
					Lower bound	Upper bound
South Carolina						
Charleston Co. Det. Ctr.	1,450	213	55.7%	1.9%	0.9%	4.3%
Florence Co. Det. Ctr.	389	165	74.9	1.2	0.5	3.1
Lexington Co. Jail	781	193	59.9	1.6	0.6	4.0
Spartanburg Co. Det. Fac.	908	212	66.7	1.1	0.4	3.5
Sumter-Lee Regional Det. Ctr.	364	149	67.3	5.1	3.0	8.4
York Co. Det. Ctr.	397	133	48.7	2.1	0.8	5.3
South Dakota						
Pennington Co. Jail	399	154	68.0%	2.5%	1.2%	5.1%
Tennessee						
Lincoln Co. Jail	117	78	80.0%	3.0%	1.4%	6.1%
Madison Co. Jail	404	186	80.7	5.3	2.8	10.0
McMinn Co. Jail	248	161	78.4	3.4	2.2	5.2
Montgomery Co. Jail	542	122	45.8	0.7	0.2	3.3
Obion Co. Jail	154	98	75.0	0.0	0.0	3.8
Robertson Co. Det. Ctr.	398	171	71.7	2.8	1.5	5.3
Shelby Co. Corr. Ctr.	2,564	276	76.1	3.4	1.9	5.9
Shelby Co. Jail	2,715	286	72.6	1.8	0.8	3.7
Sumner Co. Jail	730	220	73.0	6.1	3.9	9.4
Tipton Co. Jail	137	74	64.6	1.5	0.5	5.0
Van Buren Co. Jail	30	15	77.8	0.0	0.0	20.4
Washington Co. Det. Ctr.	592	243	77.9	2.9	1.6	5.0
Texas						
Bexar Co. Adult Det. Ctr.	3,557	201	42.3%	5.1%	2.6%	9.5%
Bowie Co. Corr. Ctr.	643	174	55.9	2.5	1.2	5.5
Brazoria Co. Jail and Det. Ctr.	761	222	69.6	0.9	0.3	2.6
Brown Co. Jail	147	78	70.3	0.0	0.0	4.7
Cameron Co. Carrizales-Rucker Det. Ctr.	1,518	286	72.1	0.3	0.1	1.6
Dallas Co. Kays Det. Fac.	2,120	212	57.0	2.1	0.9	4.6
Denton Co. Det. Ctr.	1,176	274	76.1	2.4	1.2	4.8
Eastland Co. Jail	58	36	90.2	0.0	0.0	9.9
El Paso Co. Det. Fac. Annex	1,354	195	52.0	2.9	1.4	5.9
El Paso Co. Downtown Det. Fac.	1,014	173	55.4	3.0	1.2	7.6
Ellis Co. Wayne McCollum Det. Ctr.	428	186	75.3	3.6	2.2	5.9
Gregg Co. Jail	679	238	80.9	1.5	0.7	3.2
Harris Co. Jail - 1200 Baker Street Jail	4,602	276	58.3	7.6	4.5	12.5
Harris Co. Jail - 1307 Baker Street Jail	454	194	65.5	1.4	0.6	3.1
Harris Co. Jail - 701 North San Jacinto Street Jail ^h	4,441	296	61.7	3.2	1.7	6.0
Harris Co. Jail - 711 North San Jacinto Jail	127	64	58.8	1.5	0.4	4.9
Hays Co. Jail	318	93	43.5	3.9	1.6	9.4
Jefferson Co. Corr. Fac.	1,026	241	70.3	2.1	1.1	4.2
Johnson Co. Jail	361	178	83.5	5.2	3.4	7.9
Tarrant Co. Corr. Ctr.	1,933	182	60.6	2.9	1.3	6.3
Taylor Co. Jail	513	169	63.9	3.0	1.5	5.9
Titus Co. Jail	162	64	52.7	0.0	0.0	5.7
Travis Co. Corr. Fac.	2,346	121	22.8	2.7	0.9	7.6
Travis Co. Jail	345	25	19.0	0.0	0.0	13.3
Uvalde Co. Jail	50	17	42.6	3.6	0.9	14.1
Victoria Co. Jail	473	41	43.8	1.6	0.4	6.6
Washington Co. Jail	109	77	84.3	2.7	1.4	5.1
Webb Co. Jail	475	110	38.8	0.6	0.1	2.7
Utah						
Box Elder Co. Jail	51	40	87.8%	0.0%	0.0%	8.8%
Davis Co. Jail	652	170	54.4	4.8	2.7	8.4
Weber Co. Corr. Fac.	830	193	60.3	3.7	1.9	6.9

APPENDIX TABLE 5 (continued)

Characteristics of jails and prevalence of sexual victimization, by facility, National Inmate Survey, 2011–12

Facility name	Number of inmates in custody ^c	Respondents to sexual victimization survey ^d	Response rate ^e	Percent ^f	Inmates reporting sexual victimization ^a	
					95%-confidence interval ^b	
					Lower bound	Upper bound
Virginia						
Alexandria Det. Ctr.	470	119	47.8%	0.6%	0.1%	2.6%
Arlington Co. Det. Fac.	472	161	65.3	0.8	0.2	3.2
Bristol City Jail	157	101	79.2	0.8	0.3	2.3
Hampton Corr. Fac.	423	189	76.3	1.0	0.4	2.7
Henrico Co. Regional Jail West	593	177	64.1	2.7	1.4	5.2
Mecklenburg Co. Jail	123	67	77.2	0.0	0.0	5.4
Montgomery Co. Jail	108	60	84.6	0.0	0.0	6.0
Newport News City Jail	525	197	73.7	3.5	2.0	6.0
Piedmont Regional Jail	611	188	64.9	2.3	1.1	4.7
Rappahannock Regional Jail	1,878	266	75.6	4.5	2.7	7.3
Richmond City Jail	1,429	230	68.8	3.4	1.9	6.3
Riverside Regional Jail	1,391	256	75.2	4.9	3.0	8.0
Virginia Beach Municipal Corr. Ctr.	1,518	268	73.6	2.4	1.3	4.6
Washington						
Benton Co. Jail	820	153	54.7%	2.3%	0.9%	6.0%
Cowlitz Co. Jail	359	173	79.3	1.7	0.8	3.6
King Co. Regional Justice Ctr.	791	179	53.7	1.3	0.5	3.5
Snohomish Co. Jail	1,385	230	64.3	1.0	0.3	3.1
Sunnyside City Jail	55	17	51.4	0.0	0.0	18.4
Whatcom Co. Jail	364	154	65.1	2.9	1.5	5.6
Yakima City Jail	76	39	65.2	1.8	0.5	5.9
West Virginia						
Eastern Regional Jail	470	130	50.7%	6.5%	3.7%	11.2%
South Central Regional Jail	622	102	37.8	5.9	3.0	11.2
Western Regional Jail	658	215	68.0	4.8	3.0	7.7
Wisconsin						
Brown Co. Jail	470	167	62.4%	4.1%	2.2%	7.8%
Columbia Co. Jail	101	40	50.0	4.1	1.6	10.4
Milwaukee Co. Corr. Fac. South	1,701	207	55.8	4.2	2.3	7.5
Oconto Co. Jail	50	18	45.0	0.0	0.0	18.4
Rock Co. Jail	661	164	60.9	3.3	1.7	6.4
Walworth Co. Jail	188	100	73.3	2.5	1.3	5.0
Washington Co. Jail	110	67	68.3	4.5	2.4	8.6
Wood Co. Jail	69	26	69.0	0.0	0.0	12.9
Wyoming						
Lincoln Co. Jail	23	11	81.3%	0.0%	0.0%	25.9%

^aIncludes all types of sexual victimization, including oral, anal, or vaginal penetration, hand jobs, touching of the inmate's butt, thighs, penis, breasts, or vagina in a sexual way, and other sexual acts occurring in the past 12 months or since admission to the facility, if shorter.

^bIndicates that different samples in the same facility would yield prevalence rates falling between the lower and upper bound estimates 95 out of 100 times.

^cNumber of inmates in the facility on the day of the roster plus any new inmates admitted prior to the first day of data collection.

^dNumber of respondents consenting to the sexual victimization survey on NIS. (See *Methodology*.)

^eResponse rate is equal to the number of respondents divided by the number of eligible inmates sampled times 100 percent.

^fWeights were applied so that inmates who responded accurately reflected the entire population of each facility on select characteristics, including age, sex, race, sentence length, and time served. (See *Methodology*.)

^gFemale facility.

^hFacility housed both males and females; only males were sampled at this facility.

ⁱPrivately operated facility.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

APPENDIX TABLE 6**Percent of jail inmates reporting victimization, by type of incident and facility, National Inmate Survey, 2011–12**

Facility name	Inmate-on-inmate ^a			Staff sexual misconduct ^a		
	Percent victimized ^c	95%-confidence interval ^b		Percent victimized ^c	95%-confidence interval ^b	
		Lower bound	Upper bound		Lower bound	Upper bound
Total	1.6%	1.4%	1.9%	1.8%	1.7%	2.0%
Alabama						
Barbour Co. Jail	2.3%	0.7%	7.5%	0.0%	0.0%	7.6%
Dallas Co. Jail	1.5	0.7	3.5	0.0	0.0	3.3
Lee Co. W.S. Buck Jones Det. Ctr.	2.4	1.3	4.6	1.0	0.4	2.5
Marshall Co. Jail	2.5	1.3	4.9	3.4	1.9	6.0
Tuscaloosa Co. Jail	0.8	0.3	2.3	2.7	1.4	4.9
Arizona						
Maricopa Co. Estrella Jail ^d	3.7%	2.0%	6.8%	0.3%	0.1%	1.5%
Maricopa Co. Fourth Avenue Jail	0.6	0.1	3.2	0.9	0.3	3.2
Maricopa Co. Towers Jail	1.1	0.3	3.7	4.3	2.2	8.1
Mariopa Co. Lower Buckeye Jail	2.4	1.1	4.9	2.8	1.3	5.9
Santa Cruz Co. Jail	0.0	0.0	6.9	0.0	0.0	6.9
Yuma Co. Det. Ctr.	0.6	0.1	2.9	1.4	0.5	4.2
Arkansas						
Crittenden Co. Jail	3.5%	1.9%	6.4%	2.8%	1.4%	5.7%
Mississippi Co. Det. Ctr.	0.0	0.0	4.3	0.8	0.3	2.8
Pope Co. Det. Ctr.	3.6	1.2	10.3	2.3	0.5	9.6
Pulaski Co. Regional Det. Ctr.	3.5	1.3	9.1	2.5	1.1	5.4
Sebastian Co. Adult Det. Ctr.	0.5	0.1	2.0	0.6	0.1	2.0
California						
Alameda Co. Santa Rita Jail	1.2%	0.5%	3.0%	2.0%	1.0%	4.3%
Contra Costa Co. Martinez Det. Fac.	2.0	0.8	5.1	5.9	3.2	10.4
Fresno Co. Downtown Det. Fac. - Main, North and South	1.6	0.7	4.0	1.9	0.8	4.6
Imperial Co. Jail	0.4	0.1	1.2	0.6	0.1	2.6
Kern Co. Lerdo Pre-Trial Fac.	2.5	1.0	6.1	1.7	0.6	5.1
Los Angeles Co. - Twin Towers Corr. Fac.	4.9	2.6	9.1	4.4	2.3	8.5
Los Angeles Co. Men's Central Jail	4.2	2.1	8.0	3.3	1.6	6.6
Los Angeles Co. North County Corr. Fac.	1.8	0.6	5.2	2.4	0.9	6.0
Napa Co. Jail	2.3	1.0	5.4	2.5	1.1	5.7
Orange Co. Central Jail Complex	1.4	0.4	4.7	0.7	0.1	3.8
Orange Co. Theo Lacy Fac.	3.2	1.4	6.8	1.5	0.5	4.4
Riverside Co. Indio Jail	2.8	1.3	5.8	0.6	0.2	2.5
Riverside Co. Larry D. Smith Corr. Ctr.	4.0	2.1	7.5	2.0	0.8	4.8
Riverside Co. Southwest Det. Ctr. ^e	0.0	0.0	2.5	0.6	0.1	3.0
Sacramento Co. Rio Cosumnes Corr. Ctr.	2.6	1.3	5.1	2.6	1.3	5.1
San Diego Co. East Mesa Med. Fac.	1.2	0.3	4.7	1.1	0.4	3.1
San Diego Co. George F. Bailey Det. Fac.	4.1	1.9	8.4	1.7	0.6	4.6
San Diego Co. Vista Det. Fac.	1.6	0.6	4.3	2.6	1.3	5.2
San Francisco Co. Jail Number 3	2.4	0.8	7.3	1.6	0.3	7.0
Santa Clara Co. Elmwood Fac. - Min. and Med.	1.3	0.5	3.6	1.1	0.3	3.7
Santa Clara Co. Main Jail	3.5	1.5	7.9	6.2	3.0	12.5
Santa Clara Co. Women's Corr. Ctr. ^d	1.4	0.5	4.2	0.7	0.2	3.1
Solano Co. Justice Ctr. Det. Fac.	2.4	1.2	4.9	3.7	2.1	6.7
Tulare Co. Jail	0.0	0.0	2.0	1.0	0.3	3.8
Ventura Co. Jail	0.9	0.3	2.7	1.9	0.8	4.2
Yolo Co. Leinberger Ctr.	2.1	0.7	6.0	0.0	0.0	8.0
Yuba Co. Jail	1.5	0.5	3.9	1.2	0.4	3.2
Colorado						
Chaffee Co. Jail	0.0%	0.0%	10.4%	0.0%	0.0%	10.4%
Denver Co. Jail	2.9	1.6	5.4	1.1	0.5	2.8
Denver Co. Van Cise-Simonet Det. Ctr.	0.5	0.1	2.5	1.6	0.5	5.1
Douglas Co. Jail	0.0	0.0	2.9	2.8	1.4	5.8
Fremont Co. Jail	3.0	1.6	5.7	0.8	0.2	2.5
Jefferson Co. Jail	0.0	0.0	1.8	0.0	0.0	1.8
Park Co. Jail	0.0	0.0	6.4	0.0	0.0	6.4

APPENDIX TABLE 6 (continued)

Percent of jail inmates reporting victimization, by type of incident and facility, National Inmate Survey, 2011–12

Facility name	Inmate-on-inmate ^a			Staff sexual misconduct ^a		
	Percent victimized ^c	95%-confidence interval ^b		Percent victimized ^c	95%-confidence interval ^b	
		Lower bound	Upper bound		Lower bound	Upper bound
Florida						
Collier Co. Jail	2.4%	1.1%	5.5%	2.6%	1.0%	6.8%
Dixie Co. Jail	4.9	2.1	10.8	5.7	2.5	12.6
Escambia Co. Jail	2.0	0.9	4.5	0.5	0.1	2.3
Jacksonville City Montgomery Corr. Ctr.	1.3	0.4	3.6	1.6	0.7	3.6
Lake Co. Jail	0.3	0.1	1.7	2.5	0.6	9.4
Lee Co. Community Programs Unit	2.4	1.1	5.0	1.6	0.7	4.1
Leon Co. Det. Fac.	2.0	1.0	4.3	3.7	2.0	6.5
Manatee Co. Jail	3.4	1.8	6.4	2.3	1.1	4.8
Martin Co. Jail	1.1	0.4	3.4	2.6	1.2	5.8
Miami-Dade Co. Boot Camp	0.0	0.0	7.4	0.0	0.0	7.4
Miami-Dade Co. Metro West Det. Ctr.	1.0	0.3	3.4	1.6	0.7	3.5
Miami-Dade Co. Training and Treatment Ctr.	0.0	0.0	2.2	1.0	0.3	3.2
Miami-Dade Co. Turner Guilford Knight Corr. Ctr.	1.0	0.3	3.0	0.0	0.0	2.3
Okeechobee Co. Jail	0.0	0.0	3.7	1.1	0.3	3.9
Orange Co. 33rd Street Corr. Ctr.	1.3	0.4	3.7	2.2	0.9	5.3
Orange Co. Booking and Release Ctr.	1.0	0.2	3.9	2.9	1.2	6.8
Osceola Co. Jail	0.9	0.3	3.1	0.7	0.1	3.0
Palm Beach Co. Stockade	1.3	0.4	4.3	1.6	0.6	4.2
Pinellas Co. Central Division Fac.	2.4	0.9	6.4	1.0	0.2	4.8
Pinellas Co. South Division	2.0	0.7	5.4	1.3	0.4	4.1
Polk Co. - South Co. Jail	2.3	1.1	5.0	3.7	2.0	6.8
Sarasota North Co. Jail	0.0	0.0	1.9	0.0	0.0	1.9
Suwanee Co. Jail	0.9	0.3	3.0	0.0	0.0	4.5
Taylor Co. Jail	0.0	0.0	13.3	0.0	0.0	13.3
Georgia						
Candler Co. Jail	0.0%	0.0%	12.5%	0.0%	0.0%	12.5%
Carroll Co. Prison	0.0	0.0	2.5	2.7	1.6	4.3
Clayton Co. Jail	2.3	1.1	4.7	3.3	1.7	6.1
Dekalb Co. Jail	2.0	0.9	4.5	1.9	0.9	4.0
Douglas Co. Jail	2.3	1.2	4.3	0.5	0.1	2.2
Floyd Co. Jail	2.4	1.3	4.6	1.2	0.5	2.8
Floyd Co. Prison	0.6	0.2	2.0	2.2	1.2	4.3
Fulton Co. Jail	3.3	1.5	7.4	1.6	0.5	4.5
Gwinnett Co. Det. Ctr.	0.8	0.2	2.6	0.0	0.0	1.5
Hall Co. Det. Ctr.	3.0	1.5	6.0	0.0	0.0	2.0
Houston Co. Jail	2.2	1.1	4.7	6.0	3.7	9.6
Irwin Co. Jail	0.0	0.0	2.0	1.1	0.4	2.9
Murray County Jail	2.4	1.1	5.3	0.8	0.3	2.5
Newton Co. Jail	2.2	1.1	4.4	1.5	0.6	4.0
Screven Co. Jail	1.4	0.6	3.5	2.4	1.3	4.7
South Fulton Municipal Regional Jail	0.0	0.0	8.2	4.7	1.6	12.8
Spalding Co. Jail	1.8	0.7	4.5	3.3	1.4	7.2
Troup Co. Jail	2.2	1.0	4.4	0.0	0.0	2.2
Upson Co. Jail	1.7	0.8	3.4	1.9	0.9	3.7
Ware Co. Jail	1.7	0.9	3.4	0.8	0.3	2.0
Wilkinson Co. Jail	6.5	1.9	20.0	0.0	0.0	16.8
Idaho						
Bannock Co. Jail	0.0%	0.0%	3.3%	3.0%	1.3%	6.8%

APPENDIX TABLE 6 (continued)

Percent of jail inmates reporting victimization, by type of incident and facility, National Inmate Survey, 2011–12

Facility name	Inmate-on-inmate ^a			Staff sexual misconduct ^a		
	Percent victimized ^c	95%-confidence interval ^b		Percent victimized ^c	95%-confidence interval ^b	
		Lower bound	Upper bound		Lower bound	Upper bound
Illinois						
Champaign Co. Satellite Jail ^e	0.0%	0.0%	6.4%	2.0%	0.5%	8.4%
Cook Co. - Division 1	0.7	0.2	2.1	4.0	2.4	6.5
Cook Co. - Division 11	5.5	3.5	8.4	3.3	1.8	5.7
Cook Co. - Division 2	2.5	1.1	5.4	4.2	2.3	7.5
Cook Co. - Division 5	0.9	0.3	2.7	2.6	1.3	5.1
Cook Co. - Division 6	1.1	0.4	2.7	1.5	0.7	3.3
Kane Co. Adult Justice Ctr.	1.5	0.6	3.8	2.1	0.8	5.1
Kankakee Co. Jerome Combs Det. Ctr.	1.6	0.7	3.8	2.6	1.5	4.7
Kendall Co. Jail	2.6	1.1	5.9	2.5	1.1	5.8
McHenry Co. Jail	0.5	0.1	2.2	0.6	0.1	2.6
Sangamon Co. Jail	2.4	1.3	4.2	2.0	1.1	3.5
Indiana						
Bartholomew Co. Jail	3.2%	1.9%	5.2%	0.8%	0.3%	2.0%
Clinton Co. Jail	1.6	0.5	4.4	0.8	0.3	2.4
Dearborn Co. Jail	0.7	0.2	2.4	1.1	0.3	3.5
Delaware Co. Justice Ctr.	0.2	0.0	0.7	1.7	0.6	4.5
Elkhart Co. Corr. Ctr.	1.7	0.7	3.8	1.9	1.0	3.7
Hamilton Co. Jail	1.5	0.6	3.8	0.9	0.3	3.3
Jackson Co. Jail	1.0	0.3	3.4	0.0	0.0	4.1
Marion Co. Jail II ^f	0.5	0.1	2.5	2.9	1.0	7.7
Marion Co. Jail Intake Fac.	0.0	0.0	5.8	7.7	3.4	16.3
Noble Co. Jail	0.0	0.0	3.5	0.9	0.3	2.3
Ripley Co. Jail	7.9	5.1	11.9	2.0	0.8	4.5
Tippecanoe Co. Jail	2.5	1.1	5.7	0.0	0.0	3.2
Iowa						
Des Moines Co. Jail	0.0%	0.0%	11.4%	2.1%	0.6%	7.1%
Scott Co. Jail and Annex	0.0	0.0	2.7	3.2	1.6	6.1
Kansas						
Finney Co. Jail	1.0%	0.3%	2.9%	3.0%	1.6%	5.7%
Wilson Co. Jail	0.0	0.0	9.6	5.6	1.7	16.5
Kentucky						
Big Sandy Regional Det. Ctr.	1.3%	0.6%	3.2%	0.0%	0.0%	2.6%
Boyle Co. Det. Ctr.	1.9	0.6	5.7	0.0	0.0	2.5
Daviess Co. Det. Ctr.	2.1	1.1	4.2	1.9	0.9	4.1
Grayson Co. Det. Ctr.	0.9	0.3	2.4	1.3	0.6	2.9
Kenton Co. Det. Ctr.	1.1	0.4	3.0	0.1	0.0	0.6
Lexington-Fayette Co. Jail Det. Division	3.1	1.4	6.6	3.3	1.6	6.7
Madison Co. Det. Ctr.	2.1	1.1	4.2	1.7	0.8	3.5
McCracken Co. Jail	1.5	0.7	3.2	1.6	0.8	3.5
Meade Co. Jail	1.3	0.5	3.6	1.3	0.5	3.6
Pulaski Co. Det. Ctr.	1.6	0.6	4.2	0.8	0.2	2.9
Woodford Co. Det. Ctr.	0.1	0.0	0.6	0.0	0.0	10.2
Louisiana						
Assumption Parish Det. Ctr.	3.1%	1.6%	6.0%	1.5%	0.6%	3.9%
Bossier Parish Max. Security Fac.	0.9	0.4	2.3	0.0	0.0	2.2
Bossier Parish Med. Security Fac.	1.4	0.6	3.1	1.5	0.7	3.4
Caddo Parish Corr. Ctr.	1.1	0.4	3.0	1.1	0.4	3.0
East Baton Rouge Parish Prison	2.3	1.0	5.1	0.6	0.1	3.1
Iberia Parish Jail	2.4	1.2	4.7	2.5	1.3	4.9
Lafayette Parish Jail	1.8	0.8	4.1	2.4	1.1	4.9
Livingston Parish Det. Ctr.	1.0	0.4	2.7	0.4	0.1	1.5
Rapides Parish Det. Ctr. III	1.4	0.7	3.0	0.5	0.1	1.6
St. Landry Parish Jail	0.7	0.2	2.5	0.7	0.2	2.5
St. Martin Parish Corr. Ctr. 1	1.3	0.4	4.6	2.6	1.0	6.4
Webster Parish Bayou Dorcheat Corr. Fac.	1.8	0.9	3.6	2.1	1.0	4.5

APPENDIX TABLE 6 (continued)**Percent of jail inmates reporting victimization, by type of incident and facility, National Inmate Survey, 2011–12**

Facility name	Inmate-on-inmate ^a			Staff sexual misconduct ^a		
	Percent victimized ^c	95%-confidence interval ^b		Percent victimized ^c	95%-confidence interval ^b	
		Lower bound	Upper bound		Lower bound	Upper bound
Maine						
Penobscot Co. Jail	0.0%	0.0%	5.9%	4.3%	1.6%	11.4%
Maryland						
Allegany Co. Det. Ctr.	2.3%	0.5%	9.6%	0.0%	0.0%	7.7%
Anne Arundel Co. Jennifer Road Det. Ctr.	0.0	0.0	3.6	0.9	0.2	4.4
Baltimore City Det. Ctr.	0.7	0.2	2.4	6.7	4.3	10.2
Montgomery Co. Corr. Fac.	1.8	0.7	4.5	1.6	0.6	4.1
Wicomico Co. Det. Ctr.	0.6	0.2	2.1	0.0	0.0	2.5
Massachusetts						
Hampden Co. Corr. Ctr.	0.0%	0.0%	1.7%	1.9%	0.7%	5.0%
Middlesex Co. Jail and House of Corr.	1.5	0.5	4.0	0.6	0.2	2.1
Plymouth Co. Corr. Fac.	0.6	0.1	2.9	2.0	0.8	4.7
Suffolk Co. House of Corr.	4.1	2.2	7.6	3.5	1.9	6.6
Suffolk Co. Nashua Street Jail	0.6	0.1	2.7	1.3	0.4	4.2
Worcester Co. Jail and House of Corr.	1.9	0.9	4.0	2.9	1.5	5.5
Michigan						
Berrien Co. Jail	0.9%	0.4%	2.3%	3.4%	2.1%	5.3%
Calhoun Co. Jail	2.7	1.1	6.5	3.5	1.7	7.3
Huron Co. Jail	0.0	0.0	12.1	0.0	0.0	12.1
Kalamazoo Co. Jail	3.6	2.0	6.5	3.5	2.0	5.8
Macomb Co. Jail	1.1	0.3	3.6	1.2	0.4	3.3
Oakland Co. East Annex	1.9	0.9	4.2	1.2	0.5	3.2
Oakland Co. Law Enforcement Complex	3.0	1.4	6.5	5.9	3.0	11.1
Ottawa Co. Jail	0.0	0.0	3.1	0.6	0.2	2.5
Wayne Co. Andrew C. Baird Det. Fac.	4.1	2.0	8.3	0.5	0.1	2.5
Wayne Co. William Dickerson Det. - Division III	0.0	0.0	2.2	0.4	0.1	2.1
Minnesota						
Anoka Co. Jail	1.5%	0.6%	3.9%	1.1%	0.4%	2.8%
Hennepin Co. Adult Det. Ctr.	0.9	0.3	2.8	0.6	0.1	2.7
Mille Lacs Co. Jail	0.0	0.0	9.9	1.8	0.6	5.5
Ramsey Co. Corr. Fac.	0.0	0.0	2.2	0.9	0.3	2.2
Mississippi						
Covington Co. Jail	0.0%	0.0%	25.9%	0.0%	0.0%	25.9%
Harrison Co. Adult Det. Ctr.	0.7	0.2	1.9	4.4	2.4	8.0
Hinds Co. Jackson Det. Ctr.	0.5	0.2	1.5	2.4	1.2	5.0
Hinds Co. Raymond Det. Ctr.	2.5	1.1	5.5	3.6	1.9	6.8
Holmes-Humphreys Co. Regional Corr. Fac.	1.0	0.2	3.6	1.5	0.6	4.1
Madison Co. Jail	0.0	0.0	2.7	3.2	1.7	5.9
Marshall Co. Jail	0.0	0.0	7.6	0.0	0.0	7.6
Pike Co. Jail	0.0	0.0	4.1	0.0	0.0	4.1
Missouri						
Boone Co. Jail	3.1%	1.0%	9.2%	0.9%	0.2%	3.5%
LaClede Co. Jail	3.1	1.8	5.3	4.5	2.7	7.3
St. Charles Co. Jail	2.0	0.8	4.7	4.5	2.4	8.3
St. Louis Co. Jail	1.2	0.4	3.2	2.4	0.9	5.7
St. Louis Med. Security Inst.	0.8	0.3	2.3	6.3	3.9	10.0
Washington Co. Jail	3.3	0.9	11.3	0.0	0.0	16.1
Montana						
Cascade Co. Regional Jail	3.3%	1.9%	5.8%	3.6%	2.0%	6.3%
Hill Co. Jail	0.0	0.0	12.5	0.0	0.0	12.5
Missoula Co. Jail	1.8	0.8	4.0	1.4	0.5	3.5
Nebraska						
Douglas Co. Dept. of Corr.	0.7%	0.1%	3.6%	3.3%	1.4%	7.4%
Saline Co. Jail	1.6	0.6	4.5	2.3	0.9	6.2

APPENDIX TABLE 6 (continued)

Percent of jail inmates reporting victimization, by type of incident and facility, National Inmate Survey, 2011–12

Facility name	Inmate-on-inmate ^a			Staff sexual misconduct ^a		
	Percent victimized ^c	95%-confidence interval ^b		Percent victimized ^c	95%-confidence interval ^b	
		Lower bound	Upper bound		Lower bound	Upper bound
Nevada						
Clark Co. Det. Ctr.	0.6%	0.2%	1.9%	0.4%	0.1%	2.2%
Nye Co. Jail - Pahrump	0.0	0.0	21.5	0.0	0.0	21.5
Washoe Co. Det. Ctr.	1.1	0.3	3.5	2.1	0.9	4.9
New Hampshire						
Coos Co. Jail	0.0%	0.0%	16.8%	4.4%	1.2%	14.3%
Hillsborough Co. House of Corr.	4.1	1.9	8.5	3.3	1.6	6.6
New Jersey						
Bergen Co. Jail	1.6%	0.7%	3.3%	1.5%	0.7%	3.2%
Burlington Co. Min. Security Jail/Corr. and Work Release Ctr.	0.0	0.0	5.9	0.0	0.0	5.9
Essex Co. Corr. Fac.	0.8	0.2	2.8	1.7	0.7	4.2
Hudson Co. Corr. Fac.	1.0	0.4	2.7	1.7	0.8	3.8
Mercer Co. Corr. Ctr.	4.1	2.0	8.2	5.1	2.8	9.2
Middlesex Co. Adult Corr. Ctr.	1.0	0.4	2.5	0.7	0.2	2.2
Ocean Co. Justice Complex	1.2	0.4	3.7	0.8	0.2	3.6
Passaic Co. Jail	1.6	0.7	3.8	2.6	1.3	5.0
Salem Co. Corr. Fac.	0.7	0.2	3.0	1.7	0.6	4.8
New Mexico						
Dona Ana Co. Det. Ctr.	3.0%	1.7%	5.4%	2.5%	1.2%	5.3%
San Juan Co. Adult Det. Ctr.	3.0	1.3	6.9	1.8	0.6	5.5
Santa Fe Co. Adult Det. Fac. ^f	2.3	1.0	5.3	1.8	0.6	5.5
New York						
Albany Co. Corr. Fac.	2.7%	1.4%	5.2%	2.4%	1.2%	5.0%
Allegany Co. Jail	3.0	1.2	7.5	1.5	0.4	5.3
Broome Co. Jail	2.9	1.3	6.5	3.4	1.5	7.6
Dutchess Co. Jail	0.7	0.2	2.7	1.4	0.5	3.8
Erie Co. Corr. Fac.	0.4	0.1	2.0	3.9	2.0	7.2
Erie Co. Holding Fac.	0.0	0.0	5.3	4.5	0.9	19.6
Jefferson Co. Jail	1.0	0.3	3.9	4.2	1.8	9.4
New York City Anna M. Kross Ctr.	2.4	1.0	6.0	3.7	1.8	7.4
New York City George Motchan Det. Ctr.	1.4	0.5	3.6	4.0	2.2	7.1
New York City Otis Bantum Corr. Ctr.	0.6	0.1	3.0	5.6	2.9	10.5
New York City Robert N Davoren Complex	0.3	0.1	1.8	3.1	1.6	5.8
New York City Rose M. Singer Ctr. ^d	5.0	2.9	8.4	5.9	3.7	9.4
Niagara Co. Jail	0.7	0.2	2.8	1.1	0.4	3.0
Oneida Co. Corr. Fac.	0.0	0.0	2.5	3.0	1.4	6.5
Orange Co. Corr. Fac.	1.4	0.6	3.5	1.4	0.6	3.4
Putnam Co. Corr. Fac.	0.0	0.0	5.4	1.1	0.3	3.7
Rockland Co. Corr. Ctr.	2.1	0.7	6.5	2.0	1.1	3.6
Schenectady Co. Jail	4.4	2.7	7.0	2.9	1.7	5.0
Seneca Co. Law Enforcement Ctr.	3.6	1.8	7.0	3.3	1.6	6.6
Ulster Co. Law Enforcement Ctr.	1.5	0.7	3.5	6.1	3.6	10.2
Washington Co. Corr. Fac.	0.0	0.0	5.8	0.0	0.0	5.8
Westchester Co. Jail	0.5	0.1	2.3	2.5	1.0	5.9
Westchester Co. Penitentiary - Dept. of Corr.	0.9	0.3	2.5	1.3	0.5	3.3
North Carolina						
Buncombe Co. Det. Fac.	0.7%	0.2%	2.5%	1.3%	0.5%	3.4%
Cherokee Co. Jail	0.0	0.0	7.9	2.5	0.8	7.8
Durham Co. Jail	0.7	0.2	2.7	1.6	0.7	3.7
Edgecombe Co. Det. Ctr.	2.6	1.4	4.8	3.8	2.2	6.5
Forsyth Co. Adult Det. Ctr.	1.2	0.3	3.8	2.9	1.2	6.5
Granville Co. Det. Ctr.	0.4	0.1	1.7	6.0	2.0	16.9
Guilford Co. High Point Det. Fac.	0.0	0.0	2.4	1.1	0.4	2.7
Guilford Co. Prison Farm	0.0	0.0	9.6	0.0	0.0	9.6

APPENDIX TABLE 6 (continued)**Percent of jail inmates reporting victimization, by type of incident and facility, National Inmate Survey, 2011–12**

Facility name	Inmate-on-inmate ^a			Staff sexual misconduct ^a		
	Percent victimized ^c	95%-confidence interval ^b		Percent victimized ^c	95%-confidence interval ^b	
		Lower bound	Upper bound		Lower bound	Upper bound
Mecklenburg Co. Jail North	0.6%	0.1%	2.4%	2.0%	0.8%	4.9%
New Hanover Det. Fac.	0.6	0.2	2.6	1.2	0.4	3.4
Robeson Co. Jail	2.4	1.1	5.0	5.2	3.0	8.7
Scotland Co. Jail	1.0	0.3	3.5	4.4	2.4	8.1
Wake Co. John H. Baker, Jr. Public Safety Ctr.	3.4	1.4	8.1	1.4	0.5	3.7
North Dakota						
Burleigh Co. Det. Ctr.	0.0%	0.0%	4.5%	3.5%	1.9%	6.5%
Ohio						
Bedford Heights City Jail	0.0%	0.0%	9.9%	0.0%	0.0%	9.9%
Cuyahoga Co. Corr. Ctr.	1.2	0.5	2.8	1.2	0.5	2.9
Delaware Co. Jail	0.0	0.0	3.4	0.0	0.0	3.4
Franklin Co. Jail	3.1	1.5	6.4	1.0	0.2	4.3
Hamilton Co. Justice Ctr.	0.0	0.0	1.8	1.8	0.8	4.3
Hamilton Co. Reading Road Fac.	2.1	1.1	4.0	0.3	0.1	0.9
Lorain Co. Jail	1.1	0.4	2.9	1.1	0.4	2.8
Miami Co. Jail	0.0	0.0	5.3	0.0	0.0	5.3
Montgomery Co. Jail	0.4	0.1	2.0	0.9	0.3	2.7
Richland Co. Jail	1.4	0.7	2.9	1.4	0.7	2.9
Oklahoma						
Dewey Co. Jail	0.0%	0.0%	22.8%	0.0%	0.0%	22.8%
Kay Co. Jail	1.7	0.8	3.7	0.9	0.3	2.5
Nowata Co. Jail	0.0	0.0	13.8	2.4	0.7	8.3
Oregon						
Lane Co. Jail	0.5%	0.1%	1.9%	0.8%	0.3%	2.1%
Marion Co. Corr. Fac.	0.5	0.1	1.8	1.4	0.6	3.2
Washington Co. Jail	0.0	0.0	2.5	0.5	0.1	2.4
Yamhill Co. Corr. Fac.	4.3	2.5	7.4	0.4	0.1	1.0
Pennsylvania						
Allegheny Co. Jail	2.0%	0.9%	4.3%	1.5%	0.6%	3.7%
Blair Co. Prison	3.5	1.2	10.1	1.7	0.6	4.9
Fayette Co. Prison	2.6	1.0	6.1	3.9	1.9	7.7
Indiana Co. Jail	3.9	1.5	9.4	0.0	0.0	5.2
Luzerne Co. Corr. Fac.	2.4	1.2	4.9	0.6	0.1	2.5
Montgomery Co. Prison Corr. Fac.	1.4	0.6	3.4	2.6	1.3	5.3
Philadelphia City Alternative and Special Det. Fac.	0.0	0.0	2.2	0.8	0.3	2.5
Philadelphia City Curran/Fromhold Corr. Fac.	1.2	0.4	3.9	3.4	1.8	6.5
Philadelphia City Industrial Corr. Ctr.	3.5	1.8	6.6	6.3	3.9	10.0
Philadelphia City Riverside Corr. Fac. ^d	6.7	4.2	10.7	3.7	2.0	6.8
Schuykill Co. Prison	1.0	0.3	3.2	2.7	1.4	5.0
Westmoreland Co. Prison	2.1	0.8	5.1	2.2	0.8	6.1
York Co. Prison	3.5	1.8	6.8	1.8	0.8	4.4
South Carolina						
Charleston Co. Det. Ctr.	0.7%	0.2%	2.3%	1.7%	0.7%	4.0%
Florence Co. Det. Ctr.	0.0	0.0	2.3	1.2	0.5	3.1
Lexington Co. Jail	1.1	0.3	3.2	0.6	0.1	2.5
Spartanburg Co. Det. Fac.	0.0	0.0	1.8	1.1	0.4	3.5
Sumter-Lee Regional Det. Ctr.	0.4	0.1	1.5	4.7	2.7	8.0
York Co. Det. Ctr.	0.0	0.0	2.9	2.1	0.8	5.3
South Dakota						
Pennington Co. Jail	2.0%	0.9%	4.6%	0.9%	0.3%	2.4%

APPENDIX TABLE 6 (continued)

Percent of jail inmates reporting victimization, by type of incident and facility, National Inmate Survey, 2011–12

Facility name	Inmate-on-inmate ^a			Staff sexual misconduct ^a		
	Percent victimized ^c	95%-confidence interval ^b		Percent victimized ^c	95%-confidence interval ^b	
		Lower bound	Upper bound		Lower bound	Upper bound
Tennessee						
Lincoln Co. Jail	3.0%	1.4%	6.1%	1.3%	0.5%	3.6%
Madison Co. Jail	1.5	0.7	3.3	4.4	2.1	9.3
McMinn Co. Jail	2.8	1.8	4.5	1.0	0.5	2.1
Montgomery Co. Jail	0.0	0.0	3.1	0.7	0.2	3.3
Obion Co. Jail	0.0	0.0	3.8	0.0	0.0	3.8
Robertson Co. Det. Ctr.	1.1	0.4	2.9	1.7	0.8	3.9
Shelby Co. Corr. Ctr.	1.1	0.4	3.1	3.1	1.7	5.5
Shelby Co. Jail	0.6	0.2	2.2	1.1	0.5	2.8
Sumner Co. Jail	4.2	2.5	7.1	3.0	1.5	5.6
Tipton Co. Jail	1.5	0.5	5.0	0.0	0.0	4.9
Van Buren Co. Jail	0.0	0.0	20.4	0.0	0.0	20.4
Washington Co. Det. Ctr.	2.8	1.5	4.9	0.7	0.2	2.1
Texas						
Bexar Co. Adult Det. Ctr.	1.6%	0.6%	4.0%	4.3%	2.1%	8.6%
Bowie Co. Corr. Ctr.	0.6	0.1	2.7	1.9	0.8	4.7
Brazoria Co. Jail and Det. Ctr.	0.4	0.1	2.0	0.4	0.1	2.0
Brown Co. Jail	0.0	0.0	4.7	0.0	0.0	4.7
Cameron Co. Carrizales-Rucker Det. Ctr.	0.3	0.1	1.6	0.0	0.0	1.4
Dallas Co. Kays Det. Fac.	0.4	0.1	2.2	2.1	0.9	4.6
Denton Co. Det. Ctr.	0.7	0.2	2.1	1.7	0.8	3.9
Eastland Co. Jail	0.0	0.0	9.9	0.0	0.0	9.9
El Paso Co. Det. Fac. Annex	2.2	1.0	4.9	1.0	0.3	3.3
El Paso Co. Downtown Det. Fac.	1.0	0.3	3.4	2.7	1.0	7.4
Ellis Co. Wayne McCollum Det. Ctr.	1.8	0.9	3.6	1.8	0.9	3.5
Gregg Co. Jail	0.3	0.1	1.4	1.2	0.5	2.8
Harris Co. Jail - 1200 Baker Street Jail	6.3	3.4	11.2	1.5	0.7	3.2
Harris Co. Jail - 1307 Baker Street Jail	1.0	0.4	2.5	0.5	0.1	1.7
Harris Co. Jail - 701 North San Jacinto Street Jail ^e	0.9	0.3	2.5	2.9	1.5	5.6
Harris Co. Jail - 711 North San Jacinto Jail	0.0	0.0	5.7	1.5	0.4	4.9
Hays Co. Jail	0.8	0.2	3.3	3.1	1.1	8.7
Jefferson Co. Corr. Fac.	1.0	0.4	2.5	1.8	0.8	3.7
Johnson Co. Jail	2.7	1.5	4.8	3.0	1.7	5.3
Tarrant Co. Corr. Ctr.	1.0	0.3	3.4	2.3	0.9	5.5
Taylor Co. Jail	1.7	0.7	4.2	1.3	0.4	3.6
Titus Co. Jail	0.0	0.0	5.7	0.0	0.0	5.7
Travis Co. Corr. Fac.	1.7	0.5	5.9	1.0	0.2	5.3
Travis Co. Jail	0.0	0.0	13.3	0.0	0.0	13.3
Uvalde Co. Jail	0.0	0.0	18.4	3.6	0.9	14.1
Victoria Co. Jail	1.6	0.4	6.6	0.0	0.0	8.6
Washington Co. Jail	2.6	1.4	5.1	0.0	0.0	4.8
Webb Co. Jail	0.0	0.0	3.4	0.6	0.1	2.7
Utah						
Box Elder Co. Jail	0.0%	0.0%	8.8%	0.0%	0.0%	8.8%
Davis Co. Jail	4.0	2.1	7.6	0.8	0.3	2.4
Weber Co. Corr. Fac.	2.4	1.1	5.1	1.8	0.7	4.4

APPENDIX TABLE 6 (continued)

Percent of jail inmates reporting victimization, by type of incident and facility, National Inmate Survey, 2011–12

Facility name	Inmate-on-inmate ^a			Staff sexual misconduct ^a		
	Percent victimized ^c	95%-confidence interval ^b		Percent victimized ^c	95%-confidence interval ^b	
		Lower bound	Upper bound		Lower bound	Upper bound
Virginia						
Alexandria Det. Ctr.	0.6%	0.1%	2.6%	0.6%	0.1%	2.6%
Arlington Co. Det. Fac.	0.0	0.0	2.3	0.8	0.2	3.2
Bristol City Jail	0.8	0.3	2.3	0.0	0.0	3.7
Hampton Corr. Fac.	0.5	0.1	1.8	0.5	0.1	2.0
Henrico Co. Regional Jail West	0.7	0.2	2.0	2.0	0.9	4.4
Mecklenburg Co. Jail	0.0	0.0	5.4	0.0	0.0	5.4
Montgomery Co. Jail	0.0	0.0	6.0	0.0	0.0	6.0
Newport News City Jail	1.0	0.3	2.8	2.5	1.3	4.8
Piedmont Regional Jail	1.4	0.5	3.5	0.9	0.3	2.7
Rappahannock Regional Jail	1.2	0.4	3.2	3.3	1.8	5.8
Richmond City Jail	2.1	1.0	4.5	1.8	0.8	4.2
Riverside Regional Jail	1.6	0.7	3.7	3.7	2.1	6.5
Virginia Beach Municipal Corr. Ctr.	1.0	0.4	2.6	1.4	0.6	3.4
Washington						
Benton Co. Jail	1.2%	0.3%	5.0%	1.1%	0.4%	3.6%
Cowlitz Co. Jail	0.7	0.2	2.3	1.0	0.4	2.5
King Co. Regional Justice Ctr.	0.0	0.0	2.2	1.3	0.5	3.5
Snohomish Co. Jail	0.5	0.1	2.3	0.5	0.1	2.3
Sunnyside City Jail	0.0	0.0	18.4	0.0	0.0	18.4
Whatcom Co. Jail	2.9	1.5	5.6	0.3	0.1	1.0
Yakima City Jail	0.0	0.0	9.0	1.8	0.5	5.9
West Virginia						
Eastern Regional Jail	6.0%	3.3%	10.6%	1.5%	0.6%	3.6%
South Central Regional Jail	3.6	1.6	8.1	2.3	0.8	6.4
Western Regional Jail	4.8	3.0	7.7	1.6	0.6	3.8
Wisconsin						
Brown Co. Jail	1.7%	0.7%	4.4%	3.9%	2.0%	7.6%
Columbia Co. Jail	2.1	0.6	7.5	2.1	0.6	7.5
Milwaukee Co. Corr. Fac. South	1.3	0.5	3.7	2.9	1.4	5.9
Oconto Co. Jail	0.0	0.0	18.4	0.0	0.0	18.4
Rock Co. Jail	2.6	1.2	5.5	2.0	0.9	4.7
Walworth Co. Jail	0.8	0.3	2.6	2.5	1.3	5.0
Washington Co. Jail	3.1	1.4	6.9	3.0	1.3	6.5
Wood Co. Jail	0.0	0.0	12.9	0.0	0.0	12.9
Wyoming						
Lincoln Co. Jail	0.0%	0.0%	25.9%	0.0%	0.0%	25.9%

Note: Detail may sum to more than total victimization rate because victims may have reported both inmate-on-inmate and staff-on-inmate sexual victimization.

^aIncludes all types of sexual victimization, including oral, anal, or vaginal penetration, hand jobs, touching of the inmate's butt, thighs, penis, breasts, or vagina in a sexual way, and other sexual acts occurring in the past 12 months or since admission to the facility, if shorter.

^bIndicates that different samples in the same facility would yield prevalence rates falling between the lower and upper bound estimates 95 out of 100 times.

^cWeights were applied so that inmates who responded accurately reflected the entire population of each facility on select characteristics, including age, sex, race, sentence length, and time served. (See *Methodology*.)

^dFemale facility.

^eFacility housed both males and females; only males were sampled at this facility.

^fPrivately operated facility.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

APPENDIX TABLE 7**Percent of jail inmates reporting sexual victimization, by level of coercion and facility, National Inmate Survey, 2011–12**

Facility name	Inmate-on-inmate ^a		Staff sexual misconduct ^a		
	Physically forced ^b	Pressured ^c	Physically forced ^b	Pressured ^c	Without force or pressure ^d
Total	1.2%	1.1%	0.8%	1.2%	0.9%
Alabama					
Barbour Co. Jail	2.3%	0.0%	0.0%	0.0%	0.0%
Dallas Co. Jail	1.5	0.0	0.0	0.0	0.0
Lee Co. W.S. Buck Jones Det. Ctr.	2.4	0.0	0.0	0.5	0.5
Marshall Co. Jail	2.5	0.0	1.7	3.4	0.0
Tuscaloosa Co. Jail	0.8	0.0	1.0	0.8	1.9
Arizona					
Maricopa Co. Estrella Jail ^e	2.3%	2.1%	0.3%	0.3%	0.3%
Maricopa Co. Fourth Avenue Jail	0.6	0.0	0.9	0.9	0.9
Maricopa Co. Towers Jail	1.1	0.0	1.8	1.8	2.5
Mariopa Co. Lower Buckeye Jail	0.7	2.0	1.1	2.1	1.8
Santa Cruz Co. Jail	0.0	0.0	0.0	0.0	0.0
Yuma Co. Det. Ctr.	0.0	0.6	0.6	0.6	1.4
Arkansas					
Crittenden Co. Jail	2.7%	0.8%	1.9%	1.1%	1.0%
Mississippi Co. Det. Ctr.	0.0	0.0	0.8	0.0	0.0
Pope Co. Det. Ctr.	3.6	1.8	0.0	0.0	2.3
Pulaski Co. Regional Det. Ctr.	3.1	3.0	0.4	1.5	1.5
Sebastian Co. Adult Det. Ctr.	0.0	0.5	0.0	0.0	0.6
California					
Alameda Co. Santa Rita Jail	0.9%	1.0%	1.3%	1.7%	0.6%
Contra Costa Co. Martinez Det. Fac.	1.4	2.0	3.2	5.2	3.7
Fresno Co. Downtown Det. Fac. - Main, North and South	1.2	0.5	1.5	1.4	0.4
Imperial Co. Jail	0.4	0.2	0.6	0.6	0.6
Kern Co. Lerdo Pre-Trial Fac.	2.5	1.5	0.4	1.4	1.3
Los Angeles Co. - Twin Towers Corr. Fac.	4.9	2.0	2.9	2.6	0.3
Los Angeles Co. Men's Central Jail	1.5	3.6	2.1	2.9	2.1
Los Angeles Co. North County Corr. Fac.	1.4	1.8	1.8	2.4	1.8
Napa Co. Jail	1.6	1.3	1.8	2.5	1.8
Orange Co. Central Jail Complex	0.0	1.4	0.7	0.7	0.0
Orange Co. Theo Lacy Fac.	1.7	1.9	1.1	1.1	0.5
Riverside Co. Indio Jail	2.8	2.1	0.6	0.6	0.0
Riverside Co. Larry D. Smith Corr. Ctr.	4.0	2.7	1.5	2.0	0.6
Riverside Co. Southwest Det. Ctr. ^f	0.0	0.0	0.6	0.6	0.6
Sacramento Co. Rio Cosumnes Corr. Ctr.	1.4	1.7	0.6	1.7	1.2
San Diego Co. East Mesa Med. Fac.	1.2	0.0	1.1	1.1	0.0
San Diego Co. George F. Bailey Det. Fac.	3.1	3.5	1.1	1.7	0.0
San Diego Co. Vista Det. Fac.	0.7	1.2	1.2	2.1	1.6
San Francisco Co. Jail Number 3	1.0	2.4	0.0	1.6	0.0
Santa Clara Co. Elmwood Fac. - Min. and Med.	1.3	0.9	0.4	1.1	0.0
Santa Clara Co. Main Jail	2.1	2.5	4.8	3.6	1.6
Santa Clara Co. Women's Corr. Ctr. ^e	0.7	1.4	0.7	0.7	0.0
Solano Co. Justice Ctr. Det. Fac.	1.5	2.4	2.6	2.6	2.3
Tulare Co. Jail	0.0	0.0	0.0	0.8	0.3
Ventura Co. Jail	0.4	0.9	0.9	1.9	0.0
Yolo Co. Leinberger Ctr.	2.1	0.0	0.0	0.0	0.0
Yuba Co. Jail	0.7	1.5	0.5	0.7	0.0
Colorado					
Chaffee Co. Jail	0.0%	0.0%	0.0%	0.0%	0.0%
Denver Co. Jail	2.9	0.8	0.7	0.3	0.8
Denver Co. Van Cise-Simonet Det. Ctr.	0.0	0.5	0.8	0.0	0.8
Douglas Co. Jail	0.0	0.0	1.7	2.8	1.2
Fremont Co. Jail	3.0	1.4	0.8	0.8	0.0
Jefferson Co. Jail	0.0	0.0	0.0	0.0	0.0
Park Co. Jail	0.0	0.0	0.0	0.0	0.0

APPENDIX TABLE 7 (continued)**Percent of jail inmates reporting sexual victimization, by level of coercion and facility, National Inmate Survey, 2011–12**

Facility name	Inmate-on-inmate ^a		Staff sexual misconduct ^a		
	Physically forced ^b	Pressured ^c	Physically forced ^b	Pressured ^c	Without force or pressure ^d
Florida					
Collier Co. Jail	1.6%	1.2%	2.6%	2.2%	0.4%
Dixie Co. Jail	2.4	4.9	0.0	2.4	3.3
Escambia Co. Jail	1.6	1.5	0.5	0.5	0.0
Jacksonville City Montgomery Corr. Ctr.	1.3	0.5	1.1	1.1	0.9
Lake Co. Jail	0.3	0.3	0.0	2.1	0.4
Lee Co. Community Programs Unit	2.4	2.4	1.6	1.6	0.9
Leon Co. Det. Fac.	1.7	1.1	0.8	1.4	2.3
Manatee Co. Jail	2.4	2.0	2.3	1.9	1.4
Martin Co. Jail	0.7	1.1	2.6	2.2	1.4
Miami-Dade Co. Boot Camp	0.0	0.0	0.0	0.0	0.0
Miami-Dade Co. Metro West Det. Ctr.	0.5	0.5	0.6	1.2	0.6
Miami-Dade Co. Training and Treatment Ctr.	0.0	0.0	0.5	0.5	0.5
Miami-Dade Co. Turner Guilford Knight Corr. Ctr.	0.5	0.5	0.0	0.0	0.0
Okeechobee Co. Jail	0.0	0.0	0.0	1.1	0.0
Orange Co. 33rd Street Corr. Ctr.	0.7	1.3	0.6	1.9	0.3
Orange Co. Booking and Release Ctr.	1.0	0.0	1.0	1.0	1.9
Osceola Co. Jail	0.9	0.9	0.0	0.0	0.7
Palm Beach Co. Stockade	1.3	1.3	1.1	1.6	0.0
Pinellas Co. Central Division Fac.	2.4	1.6	0.0	1.0	0.0
Pinellas Co. South Division	2.0	2.0	1.3	1.3	1.3
Polk Co. - South Co. Jail	2.3	1.8	0.9	2.0	2.3
Sarasota North Co. Jail	0.0	0.0	0.0	0.0	0.0
Suwanee Co. Jail	0.9	0.0	0.0	0.0	0.0
Taylor Co. Jail	0.0	0.0	0.0	0.0	0.0
Georgia					
Candler Co. Jail	0.0%	0.0%	0.0%	0.0%	0.0%
Carroll Co. Prison	0.0	0.0	1.3	2.0	2.0
Clayton Co. Jail	1.8	1.4	2.6	1.4	1.2
Dekalb Co. Jail	2.0	1.4	0.3	1.2	1.3
Douglas Co. Jail	1.1	1.9	0.5	0.5	0.0
Floyd Co. Jail	2.4	0.4	0.4	0.8	0.4
Floyd Co. Prison	0.6	0.6	1.1	1.7	1.1
Fulton Co. Jail	2.5	2.0	0.6	0.6	1.0
Gwinnett Co. Det. Ctr.	0.4	0.4	0.0	0.0	0.0
Hall Co. Det. Ctr.	2.6	2.0	0.0	0.0	0.0
Houston Co. Jail	2.2	1.0	1.1	3.1	5.4
Irwin Co. Jail	0.0	0.0	0.8	0.8	0.7
Murray County Jail	1.1	1.3	0.0	0.8	0.0
Newton Co. Jail	1.7	1.8	0.3	1.5	0.9
Screven Co. Jail	1.4	1.4	2.4	2.4	1.2
South Fulton Municipal Regional Jail	0.0	0.0	2.3	4.7	4.7
Spalding Co. Jail	0.6	1.2	1.5	1.0	1.8
Troup Co. Jail	0.9	2.2	0.0	0.0	0.0
Upson Co. Jail	0.7	1.7	0.0	1.0	0.9
Ware Co. Jail	1.0	1.7	0.0	0.8	0.0
Wilkinson Co. Jail	0.0	6.5	0.0	0.0	0.0
Idaho					
Bannock Co. Jail	0.0%	0.0%	1.8%	1.2%	0.0%
Illinois					
Champaign Co. Satellite Jail ^f	0.0%	0.0%	0.0%	2.0%	2.0%
Cook Co. - Division 1	0.7	0.7	1.5	2.2	2.5
Cook Co. - Division 11	4.0	3.3	2.6	2.9	1.4
Cook Co. - Division 2	2.5	2.0	1.8	2.9	2.3
Cook Co. - Division 5	0.4	0.5	1.4	1.6	1.8

APPENDIX TABLE 7 (continued)**Percent of jail inmates reporting sexual victimization, by level of coercion and facility, National Inmate Survey, 2011–12**

Facility name	Inmate-on-inmate ^a		Staff sexual misconduct ^a		
	Physically forced ^b	Pressured ^c	Physically forced ^b	Pressured ^c	Without force or pressure ^d
Cook Co. - Division 6	1.1%	1.1%	0.7%	1.1%	1.1%
Kane Co. Adult Justice Ctr.	1.1	1.0	1.3	2.1	0.6
Kankakee Co. Jerome Combs Det. Ctr.	0.9	1.2	1.3	1.4	0.8
Kendall Co. Jail	1.7	2.6	0.9	0.9	1.7
McHenry Co. Jail	0.0	0.5	0.0	0.6	0.0
Sangamon Co. Jail	1.9	2.4	0.5	1.6	0.9
Indiana					
Bartholomew Co. Jail	1.4%	2.4%	0.8%	0.8%	0.8%
Clinton Co. Jail	1.6	1.6	0.0	0.0	0.8
Dearborn Co. Jail	0.7	0.7	1.1	1.1	0.0
Delaware Co. Justice Ctr.	0.2	0.2	0.0	0.5	1.2
Elkhart Co. Corr. Ctr.	1.3	1.0	1.3	1.6	0.7
Hamilton Co. Jail	1.5	1.5	0.0	0.0	0.9
Jackson Co. Jail	1.0	0.0	0.0	0.0	0.0
Marion Co. Jail II ⁹	0.5	0.5	2.1	1.3	1.7
Marion Co. Jail Intake Fac.	0.0	0.0	3.7	4.9	2.7
Noble Co. Jail	0.0	0.0	0.0	0.9	0.0
Ripley Co. Jail	5.9	7.9	2.0	2.0	2.0
Tippecanoe Co. Jail	2.5	0.0	0.0	0.0	0.0
Iowa					
Des Moines Co. Jail	0.0%	0.0%	0.0%	0.0%	2.1%
Scott Co. Jail and Annex	0.0	0.0	0.6	1.3	1.9
Kansas					
Finney Co. Jail	0.0%	1.0%	3.0%	2.0%	0.0%
Wilson Co. Jail	0.0	0.0	5.6	0.0	0.0
Kentucky					
Big Sandy Regional Det. Ctr.	1.3%	0.9%	0.0%	0.0%	0.0%
Boyle Co. Det. Ctr.	1.9	1.9	0.0	0.0	0.0
Daviess Co. Det. Ctr.	1.3	2.1	0.9	1.5	0.9
Grayson Co. Det. Ctr.	0.4	0.5	0.5	1.3	0.0
Kenton Co. Det. Ctr.	1.0	0.5	0.0	0.0	0.1
Lexington-Fayette Co. Jail Det. Division	2.1	2.4	1.7	2.7	1.3
Madison Co. Det. Ctr.	2.1	0.7	0.7	0.9	1.0
McCracken Co. Jail	1.0	0.9	1.1	1.1	0.6
Meade Co. Jail	1.3	1.3	0.0	1.3	0.0
Pulaski Co. Det. Ctr.	1.6	0.0	0.8	0.8	0.0
Woodford Co. Det. Ctr.	0.1	0.0	0.0	0.0	0.0
Louisiana					
Assumption Parish Det. Ctr.	3.1%	0.0%	0.0%	0.0%	1.5%
Bossier Parish Max. Security Fac.	0.9	0.0	0.0	0.0	0.0
Bossier Parish Med. Security Fac.	1.0	0.8	1.0	1.0	0.5
Caddo Parish Corr. Ctr.	1.1	1.1	0.0	0.8	0.4
East Baton Rouge Parish Prison	1.4	1.3	0.0	0.0	0.6
Iberia Parish Jail	2.0	0.9	1.0	1.5	1.5
Lafayette Parish Jail	1.0	1.8	0.0	0.5	1.9
Livingston Parish Det. Ctr.	0.5	1.0	0.0	0.0	0.4
Rapides Parish Det. Ctr. III	1.4	0.5	0.5	0.5	0.0
St. Landry Parish Jail	0.7	0.7	0.7	0.7	0.7
St. Martin Parish Corr. Ctr. 1	1.3	0.0	1.3	1.3	2.6
Webster Parish Bayou Dorcheat Corr. Fac.	1.8	1.4	0.6	0.6	1.5
Maine					
Penobscot Co. Jail	0.0%	0.0%	0.0%	1.8%	2.6%

APPENDIX TABLE 7 (continued)**Percent of jail inmates reporting sexual victimization, by level of coercion and facility, National Inmate Survey, 2011–12**

Facility name	Inmate-on-inmate ^a		Staff sexual misconduct ^a		
	Physically forced ^b	Pressured ^c	Physically forced ^b	Pressured ^c	Without force or pressure ^d
Maryland					
Allegany Co. Det. Ctr.	2.3%	2.3%	0.0%	0.0%	0.0%
Anne Arundel Co. Jennifer Road Det. Ctr.	0.0	0.0	0.0	0.0	0.9
Baltimore City Det. Ctr.	0.4	0.7	2.8	3.1	5.2
Montgomery Co. Corr. Fac.	1.8	0.6	0.5	1.2	0.4
Wicomico Co. Det. Ctr.	0.6	0.0	0.0	0.0	0.0
Massachusetts					
Hampden Co. Corr. Ctr.	0.0%	0.0%	0.0%	0.5%	1.4%
Middlesex Co. Jail and House of Corr.	1.5	0.7	0.4	0.4	0.6
Plymouth Co. Corr. Fac.	0.6	0.0	0.5	1.5	0.5
Suffolk Co. House of Corr.	1.8	3.8	1.9	2.0	2.3
Suffolk Co. Nashua Street Jail	0.6	0.0	0.0	0.6	1.3
Worcester Co. Jail and House of Corr.	1.2	1.2	0.4	2.3	1.2
Michigan					
Berrien Co. Jail	0.9%	0.9%	1.3%	3.0%	0.9%
Calhoun Co. Jail	1.3	2.7	3.1	3.5	0.7
Huron Co. Jail	0.0	0.0	0.0	0.0	0.0
Kalamazoo Co. Jail	3.6	3.1	3.5	1.5	1.0
Macomb Co. Jail	1.1	1.1	0.9	0.0	0.3
Oakland Co. East Annex	1.3	1.9	1.2	1.2	0.0
Oakland Co. Law Enforcement Complex	3.0	1.9	5.2	2.9	2.2
Ottawa Co. Jail	0.0	0.0	0.0	0.6	0.0
Wayne Co. Andrew C. Baird Det. Fac.	4.1	0.8	0.0	0.0	0.5
Wayne Co. William Dickerson Det. - Division III	0.0	0.0	0.4	0.4	0.0
Minnesota					
Anoka Co. Jail	1.5%	0.5%	1.1%	0.5%	0.6%
Hennepin Co. Adult Det. Ctr.	0.9	0.4	0.0	0.6	0.6
Mille Lacs Co. Jail	0.0	0.0	0.0	0.0	1.8
Ramsey Co. Corr. Fac.	0.0	0.0	0.0	0.4	0.5
Mississippi					
Covington Co. Jail	0.0%	0.0%	0.0%	0.0%	0.0%
Harrison Co. Adult Det. Ctr.	0.7	0.7	0.9	3.4	0.7
Hinds Co. Jackson Det. Ctr.	0.5	0.0	0.0	1.3	1.1
Hinds Co. Raymond Det. Ctr.	1.9	2.2	0.5	1.5	2.6
Holmes-Humphreys Co. Regional Corr. Fac.	1.0	0.0	0.8	0.8	0.8
Madison Co. Jail	0.0	0.0	1.2	1.8	1.4
Marshall Co. Jail	0.0	0.0	0.0	0.0	0.0
Pike Co. Jail	0.0	0.0	0.0	0.0	0.0
Missouri					
Boone Co. Jail	0.0%	3.1%	0.0%	0.9%	0.0%
LaClede Co. Jail	1.8	1.3	3.0	4.5	0.0
St. Charles Co. Jail	2.0	0.5	3.0	4.0	1.4
St. Louis Co. Jail	0.9	0.3	0.3	1.9	0.8
St. Louis Med. Security Inst.	0.4	0.8	3.6	4.0	4.1
Washington Co. Jail	0.0	3.3	0.0	0.0	0.0
Montana					
Cascade Co. Regional Jail	2.2%	2.2%	1.9%	3.6%	2.4%
Hill Co. Jail	0.0	0.0	0.0	0.0	0.0
Missoula Co. Jail	1.2	1.8	0.7	0.7	0.7
Nebraska					
Douglas Co. Dept. of Corr.	0.7%	0.7%	1.4%	2.8%	1.9%
Saline Co. Jail	0.0	1.6	0.0	0.0	2.3
Nevada					
Clark Co. Det. Ctr.	0.6%	0.3%	0.4%	0.4%	0.4%
Nye Co. Jail - Pahrump	0.0	0.0	0.0	0.0	0.0
Washoe Co. Det. Ctr.	1.1	1.1	1.5	1.7	0.0

APPENDIX TABLE 7 (continued)

Percent of jail inmates reporting sexual victimization, by level of coercion and facility, National Inmate Survey, 2011–12

Facility name	Inmate-on-inmate ^a		Staff sexual misconduct ^a		
	Physically forced ^b	Pressured ^c	Physically forced ^b	Pressured ^c	Without force or pressure ^d
New Hampshire					
Coos Co. Jail	0.0%	0.0%	0.0%	4.4%	0.0%
Hillsborough Co. House of Corr.	3.2	2.3	3.3	2.0	1.0
New Jersey					
Bergen Co. Jail	1.6%	1.1%	1.2%	1.5%	0.0%
Burlington Co. Min. Security Jail/Corr. and Work Release Ctr.	0.0	0.0	0.0	0.0	0.0
Essex Co. Corr. Fac.	0.8	0.4	1.2	1.2	0.8
Hudson Co. Corr. Fac.	1.0	0.7	1.0	1.3	0.8
Mercer Co. Corr. Ctr.	4.1	1.3	2.0	3.1	3.7
Middlesex Co. Adult Corr. Ctr.	1.0	0.7	0.4	0.4	0.3
Ocean Co. Justice Complex	0.0	1.2	0.0	0.8	0.0
Passaic Co. Jail	1.2	1.3	2.6	2.3	1.2
Salem Co. Corr. Fac.	0.0	0.7	0.0	1.7	0.0
New Mexico					
Dona Ana Co. Det. Ctr.	1.6%	2.5%	1.4%	1.9%	0.8%
San Juan Co. Adult Det. Ctr.	3.0	2.5	0.7	0.7	1.8
Santa Fe Co. Adult Det. Fac. ^g	1.2	2.3	0.0	0.6	1.2
New York					
Albany Co. Corr. Fac.	2.7%	1.3%	1.2%	1.2%	2.0%
Allegany Co. Jail	3.0	3.0	1.5	1.5	0.0
Broome Co. Jail	1.4	2.9	1.5	2.8	1.9
Dutchess Co. Jail	0.7	0.7	0.7	1.4	0.0
Erie Co. Corr. Fac.	0.4	0.4	2.8	2.8	2.7
Erie Co. Holding Fac.	0.0	0.0	4.5	4.5	0.0
Jefferson Co. Jail	1.0	1.0	4.2	1.0	1.6
New York City Anna M. Kross Ctr.	2.4	0.5	1.2	2.1	1.5
New York City George Motchan Det. Ctr.	0.9	0.8	0.4	1.8	2.1
New York City Otis Bantum Corr. Ctr.	0.0	0.6	2.7	3.1	4.6
New York City Robert N Davoren Complex	0.3	0.3	0.6	1.3	2.3
New York City Rose M. Singer Ctr. ^e	4.1	2.3	2.3	5.6	2.9
Niagara Co. Jail	0.7	0.7	0.0	1.1	0.0
Oneida Co. Corr. Fac.	0.0	0.0	2.1	3.0	1.6
Orange Co. Corr. Fac.	0.4	1.0	0.0	0.9	0.9
Putnam Co. Corr. Fac.	0.0	0.0	1.1	1.1	1.1
Rockland Co. Corr. Ctr.	0.0	2.1	1.6	1.6	0.9
Schenectady Co. Jail	2.2	3.1	0.5	2.5	1.4
Seneca Co. Law Enforcement Ctr.	3.6	0.0	1.3	1.3	2.0
Ulster Co. Law Enforcement Ctr.	0.7	1.5	3.8	3.5	3.0
Washington Co. Corr. Fac.	0.0	0.0	0.0	0.0	0.0
Westchester Co. Jail	0.0	0.5	1.0	1.6	0.9
Westchester Co. Penitentiary - Dept. of Corr.	0.4	0.9	0.5	1.3	0.3
North Carolina					
Buncombe Co. Det. Fac.	0.7%	0.0%	0.6%	1.3%	0.0%
Cherokee Co. Jail	0.0	0.0	2.5	2.5	2.5
Durham Co. Jail	0.7	0.7	0.0	0.5	1.1
Edgecombe Co. Det. Ctr.	1.1	1.5	0.9	1.7	2.9
Forsyth Co. Adult Det. Ctr.	0.8	0.4	2.2	1.4	2.0
Granville Co. Det. Ctr.	0.4	0.4	1.2	1.2	4.8
Guilford Co. High Point Det. Fac.	0.0	0.0	0.0	0.0	1.1
Guilford Co. Prison Farm	0.0	0.0	0.0	0.0	0.0
Mecklenburg Co. Jail North	0.6	0.6	0.0	1.3	1.4
New Hanover Det. Fac.	0.6	0.6	0.7	1.2	0.0
Robeson Co. Jail	2.4	1.3	1.2	3.3	2.6
Scotland Co. Jail	0.0	1.0	1.9	3.0	2.5
Wake Co. John H. Baker, Jr. Public Safety Ctr.	2.9	2.2	0.4	0.9	0.4

APPENDIX TABLE 7 (continued)

Percent of jail inmates reporting sexual victimization, by level of coercion and facility, National Inmate Survey, 2011–12

Facility name	Inmate-on-inmate ^a		Staff sexual misconduct ^a		
	Physically forced ^b	Pressured ^c	Physically forced ^b	Pressured ^c	Without force or pressure ^d
North Dakota					
Burleigh Co. Det. Ctr.	0.0%	0.0%	2.5%	3.5%	0.0%
Ohio					
Bedford Heights City Jail	0.0%	0.0%	0.0%	0.0%	0.0%
Cuyahoga Co. Corr. Ctr.	0.9	1.2	0.7	0.7	1.2
Delaware Co. Jail	0.0	0.0	0.0	0.0	0.0
Franklin Co. Jail	2.6	1.2	0.0	1.0	0.0
Hamilton Co. Justice Ctr.	0.0	0.0	1.1	1.8	0.0
Hamilton Co. Reading Road Fac.	0.8	1.3	0.0	0.0	0.3
Lorain Co. Jail	0.6	1.1	1.1	1.1	0.0
Miami Co. Jail	0.0	0.0	0.0	0.0	0.0
Montgomery Co. Jail	0.4	0.0	0.9	0.9	0.0
Richland Co. Jail	1.4	1.4	0.0	0.7	0.7
Oklahoma					
Dewey Co. Jail	0.0%	0.0%	0.0%	0.0%	0.0%
Kay Co. Jail	1.7	0.9	0.0	0.0	0.9
Nowata Co. Jail	0.0	0.0	0.0	2.4	0.0
Oregon					
Lane Co. Jail	0.5%	0.5%	0.5%	0.8%	0.0%
Marion Co. Corr. Fac.	0.5	0.5	0.9	0.5	0.9
Washington Co. Jail	0.0	0.0	0.0	0.0	0.5
Yamhill Co. Corr. Fac.	3.2	4.3	0.0	0.4	0.4
Pennsylvania					
Allegheny Co. Jail	1.5%	1.0%	0.2%	1.0%	1.0%
Blair Co. Prison	0.0	3.5	0.0	1.7	0.0
Fayette Co. Prison	1.6	2.6	2.1	2.9	2.3
Indiana Co. Jail	1.7	2.1	0.0	0.0	0.0
Luzerne Co. Corr. Fac.	1.5	2.4	0.0	0.6	0.0
Montgomery Co. Prison Corr. Fac.	0.7	1.4	1.0	2.2	0.5
Philadelphia City Alternative and Special Det. Fac.	0.0	0.0	0.4	0.8	0.0
Philadelphia City Curran/Fromhold Corr. Fac.	1.2	0.5	1.3	2.0	1.7
Philadelphia City Industrial Corr. Ctr.	3.5	1.9	2.3	3.4	3.4
Philadelphia City Riverside Corr. Fac. ^e	6.7	4.5	3.1	3.2	0.0
Schuykill Co. Prison	1.0	1.0	1.0	1.6	1.1
Westmoreland Co. Prison	0.7	1.8	1.0	2.2	0.0
York Co. Prison	2.4	2.2	0.0	1.8	0.0
South Carolina					
Charleston Co. Det. Ctr.	0.4%	0.7%	0.9%	0.8%	0.4%
Florence Co. Det. Ctr.	0.0	0.0	0.5	0.0	0.7
Lexington Co. Jail	1.1	0.6	0.6	0.6	0.0
Spartanburg Co. Det. Fac.	0.0	0.0	0.0	1.1	0.5
Sumter-Lee Regional Det. Ctr.	0.0	0.4	2.4	3.2	3.0
York Co. Det. Ctr.	0.0	0.0	1.8	2.1	0.0
South Dakota					
Pennington Co. Jail	2.0%	0.7%	0.4%	0.9%	0.0%
Tennessee					
Lincoln Co. Jail	3.0%	3.0%	1.3%	1.3%	0.0%
Madison Co. Jail	1.0	0.5	1.7	3.0	1.0
McMinn Co. Jail	1.9	2.8	0.6	0.6	1.0
Montgomery Co. Jail	0.0	0.0	0.7	0.7	0.7
Obion Co. Jail	0.0	0.0	0.0	0.0	0.0
Robertson Co. Det. Ctr.	0.6	0.5	0.0	1.2	0.6
Shelby Co. Corr. Ctr.	1.1	0.4	1.1	1.1	2.8
Shelby Co. Jail	0.6	0.3	0.6	1.1	0.8
Sumner Co. Jail	3.4	1.9	1.7	2.0	1.0

APPENDIX TABLE 7 (continued)**Percent of jail inmates reporting sexual victimization, by level of coercion and facility, National Inmate Survey, 2011–12**

Facility name	Inmate-on-inmate ^a		Staff sexual misconduct ^a		
	Physically forced ^b	Pressured ^c	Physically forced ^b	Pressured ^c	Without force or pressure ^d
Tipton Co. Jail	0.0%	1.5%	0.0%	0.0%	0.0%
Van Buren Co. Jail	0.0	0.0	0.0	0.0	0.0
Washington Co. Det. Ctr.	1.9	2.2	0.5	0.7	0.0
Texas					
Bexar Co. Adult Det. Ctr.	0.8%	1.1%	1.8%	3.1%	1.2%
Bowie Co. Corr. Ctr.	0.6	0.6	0.5	1.1	1.3
Brazoria Co. Jail and Det. Ctr.	0.0	0.4	0.0	0.4	0.0
Brown Co. Jail	0.0	0.0	0.0	0.0	0.0
Cameron Co. Carrizales-Rucker Det. Ctr.	0.0	0.3	0.0	0.0	0.0
Dallas Co. Kays Det. Fac.	0.0	0.4	0.4	0.9	1.2
Denton Co. Det. Ctr.	0.0	0.7	0.4	1.4	1.3
Eastland Co. Jail	0.0	0.0	0.0	0.0	0.0
El Paso Co. Det. Fac. Annex	2.2	1.5	0.3	0.3	0.6
El Paso Co. Downtown Det. Fac.	1.0	1.0	1.4	1.4	1.3
Ellis Co. Wayne McCollum Det. Ctr.	1.8	0.9	0.5	1.8	0.4
Gregg Co. Jail	0.3	0.3	0.0	0.3	0.8
Harris Co. Jail - 1200 Baker Street Jail	5.0	2.6	0.4	1.1	0.2
Harris Co. Jail - 1307 Baker Street Jail	1.0	0.5	0.0	0.5	0.0
Harris Co. Jail - 701 North San Jacinto Street Jail ^f	0.6	0.6	0.3	1.4	1.4
Harris Co. Jail - 711 North San Jacinto Jail	0.0	0.0	0.0	0.0	1.5
Hays Co. Jail	0.8	0.8	1.8	3.1	1.8
Jefferson Co. Corr. Fac.	1.0	0.2	1.0	1.4	0.7
Johnson Co. Jail	2.3	1.6	0.5	2.5	1.1
Tarrant Co. Corr. Ctr.	0.6	1.0	0.0	1.0	1.2
Taylor Co. Jail	1.0	1.1	0.0	1.3	0.7
Titus Co. Jail	0.0	0.0	0.0	0.0	0.0
Travis Co. Corr. Fac.	1.0	0.8	0.0	0.0	1.0
Travis Co. Jail	0.0	0.0	0.0	0.0	0.0
Uvalde Co. Jail	0.0	0.0	0.0	3.6	0.0
Victoria Co. Jail	0.0	1.6	0.0	0.0	0.0
Washington Co. Jail	2.6	2.6	0.0	0.0	0.0
Webb Co. Jail	0.0	0.0	0.0	0.6	0.0
Utah					
Box Elder Co. Jail	0.0%	0.0%	0.0%	0.0%	0.0%
Davis Co. Jail	2.2	2.8	0.0	0.8	0.5
Weber Co. Corr. Fac.	1.2	1.6	0.7	1.8	0.5
Virginia					
Alexandria Det. Ctr.	0.0%	0.6%	0.0%	0.6%	0.0%
Arlington Co. Det. Fac.	0.0	0.0	0.8	0.8	0.0
Bristol City Jail	0.0	0.8	0.0	0.0	0.0
Hampton Corr. Fac.	0.5	0.0	0.5	0.5	0.0
Henrico Co. Regional Jail West	0.4	0.3	0.9	1.5	0.6
Mecklenburg Co. Jail	0.0	0.0	0.0	0.0	0.0
Montgomery Co. Jail	0.0	0.0	0.0	0.0	0.0
Newport News City Jail	0.4	0.6	1.9	2.5	1.5
Piedmont Regional Jail	0.0	1.4	0.5	0.9	0.5
Rappahannock Regional Jail	1.2	0.0	2.3	1.9	0.6
Richmond City Jail	1.7	0.8	0.4	0.8	1.0
Riverside Regional Jail	0.8	1.6	1.4	3.2	0.9
Virginia Beach Municipal Corr. Ctr.	1.0	0.4	1.1	0.7	0.7

APPENDIX TABLE 7 (continued)

Percent of jail inmates reporting sexual victimization, by level of coercion and facility, National Inmate Survey, 2011–12

Facility name	Inmate-on-inmate ^a		Staff sexual misconduct ^a		
	Physically forced ^b	Pressured ^c	Physically forced ^b	Pressured ^c	Without force or pressure ^d
Washington					
Benton Co. Jail	0.1%	1.1%	0.0%	1.1%	1.1%
Cowlitz Co. Jail	0.7	0.0	0.6	1.0	0.0
King Co. Regional Justice Ctr.	0.0	0.0	0.9	0.6	0.8
Snohomish Co. Jail	0.5	0.0	0.5	0.5	0.0
Sunnyside City Jail	0.0	0.0	0.0	0.0	0.0
Whatcom Co. Jail	2.7	2.9	0.0	0.0	0.3
Yakima City Jail	0.0	0.0	0.0	1.8	0.0
West Virginia					
Eastern Regional Jail	4.7%	4.0%	0.9%	1.5%	0.4%
South Central Regional Jail	2.9	3.0	1.7	1.1	0.5
Western Regional Jail	4.4	3.6	0.9	1.6	0.4
Wisconsin					
Brown Co. Jail	1.7%	0.5%	2.1%	2.1%	1.4%
Columbia Co. Jail	0.0	2.1	2.1	2.1	0.0
Milwaukee Co. Corr. Fac. South	1.3	1.3	1.4	2.4	1.0
Oconto Co. Jail	0.0	0.0	0.0	0.0	0.0
Rock Co. Jail	1.3	2.1	0.8	1.3	0.7
Walworth Co. Jail	0.8	0.8	1.7	1.7	2.5
Washington Co. Jail	3.1	3.1	1.4	3.0	3.0
Wood Co. Jail	0.0	0.0	0.0	0.0	0.0
Wyoming					
Lincoln Co. Jail	0.0%	0.0%	0.0%	0.0%	0.0%

^aIncludes all types of sexual victimization, including oral, anal, or vaginal penetration, hand jobs, touching of the inmate's butt, thighs, penis, breasts, or vagina in a sexual way, and other sexual acts occurring in the past 12 months or since admission to the facility, if shorter.

^bPhysical force or threat of physical force reported.

^cIncludes incidents in which the perpetrator, without using force, pressured the inmate or made the inmate feel that they had to participate. (See *Methodology*.)

^dIncludes incidents in which the staff offered favors or privileges in exchange for sex or sexual contact and incidents in which the inmate reported that they willingly had sex or sexual contact with staff.

^eFemale facility.

^fFacility housed both males and females; only males were sampled at this facility.

^gPrivately operated facility.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

APPENDIX TABLE 8**Percent of jail inmates reporting nonconsensual sexual acts and abusive sexual contacts, by facility, National Inmate Survey, 2011–12**

Facility name	Nonconsensual sexual acts ^a			Abusive sexual contacts only ^b		
	Percent victimized ^d	95%-confidence interval ^c		Percent victimized ^d	95%-confidence interval ^c	
		Lower bound	Upper bound		Lower bound	Upper bound
Total	1.2%	1.0%	1.4%	1.9%	1.7%	2.2%
Alabama						
Barbour Co. Jail	2.3%	0.7%	7.5%	0.0%	0.0%	7.6%
Dallas Co. Jail	0.7	0.2	2.1	0.9	0.3	2.7
Lee Co. W.S. Buck Jones Det. Ctr.	1.4	0.5	3.3	1.6	0.8	3.3
Marshall Co. Jail	1.7	0.7	3.8	3.4	1.9	6.0
Tuscaloosa Co. Jail	1.7	0.8	3.6	1.8	0.8	3.8
Arizona						
Maricopa Co. Estrella Jail ^e	2.9%	1.4%	5.8%	0.8%	0.3%	2.6%
Maricopa Co. Fourth Avenue Jail	0.6	0.1	3.2	0.9	0.3	3.2
Maricopa Co. Towers Jail	2.0	0.8	4.9	3.4	1.6	7.1
Mariopa Co. Lower Buckeye Jail	0.9	0.3	2.9	3.4	1.8	6.6
Santa Cruz Co. Jail	0.0	0.0	6.9	0.0	0.0	6.9
Yuma Co. Det. Ctr.	0.0	0.0	2.4	2.1	0.8	5.1
Arkansas						
Crittenden Co. Jail	4.5%	2.6%	7.6%	1.9%	0.8%	4.4%
Mississippi Co. Det. Ctr.	0.0	0.0	4.3	0.8	0.3	2.8
Pope Co. Det. Ctr.	4.1	1.4	11.7	1.8	0.4	7.7
Pulaski Co. Regional Det. Ctr.	5.0	2.4	10.5	1.0	0.3	3.2
Sebastian Co. Adult Det. Ctr.	0.0	0.0	2.5	1.1	0.4	2.8
California						
Alameda Co. Santa Rita Jail	0.3%	0.0%	1.3%	2.7%	1.4%	5.2%
Contra Costa Co. Martinez Det. Fac.	0.6	0.1	2.8	6.4	3.7	11.0
Fresno Co. Downtown Det. Fac. - Main, North and South	2.7	1.3	5.7	0.8	0.2	2.7
Imperial Co. Jail	0.2	0.0	0.8	0.8	0.3	2.7
Kern Co. Lerdo Pre-Trial Fac.	1.0	0.2	4.9	2.8	1.2	6.3
Los Angeles Co. - Twin Towers Corr. Fac.	3.3	1.5	7.2	4.6	2.4	8.9
Los Angeles Co. Men's Central Jail	1.3	0.5	3.8	5.6	3.1	9.7
Los Angeles Co. North County Corr. Fac.	0.8	0.2	2.9	1.9	0.7	5.5
Napa Co. Jail	0.0	0.0	3.3	3.8	2.0	7.3
Orange Co. Central Jail Complex	0.6	0.1	3.4	0.7	0.1	3.8
Orange Co. Theo Lacy Fac.	1.7	0.6	4.8	3.0	1.4	6.4
Riverside Co. Indio Jail	2.1	0.9	5.0	0.7	0.2	2.6
Riverside Co. Larry D. Smith Corr. Ctr.	2.3	1.1	5.0	2.7	1.2	6.0
Riverside Co. Southwest Det. Ctr. ^f	0.0	0.0	2.5	0.6	0.1	3.0
Sacramento Co. Rio Cosumnes Corr. Ctr.	1.8	0.8	3.9	3.1	1.6	5.8
San Diego Co. East Mesa Med. Fac.	0.0	0.0	2.7	2.4	1.0	5.6
San Diego Co. George F. Bailey Det. Fac.	3.1	1.4	7.0	2.1	0.7	5.8
San Diego Co. Vista Det. Fac.	0.4	0.1	1.7	3.5	1.8	6.6
San Francisco Co. Jail Number 3	0.0	0.0	5.0	4.0	1.5	9.9
Santa Clara Co. Elmwood Fac. - Min. and Med.	1.3	0.5	3.6	1.1	0.3	3.7
Santa Clara Co. Main Jail	6.0	2.8	12.4	3.2	1.4	7.2
Santa Clara Co. Women's Corr. Ctr. ^e	1.4	0.5	4.2	0.7	0.2	3.1
Solano Co. Justice Ctr. Det. Fac.	1.5	0.6	3.5	3.7	2.0	6.6
Tulare Co. Jail	0.8	0.1	3.8	0.3	0.1	1.4
Ventura Co. Jail	1.9	0.8	4.2	0.9	0.3	2.7
Yolo Co. Leinberger Ctr.	2.1	0.7	6.0	0.0	0.0	8.0
Yuba Co. Jail	0.8	0.2	2.9	1.2	0.4	3.2

APPENDIX TABLE 8 (continued)

Percent of jail inmates reporting nonconsensual sexual acts and abusive sexual contacts, by facility, National Inmate Survey, 2011–12

Facility name	Nonconsensual sexual acts ^a			Abusive sexual contacts only ^b		
	Percent victimized ^d	95%-confidence interval ^c		Percent victimized ^d	95%-confidence interval ^c	
Lower bound		Upper bound	Lower bound		Upper bound	
Colorado						
Chaffee Co. Jail	0.0%	0.0%	10.4%	0.0%	0.0%	10.4%
Denver Co. Jail	2.1	1.0	4.4	1.5	0.7	3.4
Denver Co. Van Cise-Simonet Det. Ctr.	1.3	0.4	4.4	0.8	0.1	3.8
Douglas Co. Jail	0.7	0.2	2.6	2.2	0.9	5.0
Fremont Co. Jail	2.3	1.1	4.7	0.8	0.2	2.5
Jefferson Co. Jail	0.0	0.0	1.8	0.0	0.0	1.8
Park Co. Jail	0.0	0.0	6.4	0.0	0.0	6.4
Florida						
Collier Co. Jail	2.0%	0.9%	4.2%	3.1%	1.2%	7.6%
Dixie Co. Jail	2.4	0.8	7.4	5.7	2.5	12.6
Escambia Co. Jail	1.4	0.6	3.4	1.1	0.3	3.6
Jacksonville City Montgomery Corr. Ctr.	0.8	0.2	3.1	1.6	0.7	3.6
Lake Co. Jail	0.3	0.1	1.7	2.5	0.6	9.4
Lee Co. Community Programs Unit	0.7	0.2	2.4	2.4	1.1	5.0
Leon Co. Det. Fac.	2.3	1.1	4.8	2.6	1.3	5.1
Manatee Co. Jail	2.0	0.8	4.6	3.2	1.7	5.9
Martin Co. Jail	1.3	0.4	3.8	1.9	0.7	4.6
Miami-Dade Co. Boot Camp	0.0	0.0	7.4	0.0	0.0	7.4
Miami-Dade Co. Metro West Det. Ctr.	0.5	0.1	2.6	2.1	1.0	4.4
Miami-Dade Co. Training and Treatment Ctr.	0.0	0.0	2.2	1.0	0.3	3.2
Miami-Dade Co. Turner Guilford Knight Corr. Ctr.	0.5	0.1	2.4	0.5	0.1	2.2
Okeechobee Co. Jail	1.1	0.3	3.9	0.0	0.0	3.7
Orange Co. 33rd Street Corr. Ctr.	0.5	0.1	2.6	3.0	1.4	6.3
Orange Co. Booking and Release Ctr.	1.0	0.2	3.9	1.9	0.7	5.4
Osceola Co. Jail	0.3	0.1	1.2	0.7	0.1	3.0
Palm Beach Co. Stockade	0.5	0.1	2.3	1.9	0.7	5.0
Pinellas Co. Central Division Fac.	0.0	0.0	2.4	2.4	0.9	6.4
Pinellas Co. South Division	0.8	0.2	3.9	2.4	1.0	5.8
Polk Co. - South Co. Jail	1.2	0.4	3.2	3.9	2.1	7.1
Sarasota North Co. Jail	0.0	0.0	1.9	0.0	0.0	1.9
Suwanee Co. Jail	0.9	0.3	3.0	0.0	0.0	4.5
Taylor Co. Jail	0.0	0.0	13.3	0.0	0.0	13.3
Georgia						
Candler Co. Jail	0.0%	0.0%	12.5%	0.0%	0.0%	12.5%
Carroll Co. Prison	0.7	0.3	1.7	2.0	1.1	3.5
Clayton Co. Jail	2.1	1.0	4.4	2.5	1.2	5.1
Dekalb Co. Jail	0.9	0.3	2.4	2.4	1.1	4.8
Douglas Co. Jail	2.2	1.1	4.3	0.7	0.2	1.9
Floyd Co. Jail	2.1	1.0	4.2	1.5	0.7	3.2
Floyd Co. Prison	0.0	0.0	2.1	2.8	1.5	5.0
Fulton Co. Jail	2.9	1.2	6.5	2.0	0.7	5.6
Gwinnett Co. Det. Ctr.	0.8	0.2	2.6	0.0	0.0	1.5
Hall Co. Det. Ctr.	1.4	0.5	3.8	1.6	0.6	4.2
Houston Co. Jail	2.2	1.0	4.6	4.9	2.8	8.3
Irwin Co. Jail	0.0	0.0	2.0	1.1	0.4	2.9
Murray County Jail	1.1	0.4	3.3	2.2	1.0	4.7
Newton Co. Jail	1.7	0.8	3.7	2.0	0.9	4.6
Screven Co. Jail	2.7	1.4	5.1	1.2	0.5	3.0
South Fulton Municipal Regional Jail	2.3	0.5	9.5	2.3	0.5	9.5
Spalding Co. Jail	1.1	0.4	3.3	4.0	1.9	8.0
Troup Co. Jail	1.1	0.4	2.9	1.1	0.4	2.9
Upson Co. Jail	0.0	0.0	3.4	2.6	1.5	4.6
Ware Co. Jail	0.8	0.3	2.1	1.4	0.6	2.9
Wilkinson Co. Jail	6.5	1.9	20.0	0.0	0.0	16.8

APPENDIX TABLE 8 (continued)

Percent of jail inmates reporting nonconsensual sexual acts and abusive sexual contacts, by facility, National Inmate Survey, 2011–12

Facility name	Nonconsensual sexual acts ^a			Abusive sexual contacts only ^b		
	Percent victimized ^d	95%-confidence interval ^c		Percent victimized ^d	95%-confidence interval ^c	
Lower bound		Upper bound	Lower bound		Upper bound	
Idaho						
Bannock Co. Jail	0.0%	0.0%	3.3%	3.0%	1.3%	6.8%
Illinois						
Champaign Co. Satellite Jail ^f	2.0%	0.5%	8.4%	0.0%	0.0%	6.4%
Cook Co. - Division 1	1.1	0.4	2.7	3.3	1.9	5.6
Cook Co. - Division 11	3.3	1.9	5.8	4.4	2.7	7.1
Cook Co. - Division 2	0.6	0.1	3.0	5.1	3.0	8.6
Cook Co. - Division 5	1.2	0.5	3.1	2.3	1.1	4.7
Cook Co. - Division 6	0.4	0.1	1.6	1.9	0.9	3.7
Kane Co. Adult Justice Ctr.	0.8	0.3	2.6	2.1	0.8	5.1
Kankakee Co. Jerome Combs Det. Ctr.	1.7	0.7	3.9	1.7	0.8	3.4
Kendall Co. Jail	3.4	1.7	6.8	1.7	0.5	5.1
McHenry Co. Jail	0.6	0.1	2.6	0.5	0.1	2.2
Sangamon Co. Jail	1.6	0.8	3.0	2.3	1.3	4.1
Indiana						
Bartholomew Co. Jail	0.5%	0.2%	1.3%	2.6%	1.5%	4.7%
Clinton Co. Jail	1.6	0.5	4.4	0.8	0.3	2.4
Dearborn Co. Jail	0.0	0.0	3.0	1.8	0.8	4.3
Delaware Co. Justice Ctr.	1.6	0.6	4.4	0.2	0.1	0.9
Elkhart Co. Corr. Ctr.	1.2	0.5	3.2	2.4	1.3	4.4
Hamilton Co. Jail	0.5	0.2	1.9	0.9	0.3	3.3
Jackson Co. Jail	1.0	0.3	3.4	0.0	0.0	4.1
Marion Co. Jail II ^g	1.2	0.4	3.3	2.2	0.6	7.3
Marion Co. Jail Intake Fac.	2.7	0.7	10.7	4.9	1.9	12.2
Noble Co. Jail	0.0	0.0	3.5	0.9	0.3	2.3
Ripley Co. Jail	0.0	0.0	7.0	7.9	5.1	11.9
Tippecanoe Co. Jail	2.5	1.1	5.7	0.0	0.0	3.2
Iowa						
Des Moines Co. Jail	0.0%	0.0%	11.4%	2.1%	0.6%	7.1%
Scott Co. Jail and Annex	2.4	1.1	5.1	0.8	0.2	2.8
Kansas						
Finney Co. Jail	3.0%	1.6%	5.6%	1.0%	0.3%	2.9%
Wilson Co. Jail	0.0	0.0	9.6	5.6	1.7	16.5
Kentucky						
Big Sandy Regional Det. Ctr.	0.0%	0.0%	2.6%	1.3%	0.6%	3.2%
Boyle Co. Det. Ctr.	0.0	0.0	2.5	1.9	0.6	5.7
Daviess Co. Det. Ctr.	0.7	0.3	2.1	2.9	1.5	5.4
Grayson Co. Det. Ctr.	0.8	0.3	2.2	1.4	0.6	3.1
Kenton Co. Det. Ctr.	0.4	0.1	1.8	0.7	0.2	2.5
Lexington-Fayette Co. Jail Det. Division	0.6	0.2	2.0	3.6	1.8	7.3
Madison Co. Det. Ctr.	2.1	1.1	4.2	1.7	0.8	3.4
McCracken Co. Jail	1.1	0.4	2.8	2.0	1.0	3.9
Meade Co. Jail	0.0	0.0	4.4	1.3	0.5	3.6
Pulaski Co. Det. Ctr.	0.9	0.2	3.1	0.8	0.2	2.9
Woodford Co. Det. Ctr.	0.1	0.0	0.6	0.0	0.0	10.2
Louisiana						
Assumption Parish Det. Ctr.	1.5%	0.6%	3.9%	3.1%	1.6%	6.0%
Bossier Parish Max. Security Fac.	0.9	0.4	2.3	0.0	0.0	2.2
Bossier Parish Med. Security Fac.	0.4	0.1	1.5	2.0	1.0	4.0
Caddo Parish Corr. Ctr.	0.4	0.1	1.8	1.6	0.7	3.7
East Baton Rouge Parish Prison	1.4	0.5	3.8	0.9	0.3	3.2
Iberia Parish Jail	1.4	0.6	3.2	2.5	1.3	4.9
Lafayette Parish Jail	0.5	0.1	2.2	2.8	1.4	5.4

APPENDIX TABLE 8 (continued)

Percent of jail inmates reporting nonconsensual sexual acts and abusive sexual contacts, by facility, National Inmate Survey, 2011–12

Facility name	Nonconsensual sexual acts ^a			Abusive sexual contacts only ^b		
	Percent victimized ^d	95%-confidence interval ^c		Percent victimized ^d	95%-confidence interval ^c	
		Lower bound	Upper bound		Lower bound	Upper bound
Livingston Parish Det. Ctr.	0.0%	0.0%	1.7%	1.4%	0.6%	3.2%
Rapides Parish Det. Ctr. III	1.4	0.7	3.0	0.5	0.1	1.6
St. Landry Parish Jail	0.0	0.0	3.3	0.7	0.2	2.5
St. Martin Parish Corr. Ctr. 1	2.6	1.0	6.4	1.3	0.4	4.6
Webster Parish Bayou Dorcheat Corr. Fac.	1.2	0.6	2.6	2.1	1.0	4.5
Maine						
Penobscot Co. Jail	1.8%	0.4%	6.7%	2.6%	0.7%	9.6%
Maryland						
Allegany Co. Det. Ctr.	2.3%	0.5%	9.6%	0.0%	0.0%	7.7%
Anne Arundel Co. Jennifer Road Det. Ctr.	0.0	0.0	3.6	0.9	0.2	4.4
Baltimore City Det. Ctr.	1.2	0.4	3.3	5.5	3.4	8.8
Montgomery Co. Corr. Fac.	1.6	0.6	3.9	1.1	0.4	3.5
Wicomico Co. Det. Ctr.	0.6	0.2	2.1	0.0	0.0	2.5
Massachusetts						
Hampden Co. Corr. Ctr.	0.0%	0.0%	1.7%	1.9%	0.7%	5.0%
Middlesex Co. Jail and House of Corr.	0.7	0.2	3.5	1.4	0.6	3.2
Plymouth Co. Corr. Fac.	0.0	0.0	2.1	2.0	0.8	4.7
Suffolk Co. House of Corr.	1.5	0.6	3.5	4.7	2.6	8.3
Suffolk Co. Nashua Street Jail	0.0	0.0	2.5	1.9	0.7	4.9
Worcester Co. Jail and House of Corr.	0.7	0.2	2.2	3.7	2.1	6.5
Michigan						
Berrien Co. Jail	0.8%	0.3%	1.9%	3.5%	2.2%	5.6%
Calhoun Co. Jail	0.3	0.1	1.2	4.8	2.4	9.4
Huron Co. Jail	0.0	0.0	12.1	0.0	0.0	12.1
Kalamazoo Co. Jail	1.6	0.8	3.2	4.1	2.4	7.0
Macomb Co. Jail	0.0	0.0	2.5	1.9	0.8	4.5
Oakland Co. East Annex	1.2	0.5	3.2	1.3	0.5	3.5
Oakland Co. Law Enforcement Complex	3.7	1.8	7.5	3.6	1.5	8.5
Ottawa Co. Jail	0.0	0.0	3.1	0.6	0.2	2.5
Wayne Co. Andrew C. Baird Det. Fac.	2.8	1.2	6.4	1.3	0.4	4.6
Wayne Co. William Dickerson Det. - Division III	0.0	0.0	2.2	0.4	0.1	2.1
Minnesota						
Anoka Co. Jail	0.9%	0.3%	3.3%	1.1%	0.4%	2.8%
Hennepin Co. Adult Det. Ctr.	0.6	0.1	2.7	0.9	0.3	2.8
Mille Lacs Co. Jail	0.0	0.0	9.9	1.8	0.6	5.5
Ramsey Co. Corr. Fac.	0.0	0.0	2.2	0.9	0.3	2.2
Mississippi						
Covington Co. Jail	0.0%	0.0%	25.9%	0.0%	0.0%	25.9%
Harrison Co. Adult Det. Ctr.	1.0	0.4	2.5	4.1	2.2	7.6
Hinds Co. Jackson Det. Ctr.	1.8	0.8	4.0	1.1	0.4	3.1
Hinds Co. Raymond Det. Ctr.	1.6	0.7	3.9	3.5	1.8	6.6
Holmes-Humphreys Co. Regional Corr. Fac.	1.7	0.6	4.6	0.8	0.2	3.0
Madison Co. Jail	1.8	0.8	3.9	1.4	0.5	3.6
Marshall Co. Jail	0.0	0.0	7.6	0.0	0.0	7.6
Pike Co. Jail	0.0	0.0	4.1	0.0	0.0	4.1
Missouri						
Boone Co. Jail	1.7%	0.6%	4.6%	2.3%	0.6%	8.8%
LaClede Co. Jail	3.1	1.8	5.3	4.5	2.7	7.3
St. Charles Co. Jail	2.4	1.0	5.6	3.6	1.8	7.0
St. Louis Co. Jail	1.8	0.7	4.8	1.7	0.6	4.4
St. Louis Med. Security Inst.	3.5	1.7	6.8	3.2	1.7	5.9
Washington Co. Jail	3.3	0.9	11.3	0.0	0.0	16.1

APPENDIX TABLE 8 (continued)

Percent of jail inmates reporting nonconsensual sexual acts and abusive sexual contacts, by facility, National Inmate Survey, 2011–12

Facility name	Nonconsensual sexual acts ^a			Abusive sexual contacts only ^b		
	Percent victimized ^d	95%-confidence interval ^c		Percent victimized ^d	95%-confidence interval ^c	
		Lower bound	Upper bound		Lower bound	Upper bound
Montana						
Cascade Co. Regional Jail	1.7%	0.7%	3.7%	3.6%	2.0%	6.3%
Hill Co. Jail	0.0	0.0	12.5	0.0	0.0	12.5
Missoula Co. Jail	1.2	0.4	3.0	1.4	0.5	3.5
Nebraska						
Douglas Co. Dept. of Corr.	1.4%	0.4%	4.9%	2.6%	1.1%	6.4%
Saline Co. Jail	2.3	0.9	6.2	1.6	0.6	4.5
Nevada						
Clark Co. Det. Ctr.	0.6%	0.2%	1.9%	0.4%	0.1%	2.2%
Nye Co. Jail - Pahrump	0.0	0.0	21.5	0.0	0.0	21.5
Washoe Co. Det. Ctr.	2.8	1.3	5.9	0.4	0.1	2.1
New Hampshire						
Coos Co. Jail	0.0%	0.0%	16.8%	4.4%	1.2%	14.3%
Hillsborough Co. House of Corr.	2.9	1.2	6.8	3.1	1.4	6.7
New Jersey						
Bergen Co. Jail	0.8%	0.3%	2.3%	1.9%	0.9%	3.7%
Burlington Co. Min. Security Jail/Corr. and Work Release Ctr.	0.0	0.0	5.9	0.0	0.0	5.9
Essex Co. Corr. Fac.	0.5	0.1	2.4	1.7	0.7	4.2
Hudson Co. Corr. Fac.	1.3	0.5	3.1	0.7	0.2	2.4
Mercer Co. Corr. Ctr.	2.8	1.2	6.5	4.4	2.3	8.4
Middlesex Co. Adult Corr. Ctr.	0.3	0.1	1.4	1.0	0.4	2.5
Ocean Co. Justice Complex	2.0	0.8	5.1	0.0	0.0	2.5
Passaic Co. Jail	0.7	0.2	2.1	1.9	0.9	4.2
Salem Co. Corr. Fac.	1.8	0.6	4.9	0.7	0.2	2.8
New Mexico						
Dona Ana Co. Det. Ctr.	2.3%	1.2%	4.4%	2.5%	1.2%	5.3%
San Juan Co. Adult Det. Ctr.	1.7	0.5	5.3	1.4	0.4	4.1
Santa Fe Co. Adult Det. Fac. ^g	3.5	1.6	7.5	0.0	0.0	2.7
New York						
Albany Co. Corr. Fac.	1.8%	0.8%	4.1%	2.4%	1.1%	4.9%
Allegany Co. Jail	1.5	0.4	5.3	3.0	1.2	7.5
Broome Co. Jail	0.9	0.3	2.7	4.3	2.1	8.8
Dutchess Co. Jail	0.0	0.0	3.0	1.4	0.5	3.8
Erie Co. Corr. Fac.	0.0	0.0	2.1	4.3	2.3	7.7
Erie Co. Holding Fac.	0.0	0.0	5.3	4.5	0.9	19.6
Jefferson Co. Jail	1.6	0.4	6.0	3.6	1.6	8.2
New York City Anna M. Kross Ctr.	1.9	0.7	5.4	3.7	1.8	7.4
New York City George Motchan Det. Ctr.	1.8	0.7	4.1	3.6	1.9	6.6
New York City Otis Bantum Corr. Ctr.	0.0	0.0	2.2	6.2	3.3	11.1
New York City Robert N Davoren Complex	0.4	0.1	1.9	3.0	1.6	5.8
New York City Rose M. Singer Ctr. ^e	2.4	1.1	5.1	6.2	3.9	9.7
Niagara Co. Jail	0.0	0.0	2.3	1.8	0.7	4.1
Oneida Co. Corr. Fac.	0.9	0.2	3.8	2.1	0.9	5.1
Orange Co. Corr. Fac.	0.5	0.1	2.3	1.4	0.6	3.4
Putnam Co. Corr. Fac.	0.0	0.0	5.4	1.1	0.3	3.7
Rockland Co. Corr. Ctr.	0.6	0.2	1.8	3.5	1.7	7.4
Schenectady Co. Jail	1.9	0.9	4.1	2.9	1.7	5.0
Seneca Co. Law Enforcement Ctr.	1.6	0.6	4.0	3.3	1.6	6.6
Ulster Co. Law Enforcement Ctr.	0.9	0.3	2.2	6.1	3.6	10.1
Washington Co. Corr. Fac.	0.0	0.0	5.8	0.0	0.0	5.8
Westchester Co. Jail	0.9	0.3	2.8	2.1	0.8	5.5
Westchester Co. Penitentiary - Dept. of Corr.	0.4	0.1	1.9	1.7	0.8	3.8

APPENDIX TABLE 8 (continued)

Percent of jail inmates reporting nonconsensual sexual acts and abusive sexual contacts, by facility, National Inmate Survey, 2011–12

Facility name	Nonconsensual sexual acts ^a			Abusive sexual contacts only ^b		
	Percent victimized ^d	95%-confidence interval ^c		Percent victimized ^d	95%-confidence interval ^c	
Lower bound		Upper bound	Lower bound		Upper bound	
North Carolina						
Buncombe Co. Det. Fac.	0.7%	0.2%	2.5%	1.3%	0.5%	3.4%
Cherokee Co. Jail	0.0	0.0	7.9	2.5	0.8	7.8
Durham Co. Jail	0.7	0.2	2.7	1.6	0.7	3.7
Edgecombe Co. Det. Ctr.	3.1	1.8	5.4	3.2	1.7	5.9
Forsyth Co. Adult Det. Ctr.	1.2	0.4	4.0	2.0	0.8	5.1
Granville Co. Det. Ctr.	5.3	1.5	16.5	1.2	0.3	4.4
Guilford Co. High Point Det. Fac.	0.0	0.0	2.4	1.1	0.4	2.7
Guilford Co. Prison Farm	0.0	0.0	9.6	0.0	0.0	9.6
Mecklenburg Co. Jail North	0.0	0.0	3.1	2.0	0.8	4.9
New Hanover Det. Fac.	0.0	0.0	2.4	1.9	0.8	4.3
Robeson Co. Jail	2.4	1.1	5.1	5.1	3.0	8.6
Scotland Co. Jail	4.0	2.0	7.7	1.4	0.5	3.6
Wake Co. John H. Baker, Jr. Public Safety Ctr.	2.3	0.7	7.3	1.8	0.8	4.3
North Dakota						
Burleigh Co. Det. Ctr.	0.0%	0.0%	4.5%	3.5%	1.9%	6.5%
Ohio						
Bedford Heights City Jail	0.0%	0.0%	9.9%	0.0%	0.0%	9.9%
Cuyahoga Co. Corr. Ctr.	0.7	0.3	2.0	1.6	0.7	3.6
Delaware Co. Jail	0.0	0.0	3.4	0.0	0.0	3.4
Franklin Co. Jail	2.6	1.2	5.8	1.5	0.5	4.6
Hamilton Co. Justice Ctr.	0.0	0.0	1.8	1.8	0.8	4.3
Hamilton Co. Reading Road Fac.	0.9	0.4	2.1	1.6	0.7	3.3
Lorain Co. Jail	0.6	0.1	2.1	1.6	0.7	3.6
Miami Co. Jail	0.0	0.0	5.3	0.0	0.0	5.3
Montgomery Co. Jail	0.9	0.3	2.7	0.4	0.1	2.0
Richland Co. Jail	1.4	0.7	2.9	1.4	0.7	2.9
Oklahoma						
Dewey Co. Jail	0.0%	0.0%	22.8%	0.0%	0.0%	22.8%
Kay Co. Jail	0.8	0.3	2.4	1.8	0.8	3.8
Nowata Co. Jail	0.0	0.0	13.8	2.4	0.7	8.3
Oregon						
Lane Co. Jail	0.0%	0.0%	2.2%	0.8%	0.3%	2.1%
Marion Co. Corr. Fac.	0.0	0.0	1.8	1.8	0.9	3.8
Washington Co. Jail	0.0	0.0	2.5	0.5	0.1	2.4
Yamhill Co. Corr. Fac.	2.8	1.4	5.8	1.8	0.9	3.5
Pennsylvania						
Allegheny Co. Jail	0.5%	0.1%	1.7%	2.5%	1.2%	5.1%
Blair Co. Prison	3.5	1.2	10.1	1.7	0.6	4.9
Fayette Co. Prison	1.0	0.2	4.1	3.9	1.9	7.7
Indiana Co. Jail	1.7	0.6	4.8	2.1	0.5	8.2
Luzerne Co. Corr. Fac.	2.4	1.2	4.9	0.6	0.1	2.7
Montgomery Co. Prison Corr. Fac.	1.9	0.8	4.1	1.8	0.8	4.3
Philadelphia City Alternative and Special Det. Fac.	0.0	0.0	2.2	0.8	0.3	2.5
Philadelphia City Curran/Fromhold Corr. Fac.	1.5	0.5	4.3	3.0	1.5	5.9
Philadelphia City Industrial Corr. Ctr.	2.7	1.2	5.6	6.8	4.3	10.6
Philadelphia City Riverside Corr. Fac. ^e	4.1	2.3	7.3	4.5	2.5	8.1
Schuylkill Co. Prison	0.0	0.0	2.7	2.7	1.4	5.0
Westmoreland Co. Prison	2.1	0.8	5.2	1.2	0.3	4.4
York Co. Prison	1.5	0.6	4.2	3.8	2.0	7.1

APPENDIX TABLE 8 (continued)

Percent of jail inmates reporting nonconsensual sexual acts and abusive sexual contacts, by facility, National Inmate Survey, 2011–12

Facility name	Nonconsensual sexual acts ^a			Abusive sexual contacts only ^b		
	Percent victimized ^d	95%-confidence interval ^c		Percent victimized ^d	95%-confidence interval ^c	
Lower bound		Upper bound	Lower bound		Upper bound	
South Carolina						
Charleston Co. Det. Ctr.	0.3%	0.1%	1.3%	1.7%	0.7%	4.0%
Florence Co. Det. Ctr.	0.0	0.0	2.3	1.2	0.5	3.1
Lexington Co. Jail	1.1	0.3	3.2	0.6	0.1	2.5
Spartanburg Co. Det. Fac.	0.0	0.0	1.8	1.1	0.4	3.5
Sumter-Lee Regional Det. Ctr.	1.0	0.4	2.7	4.1	2.2	7.3
York Co. Det. Ctr.	0.7	0.2	2.7	1.4	0.4	4.6
South Dakota						
Pennington Co. Jail	1.6%	0.6%	4.2%	0.9%	0.3%	2.4%
Tennessee						
Lincoln Co. Jail	3.0%	1.4%	6.1%	0.0%	0.0%	4.7%
Madison Co. Jail	0.4	0.1	1.4	4.9	2.4	9.7
McMinn Co. Jail	1.0	0.5	2.0	2.4	1.4	4.1
Montgomery Co. Jail	0.0	0.0	3.1	0.7	0.2	3.3
Obion Co. Jail	0.0	0.0	3.8	0.0	0.0	3.8
Robertson Co. Det. Ctr.	1.1	0.4	2.9	1.7	0.8	3.9
Shelby Co. Corr. Ctr.	0.3	0.1	1.6	3.1	1.7	5.5
Shelby Co. Jail	0.2	0.0	0.9	1.6	0.7	3.5
Sumner Co. Jail	3.1	1.7	5.7	2.9	1.5	5.6
Tipton Co. Jail	0.0	0.0	4.9	1.5	0.5	5.0
Van Buren Co. Jail	0.0	0.0	20.4	0.0	0.0	20.4
Washington Co. Det. Ctr.	1.5	0.7	3.4	1.4	0.6	2.9
Texas						
Bexar Co. Adult Det. Ctr.	4.6%	2.3%	9.0%	0.4%	0.1%	2.4%
Bowie Co. Corr. Ctr.	1.2	0.4	3.6	1.3	0.4	3.8
Brazoria Co. Jail and Det. Ctr.	0.0	0.0	1.7	0.9	0.3	2.6
Brown Co. Jail	0.0	0.0	4.7	0.0	0.0	4.7
Cameron Co. Carrizales-Rucker Det. Ctr.	0.0	0.0	1.4	0.3	0.1	1.6
Dallas Co. Kays Det. Fac.	0.7	0.2	2.6	1.3	0.5	3.7
Denton Co. Det. Ctr.	1.3	0.5	3.3	1.1	0.4	2.9
Eastland Co. Jail	0.0	0.0	9.9	0.0	0.0	9.9
El Paso Co. Det. Fac. Annex	1.4	0.5	3.9	1.5	0.5	4.0
El Paso Co. Downtown Det. Fac.	0.0	0.0	2.2	3.0	1.2	7.6
Ellis Co. Wayne McCollum Det. Ctr.	1.3	0.6	2.9	2.3	1.2	4.3
Gregg Co. Jail	1.0	0.4	2.4	0.5	0.1	2.0
Harris Co. Jail - 1200 Baker Street Jail	5.1	2.6	9.8	2.5	1.2	5.2
Harris Co. Jail - 1307 Baker Street Jail	0.4	0.1	1.7	1.0	0.4	2.5
Harris Co. Jail - 701 North San Jacinto Street Jail ^f	0.3	0.1	1.5	2.9	1.5	5.6
Harris Co. Jail - 711 North San Jacinto Jail	1.5	0.4	4.9	0.0	0.0	5.7
Hays Co. Jail	0.8	0.2	3.3	3.1	1.1	8.7
Jefferson Co. Corr. Fac.	0.3	0.1	1.6	1.8	0.8	3.7
Johnson Co. Jail	2.4	1.2	4.5	2.8	1.6	5.0
Tarrant Co. Corr. Ctr.	0.9	0.3	3.1	1.9	0.7	5.2
Taylor Co. Jail	0.6	0.1	2.7	2.4	1.1	5.1
Titus Co. Jail	0.0	0.0	5.7	0.0	0.0	5.7
Travis Co. Corr. Fac.	2.7	0.9	7.6	0.0	0.0	3.5
Travis Co. Jail	0.0	0.0	13.3	0.0	0.0	13.3
Uvalde Co. Jail	0.0	0.0	18.4	3.6	0.9	14.1
Victoria Co. Jail	1.6	0.4	6.6	0.0	0.0	8.6
Washington Co. Jail	1.3	0.5	3.2	1.4	0.5	3.5
Webb Co. Jail	0.0	0.0	3.4	0.6	0.1	2.7

APPENDIX TABLE 8 (continued)

Percent of jail inmates reporting nonconsensual sexual acts and abusive sexual contacts, by facility, National Inmate Survey, 2011–12

Facility name	Nonconsensual sexual acts ^a			Abusive sexual contacts only ^b		
	Percent victimized ^d	95%-confidence interval ^c		Percent victimized ^d	95%-confidence interval ^c	
Lower bound		Upper bound	Lower bound		Upper bound	
Utah						
Box Elder Co. Jail	0.0%	0.0%	8.8%	0.0%	0.0%	8.8%
Davis Co. Jail	3.2	1.5	6.7	1.6	0.7	3.6
Weber Co. Corr. Fac.	1.2	0.5	3.1	2.5	1.1	5.5
Virginia						
Alexandria Det. Ctr.	0.0%	0.0%	3.1%	0.6%	0.1%	2.6%
Arlington Co. Det. Fac.	0.0	0.0	2.3	0.8	0.2	3.2
Bristol City Jail	0.0	0.0	3.7	0.8	0.3	2.3
Hampton Corr. Fac.	0.5	0.1	2.0	0.5	0.1	1.8
Henrico Co. Regional Jail West	1.8	0.8	3.9	0.9	0.3	2.8
Mecklenburg Co. Jail	0.0	0.0	5.4	0.0	0.0	5.4
Montgomery Co. Jail	0.0	0.0	6.0	0.0	0.0	6.0
Newport News City Jail	2.0	0.9	4.2	1.5	0.6	3.4
Piedmont Regional Jail	0.0	0.0	2.0	2.3	1.1	4.7
Rappahannock Regional Jail	2.4	1.2	4.8	2.1	1.0	4.2
Richmond City Jail	0.9	0.3	2.8	2.6	1.3	5.2
Riverside Regional Jail	1.8	0.8	4.3	3.1	1.7	5.6
Virginia Beach Municipal Corr. Ctr.	1.0	0.4	2.6	1.4	0.6	3.3
Washington						
Benton Co. Jail	0.1%	0.0%	0.4%	2.3%	0.8%	6.0%
Cowlitz Co. Jail	1.1	0.5	2.8	0.6	0.2	2.0
King Co. Regional Justice Ctr.	0.6	0.1	2.7	0.8	0.2	2.4
Snohomish Co. Jail	1.0	0.3	3.1	0.0	0.0	1.6
Sunnyside City Jail	0.0	0.0	18.4	0.0	0.0	18.4
Whatcom Co. Jail	0.5	0.1	1.8	2.5	1.2	5.1
Yakima City Jail	0.0	0.0	9.0	1.8	0.5	5.9
West Virginia						
Eastern Regional Jail	3.3%	1.4%	7.5%	3.2%	1.6%	6.6%
South Central Regional Jail	1.8	0.6	4.8	4.2	1.8	9.2
Western Regional Jail	2.9	1.6	5.3	1.9	0.9	4.2
Wisconsin						
Brown Co. Jail	1.2%	0.4%	3.9%	2.9%	1.4%	6.1%
Columbia Co. Jail	2.1	0.6	7.5	2.1	0.6	7.5
Milwaukee Co. Corr. Fac. South	1.0	0.3	3.2	3.2	1.6	6.3
Oconto Co. Jail	0.0	0.0	18.4	0.0	0.0	18.4
Rock Co. Jail	0.8	0.2	3.0	2.5	1.2	5.3
Walworth Co. Jail	0.0	0.0	3.7	2.5	1.3	5.0
Washington Co. Jail	0.0	0.0	5.4	4.5	2.4	8.6
Wood Co. Jail	0.0	0.0	12.9	0.0	0.0	12.9
Wyoming						
Lincoln Co. Jail	0.0%	0.0%	25.9%	0.0%	0.0%	25.9%

^aIncludes all inmates who reported unwanted contacts with another inmate or any contacts with staff that involved oral, anal, or vaginal penetration, hand jobs, and other sexual acts occurring in the past 12 months or since admission to the facility, if shorter.

^bIncludes all inmates who reported unwanted contacts with another inmate or any contacts with staff that involved touching of the inmate's buttocks, thigh, penis, breasts, or vagina in a sexual way occurring in the past 12 months or since admission to the facility, if shorter.

^cIndicates that different samples in the same facility would yield prevalence rates falling between the lower and upper bound estimates 95 out of 100 times.

^dWeights were applied so that inmates who responded accurately reflected the entire population of each facility on select characteristics, including age, sex, race, sentence length, and time served. (See *Methodology*.)

^eFemale facility.

^fFacility housed both males and females; only males were sampled at this facility.

^gPrivately operated facility.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

APPENDIX TABLE 9

Characteristics of special correctional facilities and prevalence of sexual victimization, by facility, National Inmate Survey, 2011–12

Special correctional facilities	Number of inmates in custody ^c	Respondents to sexual victimization survey ^d	Response rate ^e	Inmates reporting sexual victimization ^a		
				95%-confidence interval ^b		
				Percent ^f	Lower bound	Upper bound
Immigration and Customs Enforcement facilities						
El Centro SPC (CA)	386	115	47.8%	0.8%	0.2%	3.4%
Jena/LaSalle Det. Fac. (LA) ^g	767	97	39.6	1.1	0.2	5.4
Krome North SPC (FL)	584	60	22.9	3.8	1.2	11.9
Otero Co. Processing Ctr. (NM)	618	140	59.0	1.7	0.6	4.4
Port Isabel Processing Ctr. (TX)	1173	161	39.3	2.3	1.0	5.6
Military facilities						
Midwest Joint Regional Corr. Fac., Fort Leavenworth (KS)	188	82	56.2%	3.9%	1.9%	7.9%
Naval Consolidated Brig, Charleston (SC)	138	94	80.7	4.4	2.6	7.4
Naval Consolidated Brig, Miramar (CA) ^h	312	121	64.1	6.6	3.8	11.2
Northwest Joint Regional Corr. Fac. (WA)	140	85	71.0	6.6	2.9	14.1
United States Disciplinary Barracks, Fort Leavenworth (KS)	464	157	69.5	2.6	1.2	5.6
Indian country jails						
Hualapai Adult Det. Ctr. (AZ) ^g	15	7	60.0%	:	:	:
Laguna Det. Ctr. (NM) ^g	38	26	73.7	0.0%	0.0%	12.9%
Oglala Sioux Tribal Offenders Fac. (SD) ^g	115	56	51.8	10.8	6.2	17.9
San Carlos Dept. of Corr. and Rehabilitation - Adult and Juvenile Det. (AZ) ^g	133	79	83.8	1.6	0.6	4.2
Standing Rock Law Enforcement and Adult Det. Ctr. (ND) ^g	35	7	72.7	:	:	:

: Not calculated.

^aIncludes all types of sexual victimization, including oral, anal, or vaginal penetration, hand jobs, touching of the inmate's butt, thighs, penis, breasts, or vagina in a sexual way, and other sexual acts occurring in the past 12 months or since admission to the facility, if shorter.

^bIndicates that different samples in the same facility would yield prevalence rates falling between the lower and upper bound estimates 95 out of 100 times.

^cNumber of inmates in custody on day when the facility provided the sample roster.

^dNumber of respondents completing to the sexual victimization survey. (See *Methodology*.)

^eResponse rate is equal to the number of respondents divided by the number of eligible inmates sampled times 100 percent.

^fWeights were applied so that inmates who responded accurately reflected the entire population of each facility on select characteristics, including age, sex, race, time served, and sentence length. (See *Methodology*.)

^gFacility housed both males and females; both were sampled at this facility.

^hFacility housed both males and females; only males were sampled at this facility.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

APPENDIX TABLE 10

Standard errors for table 2: Prevalence of sexual victimization across inmate surveys, by type of incident, National Inmate Survey, 2007, 2008–09, and 2011–12

Type of incident ^c	Percent of prison inmates			Percent of jail inmates		
	NIS-1 2007	NIS-2 2008–09	NIS-3 2011–12	NIS-1 2007	NIS-2 2008–09	NIS-3 2011–12
Total	0.3%	0.3%	0.2%	0.1%	0.1%	0.2%
Inmate-on-inmate	0.1%	0.2%	0.1%	0.1%	0.1%	0.1%
Nonconsensual sexual acts	0.1	0.1	0.1	0.1	0.1	0.1
Abusive sexual contacts only	0.1	0.1	0.1	0.1	0.1	0.1
Staff sexual misconduct	0.2%	0.2%	0.2%	0.1%	0.1%	0.1%
Unwilling activity	0.1	0.2	0.1	0.1	0.1	0.1
Excluding touching	0.1	0.1	0.1	0.1	0.1	0.1
Touching only	0.1	0.1	0.1	--	--	--
Willing activity	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
Excluding touching	0.1	0.1	0.1	0.1	0.1	0.1
Touching only	--	--	--	--	--	--

--Less than 0.05%.

Source: Bureau of Justice Statistics, National Inmate Survey, 2007, 2008–09, and 2011–12.

APPENDIX TABLE 11**Standard errors for table 7: Prevalence of sexual victimization, by type of incident and inmate characteristics, National Inmate Survey, 2011–12**

Characteristic	Prison inmates reporting sexual victimization			Jail inmates reporting sexual victimization		
	Number of inmates	Inmate-on-inmate	Staff sexual misconduct	Number of inmates	Inmate-on-inmate	Staff sexual misconduct
Sex						
Male	85,500	0.1%	0.2%	31,500	0.1%	0.1%
Female	8,900	0.7	0.3	6,800	0.3	0.2
Race/Hispanic origin						
White	29,400	0.3%	0.2%	11,700	0.2%	0.1%
Black	38,500	0.1	0.2	16,400	0.1	0.2
Hispanic	30,900	0.2	0.4	13,500	0.3	0.1
Other	3,500	0.4	0.7	1,800	0.3	0.4
Two or more races	8,500	0.5	0.6	2,800	0.4	0.4
Age						
18–19	2,300	0.7%	0.6%	1,900	0.3%	0.4%
20–24	12,100	0.3	0.4	7,300	0.2	0.2
25–34	26,800	0.2	0.3	11,900	0.2	0.2
35–44	27,900	0.2	0.4	7,800	0.2	0.1
45–54	18,900	0.3	0.2	6,500	0.2	0.1
55 or older	9,900	0.2	0.2	2,000	0.4	0.1
Education						
Less than high school	48,900	0.2%	0.2%	17,900	0.2%	0.1%
High school graduate	19,700	0.3	0.4	8,600	0.1	0.2
Some college	15,900	0.3	0.2	7,100	0.2	0.2
College degree or more	6,000	0.4	0.4	3,200	0.4	0.4
Marital status						
Married	16,100	0.2%	0.3%	7,900	0.1%	0.2%
Widowed, divorced, or separated	23,700	0.2	0.2	8,600	0.3	0.2
Never married	47,400	0.2	0.2	19,500	0.2	0.1
Body Mass Index						
Underweight	1,200	1.1%	1.3%	600	0.9%	0.5%
Normal	21,600	0.2	0.2	12,400	0.1	0.1
Overweight	37,500	0.1	0.2	14,300	0.1	0.1
Obese	22,700	0.2	0.2	6,900	0.3	0.2
Morbidly Obese	2,700	0.6	0.9	900	0.6	0.7

–Less than 0.05%.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

APPENDIX TABLE 12
Standard errors for table 8: Prevalence of sexual victimization, by type of incident and inmate sexual characteristics, National Inmate Survey, 2011–12

Sexual characteristic	Prison inmates reporting sexual victimization			Jail inmates reporting sexual victimization		
	Number of inmates	Inmate-on-inmate	Staff sexual misconduct	Number of inmates	Inmate-on-inmate	Staff sexual misconduct
Sexual orientation						
Heterosexual	78,900	0.1%	0.2%	31,700	0.1%	0.1%
Non-heterosexual	7,400	0.8	0.7	3,300	0.9	0.5
Number of sexual partners						
0–1	17,000	0.2%	0.2%	6,300	0.3%	0.2%
2–4	9,700	0.3	0.3	5,400	0.2	0.2
5–10	15,300	0.2	0.2	5,800	0.2	0.1
11–20	12,500	0.3	0.4	6,000	0.3	0.2
21 or more	29,600	0.2	0.3	12,100	0.2	0.2
Prior sexual victimization						
Yes	12,900	0.7%	0.5%	5,700	0.8%	0.4%
No	75,600	0.1	0.2	30,300	--	0.1

--Less than 0.05%.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

APPENDIX TABLE 13
Standard errors for table 9: Prevalence of sexual victimization, by type of incident and inmate criminal justice status and history, National Inmate Survey, 2011–12

Criminal justice status and history	Prison inmates reporting sexual victimization			Jail inmates reporting sexual victimization		
	Number of prison inmates	Inmate-on-inmate	Staff sexual misconduct	Number of jail inmates	Inmate-on-inmate	Staff sexual misconduct
Most serious offense						
Violent sexual offense	25,500	0.4%	0.3%	1,900	0.6%	0.4%
Other violent	34,200	0.2	0.2	7,500	0.3	0.3
Property	16,000	0.3	0.3	8,300	0.2	0.2
Drug	22,000	0.1	0.2	7,400	0.1	0.1
Other	11,600	0.4	0.5	10,500	0.1	0.2
Sentence length						
Less than 1 year	6,100	0.4%	0.4%	:	:	:
1–4 years	23,400	0.2	0.1	:	:	:
5–9 years	16,500	0.2	0.3	:	:	:
10–19 years	23,700	0.2	0.2	:	:	:
20 years or more	30,000	0.4	0.4	:	:	:
Life/death	14,300	0.4	0.4	:	:	:
Time in a correctional facility prior to current facility						
Less than 1 month	17,300	0.2%	0.2%	10,500	0.2%	0.1%
1–5 months	9,700	0.3	0.4	6,300	0.2	0.1
6–11 months	6,900	0.2	0.3	3,400	0.2	0.3
1–4 years	22,700	0.2	0.2	7,800	0.1	0.2
5 years or more	30,100	0.2	0.2	8,300	0.3	0.3
Number of times arrested						
1 time	13,800	0.3%	0.2%	4,700	0.4%	0.2%
2–3 times	28,500	0.2	0.2	9,800	0.2	0.2
4–10 times	34,700	0.2	0.2	13,600	0.1	0.1
11 or more times	13,400	0.2	0.3	8,300	0.2	0.2
Time since admission						
Less than 1 month	6,500	0.4%	0.2%	12,300	0.1%	0.1%
1–5 months	22,100	0.2	0.2	16,100	0.1	0.1
6–11 months	21,100	0.2	0.3	5,300	0.5	0.3
1–4 years	35,300	0.2	0.2	4,800	0.3	0.4
5 years or more	24,400	0.5	0.4	200	1.3	1.6

: Not calculated.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

APPENDIX TABLE 14
Standard errors for table 10: Juvenile inmates reporting sexual victimization, by type of incident, National Inmate Survey, 2011–12

Type of incident	Standard errors		
	All facilities	Prisons	Jails
Total	0.7%	1.2%	0.9%
Inmate-on-inmate	0.5%	0.8%	0.6%
Nonconsensual sexual acts	0.2	0.8	0.1
Abusive sexual contacts only	0.4	0.2	0.5
Staff sexual misconduct	0.6%	1.0%	0.7%
Unwilling activity	0.4	0.3	0.5
Excluding touching	0.4	0.3	0.5
Touching only	0.1	0.0	0.2
Willing activity	0.5	1.0	0.6
Excluding touching	0.5	1.0	0.6
Touching only	0.0	0.0	0.0
Number of inmates	:	:	:

: Not calculated.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

APPENDIX TABLE 15
Standard errors for table 11: Prevalence of sexual victimization, by type of incident and age of inmate, National Inmate Survey, 2011–12

Age	Prison inmates			Jail inmates		
	Number	Inmate-on-inmate	Staff sexual misconduct	Number	Inmate-on-inmate	Staff sexual misconduct
16–17	360	0.8%	1.0%	950	0.6%	0.7%
18–19	2,280	0.7	0.6	6,080	0.3	0.4
20–24	12,070	0.3	0.4	22,240	0.2	0.2
25–34	26,820	0.2	0.3	38,050	0.2	0.2
35–44	27,890	0.2	0.4	23,090	0.2	0.1
45–54	18,890	0.3	0.2	16,170	0.2	0.1
55 or older	9,910	0.2	0.2	4,750	0.4	0.1

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

APPENDIX TABLE 16

Standard errors for table 12: Prevalence of sexual victimization among juveniles ages 16–17 and inmates ages 18–19 and 20–24, by type of incident and inmate characteristics, National Inmate Survey, 2011–12

Characteristic	Prison and jail inmates reporting sexual victimization								
	Number of inmates			Inmate-on-inmate			Staff sexual misconduct		
	Ages 16–17	18–19	20–24	Ages 16–17	18–19	20–24	Ages 16–17	18–19	20–24
All inmates	790	5,020	25,500	0.5%	0.3%	0.2%	0.6%	0.3%	0.2%
Sex									
Male	740	4,750	23,760	0.5%	0.3%	0.2%	0.6%	0.3%	0.3%
Female	110	510	2,790	1.7	1.5	0.8	0.6	0.5	0.4
Race/Hispanic origin									
White	150	1,210	6,410	3.2%	1.1%	0.4%	1.8%	0.7%	0.3%
Black	450	2,410	10,650	0.5	0.3	0.2	0.8	0.5	0.3
Hispanic	350	1,560	8,030	0.4	0.5	0.3	1.5	0.6	0.7
Other	20	230	1,120	0.0	1.5	0.5	0.0	1.3	1.9
Two or more races	110	610	2,650	0.8	0.8	0.9	0.8	1.1	0.8
Body Mass Index									
Underweight	80	190	470	5.7%	1.7%	1.1%	5.7%	1.0%	1.9%
Normal	470	3,070	11,840	0.3	0.4	0.2	0.7	0.5	0.2
Overweight	180	1,570	9,500	1.0	0.5	0.3	0.7	0.6	0.5
Obese	100	480	3,360	3.8	0.9	0.6	2.8	0.5	0.7
Morbidly obese	30	80	480	0.0	3.4	1.8	0.0	4.3	1.9
Sexual orientation									
Heterosexual	740	4,680	23,100	0.5%	0.2%	0.1%	0.6%	0.3%	0.2%
Non-heterosexual	50	410	2,300	3.1	4.1	1.4	0.8	1.5	2.0
Most serious offense									
Violent sexual	30	320	2,480	4.3%	5.0%	1.4%	4.7%	1.5%	0.6%
Other violent	360	1,790	8,710	0.5	0.4	0.3	1.2	0.7	0.5
Property	280	1,870	6,100	0.5	0.4	0.4	0.6	0.6	0.3
Drug	110	770	4,830	4.2	0.6	0.3	2.9	0.6	0.3
Other	120	820	4,410	2.2	0.7	0.2	1.0	0.5	0.4

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

APPENDIX TABLE 17

Standard errors for table 13: Circumstances surrounding incidents among juveniles ages 16–17 and inmates ages 18–19 and 20–24, by type of victimization, National Inmate Survey, 2011–12

Circumstance	Victims in prisons and jails					
	Inmate-on-inmate			Staff sexual misconduct		
	Ages 16–17	18–19	20–24	Ages 16–17	18–19	20–24
Number of victims	40	190	710	50	220	1,110
Number of incidents						
1	17.6%	9.4%	5.4%	8.0%	4.4%	5.4%
2 or more	17.6	9.4	5.4	8.0	4.4	5.4
Type of coercion or force						
Without pressure or force	~	~	~	7.7%	5.9%	3.9%
Pressured	11.7%	7.8%	3.0%	9.8	6.4	4.9
Force/threat of force	9.4	9.1	3.7	9.9	5.5	4.0
Ever injured	12.8%	7.4%	2.2%	4.2%	3.8%	3.5%
Ever report an incident	6.8%	6.9%	2.5%	3.4%	3.6%	3.5%

~Not applicable.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

APPENDIX TABLE 18

Standard errors for table 14: Prevalence of victimization by current mental health status and history of mental health problems among inmates, by type of facility, National Inmate Survey, 2011–12

	Adult prison inmates				Adult jail inmates			
	Number	Percent	Inmate-on-inmate	Staff sexual misconduct	Number	Percent	Inmate-on-inmate	Staff sexual misconduct
Current mental health status								
No mental illness	57,200	0.8%	0.1%	0.1%	17,000	0.6%	0.1%	0.1%
Anxiety-mood disorder	13,600	0.4	0.3	0.4	7,700	0.3	0.2	0.1
Serious psychological distress	12,400	0.5	0.6	0.4	10,400	0.5	0.3	0.2
History of mental health problems								
Ever told by mental health professional had disorder								
Yes	27,600	1.2%	0.3%	0.2%	16,300	0.8%	0.3%	0.2%
No	57,900	1.2	0.1	0.1	19,100	0.8	0.1	0.1
Had overnight stay in hospital in year before current admission								
Yes	8,000	0.4%	0.6%	0.6%	5,900	0.4%	0.5%	0.3%
No	74,100	0.4	0.1	0.1	28,700	0.4	0.1	0.1
Used prescription medications at time of current offense								
Yes	11,600	0.8%	0.4%	0.3%	8,600	0.6%	0.3%	0.2%
No	72,900	0.8	0.1	0.1	26,200	0.6	0.1	0.1
Ever received professional mental health therapy								
Yes	27,600	1.0%	0.3%	0.3%	14,100	0.6%	0.3%	0.2%
No	55,900	1.0	0.1	0.1	20,800	0.6	0.1	0.1

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

APPENDIX TABLE 19

Standard errors for table 15: Prevalence of serious psychological distress among adults in prisons, jails, and the U.S. civilian noninstitutional population, 2011–12

Demographic characteristic	U.S. noninstitutional adult population	Percent with serious psychological distress	
		Inmates age 18 or older	
		Prison	Jail
Total	0.2%	0.5%	0.5%
Sex			
Male	0.2%	0.5%	0.5%
Female	0.2	1.1	0.9
Race/Hispanic origin			
White	0.2%	0.6%	0.7%
Black	0.3	0.6	0.8
Hispanic	0.4	0.8	0.8
Age			
18–44	0.2%	0.6%	0.5%
45–64	0.3	0.8	0.8
65 or older	0.3	1.4	3.5

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12; and Centers for Disease Control and Prevention, National Health Interview Survey, 2012.

APPENDIX TABLE 20

Standard errors for table 16: Prevalence of inmate-on-inmate victimization, by current mental health status and inmate characteristics, National Inmate Survey, 2011–12

Characteristic	Prison inmates reporting sexual victimization			Jail inmates reporting sexual victimization		
	No mental illness	Anxiety-mood disorder	Serious psychological distress	No mental illness	Anxiety-mood disorder	Serious psychological distress
Sex						
Male	0.1%	0.3%	0.6%	0.1%	0.2%	0.4%
Female	0.4	1.1	1.3	0.4	0.4	0.7
Race/Hispanic origin						
White	0.2%	0.6%	0.8%	0.2%	0.3%	0.4%
Black	0.1	0.3	0.9	0.1	0.2	0.4
Hispanic	0.1	0.5	1.1	0.2	0.3	0.7
Age						
18–24	0.1%	0.8%	1.1%	0.1%	0.4%	0.4%
25–34	0.1	0.5	0.7	0.2	0.2	0.4
35–44	0.1	0.4	1.0	0.1	0.2	0.7
45 or older	0.2	0.5	0.9	0.2	0.3	0.8
Sexual orientation						
Heterosexual	--	0.2%	0.4%	0.1%	0.1%	0.2%
Non-heterosexual	0.8%	1.5	2.2	0.8	0.8	2.0
Most serious offense						
Violent sexual offense	0.3%	0.7%	1.4%	0.6%	1.5%	1.2%
Other violent	0.2	0.4	0.9	0.4	0.5	0.5
Property	0.1	0.6	1.1	0.1	0.3	0.6
Drug	0.1	0.4	0.7	0.1	0.2	0.4
Other	0.2	0.5	0.9	0.1	0.2	0.4

--Less than 0.05%.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

APPENDIX TABLE 21

Standard errors for table 17: Prevalence of staff sexual misconduct, by current mental health status and inmate characteristics, National Inmate Survey, 2011–12

Characteristic	Prison inmates reporting sexual victimization			Jail inmates reporting sexual victimization		
	No mental illness	Anxiety-mood disorder	Serious psychological distress	No mental illness	Anxiety-mood disorder	Serious psychological distress
Sex						
Male	0.1%	0.5%	0.5%	0.1%	0.1%	0.3%
Female	0.2	0.4	0.7	0.2	0.3	0.3
Race/Hispanic origin						
White	0.1%	0.3%	0.6%	0.1%	0.1%	0.3%
Black	0.2	1.2	0.8	0.1	0.3	0.5
Hispanic	0.2	0.4	1.5	0.1	0.2	0.5
Age						
18–24	0.3%	0.7%	1.5%	0.1%	0.3%	0.5%
25–34	0.2	0.5	0.8	0.2	0.2	0.4
35–44	0.2	1.1	0.8	0.1	0.2	0.4
45 or older	0.1	0.4	0.7	0.1	0.3	0.3
Sexual orientation						
Heterosexual	0.1%	0.5%	0.4%	0.1%	0.1%	0.2%
Non-heterosexual	0.6	0.9	2.0	0.7	0.6	0.8
Most serious offense						
Violent sexual offense	0.3%	0.7%	0.8%	0.5%	0.4%	1.1%
Other violent	0.2	0.6	0.9	0.3	0.4	0.6
Property	0.2	0.6	1.2	0.1	0.3	0.4
Drug	0.1	1.3	0.6	0.1	0.2	0.4
Other	0.3	0.5	1.2	0.2	0.2	0.5

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

APPENDIX TABLE 22
Standard errors for table 18: Circumstances surrounding incidents among adult inmates, by current mental health status and type of victimization, National Inmate Survey, 2011–12

Circumstance	Victims in prisons and jails					
	Inmate-on-inmate			Staff sexual misconduct		
	No mental illness	Anxiety-mood disorder	Serious psychological distress	No mental illness	Anxiety-mood disorder	Serious psychological distress
Number of victims	860	790	1,450	1,250	1,260	1,200
Number of incidents						
1	4.5%	6.0%	2.5%	2.6%	2.7%	2.3%
2 or more	4.5	6.0	2.5	2.6	2.7	2.3
Type of coercion or force						
Without pressure or force	~	~	~	3.2%	3.5%	2.9%
Pressured	3.4%	2.5%	2.5%	3.0	4.4	2.7
Force/threat of force	3.4	3.5	2.2	2.7	4.7	2.9
Ever injured	2.0%	2.3%	2.2%	1.4%	1.6%	2.4%
Ever report an incident	3.0%	2.4%	2.3%	2.2%	2.8%	2.6%

~Not applicable.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

APPENDIX TABLE 23
Standard errors for table 19: Prevalence of sexual victimization, by type of incident and inmate sexual orientation, National Inmate Survey, 2011–12

Characteristic	Inmate-on-inmate		Staff sexual misconduct	
	Heterosexual	Non-heterosexual	Heterosexual	Non-heterosexual
Sex				
Male	0.1%	0.9%	0.2%	0.7%
Female	0.3	0.7	0.2	0.4
Race/Hispanic origin				
White	0.1%	1.1%	0.1%	0.5%
Black	0.1	1.2	0.2	0.9
Hispanic	0.1	1.2	0.3	1.6
Age				
18–24	0.1%	1.5%	0.2%	1.8%
25–44	0.1	0.8	0.2	0.5
45 or older	0.1	1.1	0.1	0.7
Education				
Less than high school	0.1%	0.9%	0.2%	0.5%
High school graduate	0.2	1.4	0.3	1.5
Some college or more	0.1	1.0	0.2	0.6
Mental health problems				
None	--	0.6%	0.1%	0.5%
Anxiety-mood disorder	0.1%	1.1	0.3	0.6
Serious psychological distress	0.2	1.5	0.2	1.3

--Less than 0.05%.

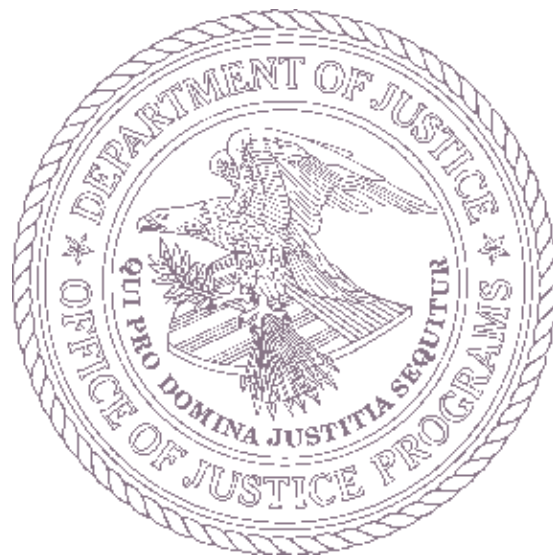
Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

APPENDIX TABLE 24**Standard errors for table 20: Circumstances surrounding incidents of sexual victimization among heterosexual and non-heterosexual inmates, National Inmate Survey, 2011–12**

Circumstance	Victims in prisons and jails			
	Inmate-on-inmate		Staff sexual misconduct	
	Heterosexual	Non-heterosexual	Heterosexual	Non-heterosexual
Number of victims	1,530	1,490	3,680	1,000
Number of incidents				
1	3.5%	3.2%	1.8%	2.5%
2 or more	3.5	3.2	1.8	2.5
Type of coercion or force				
Without pressure or force	~	~	1.9%	5.0%
Pressured	2.4%	1.9%	1.7	6.7
Force or threat of force	2.5	2.3	1.9	5.0
Ever injured	2.0%	2.2%	1.4%	3.3%
Ever report an incident	2.2%	2.2%	1.7%	4.3%

~Not applicable.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.



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ENDING ABUSE OF TRANSGENDER PRISONERS

A GUIDE TO WINNING POLICY CHANGE
IN JAILS AND PRISONS



This is a guide for advocates who are looking to start, or strengthen, their efforts to improve jail or prison conditions for transgender and all LGBTQ prisoners.

For a basic overview of the issues facing transgender and all LGBTQ prisoners and their legal rights, please see

TRANSGENDER PEOPLE BEHIND BARS: A guide to understanding the issues facing transgender prisoners and their legal rights.

For detailed information on what policies jails and prisons should adopt, see

POLICIES TO INCREASE SAFETY AND RESPECT FOR TRANSGENDER PRISONERS: A guide for agencies and advocates.

For ways advocates can work to reduce mass incarceration and keep LGBTQ people out of jails and prisons, see

LGBTQ CRIMINAL JUSTICE REFORM: Real steps LGBTQ advocates can take to reduce incarceration.

For assistance in policy development and review, please contact Racial and Economic Justice Policy Advocate, Mateo De La Torre, at mdelatorre@transequality.org or 202-804-6045, or NCTE@transequality.org or 202-642-4542.

For all press inquiries related to this document or NCTE's work regarding prison policy and its impacts on transgender people, please contact Media Relations Manager Gillian Branstetter at Press@Transequality.org.

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WHY PRISONS ARE AN LGBTQ ISSUE

JAILS ARE TRAUMATIZING AND OFTEN DANGEROUS PLACES, ESPECIALLY for lesbian, gay, bisexual, and transgender (LGBTQ) people and anyone who doesn't fit gender stereotypes. In a country that incarcerates more of its people than any other large nation in the world, LGBTQ people—especially LGBTQ people of color—are more likely to end up behind bars and more likely to face abuse behind bars than the general population.¹ Being LGBTQ in a U.S. jail or prison often means daily humiliation, physical and sexual abuse, and the fear that it will get worse if you complain.² Fortunately, advocates across the country are working to change this. Today, there are national standards, legal protections, and other new tools—as well as LGBTQ allies who are working to combat abuse behind bars—that make this a better time than ever to press for change.

NOW IS A BETTER TIME THAN EVER TO DO THIS WORK

Right now, jails, prisons, and other custodial agencies around the country are looking at developing policies related to transgender and LGBTQ people, many for the first time. Perhaps the biggest reason is the federal Prison Rape Elimination Act (PREA). Passed by Congress in 2003, this law led to the publication in 2012 of the National Standards to Prevent, Detect, and Respond to Prison Rape, known as the PREA Standards. These comprehensive standards include several provisions that direct agencies to pay particular attention to protecting LGBTQ people, intersex people, and people who don't fit gender stereotypes. Jails and prisons are strongly incentivized, and in some cases required, to comply with these standards, and some agencies can face financial penalties for non-compliance, although many continue to fall short of full compliance.

LGBTQ prisoners are increasingly winning in court and agencies are taking notice. There is now a growing body of court decisions saying that many of the ways LGBTQ people have been treated in prisons and jails violate the Constitution or other legal standards. For example, in recent years, there have been several cases—many of which were brought by prisoners advocating on their own without a lawyer—in which courts found that prisons violated the law by denying transition-related health care for transgender prisoners.³ While the law in some of these areas is still developing, many agencies are taking notice and taking action.

NATIONAL INSTITUTE OF CORRECTIONS LGBTI POLICY GUIDE: A CRITICAL COMPANION

The National Institute of Corrections (NIC) has released an in-depth resource for custodial settings on developing policies on LGBTI people. This resource, *Policy Review and Development Guide: Lesbian, Gay, Bisexual, Transgender, and Intersex Persons in Custodial Settings*, covers many of the issues that we cover in *POLICIES TO INCREASE SAFETY AND RESPECT FOR TRANSGENDER PRISONERS: A guide for agencies and advocates*. We recommend that you consider providing the NIC guide as a resource to the agency you are working with and that you use it yourself as a companion to our policy guide and a reference for policy development. Be aware, however, that the NIC guide presents some issues in a slightly different way than we do in our policy guide. Find the NIC guide at: <http://info.nicic.gov/lgbti>.

Finally, because more of this advocacy work is going on around the country, jail and prison officials are becoming more receptive to our message. LGBTQ advocates are increasingly taking this on as an important issue that affects particularly vulnerable members of our communities. For example, more currently and formerly incarcerated LGBTQ people are organized in pressing for change through networks such as Black & Pink and Transgender & Intersex Justice Project. Other advocates working on prison reform issues are increasingly recognizing LGBTQ folks as a key population in need of protection. At the same time, as jails and prisons hear about other agencies adopting policies protecting LGBTQ people, these issues start to become more familiar to them. Some agencies have started developing policies on their own initiative, even in areas where the PREA Standards don't require them to.

HOW TO USE THIS GUIDE

The purpose of this guide is to provide advocates (who are working outside facilities or agencies) with practical information about working on policy reforms in prisons and jails. It is intended for advocates who would like to work, or are working, with agencies that control jails, prisons, and other detention facilities, such as local, state, or federal corrections or detention agencies, to develop and implement more just and humane policies toward transgender and LGBTQ people. Advocates could include state or local transgender organizations, statewide LGBTQ equality groups, legal advocacy groups, or groups of grassroots activists, as well as organizations already working on prison reform or criminal justice issues that want to incorporate the concerns of LGBTQ people in their work.

This guide is mainly focused on advocacy to improve conditions for transgender people in jails, prisons, and other confinement facilities. While taking immediate actions to protect transgender and LGBTQ people from some of the worst harms they face behind bars is critical, we believe reforming jails and prisons can never be a complete solution. Too many people go to too many prisons for far too long in the U.S.—at tremendous human, and fiscal cost to all of us.

A NOTE ON LANGUAGE IN THIS GUIDE

In this guide, we generally use the term “prisoner” in discussing people who are being held in a confinement facility. Agencies themselves may use a variety of terms, such as “inmates,” “detainees,” and “residents.” These different terms reflect the different laws, environments, and cultures in these facilities. Accordingly, the excerpts from PREA Standards and sample agency policies included in this guide use varying terms.

¹ See, e.g., Center for American Progress & Movement Advancement Project. (2016). Unjust: How the Broken Criminal Justice System Fails LGBT People of Color. Washington, DC & Denver, CO. Available at: www.lgbtmap.org/file/lgbt-criminal-justice-poc.pdf; James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The Report of the 2015 U.S. Transgender Survey. (pp. 184–190). Washington, DC: National Center for Transgender Equality. Available at: www.ustranssurvey.org/report; Meyer, I. H., Flores, A. R., Stemple, L., Romero, A. P., Wilson, B. D. M., & Herman, J. L. (2017). American Journal of Public Health 107(2). Available at: https://williamsinstitute.law.ucla.edu/wp-content/uploads/Meyer_Final_Proofs.LGB_In_.pdf.

² For more information about issues affecting LGBT people in prisons, see LGBT People Behind Bars: Understanding the Basics at <https://transequality.org/transpeoplebehindbars>.

³ For more information about recent cases on the rights of LGBT prisoners, see LGBT People Behind Bars: Understanding the Basics, at <https://transequality.org/transpeoplebehindbars>.

WORKING WITH JAILS AND OTHER FACILITIES ON LGBTQ POLICIES

THIS CHAPTER OUTLINES KEY INFORMATION YOU MAY NEED, approaches to developing relationships and writing policies, and suggestions for overcoming obstacles. While there is no one way to advocate for policy changes in jails or other confinement facilities, these are some of the basics that are worth considering in any local advocacy effort.

GETTING STARTED

Before jumping right into an LGBTQ policy campaign with a prison or jail, it is important that you have a solid understanding of their current practices and culture concerning LGBTQ issues. First, if you or your team are not already familiar with the current experiences, needs, and risks of LGBTQ prisoners detained in the agency or facility, this will be critical to understand. Second, you should also assess staff and administration attitudes and knowledge about sexual orientation and gender identity and expression, and their openness to policy development. Finally, you should determine the current practices and policies at the facility in key areas such as screening and housing, how they are applied to LGBTQ people, and what, if any, training staff receive in this area. You will be most successful in developing your understanding of these areas and pursuing your policy goals if you can bring together a coalition of advocates with different skills, experience, and expertise. Once you and your coalition partners have a clearer picture of the needs, problems, and practices within the agency or facility, you will be in a good position to start developing a solid plan for your advocacy.

UNDERSTAND THE BIG PICTURE

It's also important to understand from the beginning that while LGBTQ people behind bars often face unique challenges, those LGBTQ-specific challenges often occur in the context of policies and practices affecting prisoners more generally, as well as the policies that drive mass incarceration. Some things to consider:

- Are there additional issues, beyond those specific to LGBTQ people, that your efforts should address?

For example, issues like access to medical care or the use of solitary confinement affect prisoners more broadly, regardless of whether they are LGBTQ, and there are many other issues that are just as important to the LGBTQ people incarcerated in your community.

- Is there an existing advocacy effort targeting this agency on another prisoner rights issue, (such as excessive force, solitary confinement, or mistreatment of people with disabilities)? If so, how can your efforts be combined or support each other?

ADVICE FROM AN ADVOCATE

If you have not been through the system, you do not know what it is like. Work with folks who have interacted with the system as well as those who work within it. Be a pen pal or visit people who are currently incarcerated or who have recently been incarcerated at the facility you're developing a policy for. Hear what they are experiencing in jail. Be conscious that their concerns and wishes about prison conditions may not be what you think.

- How can you ensure officials who are resistant to change do not exploit one issue to avoid addressing others? For example, some agencies might try to tout new LGBTQ policies to improve their public image or deflect criticism about other problems at their facilities.

UNDERSTANDING THE VALUE OF COALITION BUILDING

While you don't need a large, well-funded organization to do this work, you will be most effective if you bring together a group of advocates with different skills and expertise, including those who focus primarily on transgender and LGBTQ issues and others who may have experience focusing on incarceration issues more broadly. A strong team—even a small one—can bring together knowledge of your local agency or facility; personal experiences with incarceration, legal or policy expertise, or research; and a broad set of perspectives. Remember that this is a particularly complex and challenging area for advocates—you shouldn't go at it alone.

Consider reaching out to other organizations in your local community or state that may have experience working with this agency or on related issues, even if not with an LGBTQ focus. They may be willing to give you advice or key background information, or even join your efforts. Potential partners in this work could include:

- Transgender and LGBTQ advocacy organizations in your community or state
- Legal services organizations that represent prisoners
- Public defenders and other attorneys who handle criminal matters
- Non-legal organizations that provide services to prisoners or monitor their treatment
- Organizations that serve formerly incarcerated individuals, such as community re-entry programs and harm reduction programs
- Racial justice organizations
- Legal or policy organizations focused on criminal justice reform
- State ACLU affiliates
- Organizations in a neighboring community or state that have worked with jails or prisons before
- Local policy-focused organizations, as well as LGBTQ and prisoner rights lawyers
- Protection & Advocacy Systems (P&A) (state-based groups that provide advocacy and support for underserved individuals with disabilities)

Many advocates have found it very helpful to bring attorneys in on the policy development and have had them do trainings for the advocates on the law and other policies. You can also reach out to national LGBTQ organizations such as the National Center for Transgender Equality for advice and assistance, such as to get copies of recent policies from other jurisdictions and feedback on policy proposals.

UNDERSTANDING CURRENT EXPERIENCES OF LGBTQ PRISONERS

If you or your team do not have first-hand experience being incarcerated in the facility you're trying to improve a policy for, you may have much to learn. This is where talking to current and formerly incarcerated LGBTQ people is key. While you may already be aware of common problems and risks that LGBTQ prisoners face generally, it will be helpful for you to have a good understanding of the experiences, risks, and needs of LGBTQ people in the facility where you want to develop policy. This will allow you to focus your policy development on the specific problem areas that transgender and LGBTQ prisoners face in this facility. If you are not already in

contact with current or former prisoners, now is the time for you to reach out to them. Some ideas on how to do this include:

- Reaching out to local LGBTQ service providers
- Reaching out to service providers who work with currently and formerly incarcerated people, such as prisoner watchdog groups, prisoner advocates, public defenders, community re-entry programs, and harm reduction programs
- Participating in a community visitation program
- Requesting to be a pen pal with a current LGBTQ prisoner
- Asking community members you already know if they know anyone for you to talk to

While gathering information from currently or formerly incarcerated individuals is a good place to start, it is also important to fully engage current and former prisoners to the greatest extent possible in every step of your campaign and in your campaign's leadership.

INVOLVING PEOPLE WHO ARE CURRENTLY OR WERE PREVIOUSLY INCARCERATED IN THIS FACILITY OR OTHERS IN YOUR CAMPAIGN

Include formerly incarcerated people in your working group.

If no one in the initial group of advocates planning the work has been incarcerated, consider inviting individuals who have been incarcerated to take an active role in your advocacy work—planning your strategy, meeting with officials, and developing policy proposals. If a formerly incarcerated person isn't interested in or doesn't have the time to commit to being part of your core group, they may be able to take another role, such as providing feedback on policy proposals or sharing their story in a meeting with officials or in an officer training. Whatever their degree of involvement, it is important that formerly incarcerated individuals not be tokenized or expected to represent the experiences of all currently or formerly incarcerated LGBTQ people. Keep in mind that many incarcerated people and people marginalized in other ways may be interested in participating but may face financial barriers or other barriers to doing so, and think about ways you can address those barriers to help ensure they are included.

Conduct a needs assessment survey.

In many local communities, advocates have conducted needs assessment surveys to determine the key challenges affecting LGBTQ people and the things they think are most important to change. Sometimes these assessments focus on specific issues or segments of the LGBTQ community, such as folks who have had involvement in underground or street economies. Needs assessments can include paper and online surveys, community meetings, focus groups, or one-on-one interviews.

Create an advisory group.

For example, the Sylvia Rivera Law Project (SRLP) has a Prisoner Advisory Committee that provides regular input on the problems and concerns facing incarcerated transgender, intersex, and gender nonconforming people in correctional facilities, as well as on the strategies and objectives that SRLP uses. The advisory group currently includes around 150 currently incarcerated individuals who regularly advise on and participate in SRLP's advocacy work. The group also shares stories and artistic works through an annual newsletter called In Solidarity and through a blog on SRLP's website.

UNDERSTANDING FACILITY STAFF AND ADMINISTRATION ATTITUDES ABOUT SEXUAL ORIENTATION AND GENDER IDENTITY/EXPRESSION

In order to be able to get a facility to adopt and implement a policy, you will first need to have a good sense of its staff and administrators' knowledge and attitudes about sexual orientation, gender identity, and gender expression, as well as their openness to creating policy in these areas. While lawsuits or legislation can force change, agency culture and attitudes will determine how the laws or policies are implemented.

Current and former prisoners will have some knowledge about the facility's culture. Having honest conversations with the individuals who work in the facility or oversee it is also a critical step to getting a clearer picture of where things are. For example, is there a friendly staff member whom you already know or to whom you can arrange an introduction? If so, they should be able to help you gain an understanding of the general level of skills, knowledge, and comfort of agency staff and administration in this area.

If you are already on good working terms with facility administration, you may want to consider asking them to pull together an informal focus group or have their staff complete a short, anonymous online survey that would assess knowledge and attitudes related to LGBTQ prisoners. Is the facility administration ready to improve practices related to LGBTQ prisoners but facing reluctance from staff members or officer unions? Knowing this type of information will help you better plan for policy development as well as staff training before implementing any new policies.

UNDERSTANDING CURRENT PRACTICE AND POLICY FOR LGBTQ PRISONERS AT THE FACILITY

It is important for you to be aware of any written or unwritten policies the facility follows that affect LGBTQ prisoners. You can start looking for these policies or procedure manuals online, as some agencies post some written policies on their websites. You can also make a written request to the agency asking for access to all or specific pieces of their written policies under your state's freedom of information law.¹

If you already have a good relationship with a staff member or administrator, you can ask them for copies of relevant policies and manuals as well as any informal policies that they may be aware of. Be aware that if you request all written policies it may be a large volume of information and the cost of filing a formal request for documents is sometimes significant. In some jurisdictions, prisoner advocacy groups will already have copies of written policies; this may be a good place to start looking for information that is not available online. Below are some examples of the types of policies and the areas of practice to inquire into:

- Nondiscrimination and anti-harassment policy
- Personal rights of prisoners (e.g., privacy)
- Intake and risk assessment
- Classification
- Housing policies
- Medical care and medication screening and delivery
- Any policies specific to transgender prisoners

- Clothing, grooming, and hygiene
- Searches
- PREA policies
- Other policies regarding physical and sexual abuse prevention

With this information, you'll be ready to determine how you are going to engage the agency or facility you are looking to create policy for, what your advocacy campaign goals are, and who you want to reach out to so you can create a broader coalition.

Other sources of information about agency policies and practices can often be found through PREA audits. The PREA Standards require regular audits for all facilities to assess their compliance. These audits can often be found on the U.S. Department of Justice website at <https://www.bja.gov/State-PREA-Submissions> or through state freedom of information laws. Sexual abuse incident reviews—which are meant to identify factors contributing to abuse incidents, trends, and steps to prevent future incidents—may also be available (with personal information redacted) through freedom of information laws. Note that, currently, PREA audits often fail to identify problems and areas of noncompliance. Problematic audits can be reported to the Justice Department's Bureau of Justice Assistance to help improve their quality in the future.

HOW TO BUILD RELATIONSHIPS WITH FACILITY STAFF AND ADMINISTRATION AND WORK WITH THE FACILITY

Identifying and Engaging with the Right System Officials

To make sure that a policy is specifically tailored to the facility's practices and systems, you will want to have front-line staff, security staff, and others who interact with prisoners on a daily basis involved in developing the policy. In addition, to make sure that any policy that is developed will get adopted and implemented, you will want to have department leadership and other administration actively involved in the process. You will need their buy-in and support. You may also want to consider engaging representatives from other areas in the agency, including medical, mental health, and programming/treatment staff. In some cases, the provision of medical and mental health care will be done by a different agency, and you may need to engage with representatives from that agency, such as the Department of Health or a private contractor, to ensure that medical care providers also implement transgender and LGBTQ-specific provisions. You should also identify officers' unions and assess whether they are on board: officers' unions are sometimes a source of resistance and engaging them early on can sometimes be critical to the policy's success.

It can be incredibly useful to build individual relationships with key officials and/or staff who share a personal commitment to the issues you are working on. These may be agency leaders, mid-level administrators, or front-line staff who are personally invested in ensuring the best possible outcomes and are willing to have candid conversations and help strategize about addressing the concerns of others in the agency, developing trust, and overcoming roadblocks.

These folks may reach out to you or you may identify them in larger meetings. Depending on the size of the agency, there may be an employee resource group for LGBTQ employees that you can reach out to. Keep in mind that these folks work for the agency and may have limitations on their ability to meet or share information with you, but they can still help a lot. You will often need to take the time to build these relationships and do behind-the-scenes work before you can even start discussing what a policy could look like.

While building these relationships can be important to making policy change, it is important to understand that working closely with facility staff can be alienating and painful for some formerly incarcerated people. You should make sure you are having open and honest conversations with everyone involved in the campaign about the potentially difficult dynamic of working with agency staff and you should collectively develop strategies to deal with those challenges. You can find some suggestions on this topic in the section “Handling Conflict between Policy Advocates and the Facility” below.

Gaining Buy-in from Agency Officials

To be successful in influencing agency policy, you will likely need to develop relationships with key leadership and staff and persuade them that you can help them with their mission and goals. Agency staff may see their organization and its impact on marginalized communities in a more benign light than you do, and they may start from a place of real ignorance about LGBTQ people. At the same time, agency leaders and staff can be motivated to make sure that they are following the law, protect themselves from lawsuits, minimize conflicts with prisoners that could pose dangers to their staff, and provide a basic level of decency and safety.

You can use many tools to do some initial education with agency officials and gain buy-in for policy changes. Some helpful tools include personal stories from LGBTQ community members, data, and findings from studies and official reports, examples of successful policies from other agencies, specific provisions of the PREA standards, and relevant court decisions. Being familiar with the PREA standards and their provisions related to LGBTQ people will be very helpful here because complying with PREA is (or is at least supposed to be) very important to facilities. In addition to talking about PREA, giving officials an opportunity to get to know LGBTQ individuals and understand who they are both inside and outside facilities is invaluable. Offering to provide cultural competency training for their staff can also be a helpful initial step.

Understand that leaders and staff may have a lot of questions and will look to you for answers. Sometimes their questions will be very basic and others may surprise you. Try to meet them where they are and answer their questions as best you can. If you don't know how to answer a question, tell them you'll get back to them and reach out for help from an expert.

LESSONS LEARNED

Developing policy for a jail or prison could take a very long time.

Doing this work requires perseverance and patience. Courtney Gray, a transgender advocate in Colorado, explained that a willingness to work tirelessly is crucial. When things get tough, it is important to keep in mind that there is usually a common goal between jail staff and advocates.

Establishing Task Forces, Committees, or Other Policy Development Groups

In order to more fully engage stakeholders, other advocates, and agency staff in your advocacy group's efforts at developing an LGBTQ policy, you may want to consider pulling together a task force, committee, or named coalition that will solely focus on improving conditions in the prison or jail for LGBTQ folks who are incarcerated.

What are the benefits of forming a separate group? To start with, by setting up something new and separate from the organization you are working with, you can more easily spread the word around and get folks excited about a first meeting. You can also send out organization- or individual-specific invitations to those you believe will be important players in this effort. In addition, folks who may otherwise be unsure about attending a meeting that is led by one particular organization may be interested and excited to participate in a group where the leadership is coming from multiple perspectives.

Below are three common forms that a stand-alone task force, committee, or coalition could take. There are advantages and disadvantages for each of the forms, but depending on your community and how interest in policy reform first developed, you may find that it is clear which type best suits you.

1. Advocate-led committees or task forces with the involvement of agency officials

This is a very common format for LGBTQ policy development. Advocates from different organizations come together and invite other individuals, as well as agency staff and administration, to join the new committee or task force. Advocates host the meeting at a location that is comfortable for them and are generally the ones who drive the group forward. To truly involve system staff and administration, advocates should think about how to set up meetings at times that would also work for these individuals as well as ways to help them get involved and feel some ownership.

2. Advocate committees or coalitions that work on their own and then present policy to agency officials

If you have found it too difficult or even impossible to get agency staff or administration to sit at the table with you, you may have no other option than to develop policy recommendations for them on your own. A goal of this type of committee is to figure out how to get your work in front of the agency for discussion. After presenting policy recommendations to them, the agency may become interested in working with you to refine the proposed policy.

3. System-led committees or task forces where advocates are invited to participate at varying levels

Occasionally an agency will organize its own committee or task force and will invite you or other advocates to participate in policy development. They may ask you to serve as full members of the group or as occasional advisors. When agencies do this, it usually means that high-level administrators are supportive of improving policy or that they have been required to create a new policy as a result of litigation or oversight by another government body. A potential challenge is that the agency's ideas about what a policy should look like may be very different from the advocates'. If the agency is calling the shots, hosting meetings of the group, and deciding who can and cannot participate, you can still help steer the policy in the right direction. To try to steer the policy, help the agency see that they need the input and involvement of community advocates in order to craft a policy that is workable and credible for all stakeholders. This can be done by, for example, offering trainings for the group and sharing personal stories.

HOW POLICY DISCUSSIONS GET STARTED

Advocates Initiate Policy Discussions

If you are coming at this completely from the outside, you will need to figure out who you should contact from the facility and how to start the conversation. Before you do so, however, you should reach out to others who have worked on jail and prison policies or conditions in your area.

After completing your initial research and consulting, there are many ways to make contact. If you already have a good relationship with a local or state legislator or another government agency, or if your local government or mayor's office has an LGBTQ affairs liaison, you could ask them for advice or an introduction.

Other local or state advocates, whether LGBTQ groups or other progressive or criminal justice reform groups, may be willing to approach the agency with you or make an introduction on your behalf. If you have no other options, it is okay to make a cold call to the agency and request a meeting. If there have been any recent stories in the media or cases in the courts in your state relating to LGBTQ prisoners, this issue may already be on the minds of officials. Depending on the facts and outcomes of those situations, this may provide either a helpful opening or a sticking point you will need to get past.

Sometimes an agency will initially be hesitant to engage with community advocates or talk about LGBTQ issues. If they are very resistant, public pressure through the media, protests, or a broader coalition of community groups (beyond the LGBTQ community) may be useful—but keep in mind that ultimately you will need to develop a working relationship with the agency. You can also turn to elected officials such as state legislators, who often have oversight over prison conditions and may be able help hold prison officials accountable. While not always possible or desirable, bringing a lawsuit or passing local or state legislation can also force an agency to act—but keep in mind that it tends to be very difficult to win lawsuits against prisons and jails.

Correction Officials Initiate Policy Discussions

If your organization is approached by a local jail or department of corrections because they believe that they need to improve practices with trans and LGBTQ prisoners, you will need to figure out: (1) how open they are to working with advocates and (2) a way to get them to include you in the development of policy. You may also need to shift the focus to issues that you have identified as most important. It may be helpful to reach out to local attorneys who do LGBTQ work, prisoner rights organizations, or general civil rights organizations in order to bring more advocates to the table. When agencies initiate policy development, they may have a very clear picture of what the policy will say regarding transgender prisoners and housing or medical access. Offering to provide trainings that help staff and administration to better understand these issues may make a big difference in getting the facility to be more open about what the policy ultimately says.

In some cases, corrections officials are approaching advocates because they have been compelled to create a specific policy in response to a lawsuit or government report. If you find yourself in this situation, it may be difficult to get the facility to address broader issues. You should, however, still try pressing for a comprehensive approach to policy development.

Corrections Officials Have Created a New Policy with No Advocate Involvement

If you recently found out that the local jail or prison has created a new policy related to LGBTQ prisoners and the policy is either not being implemented or needs to be improved upon or expanded, you may find it difficult to make inroads with the agency. This is where coalition building will be key. In such a situation elected officials may prove useful allies. You also must determine how to make the administration aware and care that the policy is not being implemented or is inadequate as is.



QUESTION: *Should we try to develop one policy that is specific to the needs of LGBTQ prisoners or would it be better to add provisions that address LGBTQ issues into the already existing policies of the facility?*

As with many other topics addressed in this guide, there is no universal right answer here. You should raise this question with the facility, advocates who have worked with the facility before, and corrections experts you trust to see what they think makes most sense for how their policies work. You should also engage individuals presently and formerly incarcerated in the particular facility who may have a sense of which directives and policies are most important.

Some important questions include:

- What will be most operationally effective for the facility in order to implement change?
- What would be the best way to make sure that staff and prisoners are aware of these policy protections?
- What is the easiest way for the facility's administration to adopt the new policies?

STRATEGY AND APPROACH

It's important to remember that when it comes to writing or revising its own policies, the agency is in control of the process. They will be the ones who ultimately decide what gets into the policy and what doesn't, what level of involvement the advocates will have in the final drafting of the policy, and whether they are actually going to adopt anything that gets developed out of the work of your campaign. Even when the agency is forced to act by a lawsuit or legislation, they have the most power in deciding how to implement policy. Therefore, maintaining a working relationship with the agency staff will be an important part of the overall work of your campaign. But it won't always be easy to do this.

There will be some agency staff who mean well but don't know what to do, and others who are resistant or skeptical. Some of the individuals you are working with may make homophobic,

SPOTLIGHT

The DC Trans Coalition (DCTC) used protests to call attention to the need for a comprehensive policy for the DC Department of Corrections. DCTC had first attempted to work with the agency on policy creation but were mostly ignored, so they moved to public protests. "Protests help you get in the door," Jeff Light from DCTC stated. "When you are a group...that represents a small voting bloc, you've got to make a little bit of noise to get a seat at the table." Once at the table, DCTC brought in legal and policy experts as well as affected community members to press for the best policy they could get.

biphobic, and transphobic remarks or try to justify staff misconduct. It can be difficult for many advocates, particularly those who have experienced incarceration first-hand, to sit in meetings with agency staff who say hurtful things or who don't seem to understand or value the experiences of transgender and LGBTQ people in their facilities.

Unless the agency is being legally required to develop new policies (say, because of a lawsuit), the officials you are sitting down with likely want to make things better for LGBTQ prisoners but may not do a good job at showing it. In addition, what they think is better may not be the same as what you think is better. In order to keep things moving forward, you may sometimes have to give facility staff the benefit of the doubt that they want to learn and help. This can be hard to do, especially for people who have been personally harmed by the policies and practices in place in the facility. You must strike a balance when working with facility officials—if they feel advocates are attacking them when they see themselves as trying hard, they may stop working with you completely. While ignoring harmful behavior from the facility staff is not an option, it may mean that you'll need to figure out how to address those problems in ways that don't hurt your ability to advance your policy objectives. For example, if an administrator makes an inappropriate comment without meaning to, you might decide to speak privately with that person after the meeting instead of calling them out in front of the group.

These types of tensions are one reason it is very valuable for advocates to meet separately from facility staff to discuss how the process is going and plan next steps. Advocates can then speak freely about any anger or mistrust that they may feel without jeopardizing the relationship with agency officials. It can also be helpful for a campaign member or ally who understands both the facility's perspective and the advocates' perspective to meet with your team to help foster a better understanding of how to discuss desired policy changes in a way that everyone can understand and value.

Remember that while meeting with agency staff is often a useful tactic, it is not the only one; advocates can decide to use multiple strategies at the same time. In many cases, it can be helpful to coordinate a diversity of tactics, with some advocates quietly meeting with agency staff to hash out a policy and others drumming up public pressure from the outside by organizing protests, sharing their stories with the media, or working with elected officials. That kind of joint strategy can help bring the agency to the table more quickly, and it can make it possible for people to help lead different aspects of advocacy even if they do not feel comfortable working directly with agency staff.

LESSONS LEARNED

You may be met with ignorance and possibly even hostility from officials.

To help address this, you could consider focusing on assisting agency staff on becoming culturally competent around trans identities and issues. You may need to do a lot of education, including explaining the basics of gender identity and how (and why) to respect transgender people. Even as you do these things, you will need to give people the benefit of the doubt, especially at the beginning of the process. This process is often difficult, and you'll need to make sure you're looking out for your wellbeing and that of other advocates you're working with—and remember that people can help lead the advocacy without personally being in every meeting.

ANTICIPATING AND RESPONDING TO FACILITY ADMINISTRATION AND STAFF CONCERNS

How to Respond to Officials' Concerns or Objections

Determine what legitimate concerns exist and figure out how to address them in policies or otherwise. Identify what fears exist that could be overcome by educating staff. You will need well-supported arguments, data, tools, and other evidence to help put agency staff at ease. Examples of common concerns and responses are provided in Chapter 3.

Some departments may want assurances that they are not going out on a limb with untested policies. You can give encouragement by sharing policies from other jurisdictions and explaining how this new policy is simply a part of complying with the law. On the other hand, some departments like to see themselves as cutting-edge. If that is your situation, you can get them excited about leading the way by pointing to policies from other jurisdictions and showing them how they can do better, or by letting them know that they are going to be among the first to develop a policy that addresses a particularly important issue.

TIP:

Don't go into this conservatively or defensively. Press for the strongest possible policy and see what you can get.

Sometimes the objections you hear from the facility are not based on discomfort with LGBTQ policy, but on bureaucratic roadblocks that the facility has not shared with you. It is important to understand what is behind any objections that are being raised so that you can address them appropriately. The facility may need to handle these issues before it can move forward with policy development. There is also the possibility that you may need to find a way to get around these roadblocks without waiting on the facility to resolve its internal issues.

Policy Adoption and Implementation

Once the agency has started writing a policy, it is important to stay engaged as much as possible. The details of these policies can be critical. Ask if you can provide feedback on drafts of the policy before it is finalized or if you can participate in the actual drafting process. Allied groups in your community, national groups like the National Center for Transgender Equality, or other national groups listed in Appendix B can help you review drafts and provide focused feedback.

At some point, it may become clear that there are some issues the agency is not currently prepared to address, or are not willing to address, in the way you recommend. The agency is ultimately in charge of deciding its own policies, but you may have to decide if the changes they are ready to make are strong and effective enough for you to support their adoption.

Either before, during, or after the process of actual drafting, you may want to ask the official or officials with whom you have the best relationships whether (and how) you can help get internal buy-in to adopt the policy or help with implementation. Help getting buy-in may mean meeting with officials higher up in the agency, gathering support from community groups, leveraging relationships with elected officials, providing additional information or research, or even putting them in contact with officials at other agencies that have adopted similar policies. If you do reach out to individuals at other agencies, you will want to engage the person or people you're putting

them in touch with and have a good idea of what they are going to say. Some may be more helpful than others.

Helping with implementation may mean providing or participating in staff training, educating the media and LGBTQ community members, and finding ways to monitor how the policy is working. One option is to propose an ongoing committee or task force of agency officials and community members that would continue to meet periodically to oversee the implementation of the policy and identify and resolve any problems that may arise. Additional strategies to address implementation issues might include filing freedom of information requests, reporting violations of PREA standards to the agency's designated PREA auditor, and working with legal organizations to consider lawsuits and other legal actions. With or without a formal monitoring process, the best way to know what is really going on and what still needs to be done is to support and work with currently and formerly incarcerated transgender and LGBTQ individuals and local organizations that serve them.

TRAINING

Training staff and administration about the policy is key to its implementation. Ideally, training would happen before the policy is implemented or shortly after. Some questions that should come up include:

- Who will develop the training module and who will deliver it?
- Is this a department-led training or can advocates come in with their own materials?
- Would the facility consider conducting a training jointly with advocates?
- How long should the training be?
- Who will be required to take it?
- Will it be a one-time training or will it happen periodically?

You should make sure that the agency is documenting trainings—including who was trained, when they received training, and what the training covered. This documentation helps keep the agency accountable. It can also be helpful for some lawsuits: for example, in order to succeed in making certain constitutional claims, LGBTQ prisoners need to show that agency staff knew about risks facing them—like by getting training on key issues related to LGBTQ prisoners—and still did nothing to help them.

MEDIA AND MESSAGING

Throughout this process, you may want to use media to build support or pressure for your work. In some cases, the agency you're working with will want to publicize its work with you and take credit for doing something positive. Publicizing and praising the process you've made can be valuable for educating community members about their rights, sustaining relationships with the agency as you work on implementation, and laying the groundwork for advocacy with other agencies or lawmakers. But it's also important that your public message doesn't ignore the need for additional reforms or the harms that many prisoners, whether or not they are LGBTQ, may continue to face even if the policy is implemented. Think hard about what your message should be, as well as whether it should depend on your audience or what point you're at in your advocacy.

Keep in mind that the agency you are working with could have a very problematic history and reputation with some communities. While the staff you are working with may genuinely want to do good, the agency may be seeking publicity for its new policy in order to improve its image. You may also want to consider carefully the tone and extent of your praise for specific policy changes or other steps being taken, as well as any praise of the agency itself, especially if you know that allied advocates are struggling to convince the agency to adopt other important policies. Also, consider whether you want to mention other changes in policies or practices that still need to be made—with this agency or with other local and state agencies or laws—when you are talking about the new policy with the media or the public. For example, if there is a separate campaign underway to combat racial profiling, reform drug laws, reform criminal sentencing in your city or state, you may want to identify this as a logical next step when talking to the media. While it can be powerful for several groups to make a joint statement, in some situations, it may be useful for different organizations or individuals to use somewhat different messages. Regardless, these are things you’ll want to consider before the agency puts out a press release or a reporter calls you for a statement.

¹ For information on using freedom of information law, see Columbia Human Rights Law Review. (2017). A Jailhouse Lawyer’s Manual, Eleventh Edition. Available at: <http://blogs2.law.columbia.edu/jlm/wp-content/uploads/sites/13/2017/05/Chapter-7-Part-I-and-II.pdf>.

ADDRESSING COMMON CONCERNS, FEARS, AND OBJECTIONS

AGENCY LEADERSHIP OR STAFF MAY HAVE A VARIETY OF CONCERNS, questions, fears, or objections to making policy changes. They may be concerned that these changes would cost a lot of money, compromise the safety of their officers, open them up to lawsuits, or generate public controversy. Some of the strongest concerns or objections you may hear will likely be about recommendations specific to transgender people, especially recommendations about where transgender prisoners are housed.¹ Taking these internal concerns seriously and addressing them can be essential to successfully adopting and implementing policy changes. Below are some short answers to common questions and concerns we've heard. These examples are by no means exhaustive, and fully addressing the concerns of agency stakeholders may require additional research or consultation. Advocates are encouraged to reach out to NCTE or other groups who have done this work before.

In some cases, it can be very helpful to identify experts who might be respected and trusted by agency stakeholders to respond to these concerns. Examples of experts might include medical or mental health providers with expertise in working with transgender people (and specifically with transgender prisoners) or supportive officials at other agencies who are willing to talk agency-to-agency about their experiences. You'll want to talk with these experts first before inviting them to address agency staff to make sure you're on the same page.

We treat every prisoner the same. Why should some get special treatment?

It's important to keep in mind that agency staff are obligated to protect all the people in their custody, most of whom are not LGBTQ. At the same time, corrections officials understand that some populations are more vulnerable than others and may have unique needs that must be met to ensure that they are safe and healthy. You can help officials understand LGBTQ policies are not about "special treatment"—they are about addressing the unique vulnerabilities that many LGBTQ people face in prisons and jails. For this reason, the PREA Standards require agencies to have policies specific to the needs of LGBTQ people. Research regarding abuse and other risks that LGBTQ prisoners face, as well as court rulings regarding agency's obligations under the Eighth Amendment and other legal standards also support this approach.

This is a correctional facility. We don't make decisions about where to house people or how to search them based on their personal preferences. Why should it be different for transgender people?

When making important decisions about transgender prisoners, like whether to house a transgender person in a men's or women's facility and whether the prisoner should be searched by male or female staff, it is important—and required under the PREA Standards—that facility staff give serious consideration and priority to the prisoner's views regarding what would be safest for them. We understand that ensuring the safety of both officers and prisoners is the highest priority of the agency. Our recommendations are aimed at ensuring safety in light of the unique vulnerabilities and needs of LGBTQ people, as well as facilities' obligations under the law and national PREA Standards. The PREA Standards recognize that in many cases, prisoners may have critical knowledge regarding their own vulnerability and what situations might expose them to

greater risk of abuse. Prisoners' views regarding their own vulnerability are important because, even for members of the same group, that vulnerability will play out differently in specific situations based on individual factors such as appearance, demeanor, stature, prior victimization, and past institutional history. Asking transgender prisoners to specify whether they would feel safer if housed with, or searched by, men or women serves to minimize their risk of assault and harassment and reduce the likelihood that the facility or individual officers will be held liable for harm experienced by the prisoner. Prisoners aren't being asked to simply give their personal preferences, but to give their view of what would be safest for them. These policies have been embraced by many state and local corrections agencies, as well as major police departments and juvenile facilities.

Housing transgender women with other women is not possible. Has any other agency even tried to do this?

Yes, many agencies have such policies in place. Case-by-case housing placements for transgender people, including housing transgender women in women's housing in appropriate cases, has been the policy of numerous local, state, and federal corrections agencies for many years. This has also been the practice or policy of the many juvenile corrections systems—including in Hawai'i since the late 1990s, New York State since 2008, Santa Clara County since 2012, and New Orleans since 2011. Because the national PREA Standards require policies that allow transgender people to be placed according to their gender identity in many instances, many more agencies are adopting this approach. Policies housing transgender people according to their gender identity have also been implemented successfully in homeless shelters, domestic violence shelters, health facilities, and school dormitories around the country, and such policies are increasingly required under state and federal laws.

This practice is also becoming common outside the United States, with many corrections agencies in Europe, Canada, and Australia housing transgender women in women's facilities on a case-by-case basis.²

Does a woman with “male” genitalia pose a safety risk in a women's facility?

No. While a transgender woman might have genitalia that appears similar to a cisgender (non-transgender) man's, this does not mean she presents the same risks that a cisgender male prisoner might. There are many reasons for this difference. What is most important to understand is that a transgender woman's core psychological identity is as a woman. Typically transgender women are uncomfortable with the genitalia they were born with, and are not interested in talking about or having their bodies viewed by others. They may have a strong desire and a medical need for reconstructive surgery, but have been unable to obtain it. Prolonged hormone therapy can also eliminate both erectile function and fertility, though this should not be a prerequisite for housing placement. While any prisoner is capable of engaging in abusive conduct, there is simply no evidence to believe that transgender women present any more risk to their fellow women prisoners than other women.

In practice, a growing number of corrections facilities for youth and adults have successfully housed transgender women alongside other women without experiencing any incidents of abuse by transgender women or other prisoners. By contrast, sexual abuse of transgender women in men's facilities is a common occurrence. A statewide study in California found that when transgender women were automatically housed with men, they were 13 times more likely to be

sexually assaulted than male prisoners in the same facilities.³

Does placement of a transgender woman in a women’s setting violate the privacy of other women?

No. The mere presence of a transgender woman does not infringe upon the privacy of other female prisoners. Again, it is important to remember that regardless of their anatomy or the gender they were assigned at birth, transgender women are women, and their presence is no more a privacy invasion than that of any other woman. Most lived their lives as women prior to incarceration, and they will continue to do so afterward.

Of course, some prisoners may feel uncomfortable or object to sharing a cell or pod with a transgender woman—just as some prisoners may feel uncomfortable being housed with a lesbian, or a woman with a visible disability or different religion. If prisoners have questions about another prisoner’s placement, staff can explain that the placement was made according to official policy, based on all the circumstances, and in the interest of safety and security. Staff can also make clear that the transgender female prisoner is a woman and not a man. Finally, staff should always make clear that any harassment or other misconduct by any prisoner or staff member should be reported and will be taken seriously.

Facilities are encouraged to provide as much privacy as possible for all prisoners to change clothes, shower, and attend to bodily functions, consistent with security needs. Notably, the DOJ PREA rules require that transgender prisoners (regardless of where they are housed) be provided the opportunity to shower separately from other prisoners, and most transgender prisoners will choose to do so out of concern for their own privacy and the risk of harassment or abuse. Facilities can also take steps to provide additional privacy for showering to any prisoner who requests it, or to all prisoners, such as by providing privacy dividers or other measures that increase all prisoners’ privacy.

What about housing for transgender men, or for prisoners whose gender is not male or female?

For all transgender prisoners, as well as for intersex prisoners, the PREA Standards require a case-by-case assessment that considers gender identity and the prisoner’s own sense of where they would be safest. For example, one transgender man may fit in best and be safest housed with other men, while another may have previously been incarcerated with women and feel this is the safest option for him.

Prisoners whose gender is neither male nor female sometimes face unique challenges in male or female housing, since neither fully match their gender. As a practical matter, however, agencies should apply the same policies to prisoners who are neither male nor female as they do to transgender men and women: assess the appropriate placement on a case-by-case basis, prioritizing the prisoner’s assessment of where they would be safest. Typically, prisoners who are not male or female have a well-developed understanding of whether, based on their gender presentation and other factors, they would be safest in a men’s or women’s facility.

Won't housing transgender people based on their gender identity increase the risk of pregnancy among transgender men and among cisgender (non-transgender) women?

The reality is that the risk of pregnancy is negligible. First, many transgender people take hormone therapy that limits or eliminates their fertility, and many have undergone surgical treatments like hysterectomies or orchiectomies that result in sterilization. Though such treatment should not be a prerequisite for appropriate placement, in practice it often means that pregnancies are highly unlikely. Additionally, agencies already have rules in place prohibiting the sort of sexual contact that would lead to pregnancy, and can continue to enforce them, just as they already do to prevent pregnancies between staff and prisoners.

Would these policies violate state laws or expose the agency to legal liability?

Policies that protect the safety and rights of LGBTQ prisoners decrease an agency's legal risks, rather than increase them. The risk of liability from failing to protect vulnerable LGBTQ prisoners is substantial—as evidenced by the large body of case law it has produced. On the other hand, the scenarios agencies may be worried about if they made LGBTQ-protective policy changes are typically either highly unlikely, legally unfounded, or both.

An agency would not be liable simply because a cisgender (non-transgender) woman objects to being housed with a transgender woman. Courts have rejected such claims, stating that a person does not have a right to be free from a presence of another person who shares the same gender identity within a prison or other sex-segregated facility simply because the other person is transgender. Rather, when an institution has made a considered decision as to which facility is most appropriate for a transgender person, courts have deferred to that decision.⁴

Every facility is responsible for preventing any abuse, regardless of who it is committed by or against. This is the purpose of a classification system. The risk that a transgender woman could be abused in a men's facility may be very great, while in general transgender women present no more risk to fellow women prisoners than other women. A case-by-case placement process allows agencies to consider an individual's criminal, institutional, and other history, as well as any prior history of being victimized by sexual violence.

In general, state laws do not require agencies to house individuals according to their anatomy or the gender they were thought to be at birth rather than their gender identity. At most, state statutes may require that anatomy be considered along with many other factors in classifying prisoners. (If this concern is raised, you may need to do some legal research, or find a partner who can do this. Keep in mind that sometimes agency staff will raise legal objections when their real objections have to do with other underlying concerns.)

Does this approach create the risk that a cisgender (non-transgender) prisoner may attempt to “game the system” in order to be housed with women?

It is highly unlikely that a male prisoner might state that he is transgender in an attempt to obtain a housing placement with women. Transgender women are an extremely stigmatized population, and are well-known to be highly vulnerable to abuse in custody. Involving a trained medical or mental health care provider in the assessment process, and asking a standard set of questions, will ensure any such rare cases would be easily identified.

ENDNOTES FOR ADDRESSING COMMON CONCERNS, FEARS, AND OBJECTIONS

¹ For more information about recommended policies, see POLICIES TO INCREASE SAFETY AND RESPECT FOR TRANSGENDER PRISONERS: A guide for agencies and advocates, at <https://transequality.org/safetyfortransprisoners>.

² See, e.g., Correctional Services Canada. (2018). Interim Policy Bulletin 574: Bill C-16 (Gender Identity or Expression). Available at: <http://www.csc-scc.gc.ca/acts-and-regulations/584-pb-en.shtml>.

³ Jenness, V., Maxson, C. L., Matsuda, K. N., & Sumner, J. M. (2009). Violence in California Correctional Facilities: An Empirical Examination of Sexual Assault, p. 3. Irvine, CA: Center for Evidence-Based Corrections.

⁴ See Crosby v. Reynolds, 763 F.Supp. 666 (D. Maine 1991) (rejecting claim by non-transgender female prisoner who objected to housing with transgender female prisoner). See also Cruzan v. Special School District No. 1, 294 F.3d 981 (8th Cir. 2002) (rejecting claims by non-transgender female employee who objected to using restroom with transgender female employee); Students & Parents for Privacy v. U.S. Department of Education, No. 16-cv-4945 (N.D. Ill. Oct. 18, 2016) (rejecting similar claims by non-transgender students who objected to using restrooms and locker rooms with transgender students); Doe v. Boyertown Area School District, No. 17-1249, 2017 WL 3675418 (E.D. Pa. Aug. 25, 2017) (same).

CONCLUSION

Throughout your advocacy, it is important to recognize that while policy change can have a life-saving impact on countless incarcerated LGBTQ individuals, these changes may take months and even years to be fully implemented.

Even with stronger policies on paper, LGBTQ prisoners often need individual support and advocacy. As so, it is imperative to maintain supportive connections outside prison walls—these can be invaluable in surviving the trauma and isolation of imprisonment, even if it comes only in the form of letters.

LGBTQ prisoners often lack the support of family or friends outside, and may face additional obstacles to accessing the limited organizational supports available to prisoners generally. When prisoners' rights aren't being respected—whether under an LGBTQ policy or any other law or policy—it can be virtually impossible to resolve alone from behind bars. Targeted individual advocacy by those outside can be incredibly effective, and is sometimes the only way any policies regarding prisoners' rights get enforced.

Remember that you don't need to be a lawyer, social worker, or expert to support and advocate for individual prisoners. This can involve:

- corresponding by mail
- visiting in person
- helping track down information or obtain needed personal items
- writing letters or making calls to prison officials to address grievances
- contacting supportive organizations to provide legal assistance or make arrangements for needs following release
- using a petition or local media to draw attention to an urgent problem (e.g., being denied medical care or kept in solitary confinement)

To do the above, you'll need to be familiar with facility policies on letters and visits. Much of this work is done by small groups of individuals or grassroots organizations like Black & Pink and the Transgender & Intersex Justice Project. It will be helpful in your advocacy work if you make a commitment to stay engaged and support LGBTQ prisoners.

For assistance in policy development and review, please contact Racial and Economic Justice Policy Advocate, Mateo De La Torre, at mdelatorre@transequality.org or 202-804-6045, or

APPENDIX A: LEAVE-BEHIND MATERIALS FOR INITIAL MEETINGS WITH JAIL AND PRISON OFFICIALS

Lesbian, Gay, Bisexual, and Transgender People: Key Facts for Custodial Agencies

LGBTQ individuals are part of your population. Lesbian, gay, and bisexual men and women make up at least 3.5% of the U.S. population. Transgender people represent 0.6% of the U.S. population, or nearly two million people. LGBTQ people are of every age, race, ethnicity, socioeconomic class, religion, and profession (including law enforcement and corrections). Every custodial agency has LGBTQ people in its population, whether they initially identify themselves or not.

Transgender people are people whose gender identity—their innate knowledge of who they are—differs from the gender they were thought to be when they were born. A transgender woman lives as a woman today, but was thought to be male when she was born. A transgender man lives as a man today, but was thought to be female when he was born. Some transgender people identify as neither male nor female, and may use a variety of terms to describe themselves, like non-binary or genderqueer.

LGBTQ individuals experience “the highest rates of sexual victimization” in custody, according to the Department of Justice. LGBTQ prisoners experience sexual abuse by staff at twice the rate of other prisoners, and sexual abuse by another prisoner at 2.5 times to 10 times the rate of other groups. Transgender women housed in men’s prisons are most at risk, reporting sexual assault at 13 times the rate of male prisoners.

PREA Standards require protection and individualized placement for LGBTQ individuals. National PREA Standards from the U.S. Justice Department require agencies to do the following:

- Ask all individuals to voluntarily state whether they are LGBTQ at intake
- Not place LGBTQ people in segregation or specific units solely because of being LGBTQ
- Consider each transgender person for potential placement in female or male housing based on their gender identity, making case-by-case decisions that are not solely based on anatomy
- Ensure transgender people can shower separately from others if they choose
- Search transgender individuals in a respectful manner that considers the individual’s gender identity, and never conduct searches solely to determine anatomy
- Train staff on communicating respectfully with LGBTQ individuals
- Assess whether victims were targeted for being LGBTQ in incident reviews

Courts have said agencies have a legal responsibility to provide protection and care for LGBTQ prisoners. Courts across the country have ruled that agencies have a responsibility to recognize the vulnerability of LGBTQ prisoners and protect them from abuse; treat sexual orientation or transgender status as confidential information; and provide transgender-related medical care based on medical needs and standards.

APPENDIX B: ADDITIONAL READING AND RESOURCES

Department of Justice Resources

National PREA Resource Center: www.prearesourcecenter.org. *The National PREA Resource Center includes a suite of publications and other resources maintained by the Department of Justice on implementing PREA Standards, including information specific to LGBT prisoners and a comprehensive FAQ (www.prearesourcecenter.org/frequently-asked-questions).*

National Institute of Corrections, Online Resources on Lesbian, Gay, Bisexual, Transgender and Intersex Resources: <http://nicic.gov/LGBTI>. *The National Institute of Corrections, a Department of Justice agency, provides a range of policy resources, technical assistance, and other information about the treatment of LGBTI prisoners.*

State PREA Submissions: <https://www.bja.gov/State-PREA-Submissions>. *This site collects PREA audits conducted for state prisons and juvenile detention facilities. PREA audits for local agencies can often be obtained through the agency or using state freedom of information laws.*

Smith, B. & Yarussi, J. M. (2014). *National Institute of Corrections Policy Review and Development Guide: LGBTI Persons in Custodial Settings (2nd ed.)*. Available at: <https://info.nicic.gov/lgbti/>.

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American Civil Liberties Union & National Center for Lesbian Rights. (2014). *Know Your Rights: Laws, Court Decisions, and Advocacy Tips to Protect Transgender Prisons*. Available at: http://www.nclrights.org/wp-content/uploads/2014/12/KnowYourRights_GuidetoProtectTransgenderPrisoners.pdf.

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James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The Report of the 2015 U.S. Transgender Survey*. Available at: <http://www.ustranssurvey.org>. See *Chapter 14: Police, Prisons, and Immigration Detention (pp. 184–196)* for information about experiences related to law enforcement and incarceration.

Lydon, J. (2015). *Coming Out of Concrete Closets: A Report on Black & Pink's National LGBTQ Survey*. Available at: <http://www.blackandpink.org/wp-content/uploads/Coming-Out-of-Concrete-Closets.-Black-and-Pink.-October-21-2015.pdf>.

Meyer, H. I., Flores, A. R., Stemple, L., Romero, A. P., Wilson, B. D. M., & Herman, J. L. (2017). Incarceration rates and traits of sexual minorities in the United States: National Inmate Survey, 2011–2012. *American Journal of Public Health* 107(2), pp. 234–240. Available at: https://williamsinstitute.law.ucla.edu/wp-content/uploads/Meyer_Final_Proofs.LGB_In_.pdf.

Mogul, J.L., Ritchie, A.J., & Whitlock, K. (2011). *Queer (In)Justice: The Criminalization of LGBT People in the United States*.

Stanley, E.A., & Smith, N. (2011). *Captive Genders: Trans Embodiment and the Prison Industrial Complex*. Available at: <https://theloon2013.wikispaces.com/file/view/Stanley-Eric-Captive-Genders-Trans-Embodiment-and-Prison-Industrial-Complex.pdf>.

Medical Care and Resources for Medical Staff

Blunt, M. (2017). *Systemic Indifference: Dangerous & Substandard Medical Care in US Immigration Detention*. Available at: <https://www.hrw.org/report/2017/05/08/systemic-indifference/dangerous-substandard-medical-care-us-immigration-detention>.

Gay Men's Health Crisis. (2012). *Fenced In: HIV/AIDS in the Criminal Justice System*. Available at: <https://www.hivlawandpolicy.org/sites/default/files/Fenced%20In.pdf>.

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TGI Justice Project: <http://www.tgijp.org>. *TGIJP is a support and survival organization for low income transgender people of color and their families, who are in prison, formerly incarcerated, or targeted by the police.*

Black & Pink: <http://www.blackandpink.org>. *Black & Pink is a family of currently and formerly incarcerated LGBTQ people, working to abolish the prison industrial complex through advocacy, education, direct action, and organization.*

Sylvia Rivera Law Project: <https://srlp.org/about/prisoner-advisory-committee>. *The Sylvia Rivera Law Project (SRLP) provides legal services and engages in organizing with incarcerated people.*

Justice Now: <https://www.justicenow.org>. *Justice Now fights to end the practices of policing and imprisoning, with a focus on gendered violence in those contexts.*

The Prisoner Correspondence Project: <http://www.prisonercorrespondenceproject.com>. *The*

Project is a Montreal-based direct-correspondence program for LGBTQI, gender-variant, and Two-Spirit prisoners in Canada and the United States.

Hearts on a Wire Collective: <https://www.scribd.com/user/78046739/Hearts-on-a-Wire>.
Pennsylvania-based Hearts on a Wire produces a newsletter by and for trans and gender-variant prisoners and provides outside support and advocacy.

Tranzmission Prison Project: <http://www.tranzmissionprisonproject.org>. *Tranzmission sends books and resources to LGBTQI prisoners.*

LGBT Books to Prisoners: <https://lgbtbookstoprisoners.org>. *LGBT Books to Prisoners sends free books and other resources to LGBT prisoners across the country.*

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About the National Center for Transgender Equality

The National Center for Transgender Equality advocates to change policies and society to increase understanding and acceptance of transgender people. In the nation's capital and throughout the country, NCTE works to replace disrespect, discrimination, and violence with empathy, opportunity, and justice.

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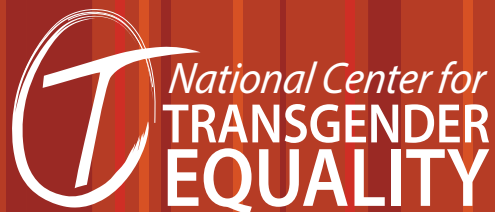
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**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF GEORGIA
MACON DIVISION**

ASHLEY DIAMOND,

Plaintiff,

v.

Case No. 5:20-cv-00453-MTT

TIMOTHY WARD, et al.,

Defendants.

STATEMENT OF INTEREST OF THE UNITED STATES

Prison officials have an obligation under the Eighth Amendment to the U.S. Constitution to protect all prisoners from sexual abuse and assault by assessing the particular risks facing individual prisoners and taking reasonable steps to keep them safe. *Farmer v. Brennan*, 511 U.S. 825, 843-45 (1994). This duty includes transgender prisoners. *Id.* at 834 (observing in a case about the rape of a transgender woman in prison that “[b]eing violently assaulted in prison is simply not part of the penalty”) (internal citation and quotation marks omitted). Prison officials also have an Eighth Amendment obligation to provide all prisoners with adequate medical care for serious medical conditions. *Estelle v. Gamble*, 429 U.S. 97, 103-06 (1976). This duty includes the treatment of gender dysphoria. *Kothmann v. Rosario*, 558 F. App’x 907, 912 (11th Cir. 2014).

In her Motion for Preliminary Injunction (ECF No. 50), Plaintiff Ashley Diamond, a transgender woman, alleges that officials from the Georgia Department of Corrections (GDC) violate the Eighth Amendment by housing her in men’s facilities without sufficient regard for the substantial risk of sexual abuse and assault she would—and reportedly did and still does—face in

those facilities. Ms. Diamond also claims that GDC officials violate the Eighth Amendment by failing to adequately treat her gender dysphoria, a serious medical need, in disregard of the advice of treating clinicians and widely accepted professional standards of care.

Without taking a position on questions of fact, the United States files this Statement of Interest to address the Eighth Amendment standards for evaluating Plaintiff's Motion. The United States submits that the Eighth Amendment requires prison officials to conduct individualized assessments that lead to reasonably safe conditions of confinement and adequate medical care for all prisoners. These requirements are embodied by the Prison Rape Elimination Act Standards and professional medical standards that are relevant to the Eighth Amendment analysis. Prison officials violate the Constitution by (1) categorically refusing to assign transgender prisoners to housing that corresponds to their gender identity even if an individualized risk assessment indicates that doing so is necessary to mitigate a substantial risk of serious harm, and (2) failing to individualize the medical care of transgender prisoners for the treatment of gender dysphoria.

INTEREST OF THE UNITED STATES

The United States files this Statement of Interest pursuant to 28 U.S.C. § 517, which authorizes the Attorney General "to attend to the interests of the United States" in any case pending in federal court.¹ The United States is charged with enforcing the rights of incarcerated individuals under the Civil Rights of Institutionalized Persons Act, 42 U.S.C. §§ 1997 *et seq.* (CRIPA). Pursuant to CRIPA, the Department of Justice (DOJ) is authorized to investigate

¹ The full text of 28 U.S.C. § 517 is: "The Solicitor General, or any officer of the Department of Justice, may be sent by the Attorney General to any State or district in the United States to attend to the interests of the United States in a suit pending in a court of the United States, or in a court of a State, or to attend to any other interest of the United States."

conditions of confinement in correctional facilities and bring a civil action against a State or local government to enforce the constitutional rights of prisoners whose rights are violated subject to a pattern or practice of unconstitutional conduct or conditions. 42 U.S.C. § 1997(a).

The United States has an interest in ensuring that conditions of confinement in state and local correctional facilities are consistent with the Constitution and federal law. For that reason, the Department of Justice has exercised its CRIPA authority to investigate prisons for issues similar to those presented in this case, including protection from sexual violence and access to adequate medical care.²

The United States also has a strong interest in protecting the rights of lesbian, gay, bisexual, and transgender individuals. To that end, the President has issued an Executive Order that recognizes the right of all persons to be “treated with respect and dignity” and to “be able to live without fear” regardless of their gender identity or sexual orientation.³ The United States

² See, e.g., U.S. Dep’t of Justice and U.S. Atty’s Office for the Middle District of Florida, Investigation of the Lowell Correctional Institution – Florida Dep’t of Corrections (Ocala, Florida) (Dec. 22, 2020), available at <https://www.justice.gov/crt/case-document/file/1347766/download> (finding that the Florida Department of Corrections fails to keep prisoners at Lowell safe from sexual abuse by staff); U.S. Dep’t of Justice and U.S. Atty’s Office for the District of New Jersey, Investigation of the Edna Mahan Correctional Facility for Women (Union Township, New Jersey) (April 2020), available at <https://www.justice.gov/crt/page/file/1268416/download> (concluding that the New Jersey Department of Corrections fails to protect prisoners at Edna Mahan from sexual abuse by staff); Letter from Loretta King, Acting Assistant Att’y Gen. of the United States, U.S. Dep’t of Justice, to Marlin N. Gusman, Sheriff, Orleans Parish Sheriff’s Office (Sept. 11, 2009), available at http://www.justice.gov/crt/about/spl/documents/parish_findlet.pdf (finding that the Orleans Parish Sheriff’s Office failed to provide Orleans Parish Prison detainees with constitutional levels of medical and mental health care); Letter from Thomas Perez, Assistant Att’y Gen. of the United States, U.S. Dep’t of Justice, to Carlos A. Gimenez, Mayor, Miami-Dade Cnty. (Aug. 24, 2011), available at http://www.justice.gov/crt/about/spl/documents/Miami-Dade_findlet_8-24-11.pdf (finding that the Miami-Dade County Jail failed to provide detainees with appropriate medical and mental health care, including screening, chronic care, and access to services for acute needs).

³ Exec. Order No. 13988, §1, 86 Fed. Reg. 7023 (Jan 20, 2021).

also filed a Statement of Interest in this court in *Diamond v. Owens*, 131 F. Supp. 3d 1346 (M.D. Ga. 2015), on the adequacy of medical treatment GDC officials provided Ms. Diamond for gender dysphoria.⁴ And the DOJ's Civil Rights Division and the U.S. Attorney's offices throughout Georgia have an open CRIPA investigation into issues related to protection from harm for lesbian, gay, bisexual, and transgender individuals in GDC prisons.⁵

DISCUSSION

In the First Amended Complaint (Compl.) (ECF No. 36), Ms. Diamond claims that GDC officials violate the prohibition on cruel and unusual punishment under the Eighth Amendment by: 1) refusing to ever house transgender women such as herself in women's facilities despite the substantial risk of serious harm they face in men's facilities; and 2) denying her medically necessary therapeutic doses of hormone therapy and medically necessary gender expression allowances, including access to permanent hair removal, female undergarments, female canteen items, and accommodations for a female hairstyle and grooming standards, which fall short of the adequate medical care required by the Eighth Amendment. In her Motion for Preliminary Injunction (ECF No. 50), Ms. Diamond also alleges that she has had to shower in facilities surrounded by male prisoners with limited privacy and has been denied transfer to housing where she can be reasonably free from sexual abuse and assault.

⁴ Statement of Interest of the United States, *Diamond v. Owens*, No. 15-cv-00050 (M.D. Ga. 2015), ECF No. 29, *available at* https://www.justice.gov/sites/default/files/crt/legacy/2015/06/12/diamond_so_i_4-3-15.pdf.

⁵ U.S. Dep't of Justice, Civil Rights Division, Special Litigation Case Summaries, <https://www.justice.gov/crt/special-litigation-section-case-summaries/download#gdoc-summ>

I. Failure to Consider Housing Transgender Inmates in Facilities That Correspond to Their Gender Identity Violates the Eighth Amendment Because Doing So Disregards a Substantial Risk of Serious Harm.

The Eighth Amendment to the U.S. Constitution prohibits the infliction of “cruel and unusual punishments.” *Estelle*, 429 U.S. at 102 (internal citations and quotations omitted). This includes punishments that are “incompatible with the evolving standards of decency that mark the progress of a maturing society.” *Id.* (internal citations and quotations omitted). The Eighth Amendment imposes upon prison officials a duty to provide prisoners with “reasonable safety” from serious harm and a substantial risk of serious harm, including violence at the hands of other prisoners. *Farmer*, 511 U.S. at 833, 844 (internal citations omitted). This includes the obligation to protect prisoners from sexual abuse. *Sconiers v. Lockhart*, 946 F.3d 1256, 1259 (11th Cir. 2020) (“Some things are never acceptable, no matter the circumstances. Sexual abuse is one.”); *Purcell ex rel. Estate of Morgan v. Toombs Cnty., Ga.*, 400 F.3d 1313, 1320 (11th Cir. 2005) (“A prisoner has a right, secured by the eighth . . . amendment [], to be reasonably protected from constant threat of violence and sexual assault by his fellow inmates.”) (internal quotations and citation omitted).

Prison officials violate the Eighth Amendment’s prohibition against cruel and unusual punishment if they are deliberately indifferent to conditions of confinement that pose a substantial risk of serious harm to prisoners. *Farmer*, 511 U.S. at 828 (internal citations omitted). A prison official acts with deliberate indifference when she or he “knows of and disregards an excessive risk to prisoner health or safety; the official must both be aware of facts from which the inference could be drawn that a substantial risk of serious harm exists, and he must also draw the inference.” *Id.* at 837.

a. Prison officials can be presumed to know of a substantial risk of harm from sexual abuse facing prisoners where that risk is obvious.

A court may conclude that “a prison official knew of a substantial risk from the very fact that the risk was obvious.” *Id.* at 842. The Supreme Court explained that if a plaintiff demonstrates that prisoners faced a substantial risk of attacks that was “longstanding, pervasive, well-documented, or expressly noted to prison officials in the past, and the circumstances suggest that the defendant-official being sued had been exposed to information concerning the risk and thus must have known about it,” a court could conclude that prison officials had knowledge of the risk. *Id.* at 842-43 (internal quotations and citation omitted).

Whether a prison official had knowledge of a substantial risk of harm facing a prisoner “is a question of fact subject to demonstration in the usual ways, including inference from circumstantial evidence.” *Id.* at 842. Congress enacted the Prison Rape Elimination Act (PREA) in 2003 to combat sexual abuse in correctional settings. 34 U.S.C. § 30301 *et seq.* In 2012, the Attorney General published the National Standards to Prevent, Detect, and Respond to Prison Rape (the PREA standards), which require prison officials to adhere to procedures through which they can assess the risk facing all prisoners in their custody. 28 C.F.R. §§ 115 *et seq.* Knowledge of, and failure to comply with, the PREA standards can serve as further evidence of subjective recklessness with regard to prisoner safety. *Farmer*, 511 U.S. at 842-43; *Sconiers*, 946 F.3d at 1270-72 (Rosenbaum, J., concurring) (finding PREA and other state legislative enactments to be reliable evidence of contemporary standards of decency) (citing *Crawford v. Cuomo*, 796 F.3d 252, 260 (2d Cir. 2015))).

In order to ensure the reasonable safety of all prisoners, the PREA standards require prison officials to screen all prisoners to assess their risk of being sexually abused by, or sexually abusive toward, other prisoners upon their initial intake screening and any transfer to another

facility. 28 C.F.R. § 115.41(a).⁶ Among the criteria prison officials must use to assess prisoners' risk of sexual victimization are: "[w]hether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; [w]hether the inmate has previously experienced sexual victimization; [and] [t]he inmate's own perception of vulnerability." 28 C.F.R. § 115.41(d). The PREA standards also recognize that transgender prisoners have "particular vulnerabilities" to sexual abuse and sexual harassment. *See* National Standards to Prevent, Detect, and Respond to Prison Rape, 77 Fed. Reg. 37109 (June 20, 2012) (explanatory text). In 2015, this Court held that Ms. Diamond had adequately stated a claim against GDC officials under the Eighth Amendment for allegedly failing to protect her from sexual abuse by placing her in housing units for male prisoners. *Diamond*, 131 F. Supp. 3d at 1379. And the complaint in this matter alleges that GDC officials are aware that Ms. Diamond has been sexually abused multiple times since GDC officials again placed her in men's prison facilities starting in 2019. ECF No. 36 ¶¶ 71, 234-237.

b. Prison officials demonstrate deliberate indifference to the substantial risk of serious harm facing transgender prisoners by refusing to consider placing them in housing that corresponds to their gender identity.

Failure to protect prisoners from the risk of sexual abuse through measures such as screening, classification, and housing assignments can constitute deliberate indifference. *See Williams v. Bennett*, 689 F.2d 1370, 1375 (11th Cir. 1982) (noting that deliberate indifference may be found when prison officials make "no realistic attempt . . . to separate violent, aggressive inmates from those who are passive or weak.") (internal quotations and citation omitted); *Taylor v. Mich. Dep't of Corr.*, 69 F.3d 76, 82–83 (6th Cir. 1995) (noting that certain classes of

⁶ The PREA standards also mandate that information obtained during PREA screenings remain confidential. 28 C.F.R. § 115.41(i).

prisoners have particular vulnerabilities and that failure to account for those vulnerabilities when assigning housing may constitute deliberate indifference).

According to the PREA standards, prison officials must use information from the prisoners' risk assessments "to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive." 28 C.F.R. § 115.42(a). Prison officials must also use this screening information to make "*individualized* determinations about how to ensure the safety of each inmate." 28 C.F.R. § 115.42(b) (emphasis added).⁷ The PREA standards also require reassessment of any prisoner's risk level in the wake of sexual abuse, 28 C.F.R. § 115.41(g), and for all transgender prisoners at least twice a year for the precise purpose of reviewing any threats to their safety, 28 C.F.R. § 115.42(d).

The PREA standards detail specific procedures to which prison officials must adhere in order to provide transgender prisoners reasonable protection from harm. For example, when determining whether to house a transgender prisoner in a facility for male or female prisoners, the standards require prison officials to "consider *on a case-by-case basis* whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems." 28 C.F.R. § 115.42(c) (emphasis added). And transgender prisoners' own views as to their safety must be given "serious consideration." 28 C.F.R. § 115.42(e). The standards also require that transgender prisoners be permitted to shower separately from other prisoners. 28 C.F.R. § 115.42(f).

⁷ The PREA standards also contain clear requirements regarding prison officials' response to reports of sexual abuse, investigations, and anti-retaliation. 28 C.F.R. §§ 115.61-67, 115.71-115.73.

In recognition of the particular dangers facing transgender prisoners, the PREA standards not only require prison officials to conduct individualized risk assessments of transgender prisoners to determine their risk of being sexually victimized but specifically allow for placements in housing that corresponds to their gender identity. The failure to conduct individualized assessments that carefully consider the housing placements of transgender prisoners and take steps to mitigate their risk of sexual victimization, up to and including placement in a facility that matches their gender identity if necessary to provide reasonable safety, is contrary to evolving standards of decency. *See Crawford*, 796 F.3d at 260.⁸ For these reasons, categorical refusals to transfer transgender prisoners to housing that corresponds to their gender identity without due consideration of the risks identified by screenings and assessments violate the Eighth Amendment’s prohibition on cruel and unusual punishment. And a failure to ever house transgender prisoners in housing that corresponds to their gender identity suggests that the requisite screening and assessments are either not taking place or are so inadequate as to be entirely ineffective.⁹

⁸ Several states also allow for the placement of transgender prisoners in housing that corresponds to their gender identity either upon prisoner request or by default, unless prison officials can demonstrate why such placements compromise safety or security. Massachusetts: Mass. Gen. Laws. Ann. ch. 127 § 32A; Connecticut: Conn. Gen. Stat. Ann. § 18-81ii; California: Cal. Penal Code § 2606(a)(3).

⁹ Indeed, the DOJ has issued PREA standard guidance noting the significance of a practice that never results in housing of transgender prisoners in accordance with gender identity: “A PREA auditor must examine a facility or agency’s actual practices in addition to reviewing official policy. A PREA audit that reveals that all transgender or intersex inmates in a facility are, in practice, housed according to their external genital status raises the possibility of non-compliance. The auditor should then closely examine the facility’s actual assessments to determine whether the facility is conducting truly individualized, case-by-case assessments for each transgender or intersex inmate.” *See* U.S. Dep’t of Justice, Nat’l PREA Resource Center, PREA Frequently Asked Questions (Mar. 24, 2016), *available at* <https://www.prearesourcecenter.org/frequently-asked-questions/does-policy-houses-transgender-or-intersex-inmates-based-exclusively>.

II. Prison Officials Violate the Eighth Amendment When They Fail to Treat Gender Dysphoria Based on an Individualized Assessment of a Transgender Prisoner’s Needs Because Doing So Constitutes Deliberate Indifference to a Serious Medical Condition.

A prison official’s denial of adequate medical care to prisoners constitutes cruel and unusual punishment in violation of the Eighth Amendment. *Estelle*, 429 U.S. at 103-105; *Kuhne v. Fla. Dep’t of Corr.*, 745 F.3d 1091, 1094 (11th Cir. 2014). To establish a violation of the Eighth Amendment’s guarantee of adequate medical treatment, a prisoner must meet two elements. First, she must demonstrate that she has an objectively serious medical need. *Estelle*, 429 U.S. at 104. Second, she must show that prison officials exhibited “deliberate indifference” to that need, meaning they knew there was a substantial risk of harm to the plaintiff if that need was not met, yet they disregarded that risk by conduct that amounted to more than mere negligence. *See Farmer*, 511 U.S. at 837; *Kothmann*, 558 F. App’x at 910; *Lancaster v Monroe Cty. Ala.*, 116 F.3d 1419, 1425 (11th Cir. 1997).

a. Gender dysphoria, self-mutilation, and suicide are serious medical conditions.

As Defendants have admitted and courts have held, gender dysphoria is a “serious medical need” implicating the Eighth Amendment. GDC Defs.’ Answer to Pl.’s Am. Compl. ECF No. 41 ¶ 39; *Edmo v. Corizon, Inc.*, 935 F.3d 757, 785 (9th Cir. 2019) (per curiam); *White v. Farrier*, 849 F.2d 322, 325 (8th Cir. 1988); *Meriwether v. Faulkner*, 821 F.2d 408, 412-13 (7th Cir. 1987).

Defendants also admit that, if left untreated, gender dysphoria can result in psychological and physical suffering. ECF No. 41 ¶ 39. *See also De’lonta v. Angelone*, 330 F.3d 630, 634 (4th Cir. 2003) (*De’lonta I*) (holding that a transgender prisoner’s “need for protection against continued self-mutilation constitutes a serious medical need to which prison officials may not be deliberately indifferent”) (citing *Lee v. Downs*, 641 F.2d 1117, 1121 (4th Cir.1981)); *Belcher v.*

City of Foley, Ala., 30 F.3d 1390, 1396 (11th Cir. 1994) (“Under the Eighth Amendment, prisoners have a right to receive medical treatment for illness and injuries . . . and a right to be protected from self-inflicted injuries, including suicide.”) (citing *Edwards v. Gilbert*, 867 F.2d 1271, 1274-75 (11th Cir. 1989)).

The World Professional Association of Transgender Health (WPATH) is a professional association that develops “best practices and supportive policies” related to the health and treatment of transsexual, transgender, and gender nonconforming people. World Professional Association of Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People* 1 (7th ed. 2011), available at https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_English.pdf (hereinafter WPATH Standards). According to WPATH, the failure to provide, or the interruption of, medically necessary hormone treatment for gender dysphoria can lead to depression, self-castration, and suicidality. *Id.* at 68.

b. Prison officials demonstrate deliberate indifference to a substantial risk of serious harm when they fail to provide medical care that is individualized to a particular prisoner’s gender dysphoria.

Prison officials violate the Eighth Amendment by failing to provide medical care outright or by providing some medical treatment for a serious medical condition if that treatment is “grossly inadequate as well as by a decision to take an easier but less efficacious course of treatment.” *McElligott v. Foley*, 182 F.3d 1248, 1255 (11th Cir. 1999) (internal citations omitted). Although the Eighth Amendment does not entitle prisoners to the medical treatment of their choice, it does require prison officials to provide constitutionally adequate medical treatment for serious medical conditions. *Kothmann*, 558 F. App’x at 910 (citing *Estelle*, 429 U.S. at 103-06). For this reason, prison officials can violate the Eighth Amendment even when they provide some medical treatment, if that treatment is inadequate as informed by medical

professionals and standards of care. *Edmo*, 935 F.3d at 787. This is particularly true where prison officials “persist[] in a particular course of treatment in the face of resultant pain and risk of permanent injury.” *Rouse v. Plantier*, 182 F.3d 192, 197 (3d Cir. 1999) (internal citation and quotations omitted) (genuine issue of material fact as to whether prison officials had provided adequate diet and insulin monitoring to prisoners with insulin-dependent diabetes).

In assessing possible treatment options for gender dysphoria, prison officials must consider an individual prisoner’s medical needs. *Keohane v. Fla. Dep’t. of Corr. Sec’y*, 952 F.3d 1257, 1266-67 (11th Cir. 2020) (“It seems to us that responding to an inmate’s acknowledged medical need with what amounts to a shoulder-shrugging refusal even to consider whether a particular course of treatment is appropriate is the very definition of ‘deliberate indifference’—anti-medicine, if you will.”); *De’lonta I*, 330 F.3d at 635 (prison officials could be deliberately indifferent when they abruptly terminated transgender prisoner’s hormone therapy based on policy “rather than on a medical judgment concerning [prisoner’s] specific circumstances”). Blanket bans on categories of treatment are at odds with the Eighth Amendment because they do not account for the individual medical needs of prisoners. *See Fields v. Smith*, 653 F.3d 550, 557-58 (7th Cir. 2011) (striking down a statute denying transgender prisoners hormone therapy or surgery); *Kosilek v. Spencer*, 774 F.3d 63, 91 (1st Cir. 2014) (noting that blanket ban on surgery would be in conflict with the Eighth Amendment); *Soneeya v. Spencer*, 851 F.Supp.2d 228, 246-47 (D. Mass. 2012) (holding that blanket ban on laser hair removal and surgery for prisoners with gender dysphoria violated the Eighth Amendment).

When assessing the adequacy of medical treatment that prison officials provide to prisoners, courts are guided by current professional standards. *Estelle*, 429 U.S. at 102 (prison conditions violate the Eighth Amendment when they are contrary to “the evolving standards of

decency that mark the progress of a maturing society.”) (internal citations omitted). WPATH has promulgated Standards of Care that some courts have consulted when assessing the constitutional adequacy of prison officials’ treatment of gender dysphoria. *See, e.g., De’lonta v. Johnson*, 708 F.3d 520, 522–23 (4th Cir. 2013) (*De’lonta II*) (characterizing the WPATH Standards as “generally accepted protocols for the treatment of [gender dysphoria].”); *see also Edmo*, 935 F.3d at 769 (listing the “many [] medical and mental health groups in the United States” that recognize the Standards of Care as the consensus of the medical and mental health professions regarding the appropriate treatment for gender dysphoria); *but see Gibson v. Collier*, 920 F.3d 212, 221 (5th Cir. 2019) (finding that the WPATH Standards reflect only “one side in a sharply contested medical debate over sex reassignment surgery”). The WPATH Standards of Care recommend a range of treatments for gender dysphoria, noting that the number and type of treatments prescribed and the order in which they are administered “may differ from person to person” and must be “individualized” across the full range of options. WPATH Standards at 5, 9. Appropriate treatments for gender dysphoria may include but are not limited to: changes in gender expression and role; hormone therapy; hair removal through electrolysis,¹⁰ laser treatment, or waxing; surgery; and psychotherapy. *Id.* at 9-10. The Standards of Care also provide specific guidance on the administration and management of hormone therapy. According to the Standards, hormone therapy “must be individualized,” managed by medical professionals, and “the dose, route of administration, and medications used, [] are selected in

¹⁰ In 2016, WPATH clarified that, per the Standards, electrolysis is “medically necessary” for individuals whose gender dysphoria can be alleviated by it and that “medical necessity should be determined according to the judgment of the referring physician.” World Prof’l Ass’n for Transgender Health, *WPATH Statement About the Medical Necessity of Electrolysis* (July 15, 2016), available at https://s3.amazonaws.com/amo_hub_content/Association140/files/Letter%20Re_Medical%20Necessity%20of%20Electrolysis_7-15-15.pdf.

accordance with the patient’s goals.” *Id.* at 33, 38, 41. The Standards further caution that the administration of hormones must be followed by “ongoing medical monitoring, including regular physical and laboratory examination to monitor hormone effectiveness and side effects.” *Id.* at 42, 46.

Courts have recognized a wide range of interventions that have been deemed by the Standards of Care and qualified professionals as medically necessary to treat gender dysphoria, depending on the individual needs of the prisoner. These treatments have included gender expression allowances such as permanent hair removal, undergarments consistent with a prisoner’s gender identity, pronouns corresponding to a prisoner’s gender identity; and surgery, based on the circumstances of the individual prisoner. *See Hicklin v. Precynthe*, No. 4:16-cv-01357-NCC, 2018 WL 806764 at *14 (E.D. Mo. Feb. 9, 2018) (granting preliminary injunction to transgender prisoner for access to hormone therapy, “gender-affirming” canteen items, and permanent hair removal); *Alexander v. Weiner*, 841 F. Supp. 2d 486, 492-94 (D. Mass. 2012) (holding that transgender prisoner had stated an Eighth Amendment claim by alleging that prison officials had denied her access to laser hair removal); *Konitzer v. Frank*, 711 F. Supp. 2d 874, 909-912 (E.D. Wis. 2010) (denying summary judgment to prison officials who refused transgender prisoner access to makeup, undergarments consistent with her gender identity, facial hair removal or growth items, and pronouns consistent with her gender identity); *Edmo*, 935 F.3d at 803 (upholding preliminary injunction for transgender inmate to receive surgery).

Critically, prison officials are not free to pick and choose arbitrarily which medical treatments they provide to transgender inmates with gender dysphoria, particularly when doing so diminishes the effectiveness of treatment or results in pain or injury. *See Konitzer*, 711 F. Supp. 2d at 908-12 (“Clearly, what the defendants were doing to treat [transgender prisoner] was

not working” when she continued to self-mutilate and attempt suicide without access to gender expression allowances.); *De'lonta II*, 708 F.3d at 526 (“just because [prison officials] have provided [transgender prisoner] with some treatment consistent with the [WPATH] Standards of Care, it does not follow that they have necessarily provided her with constitutionally adequate treatment”). And at least one federal court has recognized the imperative of monitoring the timing, dosage, and administration of hormone therapy. *Monroe v. Meeks*, No. 18-CV-00156-NJR, 2020 WL 1048770, at *3 (S.D. Ill. Mar. 4, 2020) (enjoining prison officials to ensure that hormone therapy is provided in a timely manner and when medically necessary, providing appropriate adjustments and monitoring.).

The Eleventh Circuit has held that the Eighth Amendment does not require a prison to allow a particular transgender prisoner access to female clothing and grooming standards where several medical professionals—including members of the prisoner’s own treatment team—did not believe such allowances were necessary to treat her gender dysphoria adequately. *Keohane*, 952 F.3d at 1264. This dispute among medical professionals as to the necessity of treatment—as well as the extensive security concerns raised by prison officials—was critical to the court’s holding. *Id.* at 1274-77.¹¹ Moreover, in *Keohane* the Eleventh Circuit noted that the Florida Department of Corrections was providing the transgender prisoner diagnosed with gender dysphoria with not only hormone therapy and counseling, but also the use of pronouns consistent

¹¹ Whether concerns about prison security can justify the denial of medically necessary treatment for gender dysphoria is a question of fact. Conclusory opinions without evidence of the precise security risks particular treatments pose have been found an insufficient basis for denying medically necessary treatment for gender dysphoria. *See Konitzer*, 711 F. Supp. 2d at 909-12 (finding prison’s purported security concerns insufficient justification as a matter of law for denying transgender prisoner access to makeup, undergarments consistent with her gender identity, facial hair removal or growth items, and pronouns consistent with her gender identity).

with her gender identity, private shower facilities, and safer housing as part of her treatment plan.
Id. at 1264.

CONCLUSION

The failure to keep transgender prisoners reasonably safe from a substantial risk of serious harm or provide them with adequate medical care amounts to cruel and unusual punishment under the Eighth Amendment. Prison officials demonstrate deliberate indifference to the substantial risk of sexual abuse and assault facing transgender prisoners when they refuse to consider placing them in housing that corresponds to their gender identity without conducting an individualized risk assessment determining what is necessary to keep them reasonably safe. Prison officials are also deliberately indifferent to transgender prisoners' gender dysphoria when they categorically deny certain types of treatment without consideration of individualized assessments conducted by qualified medical professionals and widely-accepted standards of care that indicate such treatments are medically necessary.

Respectfully submitted, this 22nd day of April, 2021.

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CERTIFICATE OF SERVICE

I hereby certify that on April 22, 2021, a copy of the foregoing was filed electronically. Notice of this filing will be sent by email to all parties by operation of the Court's electronic filing system. Parties may access this filing through the Court's CM/ECF System.

This 22nd day of April, 2021.

/s Lance Simon _____
LANCE SIMON
ASSISTANT UNITED STATES ATTORNEY

2020 WL 2100761

Only the Westlaw citation is currently available.
United States District Court, S.D. Illinois.

Tay TAY, Plaintiff,

v.

Jeff DENNISON, Lu Walker, Kristen
Hammersley, Larry Hicks, Jerid
Pickford, Joe Garrett, Jamin Soria,
Charles Campbell, Gregory Stuck,
and Rob Jeffreys, Defendants.

Case No. 19-cv-00501-NJR

Signed 05/01/2020

Attorneys and Law Firms

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[Carla G. Tolbert](#), Illinois Attorney General's Office, Belleville, IL, R. Levi Carwile, Illinois Attorney General's Office, Springfield, IL, for Defendant Rob Jeffreys.

MEMORANDUM AND ORDER

[ROSENSTENGEL](#), Chief Judge:

*1 Plaintiff Tay Tay is a transgender inmate of the Illinois Department of Corrections (“IDOC”) who is currently incarcerated at Danville Correctional Center (“Danville”). Tay Tay is not her name given at birth but instead, a shortened version of her preferred transgender name, Tavia.

On July 26, 2019, Plaintiff filed a First Amended Complaint (Doc. 64) asserting Fourteenth Amendment Equal Protection claims against Defendant Jeffreys in his official capacity

(Counts 1 and 2), an Eighth Amendment failure to protect claim against Defendant Jeffreys in his official capacity and against all other Defendants in their individual capacities (Count 3), an ADA claim against Defendant Jeffreys in his official capacity (Count 4), a Fourteenth Amendment due process claim against Defendant Jeffreys in his official capacity (Count 5), a First Amendment retaliation claim against Defendant Jeffreys in his official capacity (Count 6), an unlawful policy and practice (*Monell*) claim against Defendant Jeffreys in his official capacity (Count 7), and an Illinois state law claim for intentional infliction of emotional distress against all Defendants (Count 8). She seeks monetary damages as well as declaratory and injunctive relief. Defendants have filed a Motion to Dismiss the First Amended Complaint and for Change of Venue (Doc. 103). Plaintiff has filed a response (Doc. 116) in opposition to the motion.

Motion to Dismiss

When reviewing a Rule 12(b)(6) motion to dismiss, the Court must accept all allegations in the Complaint as true. *Bell Atlantic Corp. v. Twombly*, 550 U.S. 544, 555 (2007). The federal system of notice pleading requires only that a plaintiff provide a “short and plain statement of the claim showing that the pleader is entitled to relief.” Fed. R. Civ. P. 8(a)(2). The allegations, however, must be “more than labels and conclusions.” *Pugh v. Tribune Co.*, 521 F.3d 686, 699 (7th Cir. 2008). This requirement is satisfied if the complaint (1) describes the claim in sufficient detail to give the defendant fair notice of what the claim is and the grounds upon which it rests, and (2) plausibly suggests that the plaintiff has a right to relief above a speculative level. *Twombly*, 550 U.S. at 555; see also *Ashcroft v. Iqbal*, 129 S. Ct. 1937, 1949 (2009). “A claim has facial plausibility when the plaintiff pleads factual content that allows the court to draw the reasonable inference that the defendant is liable for the misconduct alleged.” *Iqbal*, 129 S. Ct. at 1949 (citing *Twombly*, 550 U.S. at 556).

Defendants contend all eight Counts of the First Amended Complaint fail to state a claim and should be dismissed. Additionally, they contend Counts 1, 2, 3, and 4 are duplicative of claims in *Tate v. Wexford, et al.*, Case No. 16-92, and should be dismissed.¹

Failure to State a Claim

Counts 1 and 2 – Equal Protection

*2 “The Equal Protection Clause of the Fourteenth Amendment is essentially a direction that all persons similarly situated should be treated alike.” *Whitaker By Whitaker v. Kenosha Unified Sch. Dist. No. 1 Bd. of Educ.*, 858 F.3d 1034, 1050 (7th Cir. 2017) (internal citation and quotation marks omitted). Defendants argue Counts 1 and 2 should be dismissed because Plaintiff failed to allege that she was treated differently than other inmates similarly situated. In Count 1, Plaintiff alleges that she is being treated differently than cisgender female inmates because she is housed in a men's prison. In Count 2, Plaintiff alleges she has been subjected to pervasive sexual harassment that cisgender male inmates do not endure. Defendants point out that Plaintiff fails to allege that she is similarly situated to cisgender female inmates in Count 1 and also fails to allege that she is similarly situated to cisgender male inmates in Count 2.

It is true that Plaintiff does not use the term “similarly situated” in her complaint. For purposes of Count 1, however, her allegations suggest that the Court should look at how she has been treated relative to other female inmates in IDOC. Her assignment to men's prisons in IDOC resulted from her biological sex assignment at birth and an ensuing determination that she was ineligible to be assigned to a women's prison. In this sense, compulsory assignment to a men's prison caused her to be treated differently from cisgender female inmates in the IDOC prison system. It is reasonably inferred from Plaintiff's allegations that as a transgender woman she is similarly situated to cisgender women. Further, courts have found that transgender woman prisoners are similarly situated to cisgender woman prisoners for purposes of an equal protection claim. *See, e.g., Hampton*, 2018 WL 5830730, at *11 (finding that plaintiff's transgender identity caused her to be treated differently from similarly situated female inmates); *Doe v. Massachusetts Dep't of Corr.*, No. 17-12255-RGS, 2018 WL 2994403, at *9 (D. Mass. June 14, 2018) (accepting transgender woman prisoner's argument that the pertinent category of similarly situated individuals is “other female inmates in Massachusetts prisons”); *Norsworthy v. Beard*, 87 F. Supp. 3d 1104, 1120 (N.D. Cal. 2015) (finding that transgender woman prisoner adequately stated an equal protection claim where she alleged that “Defendants treated her differently from a similarly situated non-transgender woman in need of medically necessary surgery”). Here, Plaintiff alleges sufficient facts to support her claim.

In Count 2, Plaintiff alleges IDOC staff have intentionally discriminated against her by subjecting her to constant verbal

sexual harassment, insults, threats, and intimidation that male prisoners do not endure due to her transgender status. She alleges that since being housed in IDOC custody, including during her most recent (current) placement at Danville, she has been constantly harassed based on her gender identity. In addition, correctional and medical staff constantly misgender Plaintiff, referring to her as “mister” and using male pronouns even though they are aware that she is a transgender woman. Plaintiff alleges sufficient facts to support her claim.

Count 3 – Failure to Protect

Defendants contend Plaintiff's claim against Rob Jeffreys, in his official capacity as the Acting Director of IDOC, is barred by sovereign immunity because a suit against a party in their official capacity is a suit against the State. The claim against Jeffreys in his official capacity is for injunctive relief and is, therefore, proper. *Gonzalez v. Feinerman*, 663 F.3d 311, 315 (7th Cir. 2011) (proper Defendant in a claim for injunctive relief is the government official responsible for ensuring any injunctive relief is carried out).

Defendants also contend that the claims against Dennison and Walker are barred by sovereign immunity because Plaintiff alleges that they promulgated rules, regulations, policies and procedures, supervised staff, and managed operations at Shawnee Correctional Center and, as such, they should be considered as being sued in their official capacities. Although Plaintiff includes these allegations as to Dennison and Walker in the description of parties (Doc. 64, p. 3), those allegations are not repeated. Instead, the claim is made against Dennison and Walker in their individual capacities. (*Id.*, pp. 3, 23, 24, 28). Plaintiff alleges personal involvement by Dennison and Walker in her failure to protect claim with regard to the rape by her cellmate at Shawnee. (*Id.*, p. 7). She told Dennison and Walker before the rape that she did not feel safe and needed to be moved, but they refused to move her. (*Id.*). Walker allegedly played a role in housing her with that cellmate who had been investigated for sexual misconduct and identified as a “predator” and who was not allowed to be housed with vulnerable prisoners like Plaintiff. (*Id.*, pp. 7, 9). Plaintiff's allegations are sufficient to proceed against Dennison and Walker.

Count 4 - ADA

*3 Defendants contend Plaintiff failed to allege that her Gender *Dysphoria* is caused by a physical impairment and, therefore, she has failed to allege that she is a qualified individual with a disability. The question is whether Plaintiff

is an “otherwise qualified individual with a disability” as defined in the ADA. The ADA specifically exempts “gender identity disorders not resulting from physical impairments” from the definition of disability. 42 U.S.C. § 12211(b) (1). The term “gender identity disorder” was replaced by the term “gender dysphoria” in the Diagnostic and Statistical Manual of Mental Disorders (“DSM”) of 2013, with the publication of the fifth edition (“DSM-5”). There is significant disagreement as to whether gender dysphoria falls into the ADA's categorical exclusion among the few courts that have discussed the issue. See *Parker v. Strawser Constr., Inc.*, 307 F. Supp. 3d 744, 753–54 (S.D. Ohio 2018) (gender dysphoria not resulting from physical impairment is within the ADA's exclusionary language); *Michaels v. Akal Sec., Inc.*, No. 09-CV-01300-ZLW-CBS, 2010 WL 2573988, at *6 (D. Colo. June 24, 2010) (gender dysphoria is a gender identity disorder and therefore excluded); *Blatt v. Cabela's Retail, Inc.*, No. 5:14-CV-04822, 2017 WL 2178123, at *3 (E.D. Pa. May 18, 2017) (gender dysphoria resulting in substantial limits on major life activities falls outside the ADA's exclusionary language); *Doe v. Massachusetts Dep't of Corr.*, No. CV 17-12255-RGS, 2018 WL 2994403, at *6 (D. Mass. June 14, 2018) (drawing a distinction between gender identity disorder and gender dysmorphia and suggesting that there may be a physical etiology underlying gender dysmorphia sufficient to take it out of “not resulting from physical impairments” category). At this point in the case, the Court cannot categorically say that gender dysphoria falls within the ADA's exclusionary language and will allow this claim to proceed.

Defendants also contend Plaintiff failed to allege that she has been denied the benefits of any services, programs, or activities due to her gender dysphoria. The First Amended Complaint does not mention any services, programs, activities, schooling, or jobs that she has been denied due to her diagnosis of gender dysphoria. Instead, she simply states that she has not been provided with the reasonable accommodation of a transfer to a women's facility.

The Seventh Circuit has defined two distinct forms of discrimination: disparate treatment and failure to accommodate. *Sieberns v. Wal-Mart Stores, Inc.*, 125 F.3d 1019, 1021-22 (7th Cir. 1997). To state a failure to accommodate claim, a plaintiff must establish that: (1) she is a qualified individual with a disability; (2) the defendants were aware of her disability; and (3) the defendants failed to reasonably accommodate the disability. *Brumfield v. City of Chicago*, 735 F.3d 619, 631 (7th Cir. 2013). Here, Plaintiff

alleges she has been denied the reasonable accommodation of a transfer to a women's prison and is not treated by prison officials in a manner consistent with her gender identity. Plaintiff adequately asserts that, unlike other female inmates, she was assigned to a men's prison by virtue of her gender assignment at birth and denied access to facilities and programs that would correspond with her gender identification. Additionally, IDOC's biological sex-based assignment policy has a disparate impact on inmates with gender dysphoria because it injects them into a prison environment that is contrary to a critical aspect of their prescribed treatment (that they be allowed to live as a woman). This is sufficient for this claim to proceed.

Counts 5 and 6 – Due Process and Retaliation

At the time of the filing of her First Amended Complaint, Plaintiff resided at Elgin Treatment Center. Plaintiff sought injunctive relief in Counts V and VI in the form of her release from Elgin. Plaintiff has since been transferred out of Elgin and back to Danville. Plaintiff concedes that these claims are moot and, accordingly, Counts 5 and 6 will be dismissed.

Count 7 – Unlawful Policies and Practices (Monell)

Defendants contend Plaintiff's *Monell*² claim for unlawful policies and practices against Defendant Jeffreys, in his official capacity, is essentially a suit against the State, which is not permitted. Defendants are correct that states and state agencies enjoy Eleventh Amendment immunity from Section 1983 suits for money damages filed in federal court absent some exceptions not relevant here. See *Quern v. Jordan*, 440 U.S. 332, 338 (1979); *Will v. Mich. Dep't of State Police*, 491 U.S. 58, 71 (1989); *Billman v. Ind. Dep't of Corr.*, 56 F.3d 785, 788 (7th Cir. 1995). In the First Amended Complaint, however, Plaintiff seeks prospective injunctive relief, for which the State of Illinois is not immune. *Id.*; *Ex Parte Young*, 209 U.S. 123 (1908). In her response to the motion to dismiss, Plaintiff concedes a monetary damages claim would be improper and states she seeks declaratory and injunctive relief to prevent continued constitutional violations against transgender women in IDOC custody.

*4 Defendants also suggest that Count 7 is subject to dismissal because the basis for the claim is alleged violations of the Prison Rape Elimination Act (“PREA”), a statute which does not give rise to a private cause of action. Plaintiff concedes PREA does not give rise to an independent cause of action, but the claims are not brought under the PREA nor does she allege a violation of the PREA. Instead, Count

7 alleges that Defendants have a number of policies which violate her rights, including a policy or practice of failing to adequately investigate PREA claims. Count 7 does not allege a violation of the PREA and it can, accordingly, proceed as a *Monell* claim.

Count 8 – Intentional Infliction of Emotional Distress

Defendants contend the intentional infliction of emotional distress claim, which arises under Illinois state law, is barred by the Illinois State Lawsuit Immunity Act, 745 Ill. Comp. Stat. 5/1. Under that law, “the State of Illinois is immune from suit in any court, except as provided in the Illinois Court of Claims Act, 705 Ill. Comp. Stat. 505/8 (and other statutes not relevant here), which vests jurisdiction over state tort claims against the state in the Illinois Court of Claims. *Richman v. Sheahan*, 270 F.3d 430, 441 (7th Cir. 2001). A claim against a state official or employee is a claim against the state when “(1) [there are] no allegations that an agent or employee of the State acted beyond the scope of his authority through wrongful acts; (2) the duty alleged to have been breached was not owed to the public generally independent of the fact of State employment; and (3) ... the complained-of actions involve matters ordinarily within that employee's normal and official functions of the State.” *Murphy v. Smith*, 844 F.3d 653, 658 (7th Cir. 2016) (quoting *Healy v. Vaupel*, 549 N.E.2d 1240, 1247 (1990)) (quoting *Robb v. Sutton*, 498 N.E.2d 267, 272 (1986)). “Sovereign immunity affords no protection when agents of the state have acted in violation of statutory or constitutional law or in excess of their authority.” *Leetaru v. Board of Trustees of University of Illinois*, 32 N.E.3d 583 (Ill. 2015). The allegations in the First Amended Complaint indicate Defendants’ actions were rooted in an abuse of power or authority and in violation of Plaintiff’s constitutional rights, which is sufficient at this stage to avoid the sovereign immunity bar.

Alternatively, Defendant argues Plaintiff’s claim for Intentional Infliction of Emotional Distress against Rob Jeffreys, in his official capacity, as the Acting Director of the Illinois Department of Corrections, as well as the claim against Dennison and Walker, are barred by sovereign immunity. Plaintiff acknowledges that Count VIII is not against Rob Jeffreys but is only against defendants sued in their individual capacities. Plaintiff also properly alleges individual capacity claims against Dennison and Walker because she alleges that they refused to move her to a new cell and played a role in housing her with an inmate that later raped her. Accordingly, Count 8 is not barred by sovereign immunity and may proceed.

Duplicate claims – Counts 1, 2, 3, and 4

Defendants argue Counts 1, 2, 3, and 4 of Plaintiff’s First Amended Complaint should be dismissed as they are duplicative of claims in another case pending in this Court (which has now settled). “It is well recognized that a federal district court has the inherent power to administer its docket in a manner that conserves scarce judicial resources and promotes the efficient and comprehensive disposition of cases.” *Ridge Gold Standard Liquors, Inc. v. Joseph E. Seagram & Sons, Inc.*, 572 F. Supp. 1210, 1212–13 (N.D. Ill. 1983). The district court has broad discretion to dismiss a complaint “ ‘for reasons of wise judicial administration ... whenever it is duplicative of a parallel action already pending in another federal court.’ ” *McReynolds v. Merrill Lynch & Co.*, 694 F.3d 873, 888–89 (7th Cir. 2012) (quoting *Ridge Gold Standard *889 Liquors, Inc. v. Joseph E. Seagram & Sons, Inc.*, 572 F.Supp. 1210, 1213 (N.D. Ill. 1983)). “A suit is duplicative if the claims, parties, and available relief do not significantly differ between the two actions.” *Id.* (internal citations omitted).

Counts 1 and 2

*5 Defendants contend Counts 1 and 2 are duplicative of claims of violation of the equal protection clause in Case No. 16-92. In that case, Plaintiff sought leave to file a Fifth Amended Complaint, requesting to assert two new Fourteenth Amendment equal protection claims based on existing facts, which was denied. The Court’s Order indicates that Plaintiff admitted that the equal protection claims were based on the same facts as her other claims and therefore could have been asserted much sooner. The Court found that permitting an amendment to the Complaint at such a late stage would only protract litigation and prejudice the Court itself.

Defendants argue that the claims brought in this case are the same claims previously denied by this Court in Case No. 16-92 and should be considered duplicative of those denied claims. While there is some overlap in the facts, those facts merely provide background for Plaintiff’s ongoing equal protection violation. The claims in this case also pertain to events that occurred after the events pled in Case No. 16-92. Further, the primary relief sought is injunctive, which would no longer be available in Case No. 16-92, because the events pled in that case ended with Plaintiff’s incarceration

at Shawnee. Thus, the Court finds that these claims are not duplicative of Plaintiff's earlier case.

Count 3

Count 3 of Plaintiff's First Amended Complaint alleges a claim for failure to protect against all Defendants in this matter. Plaintiff alleges that Defendants are deliberately indifferent to the risks of harm she faces in a men's prison. Defendants argue that many of the factual allegations regarding Plaintiff's failure to protect claim are centered on allegations that are also contained within Case No. 16-92, in which she has also brought a claim for failure to protect. They contend that Plaintiff's claim in both cases is based on similar allegations, and requests compensatory damages, as well as injunctive and declaratory relief.

While some factual allegations are alleged in both cases, in this case, the earlier facts appear to provide a background for the failure to protect claim as it pertains to injunctive relief. The failure to protect claim in this case is primarily based on new factual allegations and defendants not named in Case No. 16-92. As Plaintiff points out, her failure to protect claim is based on abuse and harassment which occurred at Shawnee, Dixon, Graham, and Danville. The only overlapping defendant on the failure to protect claim is Shawnee Warden Dennison. Plaintiff was incarcerated at Shawnee at the time the Third Amended Complaint was filed in Case No. 16-92, but the claim against him in this case pertains to a rape by a cellmate that is not the subject of the earlier case. The rape occurred on June 29, 2018 – 10 days after the Third Amended Complaint was filed in Case No. 16-92. Thus, the failure to protect claim is not duplicative.

Count 4

Count 4 of Plaintiff's First Amended Complaint alleges a claim for violation of the ADA against Defendant Jeffreys, in his official capacity. Plaintiff alleges that the Defendant violated the ADA by discriminating against her on the basis of her Gender [Dysphoria](#) and failed to provide her with the accommodation of being transferred to a women's prison. As mentioned, Plaintiff also brought a claim for violation of the ADA against the Acting Director of the Illinois Department of Corrections in Case No. 16-92. Defendants contend Plaintiff's claim for violation of the ADA in Case No. 16-92 includes the same defendant, the same request for relief, and virtually the same factual allegations as her claim in this case and therefore, should be dismissed as it is duplicative of the 2016 case.

*6 But the ADA claim in Case No. 16-92 was based on allegations of inadequate medical treatment for Plaintiff's gender [dysphoria](#) and access to medical service programs and activities at Western, Centralia, and Shawnee (Doc. 182, pp. 12-13), while the ADA claim in this case is against IDOC Director Jeffreys for failing to provide Plaintiff reasonable accommodations in the form of a transfer to a women's prison. (Doc. 64, p. 24). The claims are not, therefore, duplicative.

Additionally, Defendants contend that, to the extent Plaintiff's First Amended Complaint alleges a claim for violation of the Eighth Amendment for failure to provide adequate medical care for Plaintiff's Gender [Dysphoria](#), the claim should also be dismissed as duplicative. But Plaintiff makes clear in her First Amended Complaint that she is not pursuing a claim for medical treatment and only cites to her medical treatment to demonstrate that she faces a risk of harm in a men's prison, requiring transfer (Doc. 64, p. 5 n. 2). Thus, Count 3 is not duplicative because it does not involve access to medical treatment.

For the reasons stated above, the Court finds that Counts 1, 2, 3, and 4 of Plaintiff's First Amended Complaint in Case No. 19-501 are not duplicative of the claims in Case No. 16-92 and, therefore, the motion to dismiss on that basis is denied.

Motion for Change of Venue

Venue for federal civil rights actions brought under [42 U.S.C. § 1983](#) is governed by [28 U.S.C. § 1391\(b\)](#). According to that statute, such actions may be brought only in (1) the judicial district where any defendant resides (if all defendants reside in the same State), (2) a judicial district in which a substantial part of the events or omissions giving rise to the claim occurred, or (3) a judicial district in which any defendant is subject to the court's personal jurisdiction with respect to the action, if there is no district in which the action may otherwise be brought.

[28 U.S.C. § 1404\(a\)](#) provides that: "For the convenience of parties and witnesses, in the interests of justice, a district court may transfer any civil action to any other district or division where it might have been brought." Defendant bears the burden of establishing that the transferee forum is "clearly more convenient." *Coffey v. Van Dorn Iron Works*, 796 F.2d 217, 220 (7th Cir. 1986). In weighing the factors, a court must consider the statutory factors in light of all the circumstances

of the case. *Id.* at 219. Courts have broad discretion in weighing the relevant factors and deciding whether to grant or deny a motion to transfer under § 1404(a). *Id.*

When assessing convenience, courts generally look to the availability of and access to witnesses, each party's access to and distance from resources in each forum, the location of material events, and the relative ease of access to sources of proof. *Research Automation, Inc. v. Schrader-Bridgeport Int'l Inc.*, 626 F.3d 973, 978 (7th Cir. 2010). Where the balance of convenience is a close call, merely shifting inconvenience from one party to another is not a sufficient basis for transfer. *Id.*

As to the interests of justice, courts consider “docket congestion and likely speed to trial in the transferor and potential transferee forums; each court's relative familiarity with the relevant law; the respective desirability of resolving controversies in each locale; and the relationship of each community to the controversy.” *Id.* (internal citations omitted).

*7 “[U]less the balance is strongly in favor of the defendant, the plaintiff's choice of forum should rarely be disturbed.” *In re Nat'l Presto Indus., Inc.*, 347 F.3d 662, 664 (7th Cir. 2003) (quoting *Gulf Oil Corp. v. Gilbert*, 330 U.S. 501, 508 (1947)). In other words, a tie goes to the plaintiff. *Id.* at 665.

Defendants' first argument relies on the dismissal of Counts 1, 2, 3, and 4. The motion to dismiss those claims, however, is denied. Counts 1-4 relate to events that occurred while she was incarcerated at Shawnee, Dixon, and Danville. During the relevant times, seven of the defendants were employed at Shawnee, one defendant was employed at Dixon, two defendants were employed at Danville, and the final defendant is the IDOC Director in his official capacity. Based on the allegations in the First Amended Complaint, a substantial part of the events or omissions giving rise to the claims occurred in this judicial district. Thus, venue is proper here.

Defendants argue in the alternative that this action should be transferred for the convenience of the parties and witnesses. They suggest that the following reasons in support of a transfer to the Central District of Illinois:

- (1) Plaintiff is currently incarcerated at Danville and was incarcerated there at the time of the filing of this Complaint. Danville is located in the Central District of Illinois.

- (2) Counts 1, 2, 4, 5, 6, and 7 request declaratory and injunctive relief and are directed solely at Defendant Jeffreys, the Acting Director of IDOC. The headquarters of IDOC is located in Springfield, Illinois, which is also in the Central District of Illinois.

- (3) Portions of Counts 3 and 8 of Plaintiff's First Amended Complaint request damages from Defendants employed at Danville and Dixon. Danville is located in the Central District of Illinois and as such, that would be the proper and most convenient venue. Dixon is located in the Northern District of Illinois and, as such, the Central District of Illinois would certainly be a more convenient venue for the Dixon Defendant than the Southern District of Illinois.

Unfortunately, in their argument, Defendants disregarded the seven Shawnee defendants in this case. The convenience factor does not point to a particular venue as there are parties and witnesses located in this District and the Central District.

As to the interests of justice, this Court has addressed similar issues in *Hampton v. Baldwin*, No. 3:18-cv-550-NJR-RJD, 2018 WL 5830730 (S.D. Ill. Nov. 7, 2018), and *Monroe v. Baldwin*, No. 3:18-cv-00156-NJR-MAB, 2019 WL 6918474 (S.D. Ill. Dec. 19, 2019), and thus that factor also weighs in favor of the case remaining in this District.

Upon consideration of all relevant factors, and keeping in mind that a plaintiff's choice of forum should rarely be disturbed, the Court finds that Defendants have not met their burden to establish that the Central District of Illinois is clearly more convenient for the parties and witnesses and better serves the interest of justice than this District. Accordingly, the motion to transfer venue is denied.

Disposition

For the reasons set forth above, Defendants' Motion to Dismiss (Doc. 103) is **DENIED** as to Counts 1, 2, 3, 4, 7, and 8 and **GRANTED** as to Counts 5 and 6. The Motion for Change of Venue is **DENIED**.

***8 IT IS SO ORDERED.**

All Citations

Slip Copy, 2020 WL 2100761

Footnotes

- 1 The Court was advised on March 2, 2020, that the 2016 case has settled, and a 60-day Order was entered. Judgment in that case will enter on May 4, 2020.
- 2 *Monell v. Department of Social Services of New York*, 436 U.S. 658, 694 (1978).

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2018 WL 5830730

Only the Westlaw citation is currently available.
United States District Court, S.D. Illinois.

[Deon HAMPTON](#), Plaintiff,

v.

John BALDWIN, Kevin Kink,
Karen Jaimet, John Varga, Officer
Burley, Lieutenant Givens, Officer
Clark, Officer Lanpley, Officer Gee,
Officer Manzano, Officer Blackburn,
Lieutenant Doering, Sergeant Kunde,
and John Does 1-4, Defendants.

Case No. 3:18-CV-550-NJR-RJD

|
Signed 11/07/2018

Attorneys and Law Firms

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[Christine G. McClimans](#), [Christopher L. Higginson](#), Illinois Attorney General's Office, Springfield, IL, for Defendants.

MEMORANDUM AND ORDER

[NANCY J. ROSENSTENGEL](#), United States District Judge

*1 This matter comes before the Court on the Renewed Motion for Preliminary Injunction filed by Plaintiff Deon Hampton, an inmate in the Illinois Department of Corrections (IDOC) (Doc. 46). Hampton is a 27-year-old, transgender woman housed in Dixon Correctional Center, a men's prison. Hampton asks the Court to order Defendants John Baldwin, Director of the IDOC, and John Varga, Warden of Dixon, to transfer her to Logan Correctional Center, a female facility, because correctional staff and other inmates at Dixon have physically, verbally, and sexually harassed and assaulted her. She also seeks an order directing Defendants to remove her from segregation because she has been denied appropriate mental health services and her mental health is deteriorating. The Court held a three-day evidentiary hearing in September

2018. For the reasons set forth below, the Court grants the motion in part and denies it in part.

Background

Hampton, who was anatomically born a male, has identified as a female since age five and has dressed as a female since she was eleven years old (Doc. 46-1, p. 7). At that point, her family and community treated her as a girl and referred to her by her preferred name: "Strawberry." (*Id.*) Hampton lived exclusively as a female for years prior to her incarceration and is attracted exclusively to men (*Id.*; Doc. 96, pp. 52, 62). In 2012, she was diagnosed by an IDOC psychiatrist with gender [dysphoria](#), a significant mismatch between a person's experienced gender identity and sex assignment at birth (Doc. 98, p. 12). People with gender [dysphoria](#) often want to change their body to match their internal gender identity and to be rid of the sexual characteristics associated with their birth sex (*Id.*). Hampton also suffers from [bipolar disorder](#) (Doc. 100, p. 24).

In 2015, Hampton told mental health professionals at Hill Correctional Center that she was not transgender (Doc. 46-1, p. 7). In May 2016, however, she clarified to a mental health professional that she simply considers herself female rather than "transgender." (*Id.*) Two months later, while still in IDOC custody, Hampton began hormone treatment to physically [transition](#) to female (Doc. 96, p. 5). The hormones have feminized her looks while shrinking her muscles and male anatomy (*Id.*, p. 6). She has breasts and can no longer get an erection (*Id.*, pp. 5). Her strength also has diminished, and she can no longer lift heavy objects (*Id.*, p. 6). By January 30, 2018, Hampton's [estradiol](#) level was 397 and her [testosterone](#) was less than 3 (Doc. 46-2, p. 2). That level of [testosterone](#) is considered "castrate," in that Hampton has virtually no circulating testosterone—similar to males who have been surgically castrated (*Id.*).

At the evidentiary hearing, Hampton presented the expert testimony of Dr. George Brown, the Associate Chairman for Veterans Affairs and Professor of Psychiatry at East Tennessee State University and a consultant nationally for the United States Department of Veterans Affairs on transgender health care issues (Doc. 98, pp. 5-8). According Dr. Brown, Hampton's high estrogen and low testosterone levels make it "exceedingly unlikely" that she could get an erection, let alone produce semen and be fertile (Doc. 98, pp. 28-31). He explained that chemical [castration](#) is most likely irreversible

with continued treatment, and that Hampton has been 100 percent compliant with taking her hormones (*Id.*, p. 32). In his opinion, there is “no ambivalence in her transgender identity” and, thus, no indication she would stop taking estrogen (*Id.*, p. 32).

*2 Over the past two years, Hampton has been housed at four IDOC male correctional centers: Pinckneyville, Menard, Lawrence, and Dixon (Doc. 96, p. 6). Hampton describes her experiences at these male prisons as feeling like a sex slave (*Id.*, p. 13). At Pinckneyville, she was called a “fag,” “it,” “he-she,” “thing,” “dick sucker,” and “dick eater” on a daily basis (*Id.*, pp. 9-10). One officer pulled down her shorts and asked what genitalia she had (*Id.*, p. 10). Other officers forced her to engage in sexual acts with her cellmate for the officers' entertainment (*Id.*, p. 11). On one occasion, she and her cellmate were taken out of their cell, forced to dance, and then told to perform oral sex while the officers watched (*Id.*, p. 12). She also was forced to have phone sex with a lieutenant (*Id.*). After the incident, Hampton and her cellmate were warned to stay quiet, otherwise the officers would “make their bodies disappear” (*Id.*). Hampton did report the incident, but no action was taken to protect her from further abuse (*Id.*, pp. 13-16). Instead, she asserts, she was beaten and not allowed to shower, while the officers wrote allegedly false disciplinary tickets against her (*Id.*, p. 17).

Hampton eventually was transferred to Menard, a maximum-security prison, where she was called the same derogatory names (*Id.*, p. 19). She again experienced physical assaults and feared for her life and safety (*Id.*, p. 22). She was forced to stick deodorant bottles up her anus, to masturbate, and to dance in her cell (*Id.*, p. 24). She testified she feared that if she told the officers no, they would have tried to kill her (*Id.*). After she filed a grievance about the officers' conduct, no action was taken to protect her (*Id.*, p. 23). Instead, the officers continued to work around her and “gay bash” her (*Id.*).

Hampton filed a lawsuit related to the conduct at Menard, which resulted in a settlement whereby she was transferred to Lawrence Correctional Center (*Id.*). But the situation was no different there. In January 2018, during yard, an inmate at Lawrence exposed his penis, masturbated, and threatened to rape Hampton (*Id.*, p. 25). When Hampton complained to staff, they blew her off because she is attracted to men (*Id.*) At that point, Hampton called the Prison Rape Elimination Act (PREA) hotline (*Id.*, pp. 25-26). After an investigation, Hampton's complaint was deemed substantiated (*Id.*, pp. 26-28; Ex. 9). Yet, Hampton asserts nothing was done to

protect her. Instead, the inmate who committed these acts was placed near her in segregation, where he continued to threaten to rape her (*Id.*, pp. 28-29). Hampton made a second PREA call in February 2018, which again was substantiated (*Id.*, p. 29-30; Ex. 9). The inmate then was transferred from Lawrence, a medium to high-medium security prison to Pontiac Correctional Center, a maximum-security prison (Doc. 97, pp. 66-67; Ex. 9).

Hampton also was targeted by the staff at Lawrence. She described sexual misconduct by a lieutenant and an Internal Affairs officer, with whom she was forced to have sex on a regular basis (Doc. 96, p. 30). She claims these individuals threatened to reach her family if she said anything (*Id.*). Staff also called her names and misgendered her by using male pronouns, which makes her feel angry, disrespected, ashamed, and humiliated (*Id.*, pp. 20, 25). Dr. Brown explained that misgendering transgender people can be degrading, humiliating, invalidating, and mentally devastating (Doc. 98, p. 16). In Hampton's records, Dr. Brown saw hundreds of incidents of misgendering, not just by correctional officers but by clinicians, nurses, and administrators (*Id.*, pp. 16-17).

On March 16, 2018, Hampton was transferred to Dixon and again placed in segregation. The recommendation to transfer Hampton to Dixon came from Dr. Shane Reister, a licensed clinical psychologist who serves as the Southern Regional Psychologist Administrator for the IDOC (Doc. 100, pp. 10, 26). In this position, Dr. Reister oversees the mental health programming at the institutions in the IDOC's southern region (*Id.*, p. 10). Dr. Reister met with Hampton in March 2018 because she is a “particularly challenging” inmate with “very clear bipolar symptoms, as well as some dissociative problems when trauma triggers occur” (*Id.*, pp. 23-24). Dr. Reister found that Hampton's manic symptoms, in addition to her gender-related concerns, made it difficult for her to adapt to her environment (*Id.*, p. 25). Accordingly, Dr. Reister recommended that Hampton be transferred to Dixon, which is a “mental health hub,” has a large transgender population, and a “very functional transgender support group.” (*Id.*, p. 27).

*3 Since her transfer to Dixon, Hampton claims the name calling by IDOC staff has continued (*Id.*, p. 36). So has the sexual assault. For a week and a half in April 2018, a fellow inmate grabbed her breasts and buttocks and exposed his penis (*Id.*). When Dixon staff refused to do anything despite her complaints, she called the PREA hotline (*Id.*). An investigation ensued, and the allegation was substantiated (*Id.*). The offender appeared

before the Adjustment Committee on April 27, 2018, and “was disciplined for his actions.” (Ex. 9.) He was then released from segregation on May 3, 2018 “for time served and the safety of [Hampton] due to the fact of Hampton being in segregation.” (*Id.*)

Another inmate at Dixon grabbed her body, kissed her, and tried to force her to perform oral sex (*Id.*, p. 38). He also threatened physical harm and tried to come in while Hampton was showering (*Id.*, pp. 38-39). Hampton again called the PREA hotline and reported the abuse to Dixon staff, including mental health professionals and the warden (*Id.*, p. 39). Hampton asserts that staff sent the offending inmate to a minimum-security prison and retaliated against her instead of taking any action to protect her (*Id.*, p. 40).

Indeed, Justin Wilks, Assistant Warden of Operations at Dixon, could not testify to anything done to protect Hampton after her PREA allegations were substantiated (Doc. 99, p. 78). He also testified he was unaware of the claimed harassment and verbal discrimination by other inmates and officers, unaware of any measures taken after Hampton filed grievances complaining of harassment by officers, and unaware of any grievances she filed regarding sexual harassment by other offenders (*Id.*, pp. 79-81).

Because of the continued verbal and physical harassment and sexual assault by staff and male offenders, Hampton has filed numerous grievances seeking to be transferred to a female prison. To date, Hampton's repeated requests to be transferred have been denied internally by the IDOC's Transgender Care Review Committee (“the Committee”), previously known as the Gender Identity Committee and the Gender Dysphoria Disorder Committee (Doc. 98, p. 41; Doc. 100, p. 60). The Committee, which is made up of mental health providers, psychologists, medical doctors, and representatives from IDOC administration, security, and the transfer coordinator's office, is responsible for ensuring that the mental health, security, and medical needs of offenders are met, specifically regarding transgender care (Doc. 100, pp. 14-15). It is also charged with ensuring trans people are housed appropriately within the Department of Corrections (Doc. 99, p. 5).

Dr. Steven Meeks, Agency Medical Director of the IDOC, is the chairperson of the Committee (*Id.*, p. 4). Dr. Meeks admitted he is not an expert on providing care to trans people (Doc. 99, p. 5), and he does not know the specific details of the PREA (*Id.*, p. 7). While he agrees that gender dysphoria

is a real diagnosis that requires medical treatment, he also has never recommended that a trans woman be moved from the men's division to the women's division (*Id.*, pp. 5, 9).

Dr. Meeks explained that the Committee issues a full report on a transgender inmate when that individual transfers to a new facility, while periodic updates are done if there are specific requests related to that individual's care (*Id.*, p. 13). On March 17, 2017, the Committee issued an update on Hampton noting that she was housed in segregation, showered separately and in private, and was taking feminizing hormones (Ex. 18). The report further stated that since Hampton had been in segregation she had not had any individual or group therapy specifically for transgender support, but she had been attending the mental health group offered to inmates in segregation. Dr. Meeks admitted that to the extent Hampton was not receiving psychosocial support for her gender dysphoria while in segregation, her treatment violated professionally accepted standards (Doc. 99, pp. 10-11). Nevertheless, the Committee recommended continuing those provisions.

*4 The Committee next issued a report on Hampton on January 26, 2018, after her transfer to Lawrence (*see* Ex. 18). At that time, the Committee recommended Hampton continue showering separately and in private, be permitted to use a sports bra, be referred for general support for living as a transgender in prison, be referred for individual and/or group treatment issues related to being transgender and other mental health issues, and that all security searches be performed professionally and as least intrusive as possible —“in accordance with facility policy based upon the gender of the facility.” (Ex. 18). Dr. Meeks admitted there is no documentation of any discussion regarding Hampton's PREA complaints or her disciplinary history, but testified that they discussed her “placement,” meaning a potential transfer to a women's prison (Doc. 99, pp. 16-18).

The Committee issued another report on April 1, 2018, after Hampton's transfer to Dixon (Ex. 18). The report does not discuss Hampton's sense of personal safety or her history of sexual assault, and it leaves several sections blank (*Id.*, p. 21). It also makes no recommendations as to housing or showering (*Id.*, p. 19). Dr. Meeks testified that part of the reason the Committee decided not to transfer Hampton at that time was because she was adjusting well to Dixon and because she needed to be healthy from a mental health perspective before they would consider transferring her (*Id.*, pp. 23-24). While Dr. Meeks previously testified in his deposition that he would

not be comfortable moving a prisoner who still has testicles to a female prison, he testified at the evidentiary hearing that “having testicles in and of itself” would not be a reason to keep Hampton out of the women's division (*Id.*, p. 25). Instead, “it's a more wholistic decision than that,” which takes into account the inmate's “mental health status and whether she would function well at the women's facility.” (*Id.*) Dr. Meeks admitted, however, that the Committee did not consider Hampton's substantiated PREA complaints, nor did they consider her disciplinary history or personal sense of safety at Dixon (*Id.*, pp. 24, 35). Additionally, no member of the Committee has ever met with Hampton regarding her request to be transferred to a female prison, to discuss whether she feels safe at a men's prison, or to ask how the hormones she takes affect her body (Doc. 96, p. 45).

On July 16, 2018, the Committee met specifically to discuss Hampton's potential transfer to a women's prison (*Id.*, p. 30). IDOC Chief Attorney Camille Lindsay was present for this meeting (*Id.*). The Committee did not issue a formal update; instead, Dr. Meeks's assistant distributed a bullet-point list of topics discussed (*Id.*; *see* Ex. 18). Those issues included whether Hampton is fertile or capable of an erection, her behavioral and mental health, her assault on a staff member and another offender, her aggression level and strength as opposed to the women in Logan Correctional Center, her refusal to take Lithium for her [bipolar disorder](#), and the potential impact on Logan should she be transferred (Ex. 18). The Committee did not recommend transferring Hampton at that time but agreed to review her situation again in November 2018 (Ex. 18).

Dr. Meeks testified that the Committee decided not to transfer Hampton because she had assaulted a staff member and an offender at Dixon, and there was some concern she was not psychologically stable enough to transfer her to Logan (Doc. 99, p. 32). Dr. Meeks did not recall discussing Hampton's own personal sense of safety at Dixon and admitted that not all women at Logan are “mentally stable.” (*Id.*, pp. 33, 35-36).

Sandra Funk, the Chief of Operations for IDOC and a member of the Committee, also testified regarding the Committee's July 16, 2018 meeting. Funk stated that from a security perspective, the primary concern when considering whether to transfer a transgender prisoner is sexual potency, *i.e.*, the ability to become erect (*Id.*, p. 47). While Hampton cannot obtain an erection, Funk noted that is only because she is taking medication (*Id.*). She also implied that even if Hampton sexually prefers men, that does not mean she would

never try sex with a woman (*Id.*). Funk did agree, however, that whether an inmate is a predator or vulnerable should be considered when determining placement, and that someone who has been raped in prison and had multiple substantiated PREA complaints would be considered vulnerable (*Id.*, p. 48). Yet, according to Funk, there was no discussion as to Hampton's person safety or her fear of sexual assault while in a men's prison (*Id.*, pp. 55-56). In fact, the Committee did not discuss *any* reasons why it would be in the interest of Hampton's mental health to transfer her to Logan (*Id.*, p. 57). And while IDOC policy does not allow housing decisions to be made solely on a prisoner's sex at birth, currently all prisoners in the IDOC are housed based on their genitalia (*Id.*).

*5 At the hearing, Hampton presented the expert testimony of Dan Pacholke, an independent consultant and former head of corrections for the Washington State Department of Corrections (Doc. 97, p. 5). Pacholke worked with the Washington State Department of Corrections for more than 33 years in a number of positions ranging from correctional officer to warden (Doc. 97, p. 5-6). According to Pacholke, under the PREA, housing decisions should not be made exclusively based on external genital anatomy (Doc. 97, p. 13). Instead, the prison must consider the individual's own sense of security when determining placement (*Id.*). And while the IDOC's policy states that it will consider the offender's perception to ensure appropriate facility placement, it does not provide any objective criteria for being placed in a women's facility (*Id.*, p. 14). Those objective standards should include the inmate's age, physical build, sexual preference, criminal history (including whether the inmate has committed sex crimes or is violent), and the inmate's own perception of vulnerability (Doc. 97, p. 79).

Pacholke was critical of the Committee's updates and reports for lacking detail as to those objective standards, as well as Hampton's history of mental health issues and sexual assault (Doc. 97, p. 18). Pacholke testified that the Committee should have received and reviewed Hampton's substantiated PREA reports so that they could have considered the abuses occurring to her, the mental health counseling needed, and how to keep her safe (*Id.*, p. 25). Indeed, based on the omissions in several of the reports, Pacholke concluded that the Committee did no meaningful review of Hampton's housing placement (Doc. 97, p. 21).

In addition to seeking a transfer to a women's prison, Hampton also has made repeated requests to be removed from

segregation. Hampton asserts she has spent much of the last two years in segregation, which causes her panic attacks, exacerbates her depression, and makes her want to kill herself (Doc. 96, pp. 8-9). Before entering segregation, Hampton participated in psychosocial support groups to help deal with her gender [dysphoria](#). While in segregation, however, Hampton has been denied access to the transgender support group (Doc. 98, p. 9). Instead of group therapy, Hampton participates in weekly, one-hour, individual sessions with Jamie Weigand, a mental health professional, to discuss her transgender issues (Doc. 56-2, p. 4).

Weigand testified in her deposition that at almost every session Hampton has been fixated on her placement in segregation and repeatedly reported feeling depressed (*Id.*, pp. 8, 11-12). Yet, Weigand said she has not personally observed any negative effects or decompensation from Hampton being in segregation (*Id.*, p. 8). She did admit, however, that Hampton's "depression may be increased because of that extended period of time locked in her cell." (*Id.*, p. 12). Hampton has attempted suicide multiple times—at least twice since being transferred to Dixon (Doc. 99, p. 82). Assistant Warden Wilks testified that he believed Hampton was doing well at Dixon, but acknowledged he was unaware Hampton had tried to commit suicide twice (Doc. 99, p. 82). He agreed that someone who has attempted suicide is not adjusting well (*Id.*, p. 83).

According to Dr. Brown, while she is in segregation, Hampton is not receiving the medical services necessary to support her transition, including the transgender support group, which he considers inadequate care of her gender [dysphoria](#) (Doc. 98, p. 9). Dr. Brown testified that continued placement in segregation is exacerbating Hampton's symptoms and placing her at risk of suicide or auto-castration and subsequent death by [exsanguination](#), *i.e.*, bleeding to death (*Id.*, pp. 10-11). Dr. Brown also noted that Hampton has lost 75 pounds in prolonged segregation not due to any efforts to lose weight (*Id.*, p. 42). He explained that weight loss is a nonspecific symptom often associated with depression or decompensation (*Id.*). Based on his interview with Hampton, as well as a review of her medical records, Dr. Brown concluded that there is no medical justification whatsoever for housing her in a men's prison and that her continued placement at Dixon places her at risk both mentally and physically (*Id.*, p. 9).

*6 With regard to the Committee's concern that she is a violent offender, Hampton acknowledges she has received numerous disciplinary tickets throughout her incarceration,

but asserts they were issued as a result of defending herself or in retaliation for filing complaints. For example, while housed at Hill Correctional Center, Hampton received a disciplinary ticket related to an incident where a large man ran into her cell and began attacking her while she was on the toilet (Doc. 96, p. 47). Hampton fought back in self-defense but was charged with assaulting the other inmate (*Id.*). On another occasion in July 2017, Hampton received a disciplinary ticket for hugging and kissing her cellmate even though she told Internal Affairs that IDOC staff made them do it (*Id.*, p. 48). As a result, she was sentenced, among other things, with two months of segregation.

According to Pacholke, many of Hampton's tickets were issued for low-level violations that "support [Hampton's] own view of her gender identity" like calling an officer "hey girl," destroying state property by modifying her clothing, and making and wearing thong underwear (Doc. 97, p. 34).

Other tickets were for more serious violations. On February 18, 2018, Hampton received a ticket for kicking an officer multiple times (Doc. 97, p. 35). The officer was taking Hampton to the segregation yard when Hampton began to pull away stating that she wanted to go to her "special cage." (*Id.*) The officer attempted to regain control of Hampton and explain where she was going, but Hampton mule-kicked him in the leg (*Id.*). Pacholke testified that it was significant that Hampton wanted to go to her "special cage," because perhaps all she was trying to say was "This yard is safer for me." (Doc. 97, pp. 35-36). Yet, he acknowledged that striking the officer was inappropriate (*Id.*). He also testified that he would have considered Hampton's substantiated PREA complaint from just a few weeks prior when deciding what discipline to impose.

Hampton received another ticket on June 25, 2018, for possession of a "gaff," which, as explained by Dr. Brown, is a thong used by trans women to compress their genitals against their bodies to create a smoother appearance and keep the genitals from moving around (Doc. 98, p. 18). Dr. Brown stated that it is "unfortunate" that Hampton has been acknowledged as transgender, diagnosed with gender [dysphoria](#), has received hormones for more than two years, and has breasts, but yet is not allowed to have female underwear (*Id.*, p. 19). Then when she modifies her underwear because of her gender [dysphoria](#), the IDOC views it as destruction of government property (*Id.*). He testified it is very common for transgender inmates with gender [dysphoria](#) to do whatever is necessary to develop their own underwear

when it is not being provided by the prison (*Id.*). Dr. Brown concluded that Hampton's actions indicate she has inadequately treated gender [dysphoria](#) and is attempting to treat herself (*Id.*, p. 23).

On June 26, 2018, Hampton was charged with assault of another offender (*Id.*, p. 41). The Adjustment Committee later found her guilty based on witness statements that she slapped the offender on the face, threw four or five punches at him, then began choking him, telling him to say, "I'm sorry." (*Id.*). After the offender said he was sorry, Hampton let him go (*Id.*, pp. 41-42). The informants stated that Hampton was the aggressor and the other offender did not fight back (*Id.*). Hampton testified at the evidentiary hearing that this incident occurred after the other inmate touched her buttocks and got upset when she said she was not interested in him sexually (Doc. 96, p. 49). He later tried to sweet talk her and reached to grab her buttocks again, but Hampton smacked his hand away (*Id.*). She claimed the other inmate then punched her in the face, and the ticket she received was for defending herself (*Id.*, p. 50).

*7 Hampton received yet another disciplinary ticket on June 26, 2018, for assault and disobeying a direct order for refusing to cuff up (Doc. 97, pp. 43-44). A lieutenant had to pepper spray Hampton to get her to comply with the order to cuff up and move to segregation (*Id.*, p. 44). Hampton then jumped up on a chair and began to throw closed-fist punches at a staff member and the lieutenant (*Id.*, p. 45). She was given four months of segregation for this incident. Pacholke admitted this is a serious misconduct report but opined that it should be viewed in context of her overall experience in the system (*Id.*).

In August 2018, Hampton was disciplined for sexual misconduct and damage or misuse of property when she danced in a sexually provocative way in the yard (Doc. 97, p. 29). Approximately 53 minutes of video surveillance was recorded of the incident, which shows Hampton flirting with other offenders, suggestively dancing, flashing them, kissing and hugging them, and modifying her clothing (*Id.*, p. 31). Pacholke criticized the IDOC for using the video to build a case against Hampton to keep her in segregation rather than intervening and acknowledging that this is inappropriate and unsafe conduct (*Id.*). In Pacholke's opinion, what the video shows is a woman on a male yard (*Id.*, p. 32). Pacholke opined that the IDOC has not considered that Hampton's placement—in a men's prison, in segregation, and in close range to those who have assaulted her—might be driving her behavior and

misbehavior (*Id.*, p. 39). In fact, he stated, these violations reinforce his opinion that she should be housed in a women's facility (*Id.*, pp. 32, 46). Pacholke noted that the IDOC has given Hampton hormones and feminizing clothing, including a sports bra, but then does everything in its power to place her anywhere but a female facility, as if Hampton "needs to earn her way into the proper gender placement." (*Id.*)

Dr. Reister disagreed with the idea that transgender inmates must "earn their way" into a certain facility but did agree that Hampton's aggression toward peers and staff is the result of her reacting to people misgendering and mistreating her (Doc. 100, pp. 28, 38). He noted that Hampton turns to self-protection when she feels threatened to gain a sense of control over her environment (*Id.*, p. 49). Dr. Reister, who has created a four-hour training on transgender mental health care for the IDOC mental health staff, suggested that it would be beneficial for correctional officers and other staff to be trained on being trauma informed (*Id.*, p. 52).

Discussion

I. Exhaustion of Administrative Remedies

Before addressing the merits of Hampton's motion for preliminary injunction, the Court must determine whether she has exhausted her administrative remedies with regard to the injunctive relief she seeks.

The Prison Litigation Reform Act ("PLRA") provides that "[n]o action shall be brought with respect to prison conditions under Section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." 42 U.S.C. § 1997e(a). Exhaustion is a precondition to bringing suit, and the Seventh Circuit requires strict adherence to the PLRA's requirements. *Dole v. Chandler*, 438 F.3d 804, 809 (7th Cir. 2006). Failure to exhaust administrative remedies is an affirmative defense; defendants bear the burden of proving a failure to exhaust. See *Jones v. Bock*, 549 U.S. 199, 216 (2007).

Under the PLRA, an inmate must take all steps required by the prison's grievance system to properly exhaust his or her administrative remedies. *Ford v. Johnson*, 362 F.3d 395, 397 (7th Cir. 2004); *Pozo v. McCaughtry*, 286 F.3d 1022, 1023-24 (7th Cir. 2002). The purpose of exhaustion is to give prison officials an opportunity to address the inmate's claims internally, prior to federal litigation. *Kaba v. Stepp*,

458 F.3d 678, 684 (7th Cir. 2006). When officials have been afforded this opportunity, the prisoner has properly exhausted all available remedies. *Id.*

*8 An emergency does not exempt an inmate from exhausting his administrative remedies. *Maxey v. Cross*, No. 14-CV-01263-JPG-SCW, 2015 WL 507213, at *4 (S.D. Ill. Feb. 5, 2015). Instead, Illinois has an emergency grievance procedure for prisoners who claim to be in urgent need of attention. *Fletcher v. Menard Correctional Center*, 623 F.3d 1171, 1174 (7th Cir. 2010) (citing 20 Ill. Admin. Code. § 504.840). Under that procedure, an emergency grievance is forwarded directly to the warden, who determines whether “there is a substantial risk of imminent personal injury or other serious or irreparable harm” to the inmate. *Id.* (citing § 504.840(a)). If there is such a risk, the grievance is handled on an emergency basis, and the warden is required to tell the inmate what action, if any, will be taken in response to the alleged danger. *Id.* (citing § 504.840(b)).

When prison officials fail to respond to inmate grievances, the Seventh Circuit has held that administrative remedies are “unavailable” to the prisoner. *Lewis v. Washington*, 300 F.3d 829, 833 (7th Cir. 2002). At that point, the inmate is deemed to have exhausted his claims. See *Dole v. Chandler*, 438 F.3d 804, 809 (7th Cir. 2006) (a remedy can be unavailable to a prisoner if the prison does not respond to the grievance or uses misconduct to prevent a prisoner from exhausting his resources); *Walker v. Sheahan*, 526 F.3d 973, 979 (7th Cir. 2000) (an inmate is not required to appeal his grievance if he submits the grievance to the proper authorities but never receives a response).

How long a prisoner must wait to file suit after submitting his or her emergency grievance, however, has not definitively been decided by the Seventh Circuit. In *Fletcher*, the inmate waited only two days after filing his emergency grievance before filing his lawsuit, which the Court of Appeals found to be insufficient under the circumstances of that case. *Fletcher*, 623 F.3d at 1174-75. On the other hand, in *Muhammad v. McAdory*, the Seventh Circuit found that a genuine issue of material fact existed concerning whether prison officials thwarted the plaintiff's efforts to exhaust his administrative remedies when they did not respond to his emergency grievance 51 days after he filed it. *Muhammad v. McAdory*, 214 F. App'x 610, 613 (7th Cir. 2007). The undersigned district judge has found that waiting sixteen days after filing an emergency grievance may be sufficient to exhaust, particularly when the inmate is in imminent danger of harm

from a cellmate. *Godfrey v. Harrington*, 13-cv-0280-NJR-DGW, 2015 WL 1228829, at *7 (S.D. Ill. Mar. 16, 2015).

In this case, it is undisputed that Hampton filed an emergency grievance dated February 7, 2018, while housed at Lawrence Correctional Center (Doc. 37, p. 3). The emergency grievance stated that Hampton was in danger as a woman placed in a man's prison and that, while in segregation, she had not received the mental health treatment required by IDOC rules, the *Rasho* settlement agreement,¹ the Americans with Disabilities Act, the Rehabilitation Act, and the Eighth Amendment (Doc. 37-1). Hampton requested relief in the form of a transfer to a women's prison and release from segregation, an updated treatment plan, a review of her medication by a psychiatrist, and group and other therapy required to treat her serious mental illnesses (*Id.*).

The grievance contains the notation “E91 RCVD 2/8/28.” (*Id.*) The grievance also contains a stamp indicating it was received by the grievance office at Lawrence on February 14, 2018 (*Id.*). There is no response from any prison official on the grievance form. Defendants state that “Plaintiff did not exhaust this grievance” but provide absolutely no argument or evidence in support of that statement.² Defendants reiterate that same conclusory statement in their supplemental memorandum of law in support of their motion for summary judgment on the issue of exhaustion (Doc. 86). They further argue that no grievances have been exhausted relating to Hampton's claims that she has been subject to harassment, beatings, threats, segregation, or a failure to protect by the IDOC, and that no grievances have been exhausted with regard to her rights to equal protection, mental health care, or accommodations under the ADA (*Id.*).

*9 As an initial matter, the Court finds that Hampton's February 7, 2018 grievance more than adequately grieves the denial of appropriate mental health treatment while in segregation (*see* Doc. 37-1). Further, her statement that she is a woman and in danger because she is improperly housed by the IDOC in a male prison is sufficient to grieve her claim that she belongs in a female correctional center. As held by the Seventh Circuit in *Strong v. David*, 297 F.3d 646, 650 (7th Cir. 2002):

Illinois has not established any rule or regulation prescribing the contents of a grievance or the necessary degree of factual particularity ... When the administrative rulebook is silent, a grievance suffices if it alerts the prison to the nature of the wrong for which redress is sought. As in

a notice-pleading system, the grievant need not lay out the facts, articulate legal theories, or demand particular relief. All the grievance need do is object intelligibly to some asserted shortcoming.

There is no requirement that Hampton specifically grieve her right to equal protection or a lack of ADA accommodations. It is enough that Hampton asserted the IDOC's shortcomings in the form of denying her adequate and appropriate mental health treatment and placing her in a men's prison despite being a female.

As for exhaustion of this emergency grievance, Hampton asserts—and Defendants do not dispute—that she never received a response from the warden. The warden's failure to respond to Hampton's allegations that she was in danger and was not receiving essential and required mental health treatment, within 29 days of her filing the grievance, rendered the administrative process unavailable to Hampton, and she is deemed to have exhausted her administrative remedies.³ See *Fletcher*, 623 F.3d at 1174-75; *Muhammad*, 214 F. App'x at 613.

II. Motion for Preliminary Injunction

A preliminary injunction is an “extraordinary and drastic remedy” for which there must be a “clear showing” that a plaintiff is entitled to relief. *Mazurek v. Armstrong*, 520 U.S. 968, 972 (1997). The purpose of an injunction is “to minimize the hardship to the parties pending the ultimate resolution of the lawsuit.” *Faheem-El v. Klinicar*, 841 F.2d 712, 717 (7th Cir. 1988). To be granted an injunction, a plaintiff has the burden of demonstrating a reasonable likelihood of success on the merits, no adequate remedy at law, and irreparable harm absent the injunction. *Planned Parenthood v. Commissioner of Indiana State Dep't Health*, 699 F.3d 962, 972 (7th Cir. 2012).

As to the first element, the Court must determine whether the “plaintiff has any likelihood of success—in other words, a greater than negligible chance of winning.” *AM General Corp. v. DaimlerChrysler Corp.*, 311 F.3d 796, 804 (7th Cir. 2002). As to the second element, the absence of an adequate remedy at law is a precondition to any form of equitable relief. *Roland Mach. Co. v. Dresser Indus., Inc.*, 749 F.2d 380, 386 (7th Cir. 1984). Finally, the requirement of irreparable harm eliminates those cases where, although the ultimate relief sought is equitable, the plaintiff can wait until the end of trial to get that relief. *Id.* Only if the plaintiff will suffer irreparable

harm in the interim—that is, before a final judgment—can he or she obtain a preliminary injunction. *Id.*

*10 Once Hampton has met her burden, the Court must weigh the balance of harm to the parties if the injunction is granted or denied and evaluate the effect of an injunction on the public interest. *Korte v. Sebelius*, 735 F.3d 654, 665 (7th Cir. 2013). “This equitable balancing proceeds on a sliding-scale analysis; the greater the likelihood of success of the merits, the less heavily the balance of harms must tip in the moving party's favor.” *Id.*

The Prison Litigation Reform Act provides that a preliminary injunction must be “narrowly drawn, extend no further than necessary to correct the harm ...,” and “be the least intrusive means necessary to correct that harm.” 18 U.S.C. § 3626(a)(2). The Seventh Circuit has described injunctions like the one sought here, requiring an affirmative act by the defendant, as a mandatory preliminary injunction. *Graham v. Med. Mut. of Ohio*, 130 F.3d 293, 295 (7th Cir. 1997). Mandatory injunctions are “cautiously viewed and sparingly issued,” because they require the court to command a defendant to take a particular action. *Id.* (citing *Jordan v. Wolke*, 593 F.2d 772, 774 (7th Cir. 1978)).

A. Success on the Merits

A party moving for preliminary injunctive relief need not demonstrate that she has a likelihood of absolute success on the merits, but rather that her chances are “better than negligible,” which is a “low threshold.” *Whitaker By Whitaker v. Kenosha Unified Sch. Dist. No. 1 Bd. of Educ.*, 858 F.3d 1034, 1046 (7th Cir. 2017). In this case, Hampton argues she has a greater than negligible chance of winning on her claims because Defendants have: (1) violated the Equal Protection Clause by housing her in a men's prison; (2) violated the Equal Protection Clause by constantly sexually harassing her; (3) violated the Eighth Amendment by failing to protect her from sexual and physical assault; and (4) violated the Eighth Amendment by subjecting her to cruel and unusual punishment.

i. Equal Protection Clause

The Equal Protection Clause of the Fourteenth Amendment directs that “all persons similarly situated should be treated alike,” thereby protecting against intentional discrimination by way of classifications that reflect “a bare ... desire to harm

a politically unpopular group.” *Whitaker*, 858 F.3d at 1050 (quoting *City of Cleburne v. Cleburne Living Ctr.*, 473 U.S. 432, 439 (1985)); *Glenn v. Brumby*, 663 F.3d 1312, 1315 (11th Cir. 2011) (quoting *Cleburne*, 473 U.S. at 446-47). “Generally, state action is presumed to be lawful and will be upheld if the classification drawn by the statute is rationally related to a legitimate state interest.” *Id.* The rational basis test does not apply, however, when discrimination is alleged based on one’s membership in a protected class. *Reget v. City of LaCrosse*, 595 F.3d 691, 695 (7th Cir. 2010). In those situations, heightened scrutiny applies. See *Whitaker*, 858 F.3d at 1050.

Neither the Seventh Circuit nor the Supreme Court has determined whether transgender individuals constitute a protected class. See *id.* at 1051 (“[T]his case does not require us to reach the question of whether transgender status is per se entitled to heightened scrutiny.”). Other district courts outside the Seventh Circuit, however, have recognized transgender individuals as either a suspect or quasi-suspect class entitled to heightened scrutiny. See, e.g., *Bd. of Educ. of the Highland Local Sch. Dist. v. United States Dep’t of Educ.*, 208 F. Supp. 3d 850, 872-74 (S.D. Ohio 2016) (concluding that heightened scrutiny applied to equal protection claim arising from a transgender girl being denied access to the girls’ bathroom because transgender individuals are a quasi-suspect class).

*11 Even where trans people have not been found to constitute a protected class, the Seventh Circuit has held that heightened or intermediate scrutiny applies when the complaint is based on sex discrimination. See *Whitaker*, 858 F.3d at 1050 (a sex-based classification is subject to heightened scrutiny, as sex “frequently bears no relation to the ability to perform or contribute to society”). Under intermediate scrutiny, “classifications by gender must serve important governmental objectives and must be substantially related to achievement of those objectives” in order to be upheld. *Craig v. Boren*, 429 U.S. 190, 197 (1976). “When a sex-based classification is used, the burden rests with the state to demonstrate that its proffered justification is exceedingly persuasive,” not just a hypothesized or *post hoc* justification created in response to litigation. *Whitaker*, 858 F.3d at 1050.

a. Discrimination by Housing Hampton in a Male Facility

Hampton first argues that the IDOC’s policy of housing cisgender women in women’s prisons but forcing transgender women to be housed with men based on their assigned

gender at birth, is a classification based on sex that causes her to be treated differently from similarly situated female inmates. Therefore, heightened scrutiny applies, and the State must show the classification serves important, genuine governmental objectives and that the discriminatory means employed (placing transgender females in male prisons) is substantially related to the achievement of those objectives.

Defendants make no express argument that rational basis review applies rather than heightened scrutiny,⁴ although they do argue that an inmate’s placement is not uniformly based on the inmate’s sex at birth (the implication being there is no sex-based classification). While they acknowledge that IDOC inmates are initially housed according to their genitalia, they assert that at least two transgender inmates have been transferred to female institutions after a case-by-case determination by the Transgender Care Review Committee. Furthermore, the Committee in this case considered numerous factors, including security, Hampton’s aggression toward staff and other inmates, her adjustment, her mental health, and her medical health. Defendants note that an offender who is denied transfer by the Committee can be re-reviewed and follow-up meetings can be scheduled on an as-needed basis.

While the Court understands that consideration is later given to an inmate’s desire to be transferred to the prison of their gender identity, the fact remains that inmates are, by default, placed in a facility based on their genitalia (*see* Doc. 59-1, p. 21-22). Therefore, a sex-based classification is used, and intermediate scrutiny must be applied. Under intermediate scrutiny, the question becomes: is the IDOC’s policy of placing transgender inmates in the prison of their assigned sex at birth substantially related to the achievement of prison security?

The State has presented no evidence that transgender inmates generally pose a greater security threat than cisgender inmates, and anyway, “generalized concerns for prison security are insufficient to meet the ‘demanding’ burden placed on the State to justify sex-based classifications.” *Doe v. Massachusetts Dep’t of Corr.*, No. CV 17-12255-RGS, 2018 WL 2994403, at *10 (D. Mass. June 14, 2018) (citing *United States v. Virginia*, 518 U.S. 515, 531 (1996)).

With regard to Hampton specifically, Defendants point to her history of disciplinary problems as evidence that, in this case, placing her in a male prison is essential to maintain prison security. Defendants argue that the Committee met several

times to discuss Hampton's placement, but found she had been aggressive and violent toward staff and other offenders.

*12 The Court first notes that the Committee's reports do not reflect *any* discussion of Hampton's aggression toward others until July 16, 2018—after Hampton's motion for preliminary injunction had been filed—indicating it may be a forbidden *post hoc* justification created in response to litigation. Moreover, as pointed out by Hampton, female inmates can be equally aggressive and violent, perhaps more so than Hampton. Yet, no one would suggest those women should be housed in the men's division. Furthermore, the Committee considered her assaults on prison staff and other inmates when reviewing her placement, but it never reviewed her disciplinary reports, grievances, or substantiated PREA complaints to have the full picture. And while the Committee considered the safety of female inmates at Logan should Hampton be transferred, it never considered whether Hampton felt safe or secure in a men's prison. In fact, the Committee never even interviewed Hampton personally.

Based on these facts, the Court is not convinced that the IDOC's policy of placing transgender inmates in the facility of their assigned sex at birth is substantially related to the achievement of prison security. Furthermore, there is some evidence that the concern about Hampton's aggressiveness could be a *post hoc* justification created in response to litigation. Accordingly, the Court finds that Hampton has a greater than negligible chance of success on the merits of her equal protection claim with regard to her placement in a male prison.

b. *Sexual Harassment*

Hampton next argues Defendants have violated the Equal Protection Clause by intentionally subjecting her to verbal and physical sexual harassment that male inmates do not endure because she is transgender. In response, Defendants simply argue “there is no proof of discrimination against Hampton by subjecting her to constant verbal sexual harassment, insult, threat, and intimidation that males do not endure.” (Doc. 55, pp. 8-9).

To succeed on her sexual harassment claim under the Equal Protection Clause, Hampton must establish (1) the harassment was intentional and based on sex and (2) the harassment was “sufficiently severe or pervasive.” *Trautvetter v. Quick*, 916 F.2d 1140, 1149 (7th Cir. 1990); *see also Adair v. Hunter*,

236 F. Supp. 3d 1034, 140 (E.D. Tenn. 2017) (while isolated incidents of verbal harassment do not rise to the level of constitutional violations, “where, as here, a plaintiff alleges ongoing harassment, the equal protection clause applies.”). “[A] plaintiff wishing to sustain an equal protection claim of sexual harassment must show both ‘sexual harassment’ and an ‘intent’ to harass based upon that plaintiff’s membership in a particular class of citizens.” *Id.*

At the evidentiary hearing, Hampton testified to constant, severe harassment, including being called a fag, it, he-she, dick sucker, dick eater, and other derogatory terms based on her status as transgender. Defendants presented no evidence refuting that testimony, except for Correctional Counselor Brandi Hendrix, who disavowed ever using the term “fag” to refer to Hampton (Doc. 99, p. 112). Hampton also testified to multiple situations where IDOC staff forced her to engage in sexual acts with other inmates or with the staff themselves, and she complained of being groped and harassed daily by inmates.

While this Court is not blind to the fact that male inmates also face sexual and verbal harassment from other inmates and staff, Defendants presented no evidence that such abuse rises to the same level Hampton has experienced. They also make no real argument in support of their position. Accordingly, the Court finds Hampton has a likelihood of success on the merits of her equal protection claim with regard to verbal and physical sexual harassment.

ii. Eighth Amendment

Hampton also asserts she will succeed on the merits of her Eighth Amendment failure to protect and deliberate indifference to conditions of confinement claims.

a. *Failure to Protect Against Sexual and Physical Abuse*

*13 Prison officials have a duty under the Eighth Amendment “to protect prisoners from violence at the hands of other prisoners,” *Farmer v. Brennan*, 511 U.S. 825, 833 (1994), and, by extension, correctional officers. “Omissions can violate civil rights, and ‘under certain circumstances a state actor’s failure to intervene renders him or her culpable under § 1983.’ ” *Chavez v. Illinois State Police*, 251 F.3d 612, 952-3 (7th Cir. 2001) (quoting *Yang v. Hardin*, 37 F.3d 282, 285 (7th Cir. 1994)).

To succeed on such a claim, an inmate must first demonstrate she is “incarcerated under conditions posing a substantial risk of serious harm.” *Farmer*, 511 U.S. at 834. Second, the inmate must show prison officials acted with deliberate indifference to that risk, which requires a subjective inquiry into a prison official’s state of mind. *Farmer*, 511 U.S. at 838-39. “[T]he official must both be aware of facts from which the inference could be drawn that a substantial risk or serious harm exists, and he must also draw the inference.” *Id.* at 837.

A prisoner may demonstrate that prison officials were aware of a specific, impending, and substantial threat to her safety “by showing that [s]he complained to prison officials about a specific threat to [her] safety.” *Pope v. Shafer*, 86 F.3d 90, 92 (7th Cir. 1996) (quoting *McGill v. Duckworth*, 944 F.2d 344, 349 (7th Cir. 1991)). The prison official may be held liable only if he knows an inmate faces a substantial risk of serious harm and “disregards that risk by failing to take reasonable measures to abate it.” *Farmer*, 511 U.S. at 847. A plaintiff also “can establish exposure to a significantly serious risk of harm by showing that [s]he belongs to an identifiable group of prisoners who are frequently singled out for violent attack by other inmates.” *Id.* at 843 (quotation omitted).

Hampton argues Defendants know she is transgender, is vulnerable, and faces a substantial risk of serious harm from other prisoners and staff. They also are aware that she has been sexually and physically abused at other men’s prisons by way of her other lawsuits, her grievances and PREA complaints, and prior Internal Affairs investigations. Yet, Defendants disregarded that risk when they failed to protect her from other prisoners who have sexually assaulted her.

In response, Defendants argue they are aware of only one alleged sexual issue with another inmate, and that inmate was separated from Hampton immediately. The only other incident of which they are aware is the incident where Hampton assaulted another inmate, which Hampton testified occurred when that inmate continually hit her on the buttocks and grabbed her breasts.

Again, the Court finds Hampton has more than a negligible chance of success on the merits of this claim. Hampton has filed numerous grievances and several PREA complaints that were ultimately found substantiated. She testified that *nothing* was done after those substantiated PREA complaints to protect her from further verbal and sexual harassment and abuse. When Hampton told Dixon staff about the inmate

that was grabbing her for a week and a half, they did nothing. Instead, she had to call the PREA hotline. Defendants presented no evidence to the contrary. Indeed, the Assistant Warden of Operations at Dixon could not testify to *any* actions taken to protect Hampton after her PREA allegations were deemed substantiated (Doc. 99, p. 78). Based on this evidence, the Court finds Hampton has a likelihood of success on her failure to protect claim.

b. *Deliberate Indifference to Conditions of Confinement*

*14 Hampton next argues she will prevail on her Eighth Amendment conditions of confinement claim related to her prolonged stay in segregation. She asserts Defendants housed her in conditions constituting cruel and unusual punishment when those conditions are worsening her mental illness and causing her extreme emotional pain and suffering—to the point she has attempted suicide multiple times.

In a case involving conditions of confinement in a prison, two elements are required to establish violations of the Eighth Amendment’s cruel and unusual punishment clause. *McNeil v. Lane*, 16 F.3d 123, 124 (7th Cir. 1993). First, the prisoner must show that, objectively, the conditions deny the inmate “the minimal civilized measure of life’s necessities,” creating an excessive risk to the inmate’s health or safety. *Farmer v. Brennan*, 511 U.S. 825, 834 (1994); *Jackson v. Duckworth*, 955 F.2d 21, 22 (7th Cir. 1992). Not all prison conditions trigger Eighth Amendment scrutiny—only deprivations of basic human needs like food, medical care, sanitation, and physical safety. *Rhodes v. Chapman*, 452 U.S. 337, 346 (1981). Second, from a subjective point of view, the inmate must demonstrate that the defendants acted with a sufficiently culpable state of mind, namely, deliberate indifference. *McNeil*, 16 F.3d at 124. Deliberate indifference exists only where an official “knows of and disregards an excessive risk to inmate health or safety.” *Farmer*, 511 U.S. at 837-38. “ ‘Deliberate indifference’ means recklessness in a criminal, subjective sense: disregarding a risk of danger so substantial that knowledge of the danger can be inferred.” *James v. Milwaukee Cty.*, 956 F.2d 696, 700 (7th Cir. 1992). Negligence, even gross negligence, does not constitute deliberate indifference. *Garvin v. Armstrong*, 236 F.3d 896, 898 (7th Cir. 2001).

Defendants rely on the affidavit of Jamie Weigand, a mental health professional who met with Hampton in segregation for one-hour, weekly, individual sessions to discuss her

transgender issues and concerns as well as to devise a treatment plan (Doc. 56-2, p. 4). Ms. Weigand testified she has not personally observed any negative effects or decompensation from Hampton being in segregation and explained that Hampton is social, upbeat, and smiling when she sees her (*Id.*, p. 8). Hampton also participates in group therapy for long-term segregation inmates once per week, she showers and takes care of her hygiene, she is out of her cell three to four hours per day, and she gets two hours of yard time per day.

Defendants also presented evidence that a mental health professional was consulted each time Hampton received disciplinary violations (Doc. 98, pp. 79-82). Those professionals often concluded that Hampton's behavior was *not* the result of her mental health issues (*Id.*). The mental health professionals also evaluated whether placement in segregation would present a risk of harm to Hampton, and they determined that it would not (*Id.*). Defendants then acted in accordance with the recommendations of the mental health professionals regarding discipline, often imposing less segregation time than recommended or no segregation time at all (*Id.*). Defendants argue they are entitled to rely on the recommendations of mental health professionals, even if there are others who would disagree with those conclusions.

The Court agrees that Defendants are entitled to rely on the recommendations of the mental health professionals who found that placement in segregation would not be a risk to Hampton's mental health. See *Berry v. Peterman*, 604 F.3d 435, 440 (7th Cir. 2010) (nonmedical administrators are entitled to defer to the judgment of jail health professionals). Thus, Hampton has not shown Defendants acted with the requisite deliberate difference.

*15 Furthermore, there is no evidence that Hampton has been deprived of any life's basic necessities, as required to meet the objective prong of the test. She appears to be receiving adequate medical care, has one-on-one sessions with Weigand to address her transgender issues, attends group therapy for long-term segregation inmates several times per week, is receiving treatment for her bipolar disorder (although she refuses to take her medication), has access to showers and proper hygiene care, and spends two hours a day at yard. The only program Hampton does not have access to is the transgender support group, which is not one of life's necessities, despite its importance to Hampton's mental health.

Accordingly, the Court finds—at this point—that Hampton has not shown a likelihood of success on the merits of this claim. See *Marion v. Columbia Corr. Inst.*, 559 F.3d 693, 697–98 (7th Cir. 2009) (“a liberty interest *may* arise if the length of segregated confinement is substantial and the record reveals that the conditions of confinement are unusually harsh”). Additionally, the Court is mindful of the *Rasho* settlement agreement, of which Hampton is a plaintiff class member, and the recent order granting permanent injunctive relief in that case. See *Rasho v. Walker*, 1:07-cv-1298-MMM (C.D. Ill. Oct. 30, 2018). The Court is optimistic that Hampton's mental health issues in segregation will be addressed by the permanent injunction and the IDOC's proposed actions to address the constitutional deficiencies addressed by the *Rasho* court.

B. Adequate Remedy at Law

Hampton argues she has no adequate remedy at law because money will not make her whole or protect her from the physical and emotional abuse she is currently suffering. Defendants make no argument in opposition. Therefore, the Court considers this element conceded by Defendants.

C. Irreparable Harm

As to the element of irreparable harm, Hampton first argues that the continuing deprivation of her Eighth and Fourteenth Amendment rights constitutes irreparable harm itself. Second, her physical safety is at risk because Defendants have refused to protect her from other prisoners. And third, her mental health is at risk when she has been forced to endure constant sexual and physical abuse. Hampton notes that she has tried to commit suicide several times already, and there is a serious risk she will continue to have suicidal ideations.

Defendants, on the other hand, assert the evidence shows she is not suffering irreparable harm, her current needs are being met, and she is in a safe environment. They also claim her allegation that Defendants have said they will not protect her are “patently false.” While she is currently in segregation, she is doing well, and she will be moved from segregation when her time is served.

Contrary to Defendants' argument, the evidence indicates Hampton is *not* in a safe environment. The Court agrees with Hampton that her physical safety is at risk when she continues to be sexually assaulted and prison officials refuse to do anything to protect her. The Court also agrees that Hampton's

mental health is at risk of degrading further. Hampton testified that the verbal harassment and discrimination she endures daily from prison staff causes her to feel depressed, disrespected, and humiliated (Doc. 96, pp. 13, 20). Given these circumstances, the Court finds that Hampton may suffer irreparable harm absent injunctive relief prior to trial.

E. Balance of Equities

Hampton met her burden of demonstrating a likelihood of success on the merits of her Equal Protection and failure to protect claims, she has shown she has no adequate remedy at law, and she has demonstrated irreparable harm. Accordingly, the Court must now weigh the balance of harm to the parties if the injunction is granted or denied and also evaluate the effect of an injunction on the public interest. *Korte v. Sebelius*, 735 F.3d 654, 665 (7th Cir. 2013). The greater the likelihood of success of the merits, the less heavily the balance of harms must tip in Hampton's favor. *See id.*

*16 Hampton argues that requiring Defendants to house her in a women's facility and protect her from harm will further the public interest and will not harm Defendants in any way. She asserts that an injunction would ensure her health and safety and protect her from abusive staff and prisoners, while causing Defendants minimal harm since transfers of inmates occur daily. To the extent Defendants claim that transferring her to a women's prison would pose a risk to the other women prisoners, she claims this position is unfounded given that she is chemically castrated. Moreover, it is in the public interest to ensure that Hampton's constitutional rights are not violated by correctional officers.

In response, Defendants argue that granting a preliminary injunction would endanger the public interest by putting the Court in a position of directing where Hampton (and other transgender inmates) should be housed, therefore interfering with the operations of the IDOC “in a situation where Plaintiff is merely attempting to manipulate the system.” They again argue she is safe, in a protected area at Dixon, showers separately, is celled separately, has access to group and individual therapy, mental health counseling, library, yard, and commissary. She is escorted when out of her cell. And while she complains of verbal and sexual abuse, there is no proof of either.

Generally, “federal courts, while most reluctant to interfere with the internal administration of state prisons ... nevertheless will intervene to remedy unjustified violations of those rights retained by prisoners.” *Williams v. Lane*,

851 F.2d 867, 871 (7th Cir. 1988); *Bell v. Wolfish*, 441 U.S. 520, 547 (1979) (courts generally do not interfere with prison administrative matters in the absence of constitutional concerns). Thus, while courts usually hesitate to interfere with a routine transfer of an inmate from one prison to another, when an inmate's constitutional rights are at issue, a district court can intervene.

Still, the Court is not convinced at this point that ordering the IDOC to transfer Hampton to Logan Correctional Center is in the best interest of the parties or the public. Transferring Hampton to Logan would not cure everything; IDOC staff are just as likely to harass Hampton at Logan, female prisoners could sexually assault Hampton, and other unforeseen problems may arise. For now, the Court reserves ruling on the issue of whether Hampton should be transferred to a women's prison until after the constitutional issues are resolved at trial. *See* 18 U.S.C. § 3626(a)(2) (a preliminary injunction must be “narrowly drawn, extend no further than necessary to correct the harm ...,” and “be the least intrusive means necessary to correct that harm”).

In the meantime, however, other action can and should be taken immediately to address the institutional problems that surfaced during the evidentiary hearing—issues that could be addressed by training prison staff on transgender issues. As explained by Dr. Reister, Hampton is particularly reactive to people who misgender her and do not recognize her as a woman. And when she feels threatened, she resorts to aggressive tactics that allow her to gain a sense of control. At the same time, both Assistant Warden Wilks and Correctional Counselor Hendrix testified they consider Hampton to be a man and repeatedly used male pronouns when referring to her (*see generally* Doc. 99). Neither of these employees were at all aware of the concept of misgendering or how it affects a trans individual's mental health (*Id.*, p. 88). And while they have had training on how to physically search transgender offenders, they have had no training on gender dysphoria or “dealing with transgender inmates” (*Id.*, pp. 92, 110-11).

*17 It seems that training IDOC staff on a few basic concepts (as defense counsel called it, “sensitivity training”) would not only improve Hampton's mental health but also reduce her aggression—and potentially address her issue of constantly being placed in segregation. This would come at little cost to the IDOC, as Dr. Reister has already developed a four-hour training program on transgender mental health for the mental health staff (Doc. 100, p. 11) and other programs are likely available. Dr. Reister indicated they are in the

early stages of planning training for other staff as well (*Id.*). Implementing this training and educating staff on how to treat transgender inmates (and all inmates, for that matter) would benefit Hampton while causing little harm to Defendants.

Another action that would cause little harm to Defendants but greatly benefit Hampton is to allow her to attend the transgender support group even when she is in segregation. The Court finds credence in Dr. Reister's testimony that he recommended Hampton go to Dixon because it is a mental health hub, it is staffed by people who have experience working with manic inmates, it has a large transgender population, and it has an active transgender support group (Doc. 11, p. 27). Unfortunately, Hampton has not had access to the group while she is in segregation. That must change.

Finally, while the Court will not, at this point, order Hampton to be transferred to Logan, it strongly suggests that the Committee fully consider all evidence for and against a transfer when it meets this month, including interviewing Hampton herself. A review of Hampton's full mental health and disciplinary history⁵ in the context of her substantiated PREA complaints and grievances may lead the Committee itself to conclude that Hampton is safest in a women's prison. If not, the Court can revisit the issue after the constitutional issues have been decided at trial.

Footnotes

- 1 See *Rasho v. Walker*, 1:07-cv-1298-MMM (C.D. Ill.).
- 2 Defendants also provide no explanation as to why the grievance apparently went to the grievance office rather than to the warden despite being marked as an emergency.
- 3 This determination is limited solely to Hampton's requests in her motion for preliminary injunction to be transferred to a women's prison and to be released from segregation. Whether Hampton has exhausted her other claims will be addressed separately by Magistrate Judge Reona J. Daly.
- 4 Defendants also make no argument that the category of "similarly situated" individuals should be other transgender inmates or other inmates with gender **dysphoria** rather than other female inmates. Accordingly, the Court considers that issue conceded.
- 5 This evaluation should include considering whether Hampton's conduct leading to her discipline is a result of misgendering and the staff's general ignorance of transgender issues, such as (1) refusing to provide Hampton with women's underwear and then disciplining her for modifying her undergarments, and (2) calling her names and then disciplining her for acting out in response to the harassment.

Conclusion

For these reasons, the Court **GRANTS in part** Plaintiff's Motion for Preliminary Injunction and **ORDERS** Defendants to provide an update to the Court within **14 days** as to steps it will take to: (1) train all correctional staff on transgender issues; (2) allow Hampton to attend the transgender support group while she is in segregation; and (3) ensure the Transgender Care Review Committee considers all evidence for and against transferring Hampton to a women's facility. Plaintiff may file a response to Defendants' filing on or before **November 30, 2018**.

The Court **DENIES** the Motion for Preliminary Injunction to the extent Hampton asks the Court to order Defendants to release her from segregation.

IT IS SO ORDERED.

All Citations

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Declined to Follow by [Doe v. Northrop Grumman Systems Corporation](#),
N.D.Ala., October 22, 2019

2018 WL 2994403
United States District Court, D. Massachusetts.

Jane DOE
v.
MASSACHUSETTS DEPARTMENT OF
CORRECTION, et al.

CIVIL ACTION NO. 17-12255-RGS
|
Filed 06/14/2018

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MEMORANDUM AND ORDER ON DEFENDANTS'
MOTION TO DISMISS

[Richard G. Stearns](#), UNITED STATES DISTRICT
JUDGE

*1 Plaintiff Jane Doe is a transgender woman, currently housed at MCI-Norfolk, a men's prison overseen by the Massachusetts Department of Correction (DOC). Doe brought this Complaint against the DOC and several of its officials,¹ alleging that she has been discriminated against in violation of the Americans with Disabilities Act of 1990, 42 U.S.C. § 12101, *et seq.* (ADA), and the Rehabilitation Act of 1973, 29 U.S.C. § 701, *et seq.* The Complaint alleges that defendants have failed to make

reasonable accommodations of her Gender Dysphoria (GD) disability. It also alleges violations of the Equal Protection and Due Process Clauses of the Fourteenth Amendment, and violations of the Federal Civil Rights Act, 42 U.S.C. § 1983.

The defendants moved to dismiss the Complaint pursuant to Fed. R. Civ. P. 12(b)(6) for failure to state a claim upon which relief can be granted. Doe countered with a Motion for a Preliminary Injunction, seeking among other forms of relief a transfer to MCI-Framingham, a Massachusetts women's prison. The court heard oral argument on both motions on February 28, 2018. At that hearing, a principal issue was whether Doe's GD fits within the ADA's exclusion of "transvestism, transsexualism, pedophilia, gender identity disorders not resulting from physical impairments, or other sexual behavioral disorders" from the definition of "disability," 42 U.S.C. § 12211(b)(1), and if so, whether the exclusion is constitutional as applied to Doe.

The court, deeming the constitutional question to be substantial, certified a question to the U.S. Attorney General pursuant to Fed. R. Civ. P. 5.1(b), and 28 U.S.C. § 2403, *see* Dkt #57, and reserved ruling on the defendants' Motion to Dismiss. However, recognizing the exigencies underlying Doe's claim, the court granted her Motion for a Preliminary Injunction in part, ordering the defendants—whenever feasible and consistent with the DOC's applicable collective bargaining agreements and staffing availability—to: (1) utilize female corrections officers when conducting strip searches of Doe; (2) to make permanent the arrangement permitting Doe to shower at different times than male inmates; and (3) to station a corrections officer as a privacy guard while Doe showered. *See* Dkt #59.

On the DOC's Motion for Clarification, the court agreed to two minor adjustments of its order: first, that Doe be allowed shower time during prison lockdowns; and second, that in those instances where two female guards were not available to strip search Doe, that a male guard be permitted to search Doe's lower body, while a female guard searched her torso. *See* Dkt #s 63 & 64. The court recognized Doe's contention that the bifurcated strip search risked exacerbating her GD, *see* Dkt #66, but explained that its purpose was to provide Doe with the broadest relief possible while maintaining the *status quo ante* to the extent possible while awaiting a full resolution of the DOC's Motion to Dismiss and the consideration of any intervention by the Department of Justice (DOJ).

*2 On May 30, 2018, the DOJ, after requesting and

receiving an extension of time to respond, *see* Dkt #71, informed the court that it would not intervene in Doe’s case, *see* Dkt #77. The court therefore considers the DOC’s Motion to Dismiss to be ripe and will proceed on the merits.² For the reasons to be explained, the Motion to Dismiss will be denied.

FACTUAL BACKGROUND

The following facts are taken from the Doe’s well-pleaded Complaint.³ Jane Doe⁴ is a 53-year old transgender woman serving a three- to four-year sentence at MCI-Norfolk for a nonviolent drug offense. Compl. ¶¶ 24, 30. Although anatomically born a male—and assigned that gender at birth—Doe experienced serious emotional and mental health issues as a child caused by tension between her assigned gender and her gender identity. *Id.* ¶ 25.

As a teenager, Doe was diagnosed as suffering from Gender Identity Disorder (GID). *Id.* ¶ 26. At her doctor’s recommendation, she began gender transition therapy, *id.* ¶ 27, including a course of hormone treatment, which she has continued to this day. *Id.* ¶¶ 27, 46. Prior to her incarceration, Doe lived her life as a female, with her friends and family referring to her by her preferred female name. *Id.* ¶¶ 24, 28. Doe’s Massachusetts Identity Card lists her as a woman, and she is in the process of obtaining a court order legalizing a change of her birth name to her chosen female name. *Id.* ¶ 29. The DOC in its pleadings does not dispute the sincerity of Doe’s belief that she is, in fact, a woman.

*3 A growing consensus in the medical and psychiatric community now regards Doe’s condition, although diagnosed in her teenage years as GID, as more accurately classified as GD, a rare but serious medical condition. *Id.* ¶ 2. GD supplanted GID in the American Psychiatric Association’s (APA) Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V).⁵ GD is defined in DSM-V as follows:

A. A marked incongruence between one’s experienced / expressed gender and assigned gender, of at least six months’ duration, as manifested by at least two of the following:

1. A marked incongruence between one’s experienced / expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics).

2. A strong desire to be rid of one’s primary and / or secondary sex characteristics because of a marked incongruence with one’s experienced / expressed gender (or in young adolescents, a desire to prevent the development of the anticipated sex characteristics).

3. A strong desire for the primary and / or secondary sex characteristics of the other gender.

4. A strong desire to be of the other gender (or some alternative gender different from one’s assigned gender).

5. A strong desire to be treated as the other gender (or some alternative gender different from one’s assigned gender).

6. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one’s assigned gender).

B. The condition is associated with clinically significant distress or impairment in social, occupational or other important areas of functioning.

Persons diagnosed with GD often experience bouts of negative self-esteem, which manifests itself in anxiety, depression, and suicidality. Compl. ¶¶ 20, 21. They also face an increased risk of other mental disorders, as well as a sense of stigmatization and victimization. *Id.* The APA treatment protocol for GD recommends “counseling, cross-sex hormones, gender reassignment surgery, and social and legal transition” from a patient’s sex as assigned at birth to the sex associated with his or her gender identification. Compl. ¶ 23. As part of her treatment regime, Doe began wearing girls’ clothing as a youngster in school, used her chosen female name, and started a life-long course of hormonal treatment. *Id.* ¶ 47. As a result of the hormone injections, Doe exhibits clear signs of female breast development, which according to the Complaint, invites unwanted attention from male inmates.

Although Doe’s GD diagnosis is not disputed, the DOC has housed Doe at MCI-Norfolk, a men’s prison, since October 31, 2016. Compl. ¶ 10. The Complaint relates a litany of humiliations and trauma caused by this placement. Doe alleges that, at least prior to this court’s injunctive order, strip searches, which took place with some regularity, were conducted by male guards, who frequently groped her breasts. Compl. ¶ 33. She also alleges that during a facility-wide lockdown in June of 2017, she was forced to strip naked in the presence of

male DOC staff and in plain view of other prisoners, many of whom made audible sexually suggestive comments about her body. *Id.* ¶ 34.

*4 Doe further alleges that she was forced to shower, on several occasions, in the presence of, or in a place where she could be seen by male inmates. *Id.* ¶ 35. She claims that these experiences have instilled in her a fear of falling victim to sexual violence, and that she began experiencing difficulty sleeping after “men gawked at her from the [prison] tier above her as she showered.” *Id.* ¶ 36; *see also* *id.* ¶ 44 (alleging that “prisoners often harass her sexually in the bathrooms, with the knowledge and tacit approval of DOC staff”). She complains that while the DOC often provides separate shower facilities or shower times to transgender inmates—an accommodation she enjoyed when placed for a time in a housing area with access to a transgender-specific shower facility— “[o]n more than one occasion ... Defendants have denied Jane Doe the right to use this shower and forced her to shower along with male prisoners while these prisoners snickered and made demeaning, hurtful, and denigrating comments about her.” *Id.* ¶ 39. While the DOC makes available to transgender prisoners a shower curtain with an opaque middle section designed to obscure an inmate’s torso, the Complaint alleges that the opaque section “does not line up with Jane Doe’s body, so male prisoners can see most of her naked body, including her breasts.” *Id.* ¶ 40.

Other factual allegations in the Complaint fault various corrections officers for refusing to call Doe by her chosen female name or to otherwise treat her as a woman. The Complaint asserts that “certain DOC correctional officers make a point of asserting that Jane Doe’s anatomy is different than any other woman and repeatedly state that she is still a man,” while others deride Doe and other transgender prisoners as “chicks with dicks” and “wannabe women.” *Id.* ¶ 42. Doe complains that she is subjected to similar taunts and harassment from other inmates, leading her to frequently skip meals in the prison mess hall and to avoid group activities made available to other prisoners. *Id.* ¶ 44. She also alleges that prisoners have on occasion entered her cell and attempted to physically force themselves on her. *Id.*

Doe’s lawsuit was filed on November 15, 2017.⁶ In response to the DOC’s 12(b)(6) Motion to Dismiss, as previously noted, Doe filed a Motion for a Preliminary Injunction, *see* Dkt #34, praying that the court order the DOC to:

- (1) transfer Doe to MCI-Framingham [a DOC facility for women];
- (2) enjoin Defendants from using male correctional officers to conduct strip searches of Jane Doe, except in exigent circumstances;
- (3) enjoin

Defendants from forcing Jane Doe to shower in the presence of men and with a shower curtain that does not adequately cover her; (4) enjoin Defendants from treating Jane Doe differently than other women held by the DOC; (5) train all staff on how to appropriately accommodate, treat and communicate with individuals with Gender [Dysphoria](#) within 60 days of this order; (6) enjoin Defendants from using male pronouns when speaking to or about Jane Does; (7) enjoin Defendants from referring to Jane Doe by her former male name (or any abbreviated version thereof); (8) refer to Jane Doe by her chosen female name; and (9) award such other relief as is just and proper.

Dkt #35 at 3.⁷

DISCUSSION

A. LEGAL STANDARD

To survive a motion to dismiss, a plaintiff must state a claim to relief “that is plausible on its face.” [Twombly](#), 550 U.S. at 570. This burden “requires more than labels and conclusions, and a formulaic recitation of the elements of a cause of action will not do.” *Id.* at 555. However, in evaluating a motion to dismiss, the court takes the “factual allegations in the complaint as true and make[s] all reasonable inferences” in favor of the non-moving party. *See Mississippi Pub. Employees’ Ret. Sys. v. Boston Sci. Corp.*, 523 F.3d 75, 85 (1st Cir. 2008).

B. THE ADA AND REHABILITATION ACT CLAIMS

1. Statutory Framework

*5 The ADA was crafted to “provide a clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities.” 42 U.S.C. § 12101(b)(1). To state a claim under the ADA, a plaintiff must show “(1) that he is a qualified individual with a disability; (2) that he was either excluded from participation in or denied the benefits of some public entity’s services, programs, or activities, or was otherwise discriminated against; and (3) that such an exclusion, denial of benefits, or discrimination was by reason of his disability.” [Parker v. Universidad de Puerto Rico](#), 225 F.3d 1, 5 (1st Cir. 2000). The Rehabilitation Act provides

that “[n]o otherwise qualified individual with a disability ... shall, solely by reason of his or her disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance....” 29 U.S.C. § 794(a).

The definition of “disability” in both statutes is virtually identical. See 42 U.S.C. § 12101(1) (ADA) (defining disability as “a physical or mental impairment that substantially limits one or more major life activities.”); 29 U.S.C. § 705(9) (Rehabilitation Act) (defining a disability as “a physical or mental impairment that constitutes or results in a substantial impediment to employment”). In light of the twinned definitions, courts routinely apply the same legal analysis in interpreting claims under both statutes. See *Nunes v. Massachusetts Dep’t of Corr.*, 766 F.3d 136, 144 (1st Cir. 2014) (noting that the court “need make no distinction between the two statutes for purposes of our analysis”).

In addition to demonstrating that she has “a physical or mental impairment that substantially limits one or more major life activities,” Doe must also establish “a record of such an impairment,”⁸ or “being regarded as having such an impairment” by representatives of the public entity in question, generally in the form of an adverse action or actions. See 42 U.S.C. 12102(3)(A) (“An individual meets the requirement of ‘being regarded as having such an impairment’ if the individual establishes that he or she has been subjected to an action prohibited under this chapter because of an actual or perceived physical or mental impairment whether or not the impairment limits or is perceived to limit a major life activity.”).

Both of the statutory claims advanced by Doe rest on the premise that her GD qualifies as a disability, in turn imposing an obligation on the DOC to afford her reasonable accommodations. Doe maintains that the “major life activity” impaired by GD is her ability to reproduce, and that GD meets the regulatory definition of disability because it is a “physiological disorder or condition ... affecting ... [the] endocrine” system. 28 C.F.R. § 35.108(b)(1)(i). Because “a person born with Gender Dysphoria is born with circulating hormones inconsistent with their gender identity,” Doe Opp’n at 6, and “because [she] requires lifelong treatment for Gender Dysphoria, including the administration of female hormones, which leaves her incapable of reproduction,” *id.* at 6-7, Doe contends that GD meets the ADA’s definition of a disability. See 42 U.S.C. § 12102(2)(B) (providing that a disability is a physical or mental impairment that substantially limits a major life activity, notably “the operation of a major bodily function,

including ... endocrine, and reproductive functions”); see also *Bragdon v. Abbott*, 524 U.S. 624, 639 (1998) (“[W]e agree ... that reproduction is a major life activity for the purposes of the ADA.”).

2. The ADA’s Exclusion for Gender Identity Disorders
*6 The court does not understand the DOC to contest that reproduction qualifies as a major life activity, nor do I read the DOC as disputing that Doe’s GD diagnosis meets the ADA’s statutory definition of a disability. However, the DOC identifies an exclusionary provision of the statute, 42 U.S.C. § 12211(b)(1). The exclusion lists “(1) transvestism, transsexualism, pedophilia, gender identity disorders not resulting from physical impairments, or other sexual behavioral disorders” as conditions which are outside the scope of the statute’s definition of “disability.”⁹ The DOC contends that because GD for all practical purposes is equivalent to “gender identity disorder,” it is categorically outside the ADA’s protections.¹⁰

Doe counters with three arguments. First, she argues that the decision to treat “Gender Dysphoria” in DSM-V as a freestanding diagnosis is more than a semantic refinement. Rather, it reflects an evolving re-evaluation by the medical community of transgender issues and the recognition that GD involves far more than a person’s gender identification. She argues that GD is now understood to reflect the clinically significant distress that an affected person experiences as a result of the “marked incongruence” between an experienced/expressed sex and a person’s birth sex. Because it has independent clinical significance, Doe contends that GD is not a “gender identity disorder” as that term was meant in crafting the ADA exclusions. Second, she maintains that even if the statutory exclusion encompasses GD, it is limited to “gender identity disorders not resulting from physical impairments,” and because Doe’s GD *does* result from physical impairments, the statutory exclusion as applied to her does not preclude her claim. Third, she argues that if the exclusion applies categorically to all diagnoses of GD, it violates the Fourteenth Amendment because the legislative history of the exclusion demonstrates that it was driven by animus towards transgender persons. If either or both of the first two arguments is correct, Doe notes that the court need not reach the constitutional question at all.

While reasonable minds might differ, the court is of the view that Doe has the better of the arguments. The ADA’s exclusion applies only to “gender identity disorders *not*

resulting from physical impairments,” 42 U.S.C. § 12211(b)(1) (emphasis supplied), and Doe has raised a dispute of fact that her GD may result from physical causes. While medical research in this area remains in its initial phases, Doe points to recent studies demonstrating that GD diagnoses have a physical etiology, namely hormonal and genetic drivers contributing to the in utero development of *dysphoria*. See Doe Opp’n, Dkt #33 at 15 (citing Christine Michelle Duffy, *The Americans With Disabilities Act of 1990 and the Rehabilitation Act of 1973, in Gender Identity and Sexual Orientation Discrimination in the Workplace: A Practical Guide* (Christine Michelle Duffy ed., Bloomberg BNA 2014)).¹¹ A further distinction can be made between the definition given in DSM-IV of “gender identity disorders,” and that now given in DSM-V of “gender *dysphoria*.” In contrast to DSM-IV, which had defined “gender identity disorder” as characterized by a “strong and persistent cross gender-identification” and a “persistent discomfort” with one’s sex or “sense of inappropriateness” in a given gender role, the diagnosis of GD in DSM-V requires attendant disabling physical symptoms, in addition to manifestations of clinically significant emotional distress.

*7 While the court need not take a position on whether GD may definitively be found to have a physical etiology—nor would it be confident doing so without the aid of expert testimony—the continuing re-evaluation of GD underway in the relevant sectors of the medical community is sufficient, for present purposes, to raise a dispute of fact as to whether Doe’s GD falls outside the ADA’s exclusion of gender identity-based disorders as they were understood by Congress twenty-eight years ago.

3. Constitutional Avoidance

A second reason to deny the Motion to Dismiss lies in the prudential doctrine of constitutional avoidance. Under this doctrine, a court has a duty where “a serious doubt of constitutionality is raised” with respect to a statutory provision to “first ascertain whether a construction of the statute is fairly possible by which [a constitutional] question may be avoided.” *Ashwander v. Tenn. Valley Auth.*, 297 U.S. 288, 348 (1936) (Brandeis, J., concurring) (quoting *Crowell v. Benson*, 285 U.S. 22, 62 (1932)).

As the Supreme Court has cautioned, the doctrine should not be read as permission for a court to “adopt[] implausible constructions” of a statute or to otherwise “rewrite it.” *Jennings v. Rodriguez*, 138 S. Ct. 830, 836 (2018). Here, however, in light of the court’s finding that

Doe has made a plausible case that GD arises from physical impairments and is not merely another term for “gender identity disorder,” the constitutional avoidance canon “permits a court to ‘choos[e] between competing plausible interpretations of a statutory text.’ ” *Id.* at 843 (quoting *Clark v. Martinez*, 543 U.S. 371, 381 (2005)). See also *United States v. Dwinells*, 508 F.3d 63, 70 (1st Cir. 2007) (“Congress is presumed to legislate in accordance with the Constitution and ... therefore, as between two plausible constructions of a statute, an inquiring court should avoid a constitutionally suspect one in favor of a constitutionally uncontroversial alternative.”).

The source of constitutional concern over a reading of the ADA’s exclusionary provision that would bar Doe’s claim is located in the Equal Protection Clause of the Fourteenth Amendment. It has long been recognized that where the government draws a distinction “against a historically disadvantaged group and [where that distinction] has no other basis, Supreme Court precedent marks this as a reason undermining rather than bolstering the distinction.” *Massachusetts v. U.S. Dep’t of Health & Human Servs.*, 682 F.3d 1, 14 (1st Cir. 2012) (citing *Plyler v. Doe*, 457 U.S. 202, 227 (1982), and *Romer v. Evans*, 517 U.S. 620, 635 (1996)). The reason for heightened judicial sensitivity in this context lies in the painful lessons taught by our history, that “discrete and insular minorities” have often been unable to rely upon the political process to provide them with protection, see *United States v. Carolene Prods Co.*, 304 U.S. 144, 152 n.4 (1938); see generally John Hart Ely, *Democracy and Distrust: A Theory of Judicial Review* (1980).

Consider the company that “gender identity disorders not resulting from physical impairments” keeps within the same subsection of the statute: pedophilia, exhibitionism, and voyeurism. The pairing of gender identity disorders with conduct that is criminal or viewed by society as immoral or lewd raises a serious question as to the light in which the drafters of this exclusion viewed transgender persons. Also excluded are “(2) compulsive gambling, *kleptomania*, or *pyromania*” and “(3) psychoactive substance use disorders resulting from current illegal use of drugs.” Here, again, the statute excludes from a possible ADA claim activities that are illegal, dangerous to society, or the result of harmful vices.

*8 It is virtually impossible to square the exclusion of otherwise bona fide disabilities with the remedial purpose of the ADA, which is to redress discrimination against individuals with disabilities based on antiquated or prejudicial conceptions of how they came to their station in life. See *Tennessee v. Lane*, 541 U.S. 509, 536 (2004)

(Ginsburg, J., concurring) (“The ADA ‘guarantee[s] a baseline of equal citizenship by protecting against stigma and systematic exclusion from public and private opportunities ...’ ”.) (citation omitted). The court is of the view that, to the extent that the statute may be read as excluding an entire category of people from its protections because of their gender status, such a reading is best avoided. See *Plessy v. Ferguson*, 163 U.S. 537, 559 (1896) (Harlan, J., dissenting) (arguing that the Constitution, properly interpreted, “neither knows nor tolerates classes among citizens”).

4. Remaining Elements of Doe’s ADA and Rehabilitation Act Claims

Finding for present purposes that Doe has established a *prima facie* claim to being a qualified individual with a disability under the ADA, the court is also of the view that the remaining two requirements for a viable ADA claim—that Doe has been denied some benefit or excluded from some public program or otherwise discriminated against by a public entity, and that the exclusion, denial, or discrimination has a causal connection to her GD—are satisfied by the factual allegations of the Complaint. The DOC’s argument that Doe’s “ADA claim cannot stand because she is not complaining of her *exclusion* or *denial* from services, programming, or activities available at MCI-Norfolk,” see Dkt #28 at 14, suffers from a categorization error: Doe’s Complaint is not about being denied services at MCI-Norfolk, but about being housed there in the first place. Compl. ¶ 6.

Moreover, as Doe correctly points out, although the language of the statute speaks of “services, programs, or activities” denied to an individual with disabilities, in reality this provision “has been interpreted to be a catchall phrase that prohibits all discrimination by a public entity.” *Noel v. N.Y.C. Taxi & Limousine Comm’n*, 687 F.3d 63, 68 (2d Cir. 2012) (internal quotation marks and citation omitted); see also *Hason v. Med. Bd. of California*, 279 F.3d 1167, 1172-1173 (9th Cir. 2002) (“[T]he ADA’s broad language brings within its scope anything a public entity does.”). Here, Doe’s Complaint adequately states that, unlike other female inmates, she was assigned to a men’s prison by virtue of her gender assignment at birth and denied access to facilities and programs that would correspond with her gender identification.

Doe also has made out a claim that the DOC’s biological sex-based assignment policy has a disparate impact on inmates with GD because it injects them into a prison

environment that is contrary to a critical aspect of their prescribed treatment (that they be allowed to live as, in Doe’s case, a woman). See *Wisconsin Cmty. Services v. City of Milwaukee*, 465 F.3d 737, 753 (7th Cir. 2006) (en banc) (noting that an ADA claim can be sustained where a “defendant’s rule disproportionately impacts disabled people.”). Both of these theories are sufficiently viable at this stage to defeat the Motion to Dismiss.

Finally, while the ADA does not require that accommodations to a disability be “optimal” or “finely tuned to [the inmate’s] preferences,” *Nunes*, 766 F.3d at 146, Doe has adequately pled that she has been denied the reasonable accommodation of a transfer to a woman’s prison,¹² as well as that she be addressed by prison personnel in a manner consistent with her gender identity. Because Doe has adequately stated a claim under the ADA, it follows that her Rehabilitation Act claim is equally viable.

C. CONSTITUTIONAL CLAIMS

*9 While Doe raises equal protection arguments with respect to any reading of the ADA’s exclusionary clause that would bar individuals with GD from seeking ADA protection, she also raises constitutional challenges under the Fourteenth Amendment and § 1983 to the DOC’s inmate housing assignment policy, which she alleges is based solely on birth sex. The Fourteenth Amendment provides that: “No State shall ... deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws.” U.S. Const. amend. XIV. The Federal Civil Rights Act, 42 U.S.C. § 1983, authorizes a cause of action against state officers, acting under color of state law, who are alleged to have deprived a plaintiff of rights secured by the U.S. Constitution.¹³

In framing the Equal Protection claim, Count Three of Doe’s Complaint alleges that the defendants “have violated Jane Doe’s rights by ... impermissibly discriminating against Jane Doe on the basis of her sex, gender identity, transgender status, and disability.” Compl. ¶ 81. The court agrees to this extent: where a State creates a classification based on transgender status, the classification is tantamount to discrimination based on sex and is therefore subject to heightened judicial scrutiny above the normal “rational basis” test that courts apply when reviewing a governmental policy that “does not employ suspect classifications or impinge on fundamental rights.” *Hodel v. Indiana*, 452 U.S. 314, 331 (1981).

The trend in recent cases is to apply heightened scrutiny to classifications based on transgender status. *See, e.g., Equal Emp't Opportunity Comm'n v. R.G. & G.R. Harris Funeral Homes, Inc.*, 2018 WL 1177669, at *5 (6th Cir. Mar. 7, 2018) (“[D]iscrimination on the basis of transgender ... status is necessarily discrimination on the basis of sex.”); *Doe I v. Trump*, 275 F. Supp. 3d 167 (D.D.C. 2017) (holding that distinctions drawn on the basis of transgender status warrant heightened review); *cf. Evancho v. Pine-Richland Sch. Dist.*, 237 F. Supp. 3d 267, 288 (W.D. Pa. 2017) (holding that “gender identity is entirely akin to ‘sex’ as that term has been customarily used in the Equal Protection analysis” and therefore intermediate scrutiny applies). As with other sex-based classifications, the court will apply the category of “intermediate scrutiny,” a level of review “between the[] extremes of rational basis review and strict scrutiny ... which generally has been applied to discriminatory classifications based on sex or illegitimacy.” *Clark v. Jeter*, 486 U.S. 456, 461 (1988). Under intermediate scrutiny, “classifications by gender must serve important governmental objectives and must be substantially related to achievement of those objectives” in order to be upheld. *Craig v. Boren*, 429 U.S. 190, 197 (1976). The “burden of justification” for the classification “is demanding and it rests entirely on the State,” *United States v. Virginia*, 518 U.S. 515, 531 (1996), and “the reviewing court must determine whether the proffered justification is ‘exceedingly persuasive.’” *Id.*

As a general rule, a party “claiming an equal protection violation must first ‘identify and relate *specific instances* where persons *similarly situated in all relevant aspects* were treated differently, instances which have the capacity to demonstrate that [plaintiffs] were singled ... out for unlawful oppression.’” *Rubinovitz v. Rogato*, 60 F.3d 906, 910 (1st Cir. 1995) (emphasis in original) (quoting *Dartmouth Review v. Dartmouth Coll.*, 889 F.2d 13, 19 (1st Cir. 1989)). The crux, of course, is how one defines “similarly situated” individuals. The First Circuit has opined that “[a]n individual is ‘similarly situated’ to others for equal protection purposes when ‘a prudent person, looking objectively at the incidents, would think them roughly equivalent and the protagonists similarly situated.’” *Davis v. Coakley*, 802 F.3d 128, 133 (1st Cir. 2015) (quoting *Barrington Cove Ltd. P’ship v. Rhode Island Hous. & Mortg. Fin. Corp.*, 246 F.3d 1, 8 (1st Cir. 2001)). The DOC, in its Motion to Dismiss, argues that the pertinent category of “similarly situated” individuals is “other inmates at MCI-Norfolk diagnosed with gender dysphoria,” *see* Dkt #28 at 17, while Doe contends that the court should look at how she has been treated relative to other female inmates in Massachusetts prisons.

*10 Taking Doe’s well-pled allegations as true, the court accepts that Doe’s assignment to MCI-Norfolk resulted from her biological sex assignment at birth and an ensuing categorical determination that she was ineligible to be assigned to a women’s prison.¹⁴ In this sense, compulsory assignment to a men’s prison caused Doe to be treated differently from other female prisoners in the Massachusetts penal system. For purposes of the Motion to Dismiss, the court concludes that Doe has met her burden of demonstrating that the DOC’s unmitigated prison assignment policy as it applies to transgender inmates is a sex-based classification that warrants heightened, intermediate scrutiny, and it will only survive review if the “classification serves ‘important governmental objectives and that the discriminatory means employed’ are ‘substantially related to the achievement of those objectives.’” *Mississippi Univ. for Women v. Hogan*, 458 U.S. 718, 724 (1982) (quoting *Wengler v. Druggists Mut. Ins. Co.*, 446 U.S. 142, 150 (1980)).

The court agrees with Doe that for present purposes the DOC has not met its burden of demonstrating that housing her and other similarly-situated transgender prisoners in facilities that correspond to their birth sex serves an important governmental interest. It is true, as the defendants point out, that prison systems give priority to inmate safety and security and that this imperative will frequently warrant an interference with fundamental rights of inmates. *See Washington v. Harper*, 494 U.S. 210, 223 (1990). It is also true that courts are instructed to afford deference to state prison officials in formulating policies that facilitate order, discipline, and safety in the prison system. *See Bell v. Wolfish*, 441 U.S. 520, 547 (1979) (“Prison administrators ... should be accorded wide-ranging deference in the adoption and execution of policies and practices that in their judgment are needed to preserve internal order and discipline and to maintain institutional security,” the means of which “are peculiarly within the province and professional expertise of corrections officials, and, in the absence of substantial evidence in the record to indicate that the officials have exaggerated their response to these considerations, courts should ordinarily defer to their expert judgment in such matters.”) (internal citations omitted).

That said, generalized concerns for prison security are insufficient to meet the “demanding” burden placed on the State to justify sex-based classifications. *Virginia*, 518 U.S. at 531. Certainly one can imagine a particularized scenario in which a transgender inmate might pose a safety risk to other inmates, say, for example, where the inmate has a past history of crimes involving violence or sexual assault.¹⁵ Here, however, the allegations in the

Complaint are that the DOC houses inmates according to their biological sex without regard to such particularized considerations. Indeed, the Complaint points out that “Doe has had no disciplinary problems at MCI-Norfolk and does not present a security risk,” Compl. ¶ 71(a), and that she is currently serving a sentence for a nonviolent drug offense.

*11 The DOC in its Opposition to Doe’s Motion for a Preliminary Injunction, *see* Dkt #45, argued that Doe’s continued confinement at MCI-Norfolk, as with all inmates with GD, is the product of a case-by-case assessment that “include[d] security level, criminal and discipline history, medical and mental assessment of needs, vulnerability to sexual victimization and potential of perpetrating abuse based on prior history.” *Id.* at 24 (quoting the DOC GD Policy). The defendants maintain that “the DOC’s GD policy does not provide a blanket requirement that all GD inmates are placed in a facility which matches their assigned birth sex.” *Id.* at 25.

While a copy of the purported GD policy was tacked to the DOC’s Opposition to Doe’s Motion for a Preliminary Injunction, Doe does not concede its authenticity. As the policy is not attached to or incorporated by reference in the Complaint, it cannot be considered in evaluating the Motion to Dismiss. *See Ironshore Specialty Ins. Co. v. United States*, 871 F.3d 131, 135 (1st Cir. 2017) (consideration of documents outside the pleadings is permitted on a motion to dismiss only “for documents the authenticity of which are not disputed by the parties; for official public records; for documents central to plaintiffs’ claim; or for documents sufficiently referred to in the complaint.”).

Discovery may ultimately establish that Doe was the beneficiary of a periodic review process and that the DOC made a particularized determination to continue to house her at MCI-Norfolk (and that it did so when initially deciding her housing assignment). For present purposes, however, the allegations in the Complaint, supplemented by Doe’s Opposition to the Motion to Dismiss, allege that her housing classification and the rejection of her transfer requests were based solely on her biological sex. *See* Doe Opp’n, Dkt #33 at 20 (alleging that she is a transgender inmate “housed exclusively based on [her] birth sex or genitals without regard to [her] gender identity or the fact of having undergone gender transition”). Because the classification as alleged is sex-based, and because the DOC has not at this point met its burden of demonstrating a sufficiently persuasive justification for the policy to meet the requirements of intermediate scrutiny, the Motion to Dismiss Count Three will be denied.

Finally, Doe’s Due Process Claim (Count Four) rests on a line of cases associated with *Sandin v. Conner*, 515 U.S. 472, 484 (1995), in which the Supreme Court held that prison housing classifications give rise to a protected liberty interest only if the classification creates an “atypical and significant hardship on the inmate in relation to the normal incidents of prison life.” Where such an “atypical and significant hardship” is imposed, the State must make available a procedure by which the aggrieved inmate can challenge the assignment. *See Brathwaite v. Phelps*, 2018 WL 2149771, at *2 (3d Cir. May 10, 2018) (“To establish his due process claim, [prisoner] was required to show that (1) the state, through the duration and conditions of his confinement, imposed ‘atypical and significant hardship’ on him giving rise to a protected liberty interest; and (2) the state deprived him of the process he was due to protect that interest.”).

The Complaint clearly sets out allegations that meet the requirement of demonstrating an “atypical and significant hardship” imposed on Doe in relation to the normal incidents of prison life as compared to other inmates in the Massachusetts prison system.¹⁶ As discussed earlier in this opinion, Doe’s hardships include fears for her physical safety, the potential for sexual violence and assault, the trauma and stigmatization instilled by undergoing regular strip-searches by male guards and, on occasion, being forced to shower in the presence of male inmates. Doe has alleged that these fears do not present themselves in the same degree to male inmates at MCI-Norfolk, and that inmates with GD housed at MCI-Norfolk are more likely to experience affronts to their rights to bodily autonomy and privacy.

*12 The Court will deny the DOC’s Motion to Dismiss Count Four.¹⁷

ORDER

For the foregoing reasons, the Motion to Dismiss is DENIED. As may be apparent from this decision, the court is of the view that Doe may very well prevail on her ADA and Equal Protection claims. On the assumption that Doe will renew the motion for broad injunctive relief that she sought on February 2, 2018, the parties are directed to meet and confer as to which aspects of injunctive relief can be agreed to without the court’s intervention. The parties will report the results of their conferral no later than July 13, 2018.

SO ORDERED.

All Citations

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Not Reported in Fed. Supp., 2018 WL 2994403, 57

Footnotes

- 1 The individual defendants, who are sued in their official capacities, are: Thomas A. Turco III, DOC Commissioner; Sean Medeiros, Superintendent of MCI-Norfolk; Stephanie Collins, DOC Assistant Deputy Commissioner of Clinical Services; and James M. O’Gara Jr., DOC ADA Coordinator.
- 2 The court takes judicial notice that the Criminal Justice Reform Act, signed into law by Governor Baker on April 13, 2018, provides as follows.

A prisoner of a correctional institution, jail or house of correction that has a gender identity, as defined in section 7 of chapter 4, that differs from the prisoner’s sex assigned at birth, with or without a diagnosis of gender [dysphoria](#) or any other physical or mental health diagnosis, shall be: (i) addressed in a manner consistent with the prisoner’s gender identity; (ii) provided with access to commissary items, clothing, programming, educational materials and personal property that is consistent with the prisoner’s gender identity; **(iii) searched by an officer of the same gender identity if the search requires an inmate to remove all clothing or includes a visual inspection of the anal cavity or genitals**; provided, however, that the officer’s gender identity shall be consistent with the prisoner’s request; and provided further, that such search shall not be conducted for the sole purpose of determining genital status; and **(iv) housed in a correctional facility with inmates with the same gender identity; provided, that the placement shall be consistent with the prisoner’s request, unless the commissioner, the sheriff or a designee of the commissioner or sheriff certifies in writing that the particular placement would not ensure the prisoner’s health or safety or that the placement would present management or security problems.**

Mass. Acts of 2018, c. 69, § 91 (amending Chapter 127 of Mass. Gen. Laws by inserting a new Section 32A) (emphasis supplied). This provision of the Act does not take effect until December 31, 2018, and is subject to possible revision in the interim. While Section 32A will likely provide relief to inmates in the future who are similarly situated to Doe, absent voluntary compliance now by the DOC it will not provide full relief to Doe, who is scheduled for parole in September of 2018.
- 3 These facts are deemed true for purposes of evaluating the Motion to Dismiss. *See Bell Atl. Corp. v. Twombly*, 550 U.S. 544, 556 (2007).
- 4 On November 15, 2017, the court approved plaintiff’s Motion to Proceed Under Pseudonym and for a Protective Order. *See* Dkt #s 13, 16.
- 5 Both parties treat the DSM-V as authoritative. For example, in its Opposition to Doe’s Motion for a Preliminary Injunction, the DOC attached the Department’s Policy on the Identification, Treatment and Correctional Management of Inmates Diagnosed with Gender [Dysphoria](#) (GD Policy), which cites the DSM-V definition verbatim. *See* Dkt #45-2.
- 6 In addition to the ADA, Rehabilitation Act, Fourteenth Amendment and [§ 1983](#) claims, Doe’s original Complaint contained various state constitutional claims. However, Doe agreed in her Opposition to the Motion to Dismiss to the dismissal, without prejudice, of the state-law claims. *See* Doe Opp’n, Dkt #33, at 1 n.1. In any event, the Eleventh Amendment’s grant of sovereign immunity would have likely barred her state-law claims for injunctive relief in a federal court. *See Pennhurst State Sch. & Hosp. v. Halderman*, 465 U.S. 89, 106 (1984).
- 7 The DOC filed an opposition to Doe’s Motion for a Preliminary Injunction on February 21, 2018, *see* Dkt #45, to which it attached the aforementioned copy of the DOC’s GD Policy.
- 8 It is beyond peradventure that if Doe is able to successfully demonstrate that she meets the statutory definition of “disability” under the ADA, she has an adequate “record” of her diagnosis, which dates over four decades. She has been continually treated for GD by the DOC’s health care providers and contractors during her period of incarceration. *See* Compl. ¶¶ 45-53.
- 9 The other exclusions in Section 12111 are “(2) compulsive gambling, [kleptomania](#), or [pyromania](#); or (3) [psychoactive substance use disorders](#) resulting from current illegal use of drugs.”
- 10 In an aside, the DOC notes that Doe is in fact a biological parent, having fathered a child prior to beginning her hormone treatment. *See* Peterson Aff., Dkt #45-3 at ¶ 17.

- 11 One final point with respect to the distinction between GID and GD is the treatment of this issue by other courts. The one case cited by the defendants in which a court found that GD and GID were simply different labels for an identical diagnosis predated the publication of DSM-V. See *Michaels v. Akal Security, Inc.*, 2010 WL 2573988 at *6 (D. Colo. June 24, 2010) (“Gender dysphoria, as a gender identity disorder, is specifically exempted as a disability by the Rehabilitation Act.”). By contrast, a more recent case has recognized that the distinction between GID and GD is a meaningful one for purposes of a *prima facie* ADA claim. See *Blatt v. Cabela’s Retail, Inc.*, 2017 WL 2178123, at *4 (E.D. Pa. May 18, 2017) (concluding that “it is fairly possible to interpret the term gender identity disorders narrowly to refer to simply the condition of identifying with a different gender, not to exclude from ADA coverage disabling conditions that persons who identify with a different gender may have—such as [plaintiff’s] gender dysphoria, which substantially limits her major life activities of interacting with others, reproducing, and social and occupational functioning.”).
- 12 At least one Circuit Court has held that “a prisoner’s transfer from or to a particular prison may become relevant when prison officials attempt to determine what constitutes a ‘reasonable accommodation’ ” to a disability, and “whether the prison’s interests outweigh the Plaintiff’s” interest in a transfer “is not appropriate for resolution on the pleadings.” *Lonergan v. Fla. Dep’t of Corr.*, 623 Fed.Appx. 990, 993-994 (11th Cir. 2015) (finding a viable ADA claim where, despite a dermatologist’s order that an inmate with a serious skin condition be provided a hat and kept out of the sun, prison officials denied plaintiff’s request to be transferred to a prison where no activities were conducted outdoors).
- 13 A § 1983 suit, however, may be brought only against a state official in his personal capacity. A suit against a state government official in his or her official capacity is the same as a suit against the entity [the state] of which the officer is an agent and is therefore barred by the Eleventh Amendment. See *Monell v. N.Y.C. Dep’t of Soc. Servs.*, 436 U.S. 658, 690 n.55 (1978).
- 14 The Complaint alleges that with respect to the request for a transfer, prison officials told Jane Doe that she would be required to undergo genital surgery before they would consider a transfer, but then refused to allow her access to such surgery. Compl. ¶ 62. This issue, as with the question of the DOC’s GD policy for evaluating transgender inmates for purposes of determining prison assignments, cannot be definitively adjudicated without further factual development, discovery, and expert testimony.
- 15 Subsection IV, Section 32A of the Mass. Gen. Laws taking effect on December 31, 2018, contains just such a provision, allowing the DOC “commissioner, the sheriff or a designee of the commissioner or sheriff” to certify in writing that housing an inmate in the prison that corresponds to his or her gender identity “would not ensure the prisoner’s health or safety or that the placement would present management or security problems.”
- 16 Whether the Commonwealth has provided adequate procedural due process for Doe may well present a different issue, as the DOC has provided Doe with a treatment plan for her GD and at least occasional review of her housing classification. See Compl. ¶ 62. The court, however, cannot on this record resolve the dispute of fact between the defendants’ contention that Doe has received all of the process to which she is due and Doe’s claims that her housing requests have received no individualized consideration.
- 17 Because the § 1983 count is predicated on alleged violations of Doe’s constitutional rights to both equal protection and due process, Count Eight, also, survives the Motion to Dismiss.