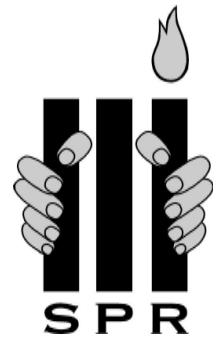


Stop Prisoner Rape: A Brief Background

Stop Prisoner Rape (SPR), an international human rights organization, seeks to end sexual abuse in all forms of detention. SPR has three core goals: to ensure government accountability for prisoner rape; to transform negative stereotypes about inmates and their right to be free from sexual abuse; and to promote access to resources for those who have survived this form of violence.

SPR was instrumental in securing passage of the Prison Rape Elimination Act (PREA), the first federal legislation addressing sexual violence in detention. Since PREA was signed into law in 2003, SPR has led the call for its meaningful implementation. SPR provides expert analysis, survivor accounts, training, and technical assistance to federal agencies with mandates under the law, and to policymakers and corrections officials at the federal, state, and county levels.

SPR's work takes place within the framework of international human rights law and norms. The sexual assault of prisoners, whether perpetrated by corrections officials or by inmates with the acquiescence of staff, is a crime and is recognized internationally as a form of torture.



PREA Update

by Stop Prisoner Rape

Supplement

Vitally Important Standards Addressing Abuse in Community Corrections, Juvenile Detention, and Lockups

Introduction

On June 16, 2008, the National Prison Rape Elimination Commission (NPREC) released a draft of its Standards for the Prevention, Detection, Response, and Monitoring of Sexual Abuse in Community Corrections, Juvenile Detention, and Lockups. The NPREC previously released similar draft standards for adult prisons and jails. All four sets of standards follow the same general structure and format. Supplemental standards for facilities housing immigration detainees were appended both to the adult prisons and jails standards and to the lockups standards. SPR commends the NPREC for recognizing the distinct needs of different types of facilities, while providing

a framework and a general baseline of expectations that all detention systems are required to meet.

In June 2008, SPR published a *PREA Update* that focused on the issues and provisions in the draft adult prisons and jails standards that SPR had identified as pivotal to preserving the inalienable right of inmates to be free from sexual abuse.¹ As most of the provisions in the four sets of standards are nearly identical, the recommendations and comments in the *PREA Update* apply to community corrections, juvenile facilities, and lockups as well. This *PREA Update Supplement* highlights only the factors that are unique to these forms of detention and the key distinctions between the sets of standards.



Table of Contents

Introduction	1	III. Lockups	8
I. Community Corrections	2	IV. Protecting Immigration Detainees	10
II. Juvenile Detention	5	Endnotes	11

I. Community Corrections

The NPREC defines community corrections as the “[s]upervision of individuals, both pre- and post-incarceration, in a community setting as a condition of pre-trial release, probation, parole, or post release supervision.”²² This covers a wide range of facilities: from drug-treatment centers, which may require that new residents be locked within the facility 24-hours per day, to halfway houses, where residents may be required to hold a job in the community and are able to come and go during the day as they please. In addition, a very limited portion of the standards apply to pretrial, probation, and parole officers. Balancing the freedoms and limitations of residents within these very different types of facilities poses a unique challenge.

A. Leadership and Accountability

The involvement and responsibility of high ranking officials and staff are critical to ensuring safety in community corrections facilities. Different types of facilities have different staffing and supervision needs, but all have an administrator who represents or negotiates with the government entity authorizing the facility for community supervision, and this official should be accountable for safety breaches. Some jurisdictions contract with a wide array of private residential facilities, and the agency head is in a unique role to compare facilities and identify best practices and areas of concern.

- The annual vulnerability assessment mandated in standard PP-1 can help identify ‘hot spots’ in the facility, where residents are particularly at risk for sexual violence. To be truly effective, such an assessment must be more comprehensive than a mere walk-through of the facility during standard business hours. The level of risk in a given area may vary based on factors such as the time of day and the level of staffing. The vulnerability assessments should account for shift changes, daytime versus nighttime movement and observation, and periods of reduced staffing.
- As in the adult prisons and jails standards, heightened protections for vulnerable

residents should not amount to punishment (PP-2). In facilities such as halfway houses, which are structured to provide reduced supervision, the safety of vulnerable residents must be ensured through the careful selection of room and work assignments, direct avenues to report concerns, and assurances that all safety concerns will be responded to promptly, even if an assault has not occurred.

- Some community corrections programs follow a peer education model, employing former program participants who can serve as role models and mentors to current residents. In these programs, potential staff must be screened carefully with respect to their relationships with current residents (PP-5). Applicants who are in, or have had, romantic or sexual relationships with current residents should not be hired as staff. Similarly, whenever possible, any potential program participant who is in or has had a sexual relationship with a current staff member should be placed in a different program.
- The requirements for leadership must fully comport with the rest of the standards. In particular, as the standards appropriately require immediate access to medical and mental health treatment for sexual abuse survivors (MM-4, compliance checklist 41), staff responsible for a facility must ensure that survivors are given access—and not just

referrals—to such services (RP-1, compliance checklist 11). As in the adult prisons and jails standards, an advocate should be made available regardless of whether a survivor participates in a forensic examination.

- Standard RP-4 recognizes that residents “may feel safer reporting the abuse once they are no longer housed at the facility where the abuse occurred.”³ This is particularly true once a survivor who was raped in a prison or jail enters a community corrections facility, as these programs are generally separate from the agencies that run prisons and jails and the less restrictive environment often engenders increased trust in staff. The standards must mandate a facility that receives a complaint of sexual abuse that occurred at another facility immediately to notify the head of the facility where the abuse took place. Once an investigation of the allegation has been completed, the results must be shared with the survivor.
- Residents who report sexual abuse within 96 hours, or whenever there may be physical evidence, should be provided with access to a forensic medical exam free of charge (RP-8). The exam results should never be used to punish a survivor or otherwise cause him or her to be forcibly placed in a more restrictive setting.

B. Prevention

In some respects, the increased liberties in community corrections facilities, relative to prisons and jails, may make prevention more challenging. Staff have less control over resident activities and movement, and constant sight and sound supervision may not be an option. On the other hand, these facilities are less likely to house violent residents, who are generally removed following any incident, and residents tend to have greater opportunities to access outside support. To capitalize on these relative benefits, while minimizing the risks for sexual abuse, staff, volunteers, and

residents must be fully informed about their respective rights and responsibilities, as well as the facility’s policies and practices with regard to sexual abuse.

- Staff training must include information about: how residents can report sexual abuse; the risk of sexually transmitted infections (STIs) and pregnancy; and the availability of testing, counseling, and treatment for victims (compliance checklist 20).
- In facilities that use peer counseling models, boundary setting is a particularly important and potentially complicated topic area (compliance checklist 20, subsection (I)). Programs should designate a senior staff member with whom peer counselors and residents are encouraged to discuss any professional boundary concerns.
- In community corrections facilities with juveniles, staff training should explain clearly any relevant mandated reporting laws, and specify that medical and mental health professionals must respect the right to confidentiality of residents except as limited by such reporting laws.
- The education provided to residents should include an explicit reference to the facility’s zero-tolerance policy toward sexual abuse—including zero-tolerance toward retaliation for reporting such abuse—as well as the prohibition on staff-resident sexual relations, and the availability of medical and mental health treatment in the aftermath of an assault regardless of whether or not the resident files a report (compliance checklist 23). Since the standards, as they are currently drafted, require only that residents receive limited information at intake, facility staff should be required to provide them with written materials that reinforce the right to be free from sexual abuse and that detail the avenues for reporting abuse and the support services available to survivors (TR-3).
- Sensitivity training for intake staff, as required in compliance checklist 39

(MM-2), should be more clearly addressed in the specialized training requirements of compliance checklist 24 (TR-4). In addition to the culturally competent interviewing skills in subsection (b) of compliance checklist 24, these staff members should receive sensitivity training similar to that required for investigators: how to communicate sensitively and effectively with victims of different age, race, ethnicity, cultural or religious background, gender, sexual orientation, and ability (compliance checklist 24, subsection (n)). For both sets of staff, gender identity should also be included in the sensitivity training.

- In juvenile facilities, compliance checklist 31 should accurately reflect the legal requirements of mandated reporting laws, which apply to individual professionals and not the facility.⁴ These facilities should also require medical professionals, when detecting abuse, to obtain informed consent from residents before sharing such information with anyone (MM-3, compliance checklist 40).
- In addition to being provided with contact information for counseling services (RE-2, compliance checklist 29), residents must be able to contact these service providers privately, without being overheard by facility staff.
- In juvenile facilities, outside service providers should only be required to report abuse to facility staff when mandated to do so by state law. In addition, the limits of confidentiality that apply to disclosures of sexual abuse should be explained by the service provider who is mandated to report, not by other facility staff (RE-2, compliance checklist 28). By requiring line staff to explain the limitations of outside confidential support services, as suggested in the draft standards, the exact requirements of outside professionals are prone to being misstated and abused youth may be deterred from using these vital resources.
- Residents accused of engaging in sexual abuse should retain the same rights and responsibilities as prison and jail inmates accused of these actions, including the right to appeal. Victimized individuals are sometimes wrongly accused of being the perpetrator, making these appellate rights particularly important to ensuring that no one is wrongfully punished for being the target of a sexual assault.

C. Detection and Response

Access to outside reporting entities and confidential treatment services is critically important to counteract fear of retaliation and re-incarceration among sexual abuse survivors. Even in relatively open programs, community corrections staff wield enormous power and residents are at risk of being sent back to prison or jail if accused of violating any program rules. The fear of re-incarceration can sufficiently deter someone from reporting abuse, particularly if staff were involved.

- Standard RE-1 requires that residents be able to report sexual abuse to at least one outside official, and the discussion advises agencies to use multiple strategies to encourage reports of sexual abuse. Similar to the adult prisons and jails standards, compliance checklist 27 should include outside reporting and multiple internal reporting avenues.
- As in its counterpart in the adult prisons and jails standards, compliance checklist 41 should require that practitioners involved in a coordinated response to sexual violence be notified as soon as possible following a report of abuse. Consistent with standard RP-1—which requires facilities to develop a plan for ensuring a coordinated response by medical and mental health practitioners, victim advocates, and investigators—the compliance checklist accompanying standard MM-4 should ensure the involvement and collaboration of medical and mental health professionals as early as practicable.

D. Pretrial, Probation, and Parole Officials

As pretrial, probation, and parole officials are not within residential facilities, they understandably have fewer obligations with respect to sexual violence in detention. Nonetheless, they play an important role in preventing, detecting, and responding to such abuse and should comply with significant portions of the standards. In addition to the few provisions currently marked for them in the draft standards, pretrial, probation, and parole officials should comply with the following:

- Zero tolerance policy (SA-1, compliance checklist 1)
- Staff qualifications (PP-5, compliance checklist 8)
- Coordinated response (RP-1, compliance checklist 11)
- Incident reviews (RP-9, compliance checklist 19)
- Duty to protect sexual abuse victims and preserve evidence (SD-3, compliance checklist 32)
- Agency duty to protect against retaliation (AD-1, compliance checklist 33)
- Disciplinary sanctions for staff (DI-1, compliance checklist 36)
- Data collection (DC-1, DC-2, compliance checklists 42-44)

II. Juvenile Detention

In the juvenile standards, the NPREC aims to “account for the differences between confined adults and confined youth, in areas including rights to privileged and confidential communication, the availability and access to programs, the psychological and physical development of detained populations, staff responsibilities, and the rehabilitative philosophy and purpose of the juvenile justice system.”⁵ Incarcerated youth are among those at greatest risk for sexual abuse. In a recent study, the Bureau of Justice Statistics (BJS) found that, in 2005 and 2006, the rate of reported sexual violence was more than five times higher in juvenile facilities than in adult prisons.⁶

A. Physical and Psychological Developmental Considerations

As the NPREC recognizes, detained youth need to be treated differently from adults, in recognition of age-related physical and psychological developmental issues. The standards require: using age-appropriate language and tools when investigating and responding to sexual abuse of detained youth (RP-1, 2, 8); including adolescent development in the

general staff training curriculum (TR-1); and highlighting unique aspects of working with young victims in the specialized training curricula for classification officers,⁷ investigators, and medical and mental health staff (TR-5). In addition to these important provisions, SPR recommends further addressing developmental issues in the follow ways.

- The coordinated response team must include an expert in adolescent development

(RP-1). In-house medical and mental health professionals should have this expertise. However, if a community sexual assault response team (SART) is being used, it must be one with experience working with young victims. As noted in SPR's *PREA Update* on the adult prisons and jails standards, an advocate should be part of the team regardless of whether a forensic examination is conducted. In the juvenile detention context, this advocate also must have expertise in adolescent development and in communicating with youth.

- In addition to requiring training about adolescent emotional, physical, and sexual development, compliance checklist 20 (for standards TR-1 and TR-4) should require that additional topics—such as “red flags” and other indications of sexual abuse (subsection (d)), common reactions by victims of sexual abuse (subsection (f)), and strategies for promoting effective prevention and intervention (subsection (m))—include youth-specific information and do not merely incorporate adult training materials. With respect to resident education (TR-4), compliance checklist 21 should also require that the curriculum and any materials be age-appropriate.
- The draft standards include important classification distinctions that are unique to the juvenile detention setting. As recommended in the draft standards, separating youth detained on status offenses (such as truancy) from youth accused of committing crimes (CL-1, 3), and considering a child's appearance of maturity, suicide risk, and level of emotional psychosocial development (CL-2) will help separate youth who are vulnerable to sexual abuse from youth who may be predatory.
- Pregnancy is a significant concern for girls who are raped by male staff or detained boys. Compliance checklist 43 (for standard DC-1) should include collecting data on pregnancy testing, as it does in the adult prisons and jails standards.

B. Duty to Report Child Abuse

Unlike in adult facilities, most professionals who work with youth—including medical and mental health service providers—are mandated reporters, required by law to report sexual violence and other forms of abuse perpetrated against a child. The draft standards recognize this distinction, but address mandated reporting in a broad sweep that does not account appropriately for differences in and nuances of state laws, including their limited applicability.

Each state has its own mandated reporting law that meets the basic requirements of the federal Child Abuse Prevention and Treatment Act,⁸ by defining abuse and neglect, specifying who is legally obliged to report, and granting this person immunity from civil lawsuit for filing the report. However, these laws differ in significant ways, including what must be reported and to whom.⁹

Balancing the protections afforded to youth through mandated reporting and the privacy rights of all people, including young detainees, is a challenge. SPR believes that the sexual abuse of any child should be reported to law enforcement, but that the information should not be disseminated within the facility without the detainee's consent.

- Mandated reporting laws apply to individual professionals, not the institutions where they work.¹⁰ Reporting within the facility therefore may not satisfy a worker's legal requirements. Conflating the legal duty to report with any internal reporting requirement may cause mandated reporters erroneously to believe that they can transfer to the facility or a facility administrator their responsibility to report child abuse to local law enforcement. The standards should make clear that civilian staff must file a report only with the agency required by law to accept such reports.
- Mandated reporters are usually required to report abuse to the local police or a

child protective services agency,¹¹ and the agency with which mandated reporters file their reports is then required to conduct the investigation. While the facility will undoubtedly learn of the report from the investigating body and, under some state laws, from the reporter, it does not need all of the details required for an investigation in order to protect the survivor. Requiring full disclosure within the facility is counter to the “need to know” concept otherwise embraced by the standards and could compromise the investigation. Thus, as in the adult prisons and jails standards, medical and mental health professionals should be exempt from standard SD-2, unless state law requires internal institutional reporting. With the limited exception of contacting local law enforcement, medical and mental health practitioners should maintain the same independence and obligations regarding confidentiality as their counterparts in adult detention settings.

- In some jurisdictions, mandated reporting statutes may apply only when the perpetrator is a caretaker.¹² In these states, while staff-on-detainee sexual abuse is unquestionably covered by the law, resident-on-resident abuse may not be. At a minimum, resident-on-resident sexual violence is the result of inadequate supervision by the custodian and should explicitly be described as such. Therefore, mandated reporters who suspect or learn of cases of resident-on-resident abuse should follow the same protocol as in cases of staff-on-resident abuse, including contacting the local law enforcement or child welfare agency.
- Sexual harassment is generally not included within mandated reporting laws and will not be responded to by outside law enforcement. Sexual harassment in the juvenile detention setting should be treated the same as in the adult prison and jail setting—requiring professionals who receive reports of sexual harassment to be bound by confidentiality standards and be required to obtain consent before disclosing this information.

- Mandated reporters often do not report because of ignorance or confusion about the law and its applicability. Training curricula (compliance checklists 20 and 24) should detail the applicable reporting laws, how they apply in the detention setting, and any related agency rules. To the extent that the agency imposes internal reporting requirements that go beyond the statutory obligations, such rules should not apply to medical and mental health professionals nor trump any professional obligations that a youth worker would have in the community.

C. Continued Need for Informed Consent

Although information about sexual abuse of a minor must be reported to a child services investigative authority, informed consent remains important for young detainees. As with adults, youth should be made aware of all relevant reporting obligations and of the parameters of confidentiality offered by the various workers with whom they are likely to disclose information about sexual abuse. Such information should be shared with the youth before they begin detailed conversations. Requiring informed consent similar to that mandated for adults will allow youth to be responsible for their personal well-being and to decide themselves what information to disclose, and to whom, based on a full understanding of what will be done with the information provided.

- Informed consent and the concepts within it (confidentiality, duty to report, need to know, privileged communications) apply in the juvenile detention setting and should be included in the glossary to the standards.
- Medical and mental health staff should be required to obtain informed consent when they start working with a detained youth, and the specialized training curriculum (TR-5) should explain how to obtain such consent.

- When, during the course of an examination, medical professionals detect abuse that they are required to report (MM-3), they should be obligated to explain this reporting requirement to the patient.

D. Outside Support Services

As in the adult standards, the NPREC recognizes the value of outside service providers and the unique role that they can play in helping a detained survivor heal. Victimized detainees of any age may not trust those connected with an agency that failed to protect them, may be generally distrustful of authority figures, and are particularly vulnerable to staff members who may be abusive or complicit in abuse. For many young survivors, outside service providers will represent the only feasible avenue to reach out for help.

- Standard RP-5, which requires the agency to sign memoranda of understanding with community agencies or advocates, and

standard RE-2, which requires that detainees have access to victim advocates and/or mental health professionals, are critically important. Although these service providers are bound by the state's mandated reporting law, they should not be required to report within the facility. Rather, standard RE-2 should explicitly state that detained youth have unimpeded access to confidential communications with these providers to the full extent permitted by state law.

- While entitled to an attorney for their delinquency case, detained youth often have very limited access to legal resources. Juvenile detention facilities are not constitutionally required to maintain a law library,¹³ and children are generally less aware than adults of their individual rights and the remedies available to them. The facility should therefore provide juvenile detainees with contact information for legal services offices in the community that may be willing to assist young survivors of sexual abuse in detention.

III. Lockups

Lockups are generally used for significantly shorter periods of time than other types of detention facilities and are much less likely to hold people overnight, when there is generally the greatest risk of sexual assault. Based on this distinction, the NPREC streamlined the standards to remove factors that do not exist in lockups, such as classification and access to programs. However, these facilities also pose special concerns for survivors and others at risk for sexual abuse.

A. Prevention

Unlike other detention facilities, lockups are situated in buildings whose primary purpose is not detention. Prevention efforts need to account for blind spots and other architectural barriers to full sight and sound supervision

and to include comprehensive information about detainee safety to lockup staff, volunteers, and detainees.

- Heightened protection (PP-2) remains important in lockups, to keep vulnerable detainees safe from both predatory inmates

and abusive staff. As continuous sight and sound supervision is required for all detainees (PP-1), it should also be obligatory for the heightened protection of standard PP-2. Single cell placement may be more available than in prisons and jails, and is less likely to have a punitive, isolating impact. However, these cells are often in secluded corners of the building with minimal supervision. Heightened protection must ensure that neither inmates nor individual staff members can approach or enter these cells unobserved.

- Compliance checklist 10 should encourage facilities to take steps to replace cameras with newer technology, such as recorded video monitoring, consistent with the adult prisons and jails standards.
- Compliance checklist 19 requires training on most of the relevant policies regarding sexual violence in lockups but omits the contextual material that provides these policies with meaning. Information about common reactions by victims of sexual abuse, myths and perceptions of sexual intimidation and abuse, how sexual abuse is used to gain power and control, professional boundary setting, communicating sensitively and effectively with inmate victims, and the risks of sexually transmitted infections and pregnancy should be included in the staff training curriculum.
- In compliance checklist 20, provisions (d) and (m) should be reworded to make clear that staff members are *not* allowed to work with detainees before demonstrating knowledge of the relevant policies and procedures. Volunteers should also be incorporated into these procedural requirements consistent with what is required in the corresponding prisons and jails checklist.
- The notification provided to inmates assigned to work in lockups (TR-2, compliance checklist 21) should include information about their responsibilities while working in the facility, including an obligation to report abuse.

B. Reporting and Response

Lockup administrators should be required to utilize community resources for support and assistance. Survivors who are assisting in a prosecution or are a party to a civil case may be held in lockup facilities during the trial proceedings, and their involvement in these proceedings may serve as a trigger that causes the trauma to resurface. Officials must be prepared to address the issues that arise when detaining a survivor who was victimized at another facility. Access to confidential counseling is particularly important during this difficult time.

- Most lockups are situated in a community law enforcement agency and therefore can rely on the community sexual assault response team (SART) to respond to sexual abuse. While a memorandum of understanding may not be needed, the lockups standards should require that a coordinated response approach be used (RP-1, RP-8).
- Survivors assaulted in a lockup should have multiple avenues for reporting, including to an outside entity. In this regard, sexual violence should be treated like other forms of police misconduct, where civilian complaint review boards and similar entities provide outside monitoring and scrutiny.
- While lockups need not have counselors on staff, the agency must ensure that traumatized survivors are able to meet with a community counselor, without extensive clearance procedures.

C. Monitoring

Unlike other forms of detention, lockups do not uniformly maintain clear records of whom they are holding, making it significantly easier for abuse to be covered up. Data collection requirements will vastly improve transparency and accountability.

- Lockup facilities should be obligated to maintain basic data about the people they

detain. Without this requirement, verifying when and where a survivor was detained requires relying on documents from court records or from other facilities—information that may not exist if the lockup detention did not result in a criminal proceeding.

- The incident-based data collected (DC-1, compliance checklist 33) should include

whether special favors or privileges were promised to the detainee for participating in sexual activity and whether staff members threatened detainees to prevent them from filing a report. In addition, details about access to community mental health services, not just whether a referral was made, should be measured.

IV. Protecting Immigration Detainees

In recognition of the unique vulnerabilities of immigration detainees, who are often housed in facilities used for other forms of detention, the NPREC developed supplemental standards to address immigration detention. While SPR primarily discusses immigration issues in the *PREA Update* focused on the adult prisons and jails standards, there are special safety concerns for immigration detainees in lockups and juvenile facilities.

- The lockups standards include immigration supplemental standards, but the juvenile detention standards contain no such supplement, despite their applicability to Office of Refugee Resettlement (ORR) contract shelters and ORR juvenile detention facilities. As a result, it is unclear whether the juvenile standards impose additional requirements on ORR facilities. Either all of the immigration detention standards should be in one place, or every applicable set of standards should have its own immigration supplement.
- Supplemental immigration detention standards for juvenile facilities should require:
 - certification of compliance by the Director of the Office of Refugee Resettlement; access for survivors to outside legal and mental health resources whose services are confidential to the extent permitted by law; and protection against unwanted transfers.
- Border patrol facilities should be required to obtain certification of compliance by the Commission of Customs and Border Protection. Immigration detainees in Border Patrol facilities, as well as other lockups, should also have access to outside support services, similar to what is required by ID-7 in the immigration supplement to the adult prisons and jails standards.

Endnotes

- 1 The *PREA Update* is available on SPR's website at http://www.spr.org/pdf/PREA_Update_June_2008.pdf.
- 2 NATIONAL PRISON RAPE ELIMINATION COMMISSION, STANDARDS FOR THE PREVENTION, DETECTION, RESPONSE, AND MONITORING OF SEXUAL ABUSE IN COMMUNITY CORRECTIONS 10 (2008) (*hereinafter* "NPREC COMMUNITY CORRECTIONS STANDARDS"). The NPREC should clarify that community supervision can also occur in lieu of any incarceration.
- 3 NPREC COMMUNITY CORRECTIONS STANDARDS at 24.
- 4 For a further discussion on mandated reporting, *see infra* at 6-7.
- 5 NATIONAL PRISON RAPE ELIMINATION COMMISSION, STANDARDS FOR THE PREVENTION, DETECTION, RESPONSE, AND MONITORING OF SEXUAL ABUSE IN JUVENILE DETENTION 5 (2008) (*hereinafter* "NPREC JUVENILE STANDARDS").
- 6 *Compare* ALLEN J. BECK, ET AL., BUREAU OF JUSTICE STATISTICS, SEXUAL VIOLENCE REPORTED BY JUVENILE CORRECTIONAL AUTHORITIES, 2005-06 at 2 (2008) (estimating nearly 17 reports of sexual abuse per 1,000 juvenile detainees over the course of each year) *with* ALLEN J. BECK, ET AL., BUREAU OF JUSTICE STATISTICS, SEXUAL VIOLENCE REPORTED BY CORRECTIONAL AUTHORITIES, 2006 at 3 (2007) (estimating nearly three reports of sexual violence per 1,000 inmates in adult facilities during 2005 and 2006).
- 7 Checklist 24 includes a requirement that classification staff receive training on effective communication strategies for interviewing youth, but this provision is not checked for short- or long-term detention centers. It should be checked for both.
- 8 42 U.S.C. § 5106a *et seq.*
- 9 A summary of each state's mandated reporter law is available on-line at: http://www.childwelfare.gov/systemwide/laws_policies/statutes/defineall.pdf
- 10 *See, e.g.*, CAL. PENAL CODE § 11166(i); MICH. COMP. L. § 722.623(1)(a) ("A notification to the person in charge of a hospital, agency, or school does not relieve the member of the staff of the hospital, agency, or school of the obligation of reporting to the department as required by this section."). In fact, some mandated reporting laws protect the reporter from having their identity disclosed to their employer. *See* CAL. PENAL CODE § 11166(i)(2). *But see* MICH. COMP. LAWS § 722.623(1)(a); N.Y. SOC. SERV. LAW § 413(1) (where individual is mandated reporter based on employment at institution, requiring person to also report to official in charge of institution).
- 11 *See, e.g.*, CAL. PENAL CODE §§ 11165.9, 11166.
- 12 *See, e.g.*, MINN. STAT. ANN. § 626.556(2)(c) (limiting "substantial child endangerment" to acts and omissions committed by "a person responsible for a child's care, and in the case of sexual abuse ... a person who has a significant relationship to the child [defined as parent, guardian, blood relative, or adult cohabitant], or a person in a position of authority ..."); S.D. CODIFIED LAWS 26-8A-2 (8) (defining abused or neglected child as one "who is subject to sexual abuse, sexual molestation, or sexual exploitation by the child's parent, guardian, custodian, or any other person responsible for the child's care").
- 13 *See Alexander S. v. Boyd*, 876 F. Supp. 773, 790 (D.S.C. 1995).



STOP PRISONER RAPE

Los Angeles Headquarters
3325 Wilshire Blvd., Suite 340
Los Angeles, CA 90010
Tel: (213) 384-1400
Fax: (213) 384-1411

East Coast Office
1025 Vermont Ave., NW, Third Floor
Washington, DC 20005
Tel: (202) 580-6971
Fax: (202) 638-6056

www.spr.org