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Prison Rape: What We Know Today

By Kim English and Peggy Hell

“Sexual assault in prison is not about physical attraction or gratification: It's about violence, politics, power and business. Some convicts routinely and habitually sexually exploit others. You must always be on guard” (Ross and Richards, 2002).

With the advent of the Prison Rape Elimination Act of 2003 (PREA), many correctional systems are reviewing their approach to the complex problem of prison rape. Research on this subject is sparse. The few researchers who have studied the problem unanimously agree that the scope is difficult to determine. However, past research has provided some information on prison rape and potential solutions.

During the mid-1970s to early 1980s, there were several researchers who attempted to study prison rape (Weiss and Friar, 1974; Scacco, 1975; Lockwood, 1980; Cotton and Groth, 1982; Wooden and Parker, 1982; Nacci and Kane, 1983, 1984). Following this brief period, focus shifted to HIV and AIDS infection with prison rape research diminishing until the mid-1990s. With few notable exceptions, the early research findings and recommendations were largely ignored. In 2000, R.W. Dumond expressed the failure of research on this topic to influence policy: “Although the problem of inmate sexual assault has been known and examined for the past 30 years, the body of evidence has failed to be translated to effective intervention strategies for treating inmate victims and for ensuring improved correctional practices and management.”

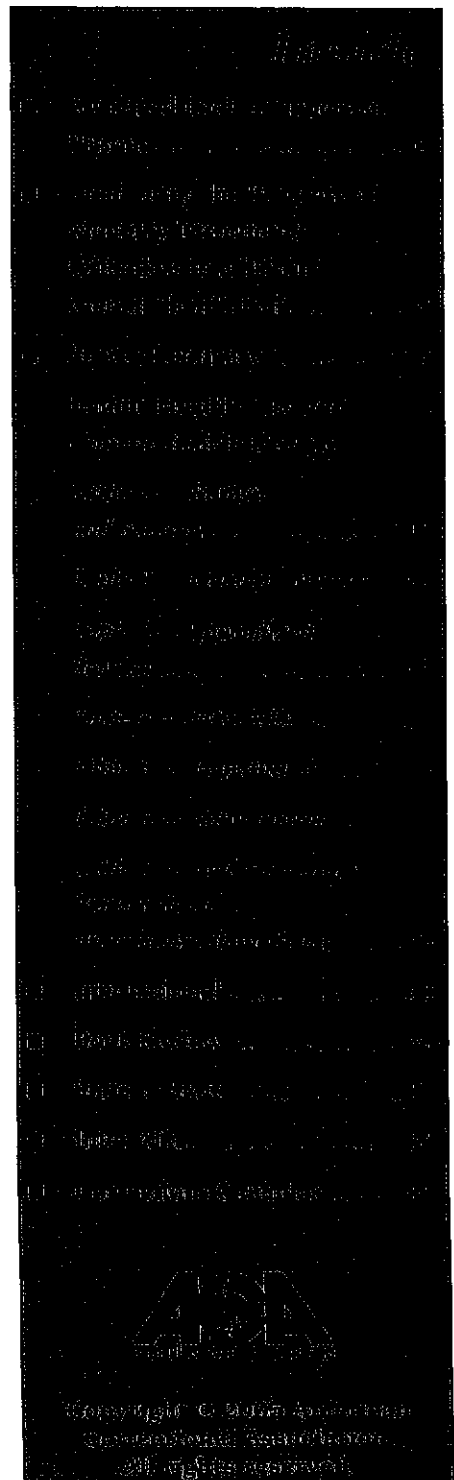
R.W. Dumond went on to discuss the difficulty for most correctional institutions to implement new programs given the increasing size of

prison populations.¹ There were other problems besides the growing number of inmates. According to the Bureau of Justice Statistics' 2000 *Census of Correctional Populations*, 21 percent of the nation's prison systems were operating under court orders for inadequacies in the following areas: 213 facilities for crowding, 139 facilities for medical facilities, 78 for disciplinary procedures, 74 for grievances, 118 for staffing (despite the fact that between 1995 and 2000 there was a 24 percent increase in correctional staff), 76 for administrative segregation and 76 for classification. Under the more recent economic recession, many correctional systems have faced additional staffing cutbacks.

These conditions make it especially challenging to implement prison inmate-on-inmate sexual assault prevention and intervention policies and programs. Low staffing not only decreases a system's ability to implement new programs, but also may contribute to higher rates of coercive sex in prison. Both staff and inmates completing prison rape surveys believed an important aspect of decreasing prison rape was adequate correctional staffing (Struckman-Johnson et al., 1996). R.W. Dumond and D. Dumond (2002) identify the growing number of mentally ill and substance abusing inmates in prison and the spread of communicable diseases as additional hurdles to implementing rape prevention programs.

The lack of policy development is reflected in PREA language. As a result, the U.S. Department of Justice has been tasked with increasing knowledge about the prevalence and prevention of rape in prisons and jails with the expectation that correctional

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policy and practice will be significantly and positively affected. In addition, money has been made available to help facilities improve efforts to prevent prison rape.

The National Institute of Corrections has taken on previous initiatives to decrease staff sexual misconduct with inmates. Although this work is important, it appears to constitute only a small portion of sexual offenses perpetrated in prison. Struckman-Johnson et al. (1996) found that 18 percent of sexual coercion in prison involved staff. While this is significant, additional initiatives, such as PREA, are needed to address the majority of sexual offenses occurring in prisons.

Fortunately, past research efforts have identified aspects of prison sexual assaults that can inform prevention and interventions strategies. Findings on the prevalence of coercive sexual behavior, common characteristics of perpetrators and victims, most frequent locations and timing of assaults, victim reporting and staff attitudes that impact reporting, and imposing consequences for prison sexual assaults, provide useful information to correctional administrators charged with developing interventions to detect, prevent, reduce and punish prison rape under PREA. Since research on prison rape is limited, the larger body of community sexual assault research provides valuable resources for developing protocols.

Prevalence of Coercive Sexual Behavior

Despite the difficulties in studying prison sexual offending, some investigators have conducted research in this area. Much of this research has centered on determining the rate of sexual coercion in prison. Results vary depending on the definitions and methods used as well as the type of prison studied (Saum et al., 1995). Clearly, there is no simple answer to this question. More recent studies include Struckman-Johnson and Struckman-Johnson's (2000) anonymous survey of inmates. Twenty-one percent of the inmates returning surveys had experienced unwanted sexual contact during incarceration in the state system with 7 percent being raped in their current facility. However, Hensley, Struckman-Johnson and Eigenberg (2000) interviewed inmates and determined 14 percent had experienced sexual threats but only 1 percent had been raped. This disparity in results can be seen in earlier research (Lockwood, 1980; Nacci and Kane, 1982; Wooden and Parker, 1982; Struckman-Johnson et al., 1996). Generally, studies using anonymous survey versus face-to-face interviews have found higher rates of sexual coercion that range from 14 percent to 22 percent and rape rates around 12 percent (Struckman-Johnson and Struckman-Johnson, 2000; Hensley et al., 2000; Struckman-Johnson et al., 1996). Studies using face-to-face interviews reported sexual coercion or threats in ranges from 0.6 percent to 28 percent and actual rape ranging from 0.3 percent to 1.3 percent (Hensley et al., 2000; Nacci and Kane, 1982). It may be more difficult for inmates to disclose victimization in face-to-face interviews than anonymous surveys due to the shame and humiliation many victims experience.

Common Characteristics of Perpetrators And Victims

Who is at higher risk to be victimized? Studies have found that inmates with certain characteristics are more vulnerable to rape. Although these offenders may be at a higher risk, it is important to note that any inmate can be victimized. The prison rape literature (Dumond, 2000, 1992; Cotton and Groth, 1982, 1984; Lockwood, 1978; Scacco, 1975, 1982; Mariner, 2001; Nacci and Kane, 1982) identifies the following groups as being particularly at risk:

- Inmates who are young, inexperienced in prison culture and easily intimidated;
- First-time, nonviolent offenders;²
- Those convicted of an offense against a minor;
- Inmates who are middle class/not streetwise;
- White inmates, although inmates of any race can be victims;
- Those who are physically small or weak;
- Those possessing traits viewed as effeminate;
- Inmates suffering from mental illness and/or developmental disabilities;
- Offenders who are not gang affiliated;
- Those who are known to be homosexual or bisexual;
- Those who have been previously sexually assaulted;
- Inmates who are disliked by staff or other inmates; and
- Those who "snitch," that is, report prohibited behavior.

Struckman-Johnson et al. (1996) found inmate victims reported an average of nine separate incidents of pressured or forced sex. Once an inmate has been victimized, other inmates may see the individual as an easy mark, increasing the likelihood that the person will be revictimized. This phenomenon makes protection of victims a complicated issue and highlights the importance of prevention efforts.

Since vulnerability characteristics are generally known to prison officials, classification systems can be and sometimes are used to identify at-risk inmates. In fact, most correctional facilities report that inmate classification is the primary way this problem is managed, according to information obtained by the 2001 Human Rights Watch investigation report, *No Escape*.

Who are the perpetrators? Although less is known about perpetrators of prison sexual assaults, some frequent characteristics have been identified by researchers (Mariner, 2001; Nacci and Kane, 1982). Like the victim characteristics, some perpetrators will fall outside these categories. The identified characteristics include:

- Under age 30 but older than the victim;
- Stronger than the victim;
- More accustomed to incarceration;
- More likely to have spent time in juvenile facilities;
- More likely to have lived in an urban area prior to incarceration;
- More likely to have committed a violent crime;
- More likely to be affiliated with a gang; and
- More likely to break prison rules.

Fifty percent of the worst case incidents reported by victims involved multiple perpetrators, supporting the findings of Human Rights Watch that perpetrators are more likely to be gang members (Struckman-Johnson et al., 1996; Mariner, 2001).

Most Frequent Locations And Timing of Assaults

Several researchers have looked at the conditions under which sexual assaults are likely to take place (C. Struckman-Johnson and D. Struckman-Johnson, 2000; Mariner, 2001; Nacci and Kane, 1982). Conditions associated with higher rates of sexual assault include:

- Facilities with a higher number of violent offenders;
- Facilities with dormitory or barrack housing;
- Facilities with high racial conflict;
- Facilities with crowding;
- Facilities that are understaffed;
- Facilities with poor supervision or insufficient security;
- Facilities with inadequate programming; and
- Facilities with blind spots.

Inmates are at greatest risk of sexual assault when they first enter prison or when they first arrive at a facility. Nacci and Kane (1982) reported that 57 percent of inmates who were targeted for victimization had been housed in the facility less than one month. The most common place where assaults take place is in the victim's housing or in blind spots that are not easily observed by staff. Dorm or barrack housing creates ready access to victims. According to C. Cowie, in other types of housing, perpetrators may gain entry into a cell, for purposes of sexually assaulting the inhabitant, by standing in front of the door and calling out the cell number for entry into the wrong cell. From a distance or when distracted by multiple requests, correctional staff may not realize the inmate is at the wrong door and may pop the door open. Once inside, the inmate is generally out of the officer's line of sight. Facilities that are short staffed may have formal scheduled counts, but only infrequent random patrols of the housing area, increasing opportunities for victimization.

Victim Reporting and Staff Attitudes That Impact Reporting

It is known from the multitude of community surveys of rape victims that reporting this crime to authorities is an uncommon event (e.g., Russell, 1986; Kilpatrick, Edmunds and Seymour, 1992; Colorado Department of Public Health, 1999; Tjaden and Thoennes, 1998, 2000, 2002). To emphasize this point, consider the Finkelhor et al. (1990) findings from interviews with a sample of adults in Los Angeles County. The researchers asked partici-

pants if they had ever been sexually assaulted. Of those who had, the researchers found that one-third of women and 42 percent of men never told anyone about being the victim of rape until the researcher asked. Further, in the community, those least likely to report are victims who know the perpetrator, are related to him or her and live in proximity to the offender (Hanson et al., 1999; Smith et al., 2000). Some have argued that the identification of perpetrators is linked with the extent to which the victim is empowered to report the crime (English et al., 2003).

Understanding the dynamics of victim reporting in the free community underscores the near impossibility of reporting sex crimes in prison. Inmates are reluctant to report sexual assaults due to fear, followed by extreme shame. According to a discussion with prison rape survivors, offenders fear that they will not be protected, will be labeled a "punk" and/or a "snitch," will spend the balance of their sentence in protective custody with limited privileges and activities, and will be retaliated against when released from protective custody. When crimes occur in the context of power, domination and threats of future violence and death, those who are victimized by prison rape are least likely to have the personal internal resources to report the crime; they may be easily intimidated, suffering from mental disabilities or otherwise stereotyped in the prison culture. The characteristics that make some inmates vulnerable to attack may also affect staff perceptions of credibility when reporting occurs. In one study of correctional officers, Eigenberg (1994) found that staff were unlikely to believe the inmate's account of sexual assault when the inmate did not meet the officers' stereotyped image of a victim (young, white, weak, effeminate and homosexual men).

The physical pain and the intrusive nature of the assault also affect victims' ability to think clearly. Cognitive and behavioral changes often follow victimizations by attempted or completed sexual assaults. Feelings of shame and degradation lead victims to the false belief that the rape is his or her fault. These feelings can be intensified when other inmates and staff believe the victim is responsible for the attack. This lack of support for the victim of sexual assault is also common in the free community. Herman (1992) discusses the profound and unconscious need for witnesses to take sides in cases of atrocities. Driven by fear, Herman explains the need for witnesses to side with the powerful against the weak. This powerful psychological dynamic may tragically reduce the likelihood that prison staff will be sympathetic to a victim who might make a report.

Despite the hurdles to reporting, some offenders do report victimization to staff. Of prison victims who responded to their survey, Struckman-Johnson et al. (1996) found 29 percent had reported the incident to staff. Unfortunately, surveys collected by Human Rights Watch indicate that victimization frequently continues even after reporting sexual assaults to staff. Although some staff

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may be indifferent or even callous toward inmates who are victims of prison rape (Dumond, 2000); others believe inmates are in greater danger when they report sexual assaults and discourage inmates from reporting. They are concerned that the inmate will be labeled a snitch and face a far more difficult period of incarceration. However, it is hard to imagine a worse scenario than experiencing repetitive sexual assaults.

One indication that inmate reports are not formally recorded includes findings from a study in a southern prison. In this study, line staff and inmates' estimates of sexual coercion were much higher than correctional administrators' estimates (Mariner, 2001). Possibly these differences result from line staff's tendencies to use informal responses to reported rapes. Informal solutions bypass formal documentation, leaving no record to alert administrators about the problem. This process can leave victims discouraged, especially if they are told to handle the situation themselves or the event is handled informally, or even worse, ignored. They are left with the message that they are on their own to find a way to handle the situation, many times assuming that they must continue to tolerate the abuse. The lack of viable options to escape the abuse can lead some inmates to act out violently against others or themselves, contributing to difficulties in managing prison populations. Although facilities vary in terms of the extent to which violence occurs,³ incidents of sexual assault certainly provide a powerful indication of correctional management problems. Similarly, the rate at which inmates test positive for the use of drugs and alcohol among the general population is a common measure of poor prison security operations (Camp and Gaes, 2002).⁴

Another problem confounding staff intervention is difficulty distinguishing coerced sexual contact from consenting sexual contact. In one survey of correctional staff, 96 percent reported that it was sometimes difficult to distinguish between consensual and coercive sexual acts (Eigenberg, 2000). In another study, 74 percent of officers believed it was rape when an inmate was forced to pay off a debt with sexual acts or a beating, and two-thirds believed it was rape when an inmate was forced to engage in sexual acts in exchange for protection (Eigenberg, 1989).

Further researching correctional officers' beliefs, Eigenberg (1994) analyzed surveys received from 166 correctional officers at the Texas Department of Corrections. These returned surveys represented 41 percent of the surveys that were sent to officers. The vast majority of responding officers, 97 percent, believed they should try to prevent sexual assaults. Officers also believed that inmates should be encouraged to report rapes and that officers should write disciplinary reports when a rape was detected (92 percent). Additionally, 93 percent thought inmates should not be housed where they might be raped. When it came to methods to prevent or intervene, there was less agreement. Only one-half thought it was appropriate to talk to inmates about the risk of sexual assault, while 69 percent thought it was appropriate to house inmates in protective custody when threatened with sexual assault.

Eigenberg (1994) identified characteristics of staff who were more willing to respond to male rape in prison. Some of the characteristics identified include religious; counseling orientation versus a punitive orientation with inmates; willingness to talk to inmates (do not mind contact with

inmates); viewing women as equals (less likely to endorse rape myths); and less tolerant of homosexuality (more willing to enforce rules).

Although some of these factors would be unsuitable to use as selection criteria, training could address factors such as counseling versus punitive approach, expectations regarding appropriate interaction and boundaries with inmates, importance of enforcing rules regarding sexual contact and rape myths.

Consequences of Prison Sexual Assaults

PREA contains rationale for addressing prison rape that details some of the suspected societal consequences. Listed impacts include: contributing to the spread of diseases, increasing a victim's likelihood of committing a crime when released, decreasing a victim's likelihood of stable employment and positive integration into the community when released, increasing violence and homicides against staff and inmates, and increasing interracial tension in prison and the community. These concerns appear warranted based on prior research findings. Sexual assault is brutal and creates an atmosphere of terror. The threat or occurrence of rape compromises the safety of both inmates and staff.

Impact on Victims

Some victims are highly emotional following an assault, while others are calm with blunted affect. When victims do not fit preconceived notions of how they should act, it is easy to discount the credibility of their reports. In reality, though, victims have varied responses to sexual assault and their demeanor following an assault should not be used to judge the veracity of their report.

Male and female inmates appear to be equally traumatized by sex offenses (Struckman-Johnson et al., 1996). In response to a seven-point scale, 77 percent of the surveyed inmate targets rated the immediate impact at the highest level indicating great upset and 54 percent rated the long-term effect at the highest level indicating a severe bad effect (Struckman-Johnson et al., 1996). According to Kilpatrick et al. (1992), some impacts of sexual assault include: increased likelihood of abusing drugs and alcohol, increased likelihood of major depression, increased likelihood of suicide attempts and increased likelihood of post-traumatic stress disorder.

Most victims experience a collection of symptoms, termed "rape trauma syndrome," which include impaired social functioning and anger (Burgess and Holstrom, 1974). Victims may feel powerless and alienated from others (Herman, 1992). These symptoms in individuals who do not comply with societal expectations further disrupt their ability to make positive adjustments in prison and the community. This can even culminate in raping others. Human Rights Watch received surveys from a few prison rape victims claiming they returned to the community and perpetrated rapes as a result of their confusion and anger about their own victimization. Since many of the conditions that typically compound trauma are present in prison, and males are more likely to act out trauma, it is prudent to take steps to decrease prison rape rather than release convicted offenders with an increased likelihood of acting out.

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Effective interventions decrease the impact of victimization and require safety and support for healing to take place. Although there are some costs involved in providing services to victims, society benefits when victims are offered help as these offenders will be less likely to engage in destructive coping patterns that increase their risk to the community.

Risk Level of Perpetrators

There is yet another pressing issue that requires an increased understanding of methods to stop these crimes. The authors' research has found that perpetrators of sexual offenses in prison are significantly more likely than convicted sex offenders to be rearrested for a violent crime. In addition, they also pose some risk of committing sexual offenses in the community once released. A collaborative study by the authors involved 2,029 sex offenders, 64 of whom were identified as committing sexual offenses in prison. Institutional sex offenses included indecent

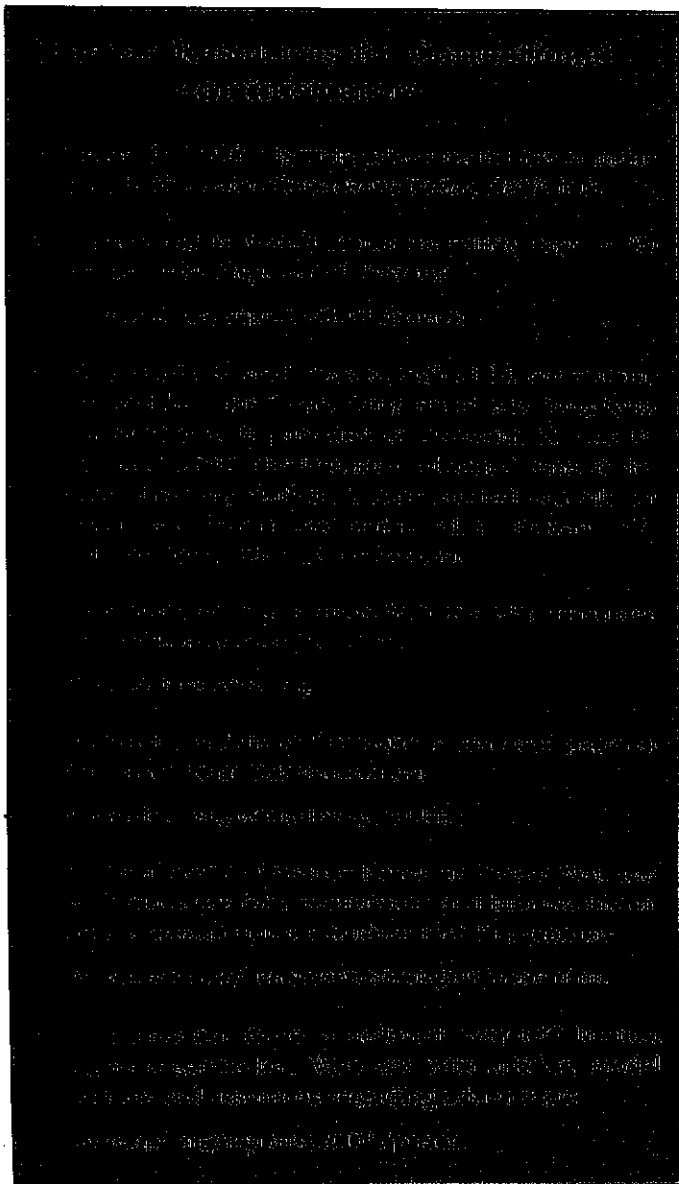
exposure to staff (45 percent), inmate sexual assault (28 percent), sexual harassment of staff (10 percent), attempted staff sexual assault (9 percent) and stalking staff (7 percent). Following release, more than one-half (53 percent) of the institutional sex offenders were arrested for a violent crime during a 12-year period compared with 22 percent of offenders serving time for a sex crime conviction. Further, institutional offenders were rearrested sooner, with an average length of time that they were out of prison of 390 days versus 663 days for noninstitutional sex offenders (Heil et al., 2002).

When inmates engage sex offending behaviors within a highly structured environment, most likely the behavior will continue or escalate when the offender is released to a less structured environment. Since perpetrators of sexual violence in prison (relative to other known sex offenders) quickly commit violent crimes in the community, the lack of victim reporting — and the extent to which this is supported by institutional staff and officials — ultimately endangers the public since prosecution of these individuals while they are in prison would result in extended time behind bars.

Recommendations

In light of the research findings detailed in this article and PREA, the following recommendations hold promise for managing the risk posed by institutional sexual assault:

- Create a policy of zero tolerance of sexual misconduct of any kind from staff or inmates. Discipline staff who do not support or follow the policy. Create a staff culture of pride in zero tolerance as a component of professionalism.
- Develop policies on responding to inmate and staff sexual misconduct. These should include responses to victims and perpetrators, investigation and evidence collection with specimens for DNA analysis, medical exams with testing sexually transmitted diseases, and treatment and housing recommendations.
- Provide annual training for correctional staff and investigative staff on how to recognize this type of assault and respond to allegations or suspected sexual abuse. Include information on patterns of victim reporting and policies on responding to victim reports.
- Require specialized training for staff who will conduct sexual assault investigations. This type of training is commonly provided to law enforcement detectives in the community.
- Develop policies to screen for potential victims and perpetrators at intake and provide options to house these offenders where their risk can be managed. Characteristics identified by researchers can help prison officials identify those at greatest risk for victimization.
- Provide inmate training and brochures during intake orientation that inform inmates of the zero-tolerance policy, tactics inmates might use to set up victimization, how to report threats or victimization, policies on how reports are handled and consequences for perpetrators.



- Develop and implement policies and practices that respond to inmate sexual offending. Require the initiation of a crime scene investigation in response to an allegation of a sex crime; secure the crime scene; collect physical evidence, including specimens for DNA analysis, and maintain a secure chain of custody; separate and interview witnesses and the accused; and ensure protection and safety of the alleged victim and, when necessary, witnesses.
- Respond to sexual offending behavior with institutional disciplinary procedures, and when possible, criminal charges. Formal consequences provide documentation of the offender's risk level. Consistent consequences discourage continuation of the behavior and send a clear message that the behavior will not be tolerated. Also, in some states, criminal convictions contain requirements to register with law enforcement when released or to comply with DNA testing.
- Explore the use of community sexual assault nurse examiners (SANE nurses) when an offender is a suspected victim of sexual assault. These nurses are trained to collect evidence and respond to the needs of the victim. This spares the cost of transporting the offender to an emergency room and decreases the conflict of interest correctional medical staff may have with evidence collection. Inmates may feel more secure talking to an outside service provider.
- Provide training for prosecutors on the public safety implications of prison sex offenses when perpetrators are released back into the community. Stress the importance of prosecuting known sexual offenses. Consider processes similar to community domestic violence policies that do not place the victim in a position to have to decide whether prosecution will proceed.
- Remove perpetrators from general population rather than the victims. If victims must be moved, provide safe placements that do not restrict their privileges. A primary component necessary for healing is safety.
- Provide treatment to perpetrators during their incarceration to decrease their risk, and provide intensive supervision and treatment as perpetrators transition back into the community.
- Provide treatment for victims of institutional sexual offenses. Treatment providers should be knowledgeable about prison/criminal culture as well as rape trauma syndrome for the gender of the victim they are treating.
- Conduct drills that simulate sexual assault scenarios so staff can practice the implementation of procedures. This allows staff and administrators to test and, where necessary, improve the existing protocol.
- Implement additional prevention measures. This means provide programming, sufficient inmate pay and cultures that create safety and are respectful of inmates (fair, firm and consistent) to decrease the need of inmates to demonstrate power and extort money.
- Add routine questions to medical exams on whether the inmate: has experienced pressure to engage in

sexual contact; has engaged in unwanted sexual contact whether coerced, pressured, forced, for protection or financial reasons; has experienced violence or threats of violence; has engaged in any sexual behavior that would place him or her at risk for a sexually transmitted disease; is feeling suicidal; and/or feels unsafe in their current environment.

- Add routine questions when evaluating offenders following suicide attempts to determine whether the inmate has been a victim of sexual assault or sexual assault threats.
- When double-bunking inmates in the same cell, attempt to match roommates on physical size and strength, demeanor, violence potential and commitment to the convict code. Also, when inmates appear to be violating rules with the intent to be placed in segregation, ask whether they are experiencing threats, actual violence or sexual assault.
- Decrease blind spots where assaults might take place by installing cameras or through careful design when facilities are built. When these measures are unavailable, ensure frequent, randomly timed patrols of blind spot areas.

The extent to which institutions nationwide have implemented these types of procedures remains unknown. Efforts to learn about broad-scale policy development will likely fall to NIC and/or BJS. Identifying specific promising practices will complement the work of these two organizations. Once identified, future research should focus on the effectiveness of current promising practices in prison rape prevention and intervention. The impact of staffing ratios and facility programming in reducing prison rapes should also be investigated. These findings could be beneficial to legislators and correctional administrators alike.

ENDNOTES

¹ In June 2002, there were 2,019,234 inmates incarcerated in U.S. facilities; 737,212 of whom were in jail. Prison construction in the past decade has meant most prisons are operating at, rather than over, capacity. But 17 of the nation's 50 largest jails operated at more than 100 percent of their rated capacity (Harrison and Karberg, 2003).

² Half of the inmates in state prisons in 2002 were serving sentences for nonviolent offenses (Harrison and Beck, 2003).

³ According to the 2000 Census of Correctional Facilities, maximum-security facilities, compared with medium-security facilities, report more than twice the rate of assaults.

⁴ "One of the most reliable indicators of prison operations is the rate at which inmates test positive for the use of drugs and alcohol" (Camp and Gaes, 2002).

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