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REVIEW PANEL ON PRISON RAPE

HEARINGS ON SEXUAL VICTIMIZATION IN U.S. PRISONS,
JAILS, AND JUVENILE CORRECTIONAL FACILITIES

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1 P R O C E E D I N G S

2 INTRODUCTORY REMARKS

3 DR. WILKINSON: Good morning, everybody.

4 Welcome to the hearings on sexual victimization by the
5 Review Panel on Prison Rape. I think we had a great
6 day yesterday, replete with an awful lot of testimony
7 from experts and advocacy organizations about the
8 importance of compliance with prison-rape standards.

9 We had considerable, compelling testimony from the
10 various witnesses from the agencies who were invited to
11 participate in the hearings, yesterday, specifically.

12 Those included high and low prevalence
13 institutions for adult correctional institutions, as
14 well as those adult detention facilities who were
15 invited. A full day, I think we learned a lot. I
16 appreciate the cooperation and participation by those
17 agencies who were here. One agency participated by
18 video teleconference. One agency chose not to show up.
19 We're debating how we will deal with that issue going
20 forward, and to just remind you we did not close out
21 that hearing. It's in recess, because we want to
22 explore our options regarding how to get testimony from

1 Oklahoma, specifically, on the record. So we take
2 these hearings very seriously. We want the rest of the
3 country to do so as well, and I think that has been the
4 case. Obviously, from time to time, there are
5 exceptions.

6 We have a lot of good content that I think
7 will be very useful to agencies who are attempting to
8 comply with the standards, and we had no reason to
9 believe they won't do that and do that well. The
10 Department of Justice has set up under the direction of
11 a working group for PREA. They've also developed a
12 PREA management office here at OJP, designed to assist
13 agencies to do that.

14 We heard testimony about the audits themselves
15 and how they're going and what the future of the audits
16 will look like. We heard about a lot of the resources
17 from the PREA Resource Center that is designed to be
18 very, very helpful to agencies seeking to be in
19 compliance with the standards, and more. We really
20 appreciated the testimonies from those persons who
21 described those activities.

22 Today will be the hearing on sexual

1 victimization of juvenile facilities, as well as in a
2 little bit we'll hear testimony from various experts on
3 the juvenile side of corrections as it relates to the
4 Prison Rape Elimination Act.

5 MS. SEYMOUR: Great. Thank you, Reggie.

6 I'm Anne Seymour, and I just wanted to share
7 with you something that I received from my nephew.
8 He's a formerly incarcerated person. He's a
9 spokesperson for the Campaign for Youth Justice, and he
10 knew we were talking about PREA issues today. And he's
11 quite familiar and become personally quite expert at
12 some of our issues. So always recognizing that the
13 voice of the victim is really important in these
14 proceedings, I'm just going to read briefly an
15 experience that he shares with me about a transgender
16 friend of his who was sexually assaulted. He says "I
17 can only imagine how traumatic it was for her, but
18 that's all I can. I never saw her again.

19 The prison took her and placed her in admin
20 segregation in another prison. Rape is an unspeakable
21 act of violence, but to place someone in solitary
22 confinement after being victimized only seeks to

1 perpetrate the victimization of that individual. They
2 took her away from her friends, her family -- her
3 family had lived close enough to the institution that
4 they were able to visit her -- from the only sense of
5 stability she had, and threw her in a cell by herself."

6 And he goes on just to talk about no one
7 sentenced for reporting rape, that the actual
8 act -- the hell that comes in the aftermath of
9 reporting it, because you can be called a snitch. And
10 then he goes on and on about the problem with phone
11 lines and lack of confidentiality, and phones are
12 always in use. And I thought yesterday, when we heard
13 about the prison in Baltimore that was built in 1859,
14 I'm just guessing their phone system ain't too
15 wonderful.

16 So he's sort of framed, I think, a lot of
17 issues that are really important for us to consider as
18 we continue our work today, thinking about -- you
19 know -- from the victim's perspective what this all
20 looks like. And I can enter this into the testimony.
21 Thank you.

22 DR. CHRISTENSEN: And I would just echo, of

1 course, everything that's been said, but also mention
2 my appreciation of the people who testified yesterday
3 and reaffirming what we know about leadership and
4 organizational culture in these organizations, and how
5 important that is to set a culture that does not allow
6 for the very types of things that Anne just talked
7 about, and to continue to move this country as a whole
8 forward, and recognize each and every participant's
9 responsibility and contribution to moving our culture
10 forward as a business of corrections throughout the
11 country, whether it be for juvenile, adult, male,
12 female, et cetera, et cetera. So, again, I think the
13 hearings went wonderfully yesterday to gather evidence
14 and to advance our field, and I look forward to another
15 solid day of hearings for that very purpose.

16 DR. WILKINSON: We didn't introduce ourselves,
17 and knowing that there may be some people here today
18 who weren't here yesterday, I am Reggie Wilkinson, the
19 chairperson. My colleague to my right is Anne Seymour,
20 and Dr. Gary Christensen is to my left. So, at this
21 time, the Panel convenes its hearing on juvenile
22 correctional facilities with a high incidence of sexual

1 victimization, and I'd like to reinvite Dr. Allen Beck
2 to the table.

3 Allen, you've been previously sworn in.
4 There's no need to do it again, and you will set the
5 stage for us for your research on sexual victimization
6 in juvenile facilities.

7 HEARINGS ON HIGH INCIDENCE

8 JUVENILE CORRECTIONAL FACILITIES

9 DR. BECK: Good morning everyone. Thank you
10 once again for inviting me to present these materials.
11 We at BJS divided the work when we initially were given
12 the mandate to collect these data and divide up the
13 work between adult facilities and juvenile facilities,
14 and we did so for a very good reason. The juvenile
15 facilities were quite different, a very different
16 environment in which to conduct surveys requiring
17 different instrumentation, different questions related
18 to youth and their experiences and their capacities to
19 comprehend and understand what we're asking, and
20 furthermore concerns about risk of inducing more trauma
21 simply by the nature of doing the survey.

22 And fundamental to the work in juvenile

1 facilities is getting access to the youth, and that's a
2 complicated experience to try to get consent from
3 parent, legal guardian, or in loco parentis, and
4 getting assent from the youth, and ensuring that the
5 youth understand what it is that they're about to agree
6 to in terms of exactly understanding the terms of
7 confidentiality. And so let me say that the Westat
8 Group that did this work for us was extraordinary in
9 that effort, and they're very sensitive to those issues
10 and much of the methodology with respect to consent and
11 assent stems from their past experience.

12 And so once again we rose to the challenge of
13 trying to provide estimates as required under the
14 Prison Rape Elimination Act, estimates at a facility
15 level. Complications are enormous, not only with
16 respect to consent and assent, but respect to simply
17 the size of the facilities, the challenges of ranking
18 facilities that are quite small, much smaller than
19 prisons and jails on average.

20 We were in 273 state-owned or operated
21 juvenile facilities, and fifty-three locally or
22 privately operated facilities that housed youth under

1 state contract. We were in at least one facility in
2 every state that's required under the law. We included
3 state-contract facilities this time, since we
4 understood from our first survey and from talking to
5 administrators that there were large numbers of youth
6 in many states being housed in such facilities. So as
7 to have provided a greater and better portrait, we
8 included such facilities. We completed 8700 interviews
9 between February 2012 and September 2012.

10 Let me tell you what we measure and what we
11 don't measure. We are measuring youth, adjudicated
12 youth, held in state-operated facilities or facilities
13 under contract to the state to house such adjudicated
14 youth. The facilities must house youths for at least
15 ninety days. These facilities must contain at least
16 twenty-five percent of their youths must be
17 adjudicated, and they must have held at least ten
18 youths. And so what we're doing is we're looking at a
19 population of facilities that we can interview in. The
20 ninety-day criteria is simple. We have to have time in
21 order to contact parents, get their consent. And,
22 consequently, if we sample youth, we need to know that

1 they're still there by the time we get there. And so
2 we limit our universe, and our data has such a
3 population that represents in combination with state-
4 contract youth of roughly 20,000 or so of the 70,000
5 youths that were held in facilities at that time. The
6 majority of youth are held in local, county-operated,
7 privately operated, residential facilities of various
8 kinds, and they're not held long enough for us to gain
9 access. And most of such kids are not adjudicated.

10 In the course of sampling, we took every
11 facility that had twenty or more adjudicated youth, and
12 we sampled facilities that housed fewer than ten to
13 nineteen youth with probabilities proportionate to
14 size. So I emphasize this simply because it's
15 important to know what we cover and what these data
16 represent, and they simply represent the kids that are
17 most -- that are perhaps the most troubled of kids and
18 have found themselves very deeply into the system.

19 To provide protection, we randomly assigned
20 youth to an alternative survey in trying to protect
21 their anonymity from the staff, and we assigned ten
22 percent of all the kids to a survey on drug and alcohol

1 use, and we'll be providing some analysis of that
2 later. So, overall, we interviewed 8700 youth on the
3 PREA survey. What was new this year as a contrast to
4 the previous year is we included smaller facilities.
5 We decided that we wanted to broaden the collection to
6 understand the youth being held in facilities that were
7 held between ten and nineteen youth.

8 We established new criteria for publishing.
9 There's an order for us to publish the results at a
10 facility level. They had to have at least fifteen
11 completed interviews. They had to have a response rate
12 of at least thirty percent, and they had to have a
13 sufficient level of precision to detect a high rate of
14 victimization to distinguish between a rate of
15 victimization from a zero rate, based on margins of
16 error. So, overall, we could rank 157 out of the 326
17 facilities.

18 However, we did use the information from the
19 other facilities to produce state-level estimates. And
20 for the first time, we produced those estimates, and we
21 included all the published data, as well as the
22 unpublished data, and a way to provide a state-level

1 rate. That proved to be very important and very
2 revealing. We had at least six states with rates
3 greater than fifteen percent. Four states had overall
4 rates that were identified as high-rate facilities
5 based on our considerations of confidence intervals and
6 margins of errors. That is, they had at least
7 thirty-five percent higher than the national average.

8 The national average was nine-point-five
9 percent. That is, nine-point-five percent of the youth
10 in these facilities reported having been sexually
11 victimized at least once since coming to the facility
12 within the last year. We included new items in the
13 survey, which I think were quite appropriate so as to
14 better understand the relationship between youth and
15 staff, that those relationships that perhaps led up to
16 those high rates of staff sexual misconduct that I'll
17 talk about.

18 We also included measures of facility climate,
19 perceptions of fairness, perceptions, opinions about
20 the staff. Again, those measures helped us to
21 understand some of the information particularly related
22 to the trends that we observed. So overall we observed

1 a rate of nine-point-five percent of adjudicated youth
2 reporting one or more incidents of sexual
3 victimization. That is at least double the rate that
4 we observed in adult prisons, and three times the rate
5 that we observed in local jails.

6 The distinguishing factor is not prevalence of
7 youth sexual victimization, because it is about the
8 same as we observe in those other institutions, the
9 adult institutions. The distinguishing factor is the
10 rates of reported sexual, staff sexual misconduct,
11 incidents involving facility staff. Seven-and-one
12 half, seven-point-seven percent of the youth reported
13 such victimization. Two-point-five percent reported
14 youth-on-youth victimization.

15 If you look at the staff sexual misconduct,
16 the majority of it that is approximately four-point-
17 seven percent of the seven-point-seven percent reported
18 having sexual contact with staff without any force
19 threat or explicit form of coercion. That's seemingly
20 willing, but of course illegal, given they're youth and
21 given their protected status. And so one of the major
22 findings that we observe is a decline in reported

1 sexual victimization from our original survey. It went
2 from the observation of about twelve-and-one-half
3 percent down to nine-and-one-half percent, and that was
4 primarily, once again, about reduction in willing staff
5 sexual misconduct. That is involvement between the
6 youth and the staff without any indicator of coercion.

7 When we try to unpack that a bit, we find
8 trend factors that can explain some of this decline,
9 and one of those trend factors is that the
10 facilities -- juvenile facilities nationwide -- are
11 getting smaller. Much higher proportion of youths are
12 being held in smaller facilities today than in the
13 past. With that comes structured exposure time; that
14 is, at the same time we see the youth are held in such
15 facilities for less time and combine that with
16 increasing positive views of staff -- views of staff,
17 field perceptions of fairness, perception that they
18 have the ability to interact with staff and that the
19 rules are fair and fairly executed. We find that these
20 trends explain some portion of that decline in sexual
21 victimization. Nevertheless, we're observing a high
22 rate of victimization, nine-and-one-half percent.

1 We looked at some of the common risk factors.

2 Clearly, males are reporting much higher rates of
3 staff sexual misconduct than are females. That is,
4 male youths, eight percent of them, are reporting staff
5 sexual misconduct as opposed to two-point-eight percent
6 of the females. On the other hand, females are more
7 likely to report sexual activity with another
8 youth -- an unwanted sexual contact with another youth.
9 Five percent - five-point-four percent of them are
10 reporting such activity compared to two-point-two
11 percent of males.

12 So there's substantial detail within our
13 report that outlines some of the risk factors. And
14 clearly, sexual orientation once again comes to the
15 forefront, that as youth who are identified as gay,
16 lesbian, or bisexual -- something other than
17 heterosexual, if you will -- have much higher rates of
18 youth-on-youth victimization than heterosexual youth.
19 Much higher meaning at least eight times higher; that
20 is ten-point-three percent compared to one-point-five
21 percent. So we see a common factor that shows up in
22 both of our surveys related to the risks of persons

1 with sexual identification other than heterosexual.

2 When we look at staff sexual misconduct, we
3 find that the majority of the staff sexual misconduct,
4 that is ninety percent of it, involves activity between
5 boys and female staff. This is almost identical to
6 what we observed in our previous collection. The
7 sexual misconduct happens, typically, in a common area,
8 and eighty percent of it occurred in a classroom, in a
9 library, in a kitchen, in an office, a closet, supply
10 room. While about half of the victims also are
11 reporting that occurred in their sleeping area in their
12 dorm. They can be victimized multiple times. Indeed,
13 many of the youth reported multiple victimization.

14 And so, that victimization can occur in many
15 places, but the majority of the victims reported a
16 common area. Once again, as with the adult sector, the
17 most common time for this to occur was in the second
18 shift between six p.m. and midnight. Once again, fewer
19 staff; youth are still up and about. Sixty-three
20 percent of the victims reported no force, no threat, no
21 explicit coercion. It was seemingly, seemingly
22 willing.

1 I think in closing, one of the most important
2 findings we have uncovered here is that this crossing
3 of boundaries between staff and youth should not be
4 viewed in a vacuum, but there are many activities,
5 markers of misconduct, inappropriate relationships
6 prior to the sexual contact. And we tried to measure
7 some of those relationships. And we found very high
8 rates of victims reporting such contacts. So let me
9 just explain what that means.

10 Sixty-nine percent of the youth said that the
11 staff told them about personal life outside of their
12 work. Almost two-thirds reported that the staff
13 treated them as special, as a favorite. Sixty-two
14 percent said that the staff had given them a special
15 gift. Half said the staff had given them pictures or
16 wrote letters. Youth also report that they,
17 themselves, gave staff pictures and wrote letters to
18 them. And so what we have here is, if you wish, some
19 indicator of inappropriate conduct, crossing the
20 boundaries that eventually led to staff sexual
21 misconduct.

22 We also asked the youth who initiated it, and

1 it's not always clear who did. Clearly, about one in
2 six said that was always them, always the youth who
3 initiated it. About a third said that the staff always
4 did it, and nearly half said that sometimes it was
5 themselves and sometimes it was the staff. It's fairly
6 immaterial who initiated it. Nevertheless, I think it
7 gives you a deeper understanding of the nature of that
8 sexual contact.

9 So I think that's the major contribution of
10 the second wave is a deeper understanding of that very
11 high rate of staff, of staff sexual misconduct.

12 DR. WILKINSON: Thank you, Allen.

13 Did you have any questions?

14 MS. SEYMOUR: Yeah. I'm so confused, so I'm
15 going to apologize. So we're talking about children
16 being sexually assaulted and raped. And then I heard
17 you say there's actually a definition that says "No
18 explicit coercion of the youth," followed by a
19 description of classic grooming behavior. So can you
20 explain to me why there's -- maybe I heard it wrong.
21 No explicit coercion is part of the definition, because
22 that is coercion at its worst.

1 DR. BECK: Well, yeah. Let me say that what
2 we're talking about is we're looking at various forms
3 of force, physical force. We ask about sexual
4 activity, and we go through a whole battery of
5 questions to get at the nature of that sexual activity
6 and the nature of that coercion.

7 MS. SEYMOUR: Right.

8 DR. BECK: And so we go through a series of
9 questions to determine the extent to which there was
10 force, explicit coercion, offering a favor as bribes,
11 of being talked into it, you know, a whole litany of
12 things. And you get a youth saying, "No. That wasn't
13 it. That wasn't it. That wasn't it either." And so
14 what you're left with is youth having experienced this
15 thing but without any explicit mention of coercion.
16 Now, that doesn't mean --

17 MS. SEYMOUR: Okay. That just -- I'm sorry.
18 That's --

19 DR. BECK: That means no force. That means no
20 force. It doesn't mean --

21 MS. SEYMOUR: Yeah. The fact that it's an
22 adult and a child to me is a coercive relationship.

1 DR. BECK: Right, oh, yes.

2 MS. SEYMOUR: And then I'm glad you asked the
3 follow on questions, because "I wasn't coerced, but I
4 was groomed."

5 DR. BECK: Yeah.

6 MS. SEYMOUR: So from my perspective, being
7 groomed to be raped is coercive behavior, but maybe I
8 just need to look at the survey instrument, or maybe
9 I'm missing something here, Reggie. Help me out,
10 because this is freaking me out.

11 DR. WILKINSON: Yeah. There are no easy
12 explanations.

13 DR. BECK: Yeah.

14 DR. WILKINSON: I think -- you know -- a
15 series of things had happened. And, first of all, some
16 of these juveniles don't even look like juveniles. Not
17 to excuse the behavior of the staff in these cases, but
18 I think they can be very persuasive and actually
19 prepare a situation that will get a staff person in
20 trouble at times -- not that that excuses them. I
21 don't. But, you know, when you bring in pictures, when
22 you're saying mail this letter home for me, then you've

1 got the staff person hooked. But, you know, the staff
2 people all go through training to understanding games
3 that inmates and juveniles play, and they should know
4 better.

5 DR. BECK: Yeah. Let me say the objective is
6 to understand what's going on. It's not to dismiss it,
7 explain it away. You know, it's challenging to
8 understand it when you have a large number like we
9 observe. And, so, you ask about force, and yet they're
10 not reporting anything. They're not reporting all the
11 things that you've kind of asked them. Did this
12 happen? Did this happen? And did this happen? And so
13 you're left with this event, this incident.

14 And so I think that our report was trying to
15 speak to that, to look at that. You know, clearly,
16 it's very troubling. Clearly, it can be a variance of
17 coercion, kind of a degree of --

18 MS. SEYMOUR: Yeah, I understand. Yeah.

19 DR. BECK: They're the kind of continuum of
20 it, and so I think this is informative in that regard.
21 Certainly, can be interpreted in ways that I think
22 would be unfortunate.

1 DR. WILKINSON: Gary, do you have a quick
2 question?

3 DR. CHRISTENSEN: No. No questions, thank
4 you.

5 DR. WILKINSON: Then we will excuse you, Dr.
6 Beck. We appreciate, once again --

7 MS. SEYMOUR: Thank you.

8 DR. WILKINSON: -- your great explanations and
9 the data.

10 If I could invite the panelists who appear on
11 the agenda next, we have a very distinguished group
12 coming to the table: Dr. Mary Livers, who's the
13 secretary of the Louisiana Office of Juvenile Justice
14 and President-elect of the American Correctional
15 Association. We have Prof. Kim Shayo Buchanan from the
16 University of California, Gould School of Law. Thank
17 you for being here as well. And, the distinguished
18 Professor Brenda Smith, who is at the American
19 University, Washington College of Law, and also has the
20 distinguished title of being one of the PREA
21 commissioners when the law was first passed.

22 So thank the three of you for being here. I

1 must swear you in at this point.

2 Whereupon,

3 MARY L. LIVERS, KIM S. BUCHANAN and

4 BRENDA V. SMITH

5 were called as witnesses, and, having first been
6 duly sworn, were examined and testified as follows:

7 DR. WILKINSON: Thank you. The way we'll do
8 this is we will await for all of you to give your
9 testimonies, and then we will follow-up with questions
10 and have conversation with you. So, Dr. Livers, if you
11 want to start out?

12 STATEMENT OF DR. LIVERS

13 DR. LIVERS: Thank you, Mr. Chairman and
14 members of the Panel. It's good to be here today.
15 Thank you for inviting me and thank you for your time
16 and energy that you give to this very important issue.
17 I did get invited here to provide testimony, but not as
18 the President-elect of ACA. So I'll need to give
19 myself a disclaimer and say they may not agree with
20 everything that I have to say. So the written
21 testimony that you have, if you'd like, I can read it
22 to you, or I can just kind of hit the key points.

1 DR. WILKINSON: You can be extemporaneous, if
2 you want.

3 DR. LIVERS: Okay. That would be great. I
4 would like to try to hit some of the key points that I
5 provided to you in my written testimony, and I
6 appreciate Dr. Beck's presentation. I have known Dr.
7 Beck and worked with him over the last many years on
8 this topic, and I find him to be extremely talented,
9 professional, and I totally respect the work that he's
10 done. It hasn't always been as easy as it is now, Dr.
11 Beck. But I think he has done a wonderful job in a
12 difficult area, and it's been very difficult work but
13 important work.

14 I think I need to focus in on the, I guess,
15 very revealing statistic that nine-point-five percent
16 of the youth have reported a sexual incident
17 victimization over a twelve-month period. And of that
18 nine-point-five percent, seven-point-seven percent of
19 that was due to staff involvement. And then if you go
20 a little bit deeper than that, then it's eighty-nine
21 percent of the staff involvement is female staff with
22 young boys. I think for me that is a critical issue.

1 I think it should be a critical issue for all of us who
2 were presented with this data. And once we are
3 presented with the data, it is our responsibility to
4 find ways to improve this.

5 We can't ignore it. We can't wish it away.
6 We've got to be bold. We have to look at now. We have
7 to decide what interventions and what strategies we can
8 come up with that's going to make a difference in that
9 without trampling on the equal right to employment that
10 women have to be in these jobs and to be able to be
11 promoted within the system. It's taken the field a
12 long time for women to reach a point where we are
13 considered for equal employment opportunities. So we
14 have to deal with this issue effectively, and, again,
15 without going backwards on how we've included women in
16 this very important work that we do in the field of
17 corrections, both adult and juvenile.

18 Just in my state, Louisiana Office of Juvenile
19 Justice, we have about sixty percent female staff to
20 about forty percent. I rounded it up a little bit.
21 And I don't think this ratio is an anomaly. I think
22 we'll find that this is the case in many state systems

1 and juvenile in particular. I think the reason why we
2 have a higher percentage females in the workforce than
3 males varies, but I think it has something to do with
4 the economy. I think it has something to do with
5 whether a facility is in an urban area or a rural area.

6 But where we find more female staff, a higher
7 percentage of female staff in facilities than male
8 staff, what we find is that women tend to be more
9 available for the jobs that we're offering. They tend
10 to be more eligible for the jobs that we're offering,
11 and they seem to be more willing to accept the lower
12 paying salaries that are entry-level positions, that
13 are line positions, that are direct-care staff
14 positions. And I think once females get to the job,
15 that they have some challenges that their male
16 counterparts don't necessarily have in the fulfillment
17 of their duties. For instance, most of our youth that
18 are in secure facilities come from one family, single
19 household -- single parent household is what I'm trying
20 to say -- mostly the mothers.

21 And so you've come into our system relating to
22 a woman as head of the household. They relate to our

1 female staff as mothers, as sisters, as friends. And
2 so women staff are more challenged, I think, to find
3 that right balance of being effective, but being
4 approachable, being compassionate, but also setting
5 that tone that they're there to perform a job, that
6 they're there to provide structure and order. They're
7 there to protect their physical and emotional and their
8 sexual safety.

9 Now we're asking line staff to come in and be
10 change agents, and it's been a big shift in juvenile
11 justice over the last many years -- rightly so.
12 Juvenile justice has gone from a correctional model,
13 which has been basically keep your distance, observe,
14 watch, report. That's the correctional model. The
15 treatment model, which most juvenile agencies are
16 trying to shift the culture from a correctional model
17 to a change model, is more engaging. It's more
18 relationship oriented. So in some ways, we almost give
19 mixed messages. I don't think we've done a good job of
20 really explaining that connection is important, that
21 relationship is important to help kids change.
22 However, you have a big responsibility to keep those

1 professional lines drawn and to not cross over into the
2 unprofessional conduct. And I think there are some
3 things at work that make that extremely difficult for
4 our female staff.

5 One of the things that I think happens is who
6 comes into direct-care staff jobs. Those are entry
7 level positions. The people that apply for those jobs
8 are usually eighteen-years-old to thirty-years-old,
9 somewhere in that range. In fact, in Louisiana,
10 sixty-three percent of our staff are under the age of
11 thirty that are in our direct-care jobs. So when you
12 think about having juveniles incarcerated that look
13 like they're thirty or twenty-five, maybe close to
14 twenty-one, and some of the kids that are even sixteen
15 look a lot older, as Chairman Wilkinson was talking
16 about.

17 And then there's not that big a gap between
18 the people that are attracted to and are willing to
19 accept the line-level job and the people that they will
20 be supervising. So they have a lot of things that are
21 in common. They listen to the same music. They are
22 attracted to the same kinds of interests. They may

1 come from the same neighborhoods as some of the youth
2 that we have. They may know some of the same families,
3 particularly in the urban areas. They may have some of
4 the same friends. More importantly, they may have some
5 of the same life experiences. So we know that our kids
6 come in with a lot of trauma, and I'm pretty convinced
7 that a lot of our staff come in with a lot of trauma.
8 And so when you add all these relatability factors
9 together, you may end up looking at a very high risk
10 for, I guess, inappropriate relationships or going
11 beyond the pale of a helping relationship, and then it
12 leads to disaster.

13 So I think there's some other societal things
14 that go on. I think there's sort of a conflict between
15 what we see in everyday life in society and what we see
16 in our workplace. If you turn the TV on today, you
17 will see anything and everything in terms of sexual
18 content. It's really gone, in my view, my personal
19 view, over the top, over the edge. You can't even go
20 to a regular movie without seeing -- without hearing
21 foul language that's unnecessary. And I'm not getting
22 on that bandwagon, but I guess what I'm trying to say

1 is we have two different sets of rules. In greater
2 society, all this is acceptable. It's cute; it's
3 funny. You know, it's what people do. But when they
4 walk through the doors of our facilities or they walk
5 through a workplace quarter, that has to be
6 compartmentalized. That has to be left at the gate.
7 That has to be left at the door.

8 Professionals, high functioning professionals
9 get that. They understand that; they can manage that.
10 They can negotiate that. They know there's zero
11 tolerance for that kind of language. They know there's
12 no tolerance for sexualization in the workplace. Some
13 staff that aren't as high functioning are not going to
14 be able to negotiate that, and they're not going to be
15 able to discern when is that cute and when is that not
16 acceptable. Now it's our job as administrators in
17 leadership to define that culture.

18 When you come through the door, that stops.
19 It's still very challenging, and so I just put it out
20 there as something to be thought about and talked
21 about. We in Louisiana have looked at this for a
22 while, and we're trying to -- we're trying to come up

1 with some things. I mean we can't just sit and not do
2 something. So we've been trying to look at what are we
3 doing about selecting the right people. I know that's
4 not the entire answer, but it starts with are we
5 getting the right kind of people in the door. So we
6 are looking at a pre-employment screening tool that
7 will help us assess the likelihood that sexual
8 boundaries will be -- what's the word I'm looking for?

9 MS. BUCHANAN: Crossed?

10 DR. LIVERS: Crossed. Thank you. That was
11 hard.

12 (Laughter.)

13 DR. LIVERS: I just had a big birthday. It's
14 showing. And so I think that, you know, there may be a
15 tool out there. We have identified one, and we're
16 thinking seriously about implementing this spring.
17 There's been a couple of states that have tried it, are
18 using it, and we're watching to see what their results
19 are. But we also want to look at that.

20 We have made an intentional decision in our
21 hiring practice to give preference to people with
22 degrees. And so we have experienced an increase in a

1 number of people that have degrees coming in the door,
2 and we hope that that's going to more closely match the
3 skill sets that one would learn as the result of going
4 through a four-year degree program -- hopefully, are
5 close to some skill levels and some critical thinking
6 that you have to have, or at least we hope that they
7 have to have, to get a degree. And so we hope that
8 that will better match what we're asking people to do
9 once they come in the door.

10 Along with that, we actually raised the entry
11 level salary, just slightly, and in so doing we
12 actually have attracted a few more male candidates.
13 And so we have a few more males that are interested,
14 particularly, in the New Orleans area. Finding the
15 right people, screening them out, paying them a little
16 more, trying to keep them; there's other things we need
17 to do too. Just because you have a college degree
18 doesn't mean that you might not have had some of the
19 trauma experiences that everybody might have gone
20 through. So we have to find ways to support people
21 once we get them on the job, and so we're looking at
22 some things like having coaches, having an OJT coach.

1 That's outside of their chain of command,
2 because when you get into chain of command, it gets
3 complicated in terms of what people feel they can trust
4 their supervisor with and, you know, a supervisor has
5 power over them to assign them to certain places or put
6 them on different days off, and so on and so forth. So
7 we wanted to provide them something outside of the
8 chain of command that is coaching and supportive of
9 people that if they make a mistake or if they're
10 getting on a slippery slope, they can go talk to
11 somebody and say I think I might have stepped over a
12 line. Help me get back where I need to be.

13 So we're working on some of that. We've
14 redone our training. We've done some things that are
15 scenario based, and the feedback from our staff has
16 been very good. And I see the Chairman looking at his
17 watch, so --

18 DR. WILKINSON: Oh, no. No. I will always
19 look at my watch.

20 DR. LIVERS: We also know that leadership is
21 critical to setting the tone and the culture, as Dr.
22 Christensen mentioned earlier. We have spent a lot of

1 time with the help of grants, quite frankly, to provide
2 our staff, our leaders, with the focus on their role as
3 leaders to have a system that has high integrity, that
4 is open, that is inviting, for we have problems, let's
5 fix them. So we've done a lot of leadership training
6 with the help of some BJS grants.

7 We've also entered into some higher level
8 leadership training with some of our colleagues in the
9 room here with five other states. We've had five other
10 states come together as leadership teams to share best
11 practices, focus on the issues, exchange ideas,
12 exchange work product, and that has been very, very
13 helpful.

14 I know that -- I don't want to take
15 everybody's time up, so I think I'll just stop here.
16 And our other panelists are anxious to give their
17 testimony, and I welcome any questions that you have at
18 the end.

19 DR. WILKINSON: Thanks, Dr. Livers.

20 Professor -- would you prefer Shayo or
21 Buchanan?

22 PROF. BUCHANAN: Buchanan is fine.

1 DR. WILKINSON: Okay.

2 STATEMENT OF KIM BUCHANAN

3 PROF. BUCHANAN: Thank you all so much for
4 inviting me. I'm honored to be on the Panel with
5 Brenda and Mary. They're so distinguished. And I
6 really want to thank Allen Beck for the research he's
7 been doing that there was never any evidence before his
8 surveys, and it is really, really useful to have
9 evidence that can help to shape our policy instead of
10 having to just try to guess at what we think might be
11 happening. And, as you know in my written testimony, I
12 was saying that one of the most important things we
13 need here is additional, qualitative research. It's
14 surprising. It surprised me and most people I've
15 discussed it with.

16 People are really surprised to hear that
17 ninety-five percent of the staff who have sex with
18 incarcerated youth are reportedly female. People find
19 it really hard to get their heads around that. It's
20 surprisingly high. And I don't think that our cultural
21 intuitions can really give us the answer. I think we
22 really do need social science, that qualitative social

1 science evidence where social scientists can actually
2 go in and talk to the youth, not only asking them to
3 click off on a survey, but to ask them open-ended
4 questions where the youth can explain what they think
5 is going on, because I think that that would be quite
6 useful in trying to design policies.

7 Obviously, the more we understand the problem,
8 the better we can design policies to address it. My
9 testimony tries to draw attention to gender
10 stereotypes, that I think in the absence of that kind
11 of evidence, there's a danger that if we don't examine
12 these stereotypes, then there's a temptation for
13 everybody to think that sexual abuse might be more
14 tolerable when the victim is male and the perpetrator
15 is female than the other way around. And that's
16 because I think for all of us -- at least for
17 me -- it's hard to get my mind around the notion of
18 female perpetration and male vulnerabilities, I think,
19 also quite difficult to reconcile, especially with the
20 stereotypes of criminalized male youth who are
21 disproportionately black.

22 So one thing that I'll ask you to keep in mind

1 during my testimony is maybe making an analogy about
2 how we think of sex between high school teachers and
3 students. We know, of course, it's banned regardless
4 of the gender of teacher and student. When the high
5 school teacher is male and the student is female, if
6 they have sex, we don't really think that if he had
7 romantic feelings that somehow excuses his behavior.
8 And, generally, we don't ask whether she enjoyed the
9 sex or whether she wanted it or invited it.

10 Most of us would say it's inappropriate for us
11 to ask questions about how sexually mature she appeared
12 to be or how big her breasts were, probably because we
13 take for granted that the age difference and the power
14 difference -- even if he's in his twenties and she's in
15 her teens -- that the power difference in that
16 situation means that whatever romantic or sexual
17 feelings he might have or she might have, it's
18 appropriate to just ban them from acting on it, to
19 prohibit him from acting on it and to hold him
20 accountable if he chooses to act on it. And we think,
21 or at least I think and I hope that you also think,
22 it's appropriate for him to lose his job if he has sex

1 with a student, and that prosecution is often
2 appropriate.

3 The power differential with incarcerated youth
4 is even greater. It's considerably greater. They
5 can't get away. The staffers are authorized to use
6 force against them, and these are kids who are more
7 vulnerable than the average high school student. They
8 have -- of course, they're more likely than the average
9 high school student to have experienced
10 trauma -- physical, sexual, homelessness. They're
11 vulnerable in a whole lot of ways. The youth that
12 staffers are having sex with are more likely than other
13 incarcerated youth to have history of sexual
14 victimization. They've been previously sexually
15 abused, which means the staffers having sex with the
16 youth are having sex with a subset of incarcerated
17 youth who are the most vulnerable.

18 In those circumstances, I think we need to
19 rethink assumptions that the physical size of the youth
20 or their mature appearance means that they should be
21 understood as threatening and not vulnerable. I mean
22 of course it is not impossible that youth could, a male

1 or female youth could seduce a staff member into doing
2 their bidding, but I don't think that we should presume
3 that that is the normal state of affairs. And I also
4 don't think that the size of the youth or the mature
5 appearance or development of the youth is really an
6 excusing factor, when we know that inwardly someone
7 could be large and muscular and have very low self
8 esteem because they've been sexually abused since they
9 were a young child. And so if they're having sex with
10 female staff, I don't think that we should assume,
11 either that he's the perpetrator and she's the victim
12 or that it's benign and they're just having a
13 relationship.

14 That's not to say that sometimes the
15 relationship might be subjectively desired by the
16 youth. But like the high school teacher and the
17 student, I don't think the fact that the youth might
18 subjectively want it is a reason not to take prevention
19 seriously. And, of course, since you invited me to
20 talk here, you know what I think. I hope that you're
21 open to seeing it that way as well. So I want to talk
22 a little bit about the ways in which Allen's findings

1 suggest staff-inmate sex may really not be -- that most
2 of it doesn't look very romantic, much less
3 subjectively wanted by the youth.

4 So about thirty-six percent of the youth who
5 said they'd had sex with staff say that there was no
6 overt -- sorry. About sixty-three percent say there
7 was no overt coercion, but thirty-six percent of the
8 sexually victimized youth say that the staff
9 perpetrator did use force, threats, or coercion. So
10 this is not a rare occurrence. And since we know that
11 ninety-five percent of the staffers who have sex with
12 youth are women, it means that women are using force,
13 threats, or coercion to get sex from incarcerated male
14 youth. This is something that we can't take lightly.

15 And as Ms. Seymour pointed out before, the
16 fact that no overt force, threats, or coercion were
17 used in the process, as Mr. Beck has pointed out, the
18 absence of force, threats, or coercion doesn't
19 necessarily mean that the sex was subjectively wanted
20 by the youth, especially when you're talking about
21 youth who have this history of trauma and who may
22 submit to sex that they don't really want, and be

1 harmed by submitting to the sex that they don't really
2 want, without the perpetrator having to use any force,
3 threats, or coercion.

4 The boys and young men who have sex with women
5 staff are also unusually vulnerable young people. They
6 also, of course, can't escape staffers who try to force
7 them into sex. And this reality just defies
8 conventional stereotypes about how we expect men and
9 women to act. It deserves investigation, which is part
10 of the reason that I'd like to find out what you think
11 is going on. But we certainly, I think, need to guard
12 against an assumption that young men who've passed
13 puberty are always interested in sex with any adult
14 woman who will have them.

15 I'd like to move on to my policy
16 recommendations. I also recommended qualitative
17 investigation. And the question came back to me from
18 the Panel about what research was available on female
19 perpetrated sexual abuse and institutions. There's not
20 much research, and I provided a brief and not
21 comprehensive overview for you. But I'm also thinking
22 about policy solutions and some of the environments in

1 which there's been a concerted effort to try to prevent
2 sexual abuse in institutional settings or in settings
3 of institutionalized power difference.

4 And I think two of the most relevant settings
5 for this might be school boards and psychology,
6 medicine and psychology. And I'll just talk a little
7 bit about why I think it would be worth looking at
8 their policies. Because I think, of course, some
9 school boards are effective in preventing sex between
10 staff, and between teachers and students, and some of
11 them are not.

12 So we'd need to first of all, of course, find
13 out what policies work in the school setting, but
14 obviously, just as in juvenile facilities and prisons
15 and jails, there are ones that are administered well,
16 and there are ones that are administered poorly. But
17 in the ones that are effective -- and I'm sure there is
18 research on what kinds of interventions are effective
19 in preventing sex between teachers and students -- I
20 think those will provide examples of ways to prevent
21 sexual abuse, to educate both students and teachers
22 that even if they have sexual or romantic feelings

1 toward each other, not to act upon them, to detect it,
2 to punish the perpetrators, to treat the victims, and
3 to create a culture in which teachers who learned that
4 another teacher was having sex with a student would be
5 aghast and would report it, as opposed to this being
6 taken as a normal part of school life.

7 And I think that there are school boards that
8 have institutionalized policies like this, and I think
9 that would be one good place to look. But the power
10 differential between incarcerated youth and staffers is
11 considerably steeper than between a high school teacher
12 and a student. You know, obviously, high school
13 students at least they get to go home at night. The
14 average kid has a better family to go home to than the
15 average incarcerated kid would have, even if they were
16 able to go home to their family at night. They can't
17 go home to their family at night, and they're
18 stigmatized as criminals.

19 So they are even more concerned than an
20 average victim of sexual abuse that if they were
21 reported, they won't be believed. So all of these
22 factors structure their vulnerability so that if we are

1 skeptical of arguments from consent or arguments from
2 the maturity of the student, when we're talking about
3 sex between a teacher and a student, we should be
4 actually skeptical of such arguments in the context of
5 incarceration.

6 And that brings me to psychiatry and
7 psychology. In both of these fields, so in psychology
8 and in medicine, doctors are not supposed to have sex
9 with their patients. But when it comes to
10 psychiatrists, they aren't allowed to have sex with
11 their patients, ever, even after their patients leave
12 their care. And this is because, of course, they are
13 trained from the beginning of their education that one
14 of the things they should expect in clinical practice
15 is transference, that patients may develop romantic
16 feelings for them. And they -- the therapist or
17 psychologist or psychiatrist -- may develop romantic
18 feelings for the patient because they're sharing
19 emotions together.

20 They are alerted to this, and they are also
21 alerted to the fact that it would be abusive to act on
22 those feelings. And they try to create a strong

1 professional culture of not acting on the feelings,
2 despite the fact, and preparing them to defend against
3 the temptation to act on those feelings. It's also
4 punished quite harshly when they deviate from that
5 norm. So a psychiatrist who sleeps with a patient will
6 lose their license. But especially when, as Ms. Livers
7 has pointed out, juvenile facilities are trying to move
8 toward a treatment model.

9 That puts the keepers in a position where
10 they're at the same time punishing the youth and
11 keeping them incarcerated, and at the same time,
12 they're supposed to be helping them and providing
13 psychological and emotional support to kids who we know
14 are very, very vulnerable. And I think this is part of
15 the reason and this is one of the reasons that I think
16 the analogy to the provision of mental health services
17 would be appropriate, and looking at professional
18 discipline policies to prevent and education policies
19 to prevent the abuse in the first place, so that
20 practitioners, or most of them, would be horrified at
21 the thought of having sex with a patient because it is
22 so wrong. Obviously, we would like correctional staff

1 to feel the same way and to create a culture in which
2 their colleagues also think it is so wrong that they
3 could never allow this to happen and not report it.

4 So those would be my -- I don't want to take
5 up too much time, because I know Prof. Smith also has a
6 lot to share with the Panel.

7 DR. WILKINSON: Thank you so much.

8 PROF. SMITH: I have to wait a little bit for
9 technology.

10 (Laughter.)

11 STATEMENT OF BRENDA V. SMITH

12 PROF. SMITH: So, good morning, everybody.
13 And I guess what I want to do first is I want to start
14 by thanking you for inviting me to testify. And then I
15 just want to sort of give a little shout out to someone
16 who's been very helpful, and that would be Chris
17 Zubowicz. I pronounced it correctly. Right? Did I
18 pronounce it correctly?

19 MR. ZUBOWICZ: Hmm-hmm.

20 PROF. SMITH: He's done a great job in
21 organizing this, and I know that he had lots of help.
22 But just that initial contact with us has been

1 wonderful, and you can get a little anxious about
2 testifying. And it was like no drama, which is
3 wonderful.

4 (Laughter.)

5 PROF. SMITH: Okay. So thank you for bringing
6 the no drama. And I love sort of being in this last
7 position because it was wonderful to hear from Dr.
8 Livers and from Prof. Buchanan, both of whom I know in
9 sort of different contexts. And a couple of things
10 came to mind as I was listening to their testimonies.
11 And one, which I actually plan to talk about in my
12 testimony anyway, but I sort of think I'll collect them
13 at the beginning and talk about them in sort of three
14 different stories about the complexity of this issue.
15 And I'm going to do them in reverse order, okay, in
16 terms of when they happened.

17 One, Mary -- and I'm just going to call you
18 Mary, right. So one was this whole notion about kids
19 and staff sort of listening to the same music. You
20 know, I have an adolescent at home, and I'm shocked at
21 some of the stuff I hear, but you have to listen to it,
22 or otherwise you don't know what's going on. You know,

1 you've got to be in the game. So, anyway, one of the
2 things that I -- you have to keep up with popular
3 culture -- and so one of the things I was thinking
4 about was this whole story about Chris Brown, right,
5 who just recently appeared in court and who talked
6 about his first sexual experience being at what age.
7 Does anybody know? Eight-years-old with an older girl,
8 and then it generated this whole conversation from all
9 of these other musicians about, "Oh, yeah, I had sex
10 when I was eleven. I had sex when I was thirteen," and
11 so on and so forth. And because I've done a lot of
12 work in this area, I've written a lot about this.

13 I actually a long time ago asked -- and I
14 don't want any men in the room to share that
15 information. I'm not asking for any self-disclosure.
16 But I've asked some men that I know about sort of their
17 first introduction to sex. And while we're very
18 concerned about that with girls, we'd never ask that
19 situation about boys, because we're less concerned
20 about it, right? And I was shocked at the ages when I
21 talked to my male friends who would share that
22 information about when their first sexual experience

1 was. And, invariably, it was with someone who was much
2 older than them. And in the state that they were in,
3 it was probably a felony. I'm just saying.

4 The second story that came, and again, you
5 think about it. You don't have to share it. The
6 second is a presentation that I did at the Association
7 of Women in Corrections in Little Rock, maybe two years
8 ago, and I was presenting this article that I had done.
9 And Kim and I were at the same conference. Her
10 "Engendering Rape" article she wrote for that
11 symposium, and I wrote an article called Uncomfortable
12 Places, Close Spaces: Female Correctional Workers and
13 Their Sexual Interactions with Men and Boys in Custody.
14 Law professors, it's got to be a long article,
15 subtitled.

16 So, anyway, I presented that article to a
17 bunch of female correctional workers, and it was just
18 amazing, sort of the feedback and the response, because
19 they were very, very surprised. But then when I
20 started talking about the data and the information,
21 everybody started saying, "Well, I know someone." It
22 was never them, right, but it was like, "Yes, I know

1 someone who has been engaged in these relationships."
2 And it engendered lots of conversation after the
3 workshop with women, female staff coming up to me and
4 talking about it. And they were often talking about
5 cases that never, ever, left the agency. People just
6 quietly left. They were either terminated or they
7 resigned, and nobody knew it. But these people were
8 also free to go and get another job someplace else. So
9 that's the second story.

10 In the third, because I appreciate Allen for
11 sort of starting this conversation by testifying, is at
12 a meeting many, many years ago when Allen presented the
13 first round of information about abuse of youth in
14 custody when the numbers were twelve-and-one-half
15 percent, I think. And it was sort of when that first
16 information came out, and I remember we were sitting in
17 a room. And when Allen, Dr. Beck, presented the data,
18 there was a woman in the room who just expressed shock
19 and disbelief. Like, "Why would they report that? I
20 mean, why is that a problem?" And Dr. Beck said,
21 "Yeah, but it's illegal."

22 And that's also one of the things that we also

1 need to be aware of, regardless of what we think about
2 it. And I think that Prof. Buchanan has done a
3 wonderful job in sort of laying the foundation in terms
4 of talking about how we look at youth who are in the
5 justice system and forget that they are kids, no matter
6 how big they are, you know. I don't know, you've
7 probably heard "Body by Fisher, Mind by Mattel."
8 Right? I mean no matter how big they are, you know,
9 they're still not operating with the same type of
10 judgment and experience that we have. And what we know
11 in terms of sort of the decision-making pieces of our
12 head -- and it develops, unfortunately, much slower for
13 men that it does for women -- is that really you get
14 all of that by the time you're twenty-five or
15 twenty-six.

16 So those are the three stories that I wanted
17 to talk about. So, in terms of my testimony, I think
18 that my prepared remarks are going to be in the record,
19 and Dr. Wilkinson has talked a lot about my bona fides.
20 And I think it's just fair to say that in addition to
21 having served on the commission, I'm also a former
22 litigator, having litigated cases of abuse of

1 individuals in custody. I've done expert work. I've
2 wrote on these issues and have spent probably about
3 twenty years, at least, providing training and
4 technical assistance to states, agencies, and federal
5 government organizations.

6 I'm going to spend the time that I have left
7 to talk about what I think are some of the critical
8 points in my testimony on this issue of female staff
9 abuse of men and boys in custody. I think I'm going to
10 talk about boys primarily, but some of this also
11 relates to the issues of men in custody as well. And
12 although I was only asked to address the issue of boys,
13 as I said, I think this is relevant to men in custody.

14 I think that one of the things that we have
15 known, and it started out with a collection of the data
16 for men, we have always known that female staff have
17 been more involved in these incidents, have had greater
18 involvement relative to their representation in the
19 correctional workforce. I recall those early days of
20 BJS trying to figure out what to call it, right? And I
21 remember those first surveys. It was "romantic,"
22 "willing," "appeared to be willing," "non-coerced."

1 And so it indicates that we've had a struggle in trying
2 to wrap our head around what to call these
3 interactions.

4 And finally, I want to say before I get going
5 is that though the subject of this hearing is about
6 youth, adjudicated youth in juvenile facilities, I also
7 think that we need to do a look also at youthful
8 inmates. Because what happens is they are sort of
9 betwixt and in-between. You know, they are not
10 juveniles for all purposes, right? I mean even though
11 they may be in adult facilities in some jurisdictions,
12 they can't consent to medical treatment. They can't
13 consent to participate in a survey, or so forth. But
14 they're also in these adult settings, and I think that
15 there are gaps in terms of our understanding about
16 what's happening with them.

17 For example, in a recently filed piece of
18 litigation in Michigan, challenging conditions that are
19 alleged to have created a pattern and practice of
20 sexual abuse of youth in adult facilities, data from
21 the state show that between 2010 and 2013 forty-eight
22 percent of youth in the Thumb Correctional Center spent

1 some time in segregation, compared to twenty percent of
2 the adult population. I mean that's really startling.
3 They spent an average of thirty-six days compared to
4 twenty-two for adults. So I don't know what they were
5 in segregation for, but that's certainly something that
6 we need to be looking at.

7 So I also want to say that one of the things
8 that's great about being here now talking is that we
9 have the standards. And the standards have made some
10 real efforts and inroads, I think, around prevention.
11 And, you know, initially it was about -- the title of
12 the Act was the Prison Rape Reduction Act, right? And
13 then we went back and changed it to elimination. I
14 think we spend a lot of time thinking about
15 sanctioning, but I want to at least start my
16 conversation talking about prevention. Because the
17 fact is that it's much easier to prevent than to
18 remedy.

19 DR. WILKINSON: You have about five more
20 minutes, if that's okay.

21 PROF. SMITH: Okay. Right. So, Reggie, did
22 you call anybody else? Okay.

1 (Laughter.)

2 PROF. SMITH: So, anyway, first --

3 DR. WILKINSON: I'm looking at my watch.

4 PROF. SMITH: Okay, great. So first I want to
5 talk about prevention. First is, one, the limitation
6 on cross-gender searches, except in exigent
7 circumstances. This was a great standard because it
8 follows the weight of law nationally on searches of
9 youth. And again, I'd note that this limitation does
10 not apply to youthful inmates.

11 Second, again in terms of prevention,
12 background checks for hiring and promotion of staff and
13 repeat over a five-year cycle, though I know that many
14 states go further and have a continuing obligation to
15 report on staff. I know that this is a very difficult
16 area, but I also think that there are ways that you can
17 get that information. For example, one of the things
18 that I regularly do when I go into training is I Google
19 the people who are going to be in the training, and
20 it's amazing what you can find on Google and Westlaw.

21 I also want to talk about sanctions. I've
22 already talked to you about the fact that a lot of

1 these incidents don't result in prosecution.
2 Termination, resignation is fine, and I think because
3 of human resources issues, many times that's the
4 preferred sort of sanction. But it's very important to
5 pursue criminal prosecution, to report people to
6 licensing agencies. Otherwise, when they come to you,
7 you have no idea about what their history is, and
8 you're bringing in a risk.

9 Finally, I think that we have to do training
10 for staff and youth, right? Training is a really
11 important measure that can do prevention. And I think,
12 finally, the other thing that I want to talk
13 about -- and hopefully I'll get a chance to talk about
14 it in the Qs and As -- is in all of these conversations
15 that we have, we don't talk about services for the
16 youth who are victims.

17 PROF. BUCHANAN: Thank you.

18 PROF. SMITH: Okay. Who have been victimized,
19 and there is a real scarcity of services out there
20 around victimization of boys and men. And so I welcome
21 the opportunity to speak more about this in the Q and A
22 period.

1 DR. WILKINSON: Thank you, Prof. Smith. I
2 know you could probably talk for another three hours
3 about all this given your history with this and a very
4 distinguished one. And we certainly appreciate your
5 institutional memory of PREA and all that you've
6 contributed to it. But let's start some of the
7 questions, and maybe let me start out with Dr. Livers.

8 Dr. Livers, I had the chance to attend the
9 training session you had in your great state along with
10 four of your neighboring states on this topic with
11 juvenile directors and several of their staff. Can you
12 talk about some of the outcomes, you know, of that
13 session? What did you learn from that? Do you feel it
14 was something that was helpful to the attending states
15 and their leadership and whatever? So can you just
16 tell us a little bit about what you felt good about in
17 terms of when that multi-day session was over?

18 DR. LIVERS: Yeah. Thank you. I think it's
19 been very helpful. It's a series of -- we've been able
20 to get funded for a series of summits, so we had our
21 first summit last year. And we had a follow-up summit
22 this year, and we were funded for one more summit, but

1 to bring in the top leaders of all five neighboring
2 states to come in and focus on what are the
3 organizations doing with regard to leadership and
4 culture, what we're doing to help change the culture,
5 because that's the sustainable piece of all this. And
6 some of the benefits have been -- I mean we've
7 benefitted just in a very concrete way. We've
8 developed a training session based on some material we
9 got from Kentucky, and it's scenario based, and it's
10 been very effective. So we've exchanged a kind of work
11 product. I was talking to one of my colleagues from
12 Kentucky that I saw here at breakfast this morning, and
13 he mentioned to me that it's really been helpful in
14 knowing that other states are in the same boat.
15 Everybody's trying to figure this out, and everybody is
16 able to exchange ideas and keep it focused and on the
17 front burner. After the meeting, our staffs -- I
18 notice our staffs are getting together, and Georgia has
19 provided some information. Kentucky, you know, they
20 want some information from Louisiana, and Louisiana
21 wants something from Georgia. So it's really been a
22 great cross-fertilization of ideas, and it has caused

1 all of our states to be very focused on what can we do.
2 What are the best ideas and how can we sustain what
3 we're trying to do?

4 DR. WILKINSON: Most juvenile agencies have
5 experienced not just a minor, but a significant
6 reduction in institutional populations. Where are
7 those youth going? Are they going to just local
8 lock-ups, or are they in community alternatives?
9 What's happening that makes it better than being in a
10 state training school?

11 DR. LIVERS: Well I think most of the states
12 that are going toward reducing the number of youth that
13 are incarcerated recognize that only the youth that are
14 the highest risk to public safety, that have a high
15 risk for future violence or a high risk for future
16 delinquency, should ever get to that level of care.
17 And it's the most expensive level of care. It's the
18 most intensive level of care. And so if you put low
19 risk people into that setting, you actually make it
20 worse.

21 So I think the juvenile field is getting
22 better at recognizing the importance of risk

1 instruments and working with the judiciary and other
2 stakeholders, community partners, community folks, to
3 make sure that we try to keep kids at home and safe, to
4 keep kids at home, give them the appropriate treatment,
5 and make effective intervention. So I think the field
6 of juvenile justice is, for the most part across the
7 country, is moving in that direction. And the result
8 is that we have fewer kids in these facilities, which
9 is the best-practice model.

10 DR. WILKINSON: Prof. Buchanan, you had some
11 great terminologies that I picked up from you. So
12 thank you for that: power difference, female
13 perpetration, and the list goes on in your analogy with
14 the psychologist losing his or her license because of
15 having improper relations with clients.

16 One of the things that Dr. Livers mentioned
17 was that they are increasing the education level
18 requirements for that. Presently, there's a big gap
19 between a psychologist and probably a juvenile
20 correction officer. So is that something will be at
21 least part of the answer, is to have a better educated
22 work force? Or what do you think?

1 PROF. BUCHANAN: Well, I certainly defer to
2 Dr. Livers' experience as a correctional administrator.
3 If she finds that people with university degrees are
4 more effective correctional officers, then I think
5 she's probably the best one to judge that. But I don't
6 think the idea that -- the concept that even if an
7 incarcerated youth is attracted to you, even if you are
8 attracted to the incarcerated youth, and it's mutual,
9 don't act on it. If you do, you'll get fired. Not
10 only that, you'll get charged.

11 I don't think that's too difficult for the
12 average high school graduate to understand. And I
13 think that with appropriate professional education, it
14 takes seriously establishing a norm, a strong
15 professional norm and professional identity amongst the
16 correctional officers, I would think. And I guess Dr.
17 Livers would know how to do it, but I don't think that
18 this is something that's so complex you'd need a
19 university degree to understand it.

20 We've talked about two ways in which that sex
21 is a crime. One, it's a crime for staffers to have sex
22 with inmates; another is that it's often statutory

1 rape. But, a third one that just came to mind during
2 the discussion is mandatory reporting laws. I don't
3 know whether correctional officers are or are not
4 mandatory reporters of child sexual abuse, but that
5 might be a really good intervention to help establish
6 that norm. Because that way the other staffers, the
7 ones who don't sexually abuse you, that know that it's
8 wrong, there'd be something to undermine a code of
9 silence if they actually have not only a professional
10 but a legal obligation to take this seriously and
11 report it to child protective services. I think that
12 that might be actually another very positive
13 intervention and, again, when it's not too complicated
14 for a high school education to understand.

15 DR. WILKINSON: Yeah. Prof. Smith, you talked
16 about prosecution of these cases. I think everybody in
17 this room totally agrees. And sometimes, it's not that
18 easy for a corrections agency to pull that off.
19 Especially in adult correctional institutions, where a
20 person is already doing a life sentence, the prosecutor
21 doesn't want to waste his resources or her resources
22 in, you know, doing that.

1 It may be a little bit different, because
2 you're talking about staff, and, but before that
3 happens, you have to get law enforcement to
4 investigate. We can't charge a person in correctional
5 institutions. So law enforcement has got to take a
6 case to the prosecution or to the D.A.'s office or the
7 prosecutor's office. And then the prosecutor's office
8 has to agree to take the cases.

9 I know sometimes institutions spend a lot of
10 time with prosecutors, associations, and their local
11 county prosecutor's office to do that, but sometimes
12 from experience it's not that easy to do that. So
13 beyond just firing a person and saying you can no
14 longer work for this agency or state government, what
15 else can we do? How do we convince those people to do
16 this?

17 PROF. SMITH: So I think there are a couple of
18 things. I think it is Prof. Buchanan talked about
19 really enforcing the norms of our own mandatory
20 reporting. You know, there's a great resource that the
21 National Institute of Corrections has, which is a
22 fifty-state survey of mandatory reporting laws as they

1 apply to correctional authorities and specifically
2 looking at it as a tool for addressing sexual abuse.

3 On the prosecution piece, one of the things
4 that I think is important to do is to bring prosecutors
5 into the conversation and let them know that this is a
6 public safety issue. In some work that the PRC is
7 doing -- and I see Jenni Trovillion here -- we worked
8 with Equitas. They worked with Equitas, which actually
9 does training of prosecutors, and they have a
10 curriculum specifically around sort of investigating
11 and prosecuting these kinds of cases.

12 The other thing that's also important is to
13 bring them into the mix. The standards actually
14 require you to try to get MOUs with prosecutors. That
15 begins that relationship. Bring them into training.
16 Have them do the training. They know the law. I mean
17 it's really great to have them stand up and talk to
18 your staff about this behavior, this behavior, this
19 behavior violates not only laws related to rape but
20 hey. For every state except Nevada, you know, it's a
21 crime to have sex with somebody in custody.

22 And so I think that's one of the things that

1 you do, which is to create those relationships. Let
2 them know how important it is to you. And also, you
3 know, prosecutors have big egos. You know? Let them
4 know that this is something that is winnable, and
5 certainly in my work with prosecutors then they get
6 hooked, and they become some of your strongest allies.

7 DR. WILKINSON: Great. Thanks. Gary?

8 DR. CHRISTENSEN: Yeah. I'm just struck
9 by -- and I'll do this by way of a very quick
10 story -- when the Joe Paterno/Sandusky situation was
11 going on. I'm an avid golfer, and I golf with a lot of
12 former high school teachers. And it was amazing to me
13 the number of them said they, of course, believe
14 everything that happened was wrong, but how difficult
15 they all said it would be to report, if they were the
16 one who saw that incident. And the interesting thing
17 about juveniles that makes this different from
18 investigation of the adult populations, I don't know of
19 a state in the country where any sexual contact between
20 an adult and a juvenile is legal.

21 It's always illegal, regardless of venue, and
22 it just becomes that much more egregious as you add in

1 power differential, whether it be in a school, a
2 psychological relationship, or, even worse, in a
3 correctional institution where people are literally
4 captive. So my question is by way of that, and I was
5 struck by I'd say the majority of my friends who I
6 respect as wonderful human beings and who would never
7 dream of doing something like that themselves.

8 Yet I guess it's a tribute to how close our
9 relationships are to admit that they would have a real
10 difficulty in reporting -- not that they wouldn't, but
11 have a real difficulty in reporting that individual to
12 whomever the authorities were. And I just wanted to
13 hear your comments on that, number one. And, number
14 two, how you would suggest, whether through qualitative
15 research or some type of action or some type of
16 organizational practice how you combat that or would
17 suggest combatting that. And, I'm sorry, but I mean it
18 does kind of weave through all of your testimonies, so
19 I'd really like to hear.

20 DR. LIVERS: That was a good question.

21 MS. SEYMOUR: Yes.

22 DR. LIVERS: Well whether or not we like to

1 talk about this or not, I think there's still an issue
2 with code of silence as part of our cultures. And
3 where there's some fear-based and some safety issues,
4 it's worse. So some staff are hesitant to say
5 anything, because they fear that if they say something
6 and the person finds out, it is they that has informed.
7 Then the next time they need help on a dorm or there
8 are problems, that they're not going to get anybody to
9 come help them because the word will get out that this
10 person can't be trusted. And, well, let's just don't
11 get in a hurry to come help this person.

12 So I think that is part of the fear and
13 intimidation and retaliation of a code of silence, and
14 that is a big, big challenge for correctional
15 administrators, whether you're in adult or in juvenile
16 facilities. I think we're making some headway in that,
17 but it is the elephant in the room in terms of trying
18 to figure up how to break down some of these things.
19 One of the things that we learned when we had changed
20 our training scenarios, and one of the things we
21 learned from our summit was other states were having
22 the same problem with every time there was a

1 substantiated incident. Other people all of a sudden
2 said, "Oh, yeah, I saw that. We saw that." "But why
3 didn't you report it?" Well, many times we hear,
4 "Well, we weren't sure. We didn't have the evidence.
5 We didn't want to falsely accuse somebody. We didn't
6 want somebody in trouble if we weren't sure."

7 And so one of the things that we were able to
8 do through that learning that we accomplished through
9 the summit was to redesign our training to make sure
10 that we emphasize that point with staff because it's
11 not your job to find out whether it's true or not. But
12 if you see something that is unusual and you see
13 behavior changes, that's part of your job to report
14 that, and that's where it ends. You don't have to be
15 responsible to investigate it. You don't have to be
16 responsible to find the evidence. You just have to
17 make somebody know, make that known. And then you have
18 to have the right culture of leaders who are going to
19 take that seriously and do the proper due diligence to
20 look into that and to follow-up on that.

21 Just to mention the hesitancy to get people
22 prosecuted, we have had some success in Louisiana in

1 prosecuting female staff for relationships with youth.
2 And, if I could, while I have the mike, expand a little
3 bit on Prof. Buchanan's comments. We do make it very
4 clear, and I'm pretty sure that most juvenile
5 facilities across this country are very clear to staff
6 that are coming on board, that is against the law; that
7 you can't do this; that if you do, you will be
8 punished. And it will be severe, and you can face
9 prosecution.

10 I just don't think that's enough for when
11 people get in the situations. It's a slippery slope.
12 They start at the place where they intend to follow
13 everything, and then a year later they're into a
14 situation that they never thought they would be into.
15 But they allowed themselves to get there through all
16 the circumstances that we're talking about. So just
17 saying no is not enough, and, you know, having those
18 sanctions out there is not enough. And that's why I
19 said we needed more.

20 And one more thing while I have the mike, Dr.
21 Smith mentioned her working with the Association of
22 Women in Corrections, Executive Women in Corrections.

1 And I will tell you that that organization is made up
2 of the highest ranking women across the United States
3 in the country. And that organization, which I'm a
4 member and some other colleagues in here are members,
5 have designated this issue as their number one priority
6 for the next two years.

7 So I would urge the Justice Department and all
8 the agencies within Justice to really focus on this
9 issue. And let's figure out -- what we've been doing,
10 obviously, isn't working. So let's figure out some
11 other strategies, and let's do more demonstration
12 projects. Let's do more research. Let's do things to
13 get at this, to improve these numbers, but not trample
14 on the rights of women to be working in these very
15 important roles.

16 MS. SEYMOUR: And we have you as president of
17 ACA for the next two years, too, right?

18 DR. LIVERS: Yes, ma'am. A year from now and
19 two years.

20 MS. SEYMOUR: I just think the leadership,
21 just sitting on this Panel, is pretty amazing.

22 DR. LIVERS: Thank you.

1 DR. WILKINSON: Do you have something else?

2 MS. SEYMOUR: Yeah. Well I want to say I
3 think that Dr. Christensen, you should take this Panel
4 golfing with you on your next expedition, and that will
5 take care of that.

6 (Laughter.)

7 MS. SEYMOUR: I want to say I wish I could
8 listen to this Panel all day, but you know who's
9 sitting next to me with the watch. So I'm just going
10 to make a comment, and any of you can quickly respond
11 to. I know why a lot of kids end up in detention, and
12 these are correlating factors. They're not -- they
13 don't cause it. They are correlating, and they are
14 sexual abuse and physical abuse, witnessing violence in
15 the home, alcohol and other drug use and abuse,
16 bullying, and the list goes on. And I want to say that
17 these are all learned behaviors.

18 And what concerns me is we don't have these
19 youth when they're in custody having another learned
20 behavior that it's okay for someone to -- whatever --
21 not coerce, coerce. I am not going to parse the
22 language, because I'm so confused by that. For someone

1 to have sex with you, that is not an acceptable
2 behavior. And I feel like I'm throwing red meat to you
3 guys with that comment, but I think it's really
4 important. And the other thing is I really appreciate
5 Prof. Smith talking about male victims. Because in the
6 victim-assistance field, I'm going to be really remiss
7 in not saying this: among the most underserved victims
8 in my field are male victims. And if you throw in male
9 victims of color, it would go to the top of my list,
10 and a lot of what we were talking about in juvenile
11 institutions.

12 So that's not a question. I throw that out.
13 I just want to say I've learned about, but I want you
14 to remember, you may be 200 pounds and six foot two,
15 but if you got this list of vulnerabilities, I'd just
16 throw that out to you.

17 DR. LIVERS: I understand.

18 MS. SEYMOUR: Please consider it.

19 PROF. SMITH: I want to say something actually
20 that kind of links your comment and Dr. Christensen's
21 comment.

22 DR. CHRISTENSEN: Gary.

1 PROF. SMITH: Gary's comment. You know, when
2 I listen to that story, one of the other things that I
3 thought about, and I also thought about what Allen
4 reported, is I actually think in terms of what we know
5 about victimization of boys. We just don't know,
6 because I think in some ways it's much more comfortable
7 to report that you had sex that appears to be willing
8 with a female staff member than it is to say that you
9 were victimized by a man as well. And so when you sort
10 of talk about what's available out there and sort of
11 changing learned behaviors, I think that there really
12 needs to be much more conversation and particularity
13 about these experiences. Because I think that once you
14 sort of scratch the surface, you'll get to a whole
15 other sort of place around the different ways that
16 these youth had been victimized, but where they're not
17 able to even name it or recognize it, right? And so I
18 think that's really what we're working on.

19 MS. SEYMOUR: And I think we need to name it
20 for them in the language that we use.

21 PROF. SMITH: Right, exactly, exactly.

22 MS. SEYMOUR: I've learned a lot on language

1 today, too. It can be really hurtful or misleading,
2 so.

3 PROF. SMITH: Exactly.

4 MS. BUCHANAN: I mean I couldn't agree more
5 with you, Dr. Seymour. I did actually have a quick
6 response to Dir. Christensen's question about which
7 follows up on Dr. Livers' observations on the code of
8 silence.

9 Mandatory reporting -- mandatory reporters
10 don't have to tell their superiors. In fact, that
11 doesn't discharge your mandatory reporting obligation.
12 If you are a mandatory reporter, you have to tell,
13 generally, the law. Say, you have to tell child
14 protective services or the police. That is one way to
15 get around the code of silence, in that it's unlikely
16 that the police are going to tell. And, once they
17 start investigating, it's unlikely that they're going
18 to tell who the -- who reported it to the police in the
19 first place.

20 If they have to report it up the chain of
21 command, that's not going to be -- just as we're seeing
22 in the context of sexual assault in the military, which

1 is very controversial to suggest that people should
2 report sexual abuse up the chain of command, because of
3 some of the institutional difficulties that Dr. Livers
4 is challenging, is struggling with today. But external
5 investigation is appropriate here, and although
6 prosecutors tend not to be interested in prosecuting
7 prison rape, in general, I would be surprised if they
8 didn't think that rape of a kid in prison was a good
9 case, depending what the evidence was. I should think
10 they would care more than they would care about adult
11 sexual abuse in an adult facility.

12 DR. WILKINSON: We could go on and on with
13 this Panel.

14 DR. SEYMOUR: I know. Oh, my gosh.

15 DR. WILKINSON: Unfortunately, I'm sorry that
16 we have to end it. There's just so much good stuff
17 here.

18 Prof. Smith, when you mentioned "Body by
19 Fisher, Mind by Mattel," meaning that's just not a
20 youthful -- that's not just a juvenile issue. Some
21 people define youth up to age twenty-six. So it's an
22 issue for adult institutions. I know right now in Ohio

1 there are more youthful offenders in the adult prison
2 system than in the juvenile state system. So, you
3 know, it's an issue to contemplate all the way around.

4 But, anyway, thanks all of you so much for
5 your wonderful testimonies, and your written
6 testimonies are in the record and so are your oral
7 ones. So appreciate it so much. And we're going to
8 take a break right now and come back with the rest of
9 our witnesses. Ten minutes.

10 (Recess.)

11 DR. WILKINSON: We will continue with the
12 hearing on sexual victimization in youthful offender
13 institutions. We have a new set of distinguished
14 witnesses here today. We must swear you in prior to
15 your testimonies.

16 Whereupon,

17 AVERY D. NILES, JESSE E. WILLIAMS, JR.,

18 and COREY BUTLER

19 were called as witnesses, and, having first been
20 duly sworn, were examined, and testified as follows:

21 DR. WILKINSON: Thank you. So let's begin the
22 testimonies with Commissioner Niles.

1 STATEMENT OF AVERY D. NILES

2 MR. NILES: All right. I just want to start
3 by just thanking the Panel for inviting us up to
4 discuss things that's gone on in Georgia. We've
5 provided our written testimony, and I want to highlight
6 some areas, if that will be fine. But I do want to
7 take this time to thank you all for inviting us up and
8 sharing ideas and listening to the thing in a direction
9 that we as a state need to be moving in the future.

10 Of course, we have over 1800 youth in our
11 twenty-eight short- and long-term facilities, some
12 ninety-two court-service offices that involves our
13 probation and parole of kids, and some 15,000 youth are
14 in those areas. Of course, the survey looked at our
15 facilities, and it showed where we had Eastman and
16 Paulding that stood out. I've spoken to Dr. Beck
17 several times, especially when this incident or the
18 survey came out. And I just want to thank him publicly
19 for his help to better address or show us what the
20 study, what the survey revealed, and the efforts that
21 the nation is looking at as it relates to PREA. But I
22 do want to thank him for that.

1 In July 2011 we applied and were awarded a
2 zero victimization as for zero tolerance as it relates
3 to PREA. Through the grant, we used The Moss Group to
4 assist us in several of those regarding the PREA
5 readiness. Some of these highlights, if you don't
6 mind, is we looked at and started a PREA, a safety and
7 security task force. And that task force was focused
8 to look at and review all of our secure facilities as
9 it relates to blind spots, looked at the position of
10 our CCTV positioning and addressed issues such as
11 deficiencies in our locking mechanism and our key
12 control policies, as well as through training looked at
13 the way that our officers was positioning themselves
14 throughout the facility.

15 In March of 2012, we hired our first PREA
16 coordinator and formed an oversight committee to deal
17 with all of our and review all of our contracts, all of
18 those contract providers that do services with our
19 agency, the facility and community officers, as it
20 relates to PREA compliance and compliance officers, who
21 ensure that the PREA compliance was represented and
22 respected throughout the entire facility as well as our

1 community.

2 We also enhanced a PREA website so that we
3 publicly can see, and people can see, what we're trying
4 to do with the comeback PREA, and educate those victims
5 as well as the parents of those loved ones in our care,
6 addressing doors, addressing our open-bay areas, the
7 windows, and of course -- I said it a few minutes
8 ago -- the locking mechanisms. We have had a history
9 of issues in our facilities to where when I took over
10 the facility a little over a year and a half ago -- or
11 not even a year and a half ago -- a little over a year
12 ago, to where we dealt with this issue of PREA. My
13 background that I brought -- coming from the juvenile
14 investigative perspective when I was there at the
15 Sheriff's Office, when I was in charge of that
16 investigative unit and worked through the ranks and
17 then ended my career at the Sheriff's Office, where I
18 was the jail commander, so PREA was there and it was
19 relevant as it relates to the guidelines.

20 In the last five years before I took this
21 post, I spent five years as a prison warden dealing in
22 the adult system. So PREA is all about leadership, and

1 it's all about how and what you do about educating at
2 the top. And of course I was served on the Board of
3 Juvenile Justice before I got appointed to this
4 position by the Governor. The Governor has a high
5 investment in the operation of our facilities.

6 We have went through a change as it relates to
7 commissioners in the last three-to-five years. We went
8 through four commissioners. Not all of that was as it
9 relates to PREA, by no means. But it's just a
10 structure of those leaders, and then the mindset of
11 where the state needed to be headed and in what
12 direction. So our Governor is a juvenile court judge
13 by trade, and he's familiar with juveniles and has put
14 a high emphasis on juvenile justice reform this past
15 year that went in effect in January. His first year in
16 office it was concerning a reform in the adult arena
17 reform and then last year with the juvenile justice.

18 And looking at the juvenile justice as well as
19 it relates to PREA, we're focused on doing what's
20 right. We have been blessed as an agency that has been
21 invited to the Louisiana delegation as it relates to
22 PREA, the leadership. Myself, I take our PREA

1 coordinator, several of our deputy commissioners over
2 to Louisiana and deal with those issues at hand as it
3 relates to trying to change the culture of the agency.
4 Dealing with those youth that come in that have had
5 experienced some sort of sexual misencounter, and then
6 they come inside the wire and want to continue the
7 behavior. So we look at those type things, dealing
8 with our youth and educating our staff, as well as the
9 youth.

10 We are -- myself -- have created a video that
11 we show to every youth that comes in our care, and it
12 talks about the awareness of PREA, talks about the
13 issue of addressing, and if you're exposed to that how
14 you go about reporting that. And that goes to every
15 youth in all of our facilities, the twenty-eight
16 facilities. Each facility has in it an MOU with the
17 community-service providers and our victim-advocate
18 services to provide youth services related to sexual
19 assault and abuse. We've trained our staff, and they
20 have been enhanced the awareness of developing and
21 implementing issues and policies as it relates to PREA.

22 Of course, when I came in office, when this

1 report came out, I immediately formed a committee to
2 review all of the PREA, and working with Dr. Beck as it
3 relates to what the survey actually showed, and
4 addressing our policies, looking at, exactly, the
5 timeliness of investigating cases. And, of course, we
6 had twenty-one investigators that I suspended. And
7 during that suspension, we looked at each one of those
8 investigators that was assigned cases of PREA or met
9 the definition of what PREA represented. And each one
10 of those cases where we had written policies that cases
11 have to be closed or have to be addressed within
12 forty-five days, we had officers or investigators that
13 was not in compliance with that. So we did a total
14 reorganization of our entire investigative unit, dealt
15 with those guys that were not working the cases
16 properly and terminated and redirected their behavior.

17 Of course, all of that was supported by our
18 Governor, because this is serious, and we owe it to
19 those kids. We owe it to our staff to make sure that
20 we investigate each and every case to the fullest to
21 make sure, if it happened, let's correct behavior and
22 deal with those individuals that violate the law. As

1 well as in Georgia, we report those findings to our
2 POST (Peace Officer Standard and Training Council), who
3 mandates all certification for those and officers
4 that's in the enforcement end of it, as well as if
5 there's cases of such reports that needs to be referred
6 to our district attorney's office for prosecution. We
7 do that through the means of our GBI, which is our
8 Georgia Bureau of Investigations, as well as we've
9 reorganized our entire investigative unit and went
10 through the training that I have set forth to bring
11 back those particular investigators or enhance the
12 training opportunities that they have to do their job
13 better, because, again, we owe it to the victims of
14 those cases, and we owe it to those guys that do wrong
15 to be prosecuted.

16 One of the high points that I wanted to make
17 sure I hit on is the executive level; mid-level staff
18 facility directors participated in a one-day management
19 training with The Moss Group. The Moss Group have been
20 our partner for many years, dealing with the issues of
21 PREA, educating our staff, and making sure that the
22 youth are educated on their rights. And I just wanted

1 to make sure that I thank her publicly for addressing
2 this serious issue.

3 Let's see here. I mentioned earlier about the
4 Southern PREA leadership summit, and we hope to take
5 part in that again this upcoming year in Louisiana.
6 Our PREA goals were included in our Georgia Department
7 of Juvenile Justice. Strategic goals that the Governor
8 has put as one of his strategic goals for not
9 necessarily just focusing in on the juvenile system,
10 but our adult system there in Georgia. And that's one
11 of the top five strategic goals that he has set aside
12 to make sure that we put, and there is an emphasis
13 that's put on the issue of sexual misconduct and
14 victimization that happens without our facility.

15 Let's see. That's about all that I would like
16 to add, and Jesse is our YSI contract director. And
17 he's part of our team.

18 DR. WILKINSON: Mr. Williams?

19 MR. WILLIAMS: Good morning. Thank you,
20 Commissioner.

21 //

22 //

1 STATEMENT OF JESSE E. WILLIAMS, JR.

2 MR. WILLIAMS: Mr. Chairman, Committee
3 members, I'm appreciative of the opportunity to appear
4 before you this morning to offer some comments and,
5 like others who have preceded me, I certainly want to
6 echo their congratulations to you on the work that
7 you've done and continue to do on one of the most
8 important topics in the field of juvenile and adult
9 corrections today.

10 You have my written testimony, so it's not my
11 intention to read through the entire document. But, by
12 your leave, I would probably read some portions of the
13 document and share some extemporaneous comments as
14 well, and then do so hopefully in a fairly timely
15 fashion so there's ample time for questions and
16 answers.

17 I worked in juvenile justice for forty-three
18 years, and I worked in a number of different positions,
19 leadership and executive positions across the country.
20 I've been a deputy director of the Maryland Juvenile
21 Services Administration, deputy director of juvenile
22 justice for the City and County of Philadelphia,

1 administrator of youth services here in D.C., as well
2 as chief probation officer in San Francisco before
3 assuming the position that I occupy now about ten years
4 ago.

5 The point in that is that in the entirety of
6 those forty-three years the information about Paulding
7 Regional Youth Detention Center and the implications of
8 the report about the level of sexual victimization at
9 Paulding is probably the single-most troubling
10 experience of my entire professional career. I've seen
11 a lot; I've done a lot. I've spent a lot of time and
12 energy trying to improve systems, but this was a gut
13 shot in all honesty. And we were, as a company and as
14 an organization, were horrified about the findings, but
15 it was a huge wake-up call. And we've taken it as an
16 opportunity and a challenge, really, to improve what we
17 did.

18 My position with the company is the senior
19 vice president in charge of operations. So in terms of
20 these kinds of issues, the buck stops with me. So we
21 have taken the report very seriously. We've responded,
22 we think, decisively, both independently and in

1 partnership with the Georgia DJJ, following the
2 excellent leadership and direction of Commissioner
3 Niles, who has clearly and unequivocally made this a
4 priority for his agencies and for all partner
5 organizations like ours that work with Georgia DJJ.

6 The Panel in the original communication to us
7 asked us to deal with four large areas, four major
8 questions. And so I'm going to try to do that in turn.

9 The first question was basically what are the factors
10 that led to the high incidence of sexual victimization
11 at the Paulding Regional Youth Detention Center. Well,
12 that's a question that exploded in our face when we
13 read the report, and we started asking ourselves,
14 basically, how could this happen. There are ways that
15 these things can be reported. There are ways that we
16 train staff, we urge staff to report these things.
17 Kids know they have certain rights.

18 There are volunteers who come in and out.
19 There's departmental monitoring that takes place. How
20 could that happen? Basically, how could this have
21 happened? So we started looking at ourselves, and we
22 went back and did some internal reviews. We looked at

1 reports that we had filed in 2011, 2012, and 2013 to
2 try to see if there was some kind of pattern of
3 reporting that we had missed, that would be on this
4 order of magnitude. And that review did not indicate
5 or document any such pattern. We said to ourselves,
6 "Well, you know, as surveyors who conducted the survey
7 with the kids were going through this process, did they
8 give us information that we didn't act on?" And we
9 subsequently determined that, no. There was no
10 information provided by the surveyors, but the nature
11 of the structure of the research, the surveyors really
12 were prohibited from having direct knowledge of what
13 the kids were putting into the report, and there were
14 no direct reports made to them. So, no. There were no
15 reports made to us directly at the time.

16 We went to the National PREA Resource Center
17 and we said, "We need some help here. Here's our
18 situation. The report was issued, our facility was
19 identified as the highest prevalence in the country.
20 That's unacceptable, and we've got to do something
21 about it and we need some help." And we got that help.
22 We got some referrals. Ultimately, we were referred to

1 The Moss Group. We negotiated a contract for them to
2 begin work with us at Paulding Regional Youth Detention
3 Center to do the sexual safety assessment there.

4 As fate would have it, prior to the time that
5 they were actually scheduled to kick off that effort, a
6 determination was made due to under-utilization of
7 residential beds across the state. The department
8 decided to close Paulding, and we had a kick-off
9 meeting, but the actual sexual safety assessment itself
10 never took place because it was scheduled to begin
11 subsequent to the determination that facility would
12 close.

13 In order to try to understand both the report,
14 its content, and the implications with Paulding, we
15 actually called Dr. Beck. I saw Dr. Beck at a
16 conference and asked if he would be willing to spend
17 some time with myself and some of my colleagues talking
18 through the report, and he graciously consented. I
19 asked him for an hour; he gave us two hours, and I
20 never made an issue of it. And, basically, we were
21 trying to again fathom exactly what happened in terms
22 of the methodology of the report, what were some

1 specifics of why this happened at Paulding or why it
2 could have happened, and just trying to get a better
3 handle of what was going on there.

4 A couple of things: number one, in
5 retrospect, as we look back over the report itself, as
6 well as some of the comments we've heard from folks
7 here today, a couple of things have cleared. Number
8 one, Paulding was a large facility. It was a
9 hundred-bed facility. Number two, there was sixty
10 percent female staff at the facility. There were a
11 number of young men at the facility who were there for
12 extended lengths of stay. A certain segment of the
13 population that we refer to as superior court kids
14 could have been there for as long as a year, some
15 longer than that, and a number of those were older
16 youth as well. And all of those are like, again, in
17 retrospect, some of the kinds of red flags that were
18 highlighted in the report and in the National Survey
19 and the national implications of the report.

20 So Paulding fit the profile, so to speak, in
21 terms of what the national picture looks like in terms
22 of some of the elements that are present that have

1 subsequently resulted in some of this kind of behavior.
2 Although the process that we had anticipated could give
3 us some definitive answers couldn't unfold, a couple of
4 things were clear to us anyway. Number one, that we
5 needed to do some better screening of staff and some
6 better hiring and training of staff in order to reduce
7 the likelihood for future victimization.

8 So we signed a contract with a company called
9 Able Screening to implement a research-based employee
10 screening mechanism, called a "Diana Screen." And
11 according to their research, it's been proven to screen
12 out employees who have poor boundaries, as well as
13 those who may have sexually abused a child. And you
14 raised a specific question with me about that, which I
15 can address now or later on in the comments, whichever
16 is your preference.

17 DR. WILKINSON: We can do it later.

18 MR. WILLIAMS: Later, okay. We had, I'd say,
19 ninety-eight percent of the staff completed DJJ's PREA
20 training. The two percent who didn't were on leave for
21 unrelated reasons, and we had some internal YSI OJT
22 PREA training that we did as well. And a hundred

1 percent of the staff completed that. And this will be
2 an ongoing process at our other facility.

3 You asked about the measures that we took to
4 reduce the prevalence of incidents on both youth-on-
5 youth and staff-on-youth sexual assault. There were a
6 number of things. We reduced large-scale movement, in
7 large measure in response to the commission's mandate
8 that, basically, the movement in the facility should be
9 on a one-to-ten ratio basis; that there should not be
10 groups moving larger than ten at a time throughout the
11 course of the day in the normal routine of the
12 schedule.

13 As the Commissioner indicated, every kid who
14 comes into the facility views the Department's video
15 with the Commissioner in his starring role about PREA.
16 Our juvenile detention counselors give pre-information
17 to the kids when they come into the facility. Our
18 education guidance counselors provide information to
19 kids. We did monthly surveys to assess the quality of
20 life for PREA-related issues and other quality of life
21 issues. During shower times, we changed procedures, so
22 that we moved kids from their individual rooms instead

1 of from the day room. So, you know, you take a kid
2 out; you put a kid back in. Or a couple of kids out,
3 you put them back in, again, focusing the movement and
4 reducing the likelihood that something is out of whack
5 or not being properly reviewed or supervised.

6 There were weekly housing and classification
7 meetings held to review appropriate level of
8 classification. We placed PREA posters on all the
9 housing units, in the lobby, and in the cafeteria. We
10 purchased a different kind of shower curtain that gave
11 more visibility, so it, too, could possibly reduce the
12 likelihood of PREA incidents.

13 You asked that we summarize efforts to prevent
14 sexual staff misconduct, and in particular female staff
15 misconduct. The facilitative administrator immediately
16 ceased the practice of female staff searching male
17 residents. Again, this was the sixty-forty ratio,
18 female staff searching, not strip searching, but
19 routine searches of female staff, of residents by
20 female staff that was a normal course of action that
21 was immediately discontinued.

22 The facility administrator herself spent time,

1 both in structured as well as kind of like daily
2 walk-through discussions, with female officers about
3 red-flag kind of behavior and about also educating them
4 to some of the ways that they might unwittingly be
5 drawn into relationships. We had administrative staff
6 who made unannounced visits. All staff received PREA
7 training during employee orientation.

8 The director, head of PREA, has a standing
9 agenda item for her quarterly full-staff meetings.
10 They had worked weekly facility inspections by the
11 management team. We eliminated necessary obstructions
12 throughout the facilities to enhance supervision, and
13 we did our best to identify and reduce, or at least
14 offset or negate, blind spots in the facility where
15 inappropriate activity could take place.

16 And finally, you asked us to talk about how
17 wide-size management of other facilities in Georgia,
18 similar to or different from its management at
19 Paulding. Well, basically, we operate two other
20 facilities in this state. One is a Crisp Regional
21 Youth Detention Center -- it's a sixty-four bed
22 facility -- and the Milan Youth Development Campus,

1 which is a 154-bed facility in South Georgia. The
2 basic management structures are the same.

3 Both of those facilities report to a regional
4 vice president who reports to me. However, it's also
5 worthy to note that both facilities have taken what we
6 believe are significant and extraordinary steps, both
7 at the Department's direction and in partnership with
8 the Department, as well as some things independent of
9 the Department as well. Both facilities fully
10 implemented PREA-compliance measures, as prescribed by
11 DJJ. A hundred percent of staff have completed the
12 PREA online training.

13 PREA coordinators have been identified and
14 trained at both facilities. Both facilities provide
15 PREA information to the kids during orientation. All
16 youth at both facilities view the Commissioner's
17 introductory video. Both facilities have undergone
18 physical plant reviews by DJJ's PREA compliance
19 officer. Our Crisp facility is actually scheduled for
20 PREA compliance audit by DJJ this month -- I believe
21 that was the original projection -- I believe the
22 fourteenth of this month. Our company is currently

1 negotiating with a certified PREA auditor to have a
2 formal audit of Crisp conducted in March 2014. And,
3 also, we'll be employing the Diana Screen, both at
4 Crisp and Milan as well, so that we'll be able to
5 screen out potential employees who could be
6 problematic.

7 And finally, our facility administrator at
8 Crisp has actually completed the training to become a
9 certified PREA auditor. And we understand that she
10 cannot formally audit YSI facilities, it's fully our
11 intent to use her expertise, her guidance, and
12 direction to help us strengthen our PREA-compliance
13 capacity.

14 So I guess in conclusion I want to say that we
15 have taken this matter very seriously. We've taken it
16 to heart. We've responded expeditiously and made an
17 ongoing commitment to make sure that in partnership
18 with leaders like Commissioner Niles, and again
19 independently, in ways that are consistent with that
20 kind of direction, that we will do everything within
21 our power to make sure kids are safe. Thank you.

22 DR. WILKINSON: Thanks. And, Mr. Butler, did

1 you have some thoughts you wanted to share?

2 MR. BUTLER: Good morning, and I just wanted
3 to back up what Commissioner Niles said, and I
4 appreciate the opportunity to testify this morning. I
5 do have an overview of Eastman YDC.

6 DR. WILKINSON: So I do need to tell you you
7 only have about three minutes, because we need to move
8 on.

9 MR. BUTLER: I will. I'll make it brief.

10 STATEMENT OF COREY BUTLER

11 MR. BUTLER: Eastman is the largest campus
12 that we have in the state of Georgia, and we have taken
13 quite a few measures to reduce that population because
14 we feel like direct supervision and ratios are very
15 important in reduction of PREA. We have trained to the
16 point where the kids are talking PREA around the
17 campus, and we trained the staff, and we have an
18 excellent PREA coordinator. She's been very proactive;
19 she's making the steps necessary to ensure that we
20 don't backslide and we just move forward from this
21 point. And if you have any questions, I'll be glad to
22 answer them for you.

1 DR. WILKINSON: Great. Thanks. Well, it
2 looks like you all have done as much as any agency can,
3 and I appreciate your honesty about even having that
4 problem in the first place and then trying to do what
5 you can to evade it.

6 So I'll turn it over to Dr. Christensen.

7 DR. CHRISTENSEN: Yeah. And I would also like
8 to, despite the fact that I read through these
9 statistics as well, and even though I'm not related to
10 the facility, it's a gut-shot to me as a practitioner
11 as well to see rates, when we recognize that juvenile
12 rates are double that at prisons and three times that
13 at jails, as Dr. Beck testified. And then to see your
14 rates three times that of normal juvenile facilities is
15 quite appalling, specifically when I looked down and
16 looked at the incidents of sexual victimization in both
17 Eastman and Paulding -- well above the national norm
18 with use-of-force incidents.

19 So I wanted to ask you specifically about that
20 and any outcomes you found when you investigated it,
21 but I kind of jumped ahead of myself, because I have to
22 say I am extremely impressed and appreciative of the

1 manner in which you all have taken this thing on, that
2 you recognize you have a problem. I've noted your work
3 with The Moss Group, and I've noted both of your
4 commitment, both you, Director Niles, and you, Senior
5 Vice President Williams, in your testimony. And just
6 as a fellow corrections professional, I can't state
7 enough how important I think that is for the field to
8 learn of the way that you've handled this incident.

9 But having said that, we still have the
10 uncomfortable and unfortunate issue that these things
11 seemingly did occur, at least at a rate that's far
12 greater than the national norm. So I wanted to hear
13 your thoughts about how you handled specifically the
14 high rate of sexual victimization as a result of the
15 use of force within either facility or both.

16 MR. NILES: Of course, you know, we inherited
17 a facility overall system to where it was the code of
18 silence, where you had this kind of issue that was not
19 reported, was not educated, 2011 and 2012, when we
20 hired the first PREA. That tells you how backwards we
21 were as it relates to going forward and creating more
22 of an environment to where these type things don't

1 happen. And going forward with it, the only thing we
2 can build on is our past. In order to know where we're
3 headed, we've got to know where we're coming from. And
4 those are the type things to where when we look at
5 this -- and I've challenged our staff. I've challenged
6 our PREA coordinator. He's completed his training to
7 become an auditor. We've created an enhanced way of
8 reporting it. Every case that gets reported comes
9 directly to me for review, no matter how many that
10 there is.

11 I hope that there won't be many. But then
12 that committee meets once a quarter to review all cases
13 to make sure that the merit of PREA is the focal point,
14 and dealing with the issues, dealing through training,
15 making sure that we do. Before I say that, so when I
16 took over this agency, one of the first things that I
17 wanted to look at is what does our training consist of.
18 What is the officers that's working in these fields,
19 our facilities, what training are they getting? And
20 then when you break down the situation, in January -- a
21 couple of weeks ago -- or last week, we created our
22 first six-week academy where we added an additional

1 week.

2 And that additional week of training focused
3 more on PREA, more on sensitivity training, more on
4 victimization training, all those type things that
5 enhance the awareness of our officers, and not just for
6 our officers, but for our investigators that's
7 investigating those cases. We increased our -- and I
8 said it earlier, but we increased our investigative to
9 make sure that they are training to where they did a
10 forty-hour block of instruction with the GBI, because I
11 didn't want our in-house people dealing with the same
12 issues to get so bogged down on the training
13 curriculum.

14 So I went out and had the GBI create a
15 particular course that they look at, that they teach to
16 all of their agents to make sure that our guys are not
17 only getting the basic training, basic investigation
18 training, but they're getting it at the state level to
19 where those individuals at the state level is actually
20 the ones that look at misconduct. We increased our
21 ombudsman's office. We hadn't had one. We created
22 that.

1 That's in effect. It's amazing how a state
2 that I feel that that is on the verge of success, and
3 we put measures in place to be successful, to cut down
4 on the exact survey issues as it relates to those
5 findings, to enhance our investigative reporting. We
6 had a system that was outdated that was not keeping up
7 with reports, and it was not one that was measured.
8 And I'm a firm believer things that get measured gets
9 done, and we put mechanisms in place to make sure that
10 we get those cases and investigate it in a timely
11 fashion, and we deal with the facts of those cases. So
12 we're doing a lot of things to not go back to where
13 that report reveal that we just gave a deaf ear to it.

14 DR. CHRISTENSEN: Could either of you give us
15 insight as to when you did look at these things and you
16 found that things did happen, can you give us insight
17 as to what some of the outcomes were with what you did
18 with those things? Obviously, not sharing any names,
19 or things like that, but specific outcomes that
20 occurred as a result of your findings?

21 MR. NILES: Do you want to do it? Go ahead.

22 MR. WILLIAMS: Yeah. For those situations

1 that came to our attention, obviously, there's a
2 reporting policy and procedure that we're required to
3 report to the Department. And, basically, once that
4 report is made to the Department, the Department takes
5 over the investigative function with their corps of
6 trained investigators. So, basically, we become aware
7 of it; we notify the Department. We notify the
8 Department within a specific timeframe. The Department
9 initiates an investigation, and basically at that point
10 we are providing supplemental information, if it's
11 required, until the investigation is completed.

12 When those allegations come to our attention,
13 a couple of things happen routinely and immediately.
14 Number one, the employee is placed on unpaid
15 administrative leave immediately. So we get him out of
16 the facility. Secondly, even though an investigation
17 may be unfolding with the Department and their
18 investigators, we do an internal administrative review
19 to decide if, based on what we have in front of
20 us -- absent the final determination of a full
21 investigation -- if there's a sufficient basis for
22 termination for that employee. Then, if we think there

1 is, because of their violation of company policy, we'll
2 terminate them.

3 If there is a question or an issue, that
4 employee stays out on unpaid administrative leave until
5 the investigation is finalized. As often as
6 not -- well always when a substantiated finding takes
7 place -- the employee is terminated, and our
8 notification goes out throughout our company that that
9 person is not hireable anywhere else in the company.

10 Another thing I'd like to give the
11 Commissioner credit for and the Department under his
12 leadership, he's already talked about his work to
13 revamp and enhance their investigative capability, and
14 reference was made in comments earlier about the
15 difficulty sometimes engaging prosecutors to prosecute
16 this kind of behavior in facilities. I know that the
17 Department under the Commissioner's leadership has
18 redoubled their efforts to have staff prosecuted when
19 this kind of misbehavior takes place, as well as
20 others, but this has been a primary focus.

21 The Commissioner and his Department have
22 developed a very close working relationship, I believe,

1 or at least from our perspective, with prosecutorial
2 personnel in the state. And also the Department has
3 been pretty public. When people are found guilty, it's
4 shared in the public media. So not only do you have
5 the impact of an enhanced investigative capacity and a
6 good relationship with prosecutors, but you also have
7 what could be a chilling effect as well, if people know
8 and understand that their names, faces, and offenses
9 can appear in the media. That can hurt.

10 MR. NILES: And if I could add just a part of
11 that, one of the things that I've also done is met with
12 the prosecuting attorney's counsel there in Georgia and
13 put a large emphasis on prosecuting cases that
14 originate out of our facilities or in our communities,
15 to make sure that they knew from the top that these
16 type things -- when they come to them -- we want them
17 addressed. Just because something happens inside of a
18 wire -- inside the wire, inside of our
19 facilities -- don't mean you've got to give a deaf ear
20 to the crime itself and the victims of those crimes.
21 And we put a large amount of time dealing with the
22 prosecuting attorney's office and meeting with the

1 district attorneys throughout the state to make sure
2 that they know that when our cases come to them, we
3 want some kind of closure.

4 And I may add, just because an individual may
5 resign before we can prosecute them or before we can
6 investigate, that just don't stop. We're still going
7 to go after them. We're still going to do the case
8 just like they were still employees because we, number
9 one, owe it to the victims, owe it to the society to
10 make sure those cases are worked to the fullest.

11 DR. CHRISTENSEN: So in these things that you
12 both describe now, how many times have things like
13 this, how many times based upon these findings or
14 things that you've found, have people actually been
15 terminated and/or charged?

16 MR. NILES: In my tenure since I've been there
17 we've locked up several. We've prosecuted several
18 people for various crimes in our facilities. Yes, sir,
19 and that's not nothing that we brag about, but wrong is
20 wrong and right is right. And if you violate the law,
21 then, that's just one of the things that we've got to
22 do to make sure we fulfill the obligations of being a

1 state agent.

2 DR. CHRISTENSEN: Thank you.

3 DR. WILKINSON: Just one question,
4 Commissioner. You and I talked a little bit about this
5 previously, but you indicated that there are 1800 youth
6 in the Georgia Department of Juvenile Justice?

7 MR. NILES: Yes, sir.

8 DR. WILKINSON: And I know you're interested
9 in reducing that number, but that's still a very large
10 number these days, and juvenile agencies, it's almost
11 three times what Ohio has, for example. And I know
12 they've reduced their population from 2000 or so in the
13 last seven or eight years to less than 500. And you
14 heard Dr. Beck's testimony earlier that one of the
15 reasons for the percentage going down from twelve-and
16 one-half percent to nine-and-one-half percent was the
17 reduction in institutional populations.

18 I think it's personally critical that that has
19 to be a big priority, in addition to doing all the
20 abatement that you're doing to deal with the PREA and
21 sexual misconduct issues. Is that the priority for
22 your administration to look at the reduction of number

1 of youth in your institutions?

2 MR. NILES: It is, sir. And if I could answer
3 that in a -- I won't be lengthy, but when I was jail
4 commander, we had or ran one of the largest Sheriff's
5 Offices, not the largest, but one of the top three
6 largest Sheriff's Offices there in Georgia. And as
7 jail commander, you always hear the nightmares about
8 over-crowdedness. We were spending close to four
9 million dollars on boarding inmates out of the adult
10 detention center. Then when I became prison warden, I
11 started looking at and working with the state system to
12 where there was a backlog from the jails' perspective,
13 sitting in the jails waiting to get a prison bed.

14 Years ago, Georgia enacted a three-strikes-
15 and-you're-out law in the adult system, and that in
16 itself has created a backlog of those inmates. I was
17 talking to my counterpart, Commissioner Brian Owens,
18 with the adult system here a couple of weeks ago, and
19 that backlog of people that's waiting to get into the
20 adult system is less than a hundred. Five years ago,
21 there was a backlog of over 300 people. So we see a
22 decrease in the adults. We are looking at

1 stratification in our juvenile system classification
2 system, as well as the Governor's initiative as it
3 relates to juvenile justice reform.

4 Not every kid that comes to our care needs to
5 be in a secure bed. I'm a firm believer that a kid can
6 do better in a community with the right resources, the
7 right programs, because I'm a firm believer that you
8 can revictimize a child when you put him in secure
9 confinement. So the emphasis from my perspective is,
10 when it's the leadership from the Governor, is look at
11 every way you can to see what you can do the release or
12 reduce the population at hand.

13 That's one of the reasons why we took a
14 hundred beds offline, and that was the Paulding County
15 facility, because we see a large decrease in
16 population. And I'm the top that wanted to be in, day
17 in and day out, to recognize the downfall or the
18 downturn as it relates to reviewing the intake,
19 reviewing the intake from a perspective to make sure
20 that the juveniles that's coming to us need to be in a
21 confined area, as well as looking at our community
22 resources.

1 One of the things that we've done also through
2 the Governor's leadership this year going forward is
3 increase our parole and probation officers to deal with
4 the population, so that, when it does increase, they'll
5 be able to better enhance and better in position to
6 deal with those youth that's coming into those
7 residential areas. We also created a six million
8 dollar initiative or an incentive grant for those
9 individual counties that reduced their population. That
10 commitment's coming from me, by into around three
11 percent. And looking at that reduction out of those
12 high twenty counties that report me the most business,
13 you're looking at taking anywhere from -- I think at
14 the last count was around 1500 youth the first year --
15 offline. Over a period of several years, you're
16 looking at reducing the cost of housing youth in
17 billions of dollars. So we're addressing those issues
18 and educating our communities and providing them the
19 right resources to help with this.

20 The state itself can't do it by themselves.
21 You've got to have buy-in from those chiefs of police.
22 You've got to have buy-in from those sheriffs. You've

1 got to have buy-in from the community itself. And I
2 say this often: Georgia's not getting soft on crime.
3 We're just getting smart on crime and looking at some
4 of our other partner states as it relates to the
5 reduction of youth that's committed to the state,
6 because I'm a firm believe that those youth -- some of
7 them -- don't really need to be incarcerated. They
8 need a loving family, and that family connection is so
9 important to the growth of the state. And, you know,
10 you take that family connection and create a learning
11 environment. You create a happier environment.

12 DR. WILKINSON: Thank you for that. And not a
13 question, Mr. Williams, but just an appreciation. Your
14 company has probably done as much as any for-profit
15 organization that I know about to seek out answers and
16 go to everybody you possibly can in order to make sure
17 that you're doing your due diligence as you're
18 operating these facilities. So thank you for doing
19 that.

20 MS. SEYMOUR: I just had a comment that
21 relates to you, and I know we're going to hear from
22 Kentucky. I've been part of the Pew Charitable Trust

1 team that works on juvenile justice reforms, and I've
2 never really made the connection to PREA. And the fact
3 that they're using evidence-based practices to change
4 how we conduct ourselves with juvenile justice, and as
5 you said, put more money and more resources into
6 community-based programming really relates to PREA. So
7 it's my teachable moment that I'm going to bring back,
8 and also, currently being in Kentucky, use that same
9 approach. So I do appreciate that.

10 MR. WILLIAMS: Yes, ma'am.

11 DR. WILKINSON: I thank all of you for being
12 here today. We appreciate it, and good luck with your
13 efforts, but they're very impressive.

14 MR. NILES: Well, thank you. And, again, we
15 appreciate you all inviting us up to discuss these
16 issues.

17 DR. WILKINSON: Great. Okay. We'll invite up
18 our Ohio witnesses. Good morning to both of you.

19 MR. REED: Good morning.

20 MR. EDWARDS: Good morning.

21 DR. WILKINSON: We must swear you in.

22 Whereupon,

1 HARVEY J. REED and RONALD EDWARDS

2 were called as witnesses, and, having first been
3 duly sworn, were examined, and testified as follows:

4 DR. WILKINSON: Great. Thanks. Director
5 Reed, thank you for being here. Good to see you again.
6 You may begin your testimony.

7 STATEMENT OF HARVEY J. REED

8 MR. REED: Okay. But you have our written
9 testimony, but I really want to kind of emphasize what
10 we've done since the report came out and some of the
11 things that really, I think, are of merit for the
12 agency as a whole. And then Mr. Edwards can come in
13 and talk about changes that occurred inside the
14 Circleville Correctional Facility itself.

15 When this report first came out, obviously,
16 there was a lot of "Not us; it can't be us." Well I
17 let that last for about a half a day. I let everybody
18 get it out, and then we got to the task of sending out
19 what we call climate monitors, to kind of go in. The
20 first twenty-four to forty-eight hours we hit all of
21 our facilities. We hit all of our parole regions and
22 just made sure that people understood the report; that

1 we listen and kind of explain to kids more in-depth
2 what PREA was about and what the responsibilities on
3 our end were to them as far as being able to tell us
4 when things are occurring, or giving them avenues to
5 know that there wasn't a retaliatory environment for
6 them.

7 And along with that in the process, our
8 Governor, John R. Kasich, made an interagency taskforce
9 that included, obviously, DYS, the Department of Rehab
10 and Corrections. It included public safety and jobs in
11 family service. So from the very beginning this was an
12 all-out effort by multiple agencies to come together
13 and make sure that we addressed this properly and that
14 we also took in every avenue to make changes and give
15 it a different perspective than what just DYS had on
16 this.

17 Being an agency that is undergoing federal
18 litigation, and we are in the last phases of a
19 five-year program, it just seemed that after the shock
20 wore off -- and in this business you come to realize
21 that anything can happen -- and making sure people knew
22 that whole thing about the boy crying wolf, well,

1 sooner or later, one of those things will come out as
2 being factual, and we can't take anything for granted.
3 My big push has been insisting on a staff realizing
4 that anything that we do, we need to do with in mind
5 that if our children were there, or if we were there,
6 how would we want to be treated and how would we want
7 things to occur. And I think that's kind of moving
8 itself forward with the rest of the team.

9 Since the report came out, we have in November
10 announced the closure of another facility, which is the
11 Scioto Correctional Facility in Delaware County, right
12 outside Columbus. That facility has gone through a
13 metamorphosis of issues. But as the result of a
14 Reclaim Ohio, which incentivizes local courts to treat
15 kids in the local arena -- and not send them to us
16 unless they are in that very far end spectrum of
17 needs -- that it has actually worked in the population.
18 And that facility has dwindled over the last year to
19 presently there are probably twenty-two, twenty-three
20 youth there; nineteen of those are females. And we are
21 in the process of contracting our females out to a
22 community correctional facility in Montgomery County

1 called CCAS. And we will also have two RFPs that are
2 out for us to have some alternative initiatives for
3 females, as well as a step-down type unit for them.

4 So that probably will occur. Hopefully in
5 March we will have the girls out of there, but for the
6 most part, it is scheduled to close on May the third.
7 But in all actuality, within the next month most of the
8 kids that are in that facility will be gone and
9 dispersed out. And we also now have four that are
10 scheduled out of that remaining population to be
11 released home. So we have made some progress there.

12 One of the things that we first did was we
13 reached out to BJS and to Westat to kind of use the
14 researchers that were from the various agencies that we
15 had privy to be able to use, to just dig down and drill
16 down into what really occurred and the specifics to the
17 Ohio data, so that we could then take a look at it and
18 get more specific as to just what occurred, how it
19 occurred, and the missteps that we may have made. In
20 an environment where you have at one point eighteen
21 experts coming through, a federal monitor that was
22 coming through pretty much every other month, that the

1 inspection committee that comes through and does
2 reports on conditions of confinement, it was almost
3 shocking to realize that in all these people and all
4 these visitors -- and we've opened up to all kinds of
5 family members, community members, volunteers coming
6 in -- that nobody saw the ability to trust someone to
7 tell them about a problem of this magnitude.

8 And we have since, I think, addressed that
9 with training. One of the major faults that we have is
10 I think our training was inadequate. I don't know that
11 we adequately prepared people for the workforce issues
12 that were present now, as opposed to what was done
13 five, ten, fifteen years ago, and that is in the
14 process of changing. We have made sure that everyone
15 has gone through PREA training. We are in the process,
16 and the curriculum has been developed by a member of
17 our staff in conjunction with others, Andrea Morbitzer.
18 And we have a boundaries training that will unfold in
19 the next week.

20 And what that boundaries training does
21 is -- basically, the title of it is "No means no, and
22 yes is not allowed." And I think that refocusing this

1 back and putting some of these back on the staff, they
2 were probably indicators where my previous panels were.
3 You know, there was this code of silence. There were
4 things that people didn't talk about, people didn't
5 say, and it just created where we ended up with this
6 report. But I think that the work that the initial
7 climate assessors and monitors did was just go through,
8 get that information out. And then members of the
9 taskforce -- the four directors from the agencies -- we
10 all made an unannounced visit to our four facilities on
11 the same day.

12 And the first one was a surprise, but by the
13 time we left to go to the next one, they had all called
14 their buddies, and everybody knew we were coming and
15 coming and coming. But it still served this purpose to
16 show up, and how important this was, and how dedicated
17 we are as a state, and that our sister agencies came
18 along to help us with this. And it went for a long
19 way. We have tried to make sure that everyone is
20 comfortable with knowing that they now have options.
21 And when I say options, we put in what is called a tip
22 line. It has a six-digit number that's similar to what

1 our youth use when they're making phone calls or
2 anything else, so that they have access on the unit in
3 various areas of the facility to call in and say, "I
4 saw this, I saw that."

5 It doesn't always actually have to be PREA; it
6 can be anything that they want to report, and that is
7 monitored five days a week, you know, excluding
8 holidays and weekends. And we try to make sure that
9 everything that is reported, that it is turned over and
10 looked at. And it is determined whether, in fact, it
11 really is something that goes to the error of being a
12 full-fledged investigation. And if it goes to that,
13 our chief inspector's office will handle it. In an
14 effort to do that, we also extended it out to our
15 parents and families.

16 We also included the parole regions to allow
17 them to have the same type of access in order to be
18 able to report and just make us aware of things,
19 because I think we take for granted sometimes that
20 people know what they're supposed to do, and they
21 really don't. And the other side of this is accepting
22 the fact that we just all out have to do a better job,

1 reminding people that the real reason that we are in
2 business are we have these kids that need help. And
3 some people have lost their focus. They're in it for
4 themselves, and that's tough.

5 And we provide all kinds of training, and the
6 one variable that I can't teach people is to care, and
7 that's the one thing that bothers me when I hear people
8 say things, "Well, they deserve this, or they deserve
9 that." No they don't, and we don't know why they got
10 here, but that shouldn't be the reason why we deliver
11 the service that we deliver. Sixty percent of our kids
12 are on a mental health caseload. Fifty-five percent of
13 them have special-ed needs.

14 If there's any wonder why there's a problem,
15 that speaks to it right there. Our motive has to be
16 providing the best possible treatment we can for the
17 youth that come to us. And when you look at what
18 people have done to basically look at their lives and
19 then try to put that on to kids, and they're not
20 knowing that circumstance, it's not fair to those
21 youth that we serve. So we have diligently tried to
22 make sure we have this type of environment that is no

1 longer tolerant of this.

2 We have been somewhat successful in having
3 meet-and-greets since this occurred, and what we did
4 with these meet-and-greets, we had prosecutors. We had
5 rape-crisis counselor agencies come in. We also had
6 some locals from the community that were very viable,
7 some judges. And we sat down and we talked with our
8 chief legal staff, and we've made some inroads for
9 people to be willing to pick up cases sometimes because
10 one of the problems that we have, as far as the
11 prosecution side, is a couple of our facilities are
12 close to adult facilities.

13 And generally, those adult facilities,
14 especially Circleville, gets caught up in, okay. We
15 only have so much money. So what are we really going
16 to do? So we're trying to make sure that they
17 understand that this is just as important as any other,
18 and it's up to you to provide you with the best
19 information that we can for you to make an informed
20 decision about whether or not our youth have been
21 victimized, and whether there is something that we need
22 to do on the prosecutorial side. So we have worked

1 diligently to fix these avenues, and I think it's
2 slowly working.

3 We now have a full-time PREA coordinator. We
4 have PREA compliance officers in all of our facilities,
5 all our regions, but we did not have a full-time person
6 dedicated to this, and that was done this past
7 September. We had a person that kind of toggled
8 between jobs, and that just wasn't working for me. So
9 it became necessary to do that, and I think that it's a
10 positive step. We also have been working with The Moss
11 Group to better provide the training, and we've worked
12 with the Vera Institute and received a grant to
13 continue our efforts working in the PREA area because
14 there are a lot of things that we really need to do.

15 One of the first things, though, that we were
16 able to do when we made our assessments in the facility
17 was identify these vulnerable areas. And we have since
18 installed 130 cameras in these facilities. We put
19 mirrors in hallways and stairways and things that were
20 visible. And the funny thing is everybody knew where
21 these places were, but nobody said anything. And I
22 just think that complacency led to and contributed to

1 part of the problem that was identified in the report,
2 but I think that's been addressed.

3 We also have some additional cameras and
4 things that will be going up later. We had situations
5 in our school system, in our school rooms where there
6 are restrooms that people readily had access to. So
7 we've had to go change locks so that the teacher has to
8 open the door to put someone in there to make sure no
9 one has the opportunity to go in the room where
10 something can occur. We have people's offices that put
11 them at a point where they were isolated in a room
12 where things could happen to them. So we've had to
13 change how we structure that and where we put our posts
14 for staff who are supporting our school personnel to
15 make sure that we have more eyes on things and people
16 are watching. So it's been a comprehensive effort to
17 try to make sure that, you know, a) that when things
18 happen, we're on it quickly.

19 One of the things that we realize, too, are
20 people are making rounds constantly, but a lot of them
21 are social events. They weren't really noting anything
22 that they saw, did, heard. So now we have instituted

1 through what we've defined as a meaningful round. And
2 what meaningful round is not only do they walk around,
3 but they have to be visible. They have to talk to
4 kids. They have to talk to staff.

5 They have to observe the units, make sure
6 doors are locked, that buckets are put away and things
7 that could be problems. And as a result, conversation
8 is now coming up, and kids are talking and asking
9 questions. And we can get the dialogue moving in
10 making that environment a little more open, and I think
11 that's helped us a lot. And we've told them, "Get out
12 of a routine." People know you go from A Building to B
13 Building to C Building and D, and then an hour later
14 you do it again. Now, we're telling them, "Hey, double
15 back. Go back and hit them intermittently so that they
16 don't know when you're coming; because once you have a
17 pattern, you have a problem."

18 The report identified our vulnerable areas
19 between six and midnight. I kind of backed it up to be
20 more like four to midnight, and we have put in place
21 some additional reviews by unit managers and
22 administrators, the deputies within the facility. And

1 then in our central office, we have some reviews that
2 go on monthly as well, to just make sure that things
3 that everybody are looking at are the same things and
4 what we're seeing as a problem are not a problem.
5 They're being reviewed. And having more eyes on it, I
6 think, has pointed out to us that we can always work
7 and continue to improve ourselves.

8 But along the way we've also had some issues,
9 as most facilities do. We have some youth that are
10 violent, and you have to look at the trauma of the kids
11 before they come to us. But we also were neglectful in
12 not looking at the trauma that our staff has gone
13 through, especially in the facility we're
14 closing -- Scioto. We had a vicious assault there that
15 the superintendent and one of her deputies cleaned up
16 the aftermath themselves. They then went out and got
17 services for the staff and the other kids that
18 witnessed this violent assault, but we forgot to get
19 them some help. And we now have a peer team that was
20 done by our victim manager, Bruce Adams, who when these
21 things occur in facility, there are a team of co-
22 workers and support right within the facility that will

1 come and talk to people to make sure they're okay, to
2 make sure things are going all right.

3 Because it's all part of everything, and those
4 attitudes contributed in some degree to the reasons why
5 people just didn't want to report issues. So it's not
6 just PREA. It's the conditions of confinement. It's
7 the treatment of the staff, the treatment of the kids.
8 It's the work environment. It's all of those things
9 rolled in together in order for us to have a good day
10 for our staff. It's just not designed.

11 I try to tell people none of us come to work
12 expecting that, "Oh, today's the day where this kid's
13 going to be assaulted, and that person" -- that's the
14 wrong mindset. We're trying to get people into the
15 mindset of providing kids with the best opportunity to
16 succeed, and we can't do that with blinders on, with
17 not reporting, with covering, you know, following that
18 snitches-get-stitches mentality. That's not why we're
19 here, because I don't have to like you as a co-worker,
20 but when we walk into our post, we are going to be on
21 point. What happens to you happens to me. We are
22 going to get through this. We're going to have the

1 best day possible, and anything that goes on we're
2 going to tell. It doesn't matter whether it's popular
3 or not. We're going to tell. And getting people to
4 change that mindset has been difficult, but I think
5 with the new training that we have, with the new
6 training director coming on board, I think the vision
7 for a better agency is there, and I think that it's
8 going to continue to improve.

9 I think the work of the staff diving into this
10 without being prodded saying, "You know what? We're
11 better than this." We've come too far to go backwards.
12 And in working with our lead monitor and our federal
13 case, he was astounded as well that no one had reported
14 any of these issues. So I think that the path has been
15 laid out, and we've just got to make sure we keep
16 people on it and keep things going in a progressive
17 way. We continue to look at new options that are out
18 there in every possible arena. We'll bring in
19 professionals as often as we can. We'll bring in
20 experts as often as we can, but we have to continue to
21 monitor this correctly to make sure that when the next
22 report comes out that we are far better than we were.

1 And we will do an interim report prior to the next PAS
2 survey that goes out, so to make sure we're kind of
3 staying focused on this, because it's almost an
4 embarrassment per se, but it's really a fact that we're
5 not done.

6 We have to keep pressing forward to do a
7 better job about taking care of kids. And I think that
8 Mr. Edwards can kind of better give you a picture of
9 what has occurred at Circleville itself, and then a lot
10 of things can be addressed in questions, or we can take
11 some now.

12 DR. WILKINSON: Feel free, Mr. Edwards, to
13 give us about five minutes as far as what's happening
14 in Circleville.

15 MR. EDWARDS: Okay. Good.

16 STATEMENT OF RONALD EDWARDS

17 MR. EDWARDS: Good morning, Mr. Chairman and
18 Committee. I want to take this opportunity to say it's
19 a privilege to be here, but let me just kind of preface
20 and say from an institutional standpoint, it was within
21 twenty-four hours that our leadership and our central
22 office decided once the managers in the field received

1 the report that this was not going to be something that
2 we were going to try to defend, and I thought that was
3 an admirable position. Because what had happened was
4 we wanted to move forward.

5 Ohio is a collective bargaining state, and
6 what we did was we were able to sit down with our union
7 leadership, discuss parts of this report. One of the
8 most important things that happened was we had a
9 cultural assessment done on our facility, and what that
10 did was they came in and basically told us what our
11 environment was. And everybody bought into it -- our
12 union membership. Everybody bought into it, because
13 they wanted to make the facility a better place.

14 We knew that we had to come up with a group.
15 We called it a group that we used to identify some of
16 the vulnerabilities that we had in the facilities. And
17 when we went through the facilities, we knew that we
18 had -- one of the things we did, we increased our
19 cameras. We knew that we had to have the cameras take
20 position strategically throughout the facility that
21 would expose or capture anything that they could to
22 help protect the interest of our staff and to also

1 additionally protect our youth.

2 We started out with around 250 cameras. We
3 also added fifty cameras during this vulnerability
4 assessment, and to-date, we still have twenty-eight
5 cameras to be installed throughout the facility. We
6 also increased our training to all the staff and all
7 contractors coming in the facilities that are required
8 to take four hours of the PREA training. We have youth
9 specialists positioned in every day room. Whenever a
10 day room has youth inside, we have a youth specialist
11 sitting inside that day room. We also are reviewing
12 the safety materials with youth more frequently.

13 Unit staff continue to have their bimonthly
14 town hall meetings to explain all the PREA information
15 to the kids and to allow them to know that they have
16 several avenues to report issues. Our behavioral
17 health services staff participated in very extensive
18 training on sexual misconduct information, including
19 the warning signs, behavioral indicators, and the
20 reporting requirements we have.

21 Out of the cultural assessment, one of the
22 nicest things was we were able to sit down with our

1 staff, and we identified three major areas where we
2 needed to do some work. And, one of them -- the group
3 put together -- we call the group the Normalization of
4 Staff Victimization. And, what this was, this was a
5 staff issue headed up by our director of psychology,
6 and we had a cross-section of all staff on this
7 committee. And, normalization of victimization means
8 that it's not okay to come to work and have youth that
9 exposed themselves and do things that victimized staff.
10 Just because we work in a correctional facility doesn't
11 mean that that's the normal way that we do business.

12 So that group has been putting together a lot
13 of strategies. They have some offsite groups that they
14 will be meeting with when people do get victimized.
15 They'll be able to go offsite and meet with these
16 people and get some reassurances and directions on how
17 to better cope with some of these acts that they are
18 victimized.

19 We also had a staff identity committee. And
20 Circleville was a facility that, because it was one of
21 the newer facilities in the agency and Ohio was a
22 collective bargaining state -- and our population has

1 taken a great reduction over the last five
2 years -- every facility that was closed they were
3 bumping, and the bumping would normally reduce a great
4 number of staff that worked at the facility. We
5 anticipate with this most recent closure, this Scioto
6 facility, we may lose in bumping a significant amount
7 of our youth specialists, upwards of fifty percent.

8 So, what happened was, there was probably
9 three, additional facilities that had been closed, just
10 in the past two years. And we did not realize it, but
11 we still had officers, youth specialists, walking
12 through the facility with their shirts on that had the
13 logos from the facilities that they had worked at that
14 had been closed. So what we needed to do was we wanted
15 to develop, and they wanted to develop, a more cohesive
16 workforce so this committee really took off and done
17 some really good things.

18 One of the things they did when they had a
19 kick-off of some of the things they wanted to roll out,
20 they had a tailgate party in our facility parking lot.
21 And that went over very, very well. And it just so
22 happens that on the day that we had it, we had our

1 federal monitors just had an unannounced visit at the
2 facility. So they were able to partake in this.

3 We also had a youth mentorship program, and we
4 had so many people. Many of our people wanted to be on
5 that to revamp this program to roll it out because
6 there were some things that had been going on in terms
7 of mentors meeting inside offices privately with kids
8 and things. So we retooled that, and that will be
9 rolled out soon.

10 DR. WILKINSON: Well, thanks for both of your
11 comments and testimony. I'm a little bit biased,
12 because I can read the Ohio newspapers and know all the
13 people that you all are dealing with, and you all have
14 done a great job of not sweeping this under the rug and
15 admitting that there were concerns. And obviously,
16 during a time of change, things happened, you know.
17 Reclaim Ohio was a national motto for juvenile agencies
18 anywhere.

19 The consent decree is something that compounds
20 efforts because you're expending a lot of energies
21 towards those efforts. I think the biggest thing of
22 reducing the population with today's count is going to

1 be --

2 MR. REED: 493.

3 DR. WILKINSON: -- 493, from the days of when
4 you had well over 2,000, is a big deal. And it's a big
5 deal nationally, and I think it should be shared. The
6 thing that bothers me about all of this, though, is
7 that when we get in trouble, we can fix things pretty
8 quickly. You know, if other agencies who are not here
9 today who might be here in the future were to take the
10 approach that you're taking today and that Georgia is
11 taking, then we wouldn't even need this Panel. We
12 wouldn't need to go through these exercises. So the
13 mission, I think, for part of us and those of us who
14 have some influence over what that should look like is
15 to get those agencies who are not here today, who might
16 be here in the future, to do what you're doing right
17 now. And I think that's a critical piece, you know.

18 We can always fix problems, but the time to
19 fix a problem is when you don't have one, you know. So
20 excuse my editorializing, you know, about that, but
21 it's what I believe. The profile of your population is
22 sixty percent of the people who are on a mental health

1 caseload, and fifty-five percent of the persons who
2 have learning disabilities. It's an amazing challenge
3 all by itself, whether you have 493 or ninety-three
4 persons in your custody. So it's no easy feat.

5 I think it's a great idea to have your climate
6 monitors going in the institutions. I'd like to call
7 them climatologists, or something like that, but you
8 call them climate monitors, and that's great. I like
9 the fact that you've sought out national help to look
10 at what you're doing and to reinforce what's important
11 for your agencies, for your institutions that's left.
12 And that's a big deal, but it's attention to detail
13 that's going to get it done over the course of time.
14 And so I thank you in advance for doing it.

15 Let me ask if there are questions from the
16 rest.

17 DR. CHRISTENSEN: I would just also make a
18 comment similar to that related to Georgia, in that I
19 applaud your approach to say, like you said, "Well I
20 let them get it out for about half a day, and then we
21 got on it." And that's what you have to do. I mean
22 things like this can happen, but addressing it the way

1 you address it, I think, is again, as the Chairman has
2 said, a good example for the rest of the country, not
3 just to do it in retrospect, but to do it in a measure
4 of prevention. And I think that that adds benefit to
5 the rest of the field.

6 MR. REED: And as our administrators go out
7 and our bureau chiefs go out, we have made it clear to
8 them that as this subject comes up -- being at ACA or
9 anywhere -- we will hopefully sit down, talk, and
10 discuss anything and everything that we've done and
11 share with them and provide them access to anything
12 that they need in order, because we're all basically in
13 this together. And I think the lessons learned from
14 all of us that have had to come and see you guys is
15 that we all have some growing to do. We've done a
16 great deal of work, but there's still something out
17 there we probably missed. And having more dialogue
18 with more people will help us get there.

19 MS. SEYMOUR: I just want to say you all are
20 the first panel that have talked about the issue of
21 staff victimization. And just as you should not expect
22 to be victimized by staff, I don't think any job

1 description and corrections has the expectation that
2 you should be victimized by those who you're
3 supervising. So I appreciate that. Reggie and I
4 worked twenty years ago with Office for Victims of
5 Crime, developed a curriculum on preventing workplace
6 violence and staff victimization that included -- I
7 guess it was pre-PREA -- that included this issue. So
8 I appreciate your looking at the broader issue on how
9 that fits with PREA. That's very innovative.

10 DR. WILKINSON: That's it. Thank you for
11 being here today and thank you for your good work in
12 the Buckeye State. With that, our Panel concludes its
13 hearings on Adult Juvenile Facilities with High
14 Incidence of Sexual Victimization and adjourns. The
15 Panel reserves the right, however, to accept additional
16 materials and testimony to supplement the record.

17 The Panel now convenes its hearing on juvenile
18 correctional facilities with the low incidence of
19 sexual victimization. And I'd like to invite our next
20 set of witnesses to the table.

21 //

22 //

1 of the things that Kentucky is doing -- not just our
2 successes, but also the challenges. And I know that as
3 we get the questions, those will be more obvious. I've
4 been with the Department of Juvenile Justice for five
5 years now, on my third year, just started my third year
6 this month as commissioner of Juvenile Justice. For
7 three years prior to that I have served as deputy
8 commissioner of operations for the agency. Ten years
9 before that I served as SAG chair for Kentucky and vice
10 chair of the Federal Advisory Committee on Juvenile
11 Justice for OJJDP for three years.

12 Mr. Corder, who is here with me today, has
13 given me permission to speak and said that he would
14 reserve his time for answering all the hard questions
15 you all have -- which I think is a great division of
16 work here -- since he is the one responsible for the
17 success that you saw in the report about Owensboro
18 Treatment Center. And Mr. Corder's been with the
19 agency for twenty years, starting as a frontline youth
20 worker and working his way up to superintendent of
21 Owensboro Treatment Center, and then just recently has
22 been appointed as the regional facility administrator

1 deputy director of our western region of Kentucky. We
2 are very proud of the work that he's done there in
3 Owensboro.

4 What I'd like to do is talk about some of the
5 things that we have done as far as PREA, and I just
6 kind of have a laundry list that I'd like to go through
7 first and get that out of the way. Starting in 2003,
8 when PREA became a palpable issue nationally, Kentucky
9 Juvenile Justice leadership began to explore and try to
10 understand what that was going to mean for us as an
11 agency. In 2005, we began to start to really normalize
12 our focus on it, and in 2005 the National Institute of
13 Corrections conducted research through Dr. James Wells,
14 mapping staff perspectives on sexual violence in the
15 workplace. Participants included juvenile justice
16 staff from Kentucky, West Virginia, Indiana.

17 That same year, NIC provided technical
18 assistance training on PREA to all DJJ facilities'
19 superintendents. American University, Washington
20 School of Law, conducted management and operational
21 practices training on addressing staff sexual
22 misconduct with youth in custody, and that kind of set

1 us on the path, understanding that this was. Although
2 at that time a very theoretical thing, most people
3 said, "Well PREA is not really going to happen. The
4 feds aren't going to get it together. It's all
5 suggestion." But I think for Kentucky we realized that
6 this was an opportunity to really use it to move us
7 toward that dream agency.

8 We all, I think, who do this work, imagine
9 ourselves to be making children better, having touched
10 our systems, and far too often fall short of that. And
11 so PREA as a concept began to give us the foundation to
12 make bold statements about who we would be, rather than
13 just corrections -- to actually be child-serving and
14 child-saving agencies who happen to have a corrections
15 component.

16 In 2006, NIC sponsored a symposium for all
17 Kentucky DJJ private providers, which we think was the
18 first PREA-related, PREA-specific training for private
19 juvenile care providers in the nation. And then DJJ
20 also consulted with Ohio Department of Youth Services,
21 as they were recognized as the most proactive state
22 juvenile justice agency at the time regarding PREA and

1 PREA implementation.

2 In 2010, American University, Washington
3 School of Law, Dr. Smith, came back and started working
4 with us even more in-depth, looking at our staffing
5 youth capacity to address sexual violence against
6 custody project. We conducted training for all of our
7 trainers in our training division and began to roll out
8 a pretty systemic plan for how we address PREA, not
9 just as a theory but as a practice in everyday work.

10 Late 2007, we continued our work with American
11 University, Washington School of Law. They did a
12 cultural assessment survey of our entire agency. We
13 did several days and several rounds, making sure that
14 we had a snapshot of not just PREA-related issues, but
15 all those cultural components that create dissidence,
16 create concern or real excitement for the work that we
17 do. And that became a core piece of how we started to
18 strategize engaging our staff, around not just PREA and
19 sexual safety, but how we build a culture of
20 professional environment, where staff believed that
21 their work is to continue to build on children's
22 success instead of continuing to focus on their

1 failures.

2 In 2012, we continued leadership training and
3 really began to roll out PREA across the state, having
4 had our trainers train. We started to identify
5 coordinators in each of our facilities, and then we
6 came to the idea that everybody needed this. This
7 wasn't just something that folks on the front line
8 needed or folks who might run into children randomly.
9 And so we established a curriculum, a criteria, for
10 every member of our agency -- 1300 employees.

11 Whether you were an administrator in central
12 office who has never seen the child that we serve, you
13 should know what the expectation and the standard is.
14 So that if something red-flags for any reason -- maybe
15 you had relationships and know other people in other
16 facilities, and somebody says, "There was this really
17 weird thing that happened," that's a red flag -- we
18 have an expectation that everybody is responsible for
19 making sure we succeed in our mission.

20 2013 was our most busy year, and it seemed
21 that we had training about every other week, if I'm not
22 mistaken. We provided a PREA symposium, which provided

1 education regarding all areas of the agency and
2 potentially effected by PREA; conducted three intensive
3 trainings for PREA coordinators in residential and
4 non-residential programs and offices; established a
5 comprehensive and ongoing training process for staff
6 and youth committed to DJJ; developed and implemented a
7 vulnerability assessment, now administered to every
8 youth entering DJJ residential, out-of-home placement.

9 Our DJJ executive team attended -- Dr. Livers
10 talked about it. Commissioner Niles talked about the
11 meeting in Louisiana with the five states, and we were
12 fortunate to be a part of it also. And it has provided
13 us a great environment for camaraderie, sometimes
14 bemoaning the challenges but also really brainstorming
15 the very best work that I think five high functioning
16 agencies have to offer around problem-solving and
17 success-building together, instead of thinking for such
18 a long time we've faced that each of us is competing to
19 be the best on our own. And so I think for us these
20 two meetings have really provided the opportunity to
21 cross-train, to get our folks engaged at a number of
22 levels in the agency with their counterparts, and

1 there's active conversation.

2 I know that my folks are talking every day.
3 Well, I was just talking to Texas, and I had a call in
4 to Commissioner Niles' folks in training, and Dr.
5 Livers' people are calling me back tomorrow. And so
6 it's created this sense that not only is PREA doable,
7 but it's doable at a high level with a great capacity
8 for success. And so we're very excited about that.

9 Over the last couple of years, and especially
10 this last year, we've also worked closely with The Moss
11 Group. Andy Moss has come and done training for us on
12 a number of occasions, but this year, just recently,
13 we've started an in-depth assessment, and we're
14 excited. That is going to provide us a strategic plan
15 for additional pre-integration and curriculum to
16 specialize our work on PREA agency-wide.

17 I know that was a mouthful, but I think all of
18 that to say what PREA has really provided us as an
19 agency is the cover to get to that best practice. Very
20 often as juvenile justice agencies, you know as well as
21 I do, we get called "little corrections," "baby prison
22 guards." And so there's this slippery slope where

1 folks go from this sense of adults who made bad choices
2 consistently and their need to be punished, down to
3 their sense that children who have fallen off the path
4 ought to be treated exactly the same, maybe even worse.

5 And PREA has given us kind of the cover to
6 move toward a system of care -- a changed system as Dr.
7 Livers said, because I blame everything on PREA. If I
8 want to do trauma-informed care, and people don't want
9 all that touchy-feely, so it was PREA would really
10 suggest that kind of thing, because it would be great
11 for us to understand how these children have been
12 harmed so that we can better serve and repair them.
13 And if I was asked to do a family engagement, I'd say,
14 "Well, PREA would probably say" -- and so you may all
15 get letters from concerned citizens. But, PREA is my
16 scapegoat, and I don't have a problem being very clear
17 about that because it has allowed us to get to what I
18 think is our very best work.

19 You know, we say that a child should not come
20 to our system, but for very rare reasons; and if they
21 do, it should be brief. And if they are there, it
22 should be very intentional; there should be a reason

1 why they came to us. And once we address that reason,
2 we should be able to say we are done and send them
3 home. And they should leave us more whole, not with
4 more holes. And all of that gives us the opportunity
5 to really flex our muscles around this big dog in the
6 room called PREA, because there's a little bit of money
7 attached to it, and we can take that a long way,
8 especially in these difficult times.

9 It's given us the chance to really translate
10 our conversation about what we have to do. So let's
11 talk about what we want to do for children and
12 families. And let's make that the thing that we do and
13 this be the thing that supports that emphatically, so
14 that when we move forward, we move with intent and
15 everybody knows that we have an expectation to get this
16 work done. There's a lot more than I can talk about
17 and I know you all have lots of questions. So I will
18 cede the rest of my time and wait for questions. Thank
19 you very much.

20 DR. WILKINSON: Thank you so much.

21 Mr. Corder, do you have thoughts before we go
22 into questions? By the way, let me say this.

1 Commissioner Davis gave you an awful lot of credit for
2 being here today with your work in Kentucky, the
3 Commonwealth. But I know that it's not just you two.
4 It's the total agency that's got to be in sync in order
5 for this to work and work well. And so obviously we
6 know leadership is important; we know that you two are
7 a big part of that. But, I'm willing to bet that even
8 line staff and middle management and others are well on
9 board with all this in Kentucky.

10 MR. CORDER: They are. They are.

11 STATEMENT OF TIM A. CORDER

12 MR. CORDER: If I may, a little history of me
13 going to Owensboro. I was at a facility just South of
14 there as the assistant superintendent was asking in
15 2004 to go to Owensboro to be the superintendent. They
16 were having some issues. The superintendent at the
17 time was being asked to retire. The assistant was
18 having some legal issues. The facility at the time was
19 being run by the administrative duty officer, and I
20 think the majority of the staff here at the facility at
21 that time thought that he was going to be asked to be
22 the superintendent. And I think they would have liked

1 that because it would have been business as usual.

2 I agreed to go there, and not long after I was
3 there, we had our first staff meeting. The environment
4 wasn't good, as far as I was concerned -- for me,
5 anyway -- personally. I got the looks and the stares
6 and the "What are you going to do here?" Not long
7 after that we had our first quality-assurance audit
8 from DJJ, and I was hearing comments like, "Time to
9 back the cars up, to open the trunks, to put this stuff
10 in there that we shouldn't have here, so we can bring
11 it back when it's over" kind of thing. And so I took a
12 long walk that day and knew at that point that I
13 probably was going to be the least liked person on that
14 campus for quite a while, and that held to be true.

15 So what I would present is that if you're
16 going to change a culture, it's not going to happen
17 overnight; that that happens over a long period of
18 time. Several of the staff left that were there
19 voluntarily, some involuntarily. What I tried to
20 create was just a philosophy that there was a rug in my
21 office, but there was nothing underneath it except some
22 dust, and there never would be. And then as that kind

1 of trickled down -- so it wasn't me -- all I did was
2 throw it out there.

3 Those that decided to buy onto that philosophy
4 are there. What I was fortunate enough to have was
5 supervisors with many years of experience that wanted
6 that type of thing, and those supervisors -- still
7 there -- from the philosophy of supervising, it was our
8 supervisors at the time. We had three cottages at
9 Owensboro, and each one of those had a room that was
10 surrounded by glass, and that's where the desks were
11 that the front-line staff sat. And they couldn't
12 really hear what was going on, could see minimally. We
13 moved those out into the areas and got them into the
14 cottages where they could better know what was going
15 on, got them mobile.

16 One of the things I found was that people were
17 just sitting around. Someone mentioned earlier about
18 going at inopportune times. That's one of the things
19 we focused on there, was having our supervisory staff
20 and the line workers not be sitting, be mobile, be
21 going around at different times, even though the policy
22 may say every fifteen minutes. If you do it every

1 fifteen minutes -- if I'm a youth or staff for that
2 matter that wants to do something -- I know I have
3 fifteen minutes, because they're going to do it every
4 fifteen minutes. And so we said, "You can do it in
5 fifteen minutes or go back in two minutes, go back in
6 three."

7 So the zero-tolerance thing was big, and I
8 think, more than anything, just making everything a big
9 deal -- which our department is doing right now, and I
10 think more than anything that's the key -- is when
11 staff know it's a big deal. It's a big deal. If I
12 don't make it a big deal, then my staff won't think
13 it's a big deal. But if they say, "It's a big deal" to
14 me, it's a big deal to the Commissioner; then I know
15 it's a big deal, and that's going to trickle down. It
16 has to.

17 So, Chairman, you mentioned it's not just me.
18 I just threw the philosophy out there and tried to get
19 people to buy in, and I think as time went by they saw
20 that this philosophy was better. When I first came in
21 twenty years ago to the Department, it was not like it
22 is now. There was a lot of fear-based compliance, and

1 I didn't like it then. And we slowly got out of that,
2 thanks in large part due to consent decree, which is
3 one of the best things I think that happened in our
4 department. But we are at a place now that we can move
5 forward, and I think we're headed in that direction as
6 an agency and for sure as a facility.

7 DR. WILKINSON: Thank you. By the way, we
8 will come back to Colorado in just a few minutes.

9 MS. SEYMOUR: I want to say I appreciate your
10 testimony, and I love the fact that you said that
11 everybody needs it that may not know it, but you
12 trained all 1300 employees and you held a PREA
13 symposium. Can you just address a little bit the
14 significance, either of you, of staff training?
15 Because we've heard a lot about that over the last
16 couple of days, but you've really taken it to heart in
17 Kentucky.

18 MR. DAVIS: Sure. I'll take the first shot at
19 it. While I think that training is everything because
20 the question becomes why we do this. And so our
21 training is interesting because what we do is we show
22 very concrete -- we do have instances where these kind

1 of things have happened in the past. We do have former
2 staff who are serving time. We do have former staff
3 who are awaiting trial. And so because there's such a
4 denial culture, those who are doing it are all hiding
5 it. Those who aren't doing it, have no clue and say,
6 "That can't be happening here."

7 We decided that we would peel back the band-
8 aid, and so we show the video footage. And we actually
9 convinced one of the women who made that bad choice and
10 was serving time to do an interview with us. And we
11 sat down with her in the state penitentiary and had her
12 walk us through how easily she went from being a mother
13 of three with a happy, stable home, to this. And I
14 think those kind of things really opened people up to
15 see how subtle that slide is. And so part of it was
16 just the shock factor. You know, look at this and see.
17 And this is just like you all. This is a co-worker, a
18 friend, a peer and then from there talking about those
19 responsibilities that are inherent in the work that we
20 do. And I think that, like Tim said, this is about
21 setting expectation and folks wanting to rise to it.
22 And I think that the people that do this work, more

1 often than not, want to rise to it.

2 There are those who would rather be sit down
3 and shut up, and do what I tell you to do, because it's
4 a very good job, but most want to be more. And so what
5 we did is tapped into that piece of it. And we said,
6 "We are going to be a high functioning agency where
7 everybody's going to be on the same page. So you call
8 me out on my stuff; I'll call you out on yours. And
9 with that as the base attitude and holding these
10 meetings all over the state, making alternate meetings
11 so that people who couldn't make it because of doctor
12 appointments or other issues, all got there. And then
13 making sure that even central office, the
14 commissioners, all of the administrative folks who may
15 never see a child, are all on the same page, make those
16 folks on the front line realize that they're not alone.

17 And so I think part of it was that, and then
18 this is continuous. This is an annual training that
19 every staff has to go through. Every staff that comes
20 through our seven-week academy has a module of this
21 along with trauma informed care, you know. So we have
22 made it a static part of who we are so there's not an

1 exception. I think that has made it easy for the
2 training to go out without a lot of pushback.

3 MS. SEYMOUR: And I'm going to say on behalf
4 of the Panel I would love to get a copy of that video,
5 because that just seems like something that would be
6 really helpful for us to view. And I think my last
7 question is just in the rare instance that a youth is
8 victimized within your system, what are the support
9 services that you would make available, either through
10 your department or through community-based services or
11 victim assistance programs?

12 MR. DAVIS: Well, we do work with a lot of
13 local agencies, and I think we pulled some. The
14 Kentucky Assistance Program is the larger agency that
15 we work with and are working to develop MOUs with.
16 Individually, as we look at regional stuff and
17 facilities out in the state, we have conversations in
18 connection with mental health folks across the state
19 that help us with that piece of it.

20 DJJ itself has licensed clinical folks and
21 qualified mental health persons in all of our
22 facilities and in our regional staff. And so we have a

1 large body of folks internally that we can call on. In
2 addition, we have medical support and we have mental
3 health support in the communities. And so once we've
4 identified those challenges to folks who've experienced
5 things, we immediately start to refer folks out to
6 services, if they're not comfortable dealing with
7 inside folks.

8 MS. SEYMOUR: So they would have that option?

9 MR. DAVIS: They have that option, yes.

10 MS. SEYMOUR: Great. That's great. Thank
11 you. Thank you so much.

12 DR. CHRISTENSEN: I just have one quick
13 question, and again I applaud the efforts that are
14 taking place in Kentucky. But I had a question for Mr.
15 Corder regarding when you talked about you went into
16 that facility and were the least popular guy on campus.
17 And those of us who have been engaged in things like
18 that know exactly what you're talking about. But when
19 you talk about doing that, what would your advice be to
20 a person, to a boots-on-the-ground
21 administrator -- somebody who's going to go into a
22 facility like that and take on or tackle something like

1 you did?

2 MR. CORDER: I think, number one, you have to
3 be willing to do it. I was asked to go. It wasn't a
4 forced transfer on my part to go there. I was asked by
5 the regional director at the time if I would do that,
6 and it wasn't a quick answer because I knew a little
7 bit about what was going on up there at the time. The
8 next day I told him I would, but I had to be very
9 willing to go there knowing that that was going to
10 probably face me when I got there. And then once you
11 make that decision, I think you have to be proactive
12 and you have to be more formally persistent and know
13 that the end game is going to be worth, hopefully, what
14 you're going through.

15 And fortunately, I had the support above me as
16 well to know that what I was doing, I couldn't do
17 alone, number one. So I had the support above me to
18 make it happen and just be persistent. And if you're
19 not -- if you don't care to make it happen, then you
20 don't need to walk into that fire because it's not
21 going to be worth it to you. Or it's not going to be
22 worth it to them if it's not worth it to you.

1 DR. CHRISTENSEN: Thank you.

2 MS. SEYMOUR: Good answer. Thanks.

3 DR. WILKINSON: I get it. You know, even
4 though you had to go do the troubleshooting process
5 from listening to the Commissioner in the early part of
6 this testimony give the chronological perspective on
7 what has happened with PREA over the last ten years or
8 so, this didn't happen overnight, but you had the
9 infrastructure for it to happen. So you already had
10 the culture there that would allow you to do that. In
11 some cases, what you did may have been a lot more
12 difficult if you didn't have that infrastructure, if
13 you didn't have some of those tools. So, you know, I'm
14 just absolutely proud of the work that you all are
15 doing in the Commonwealth, and you should absolutely as
16 well be a model for other jurisdictions.

17 See. A problem with that is that the agencies
18 who do this stuff, and do it well, are so humble;
19 people sometimes don't even know what they're doing.
20 You know, and we need to become cheerleaders. You
21 know, we need to become these enthusiastic personas who
22 are not bashful about sharing what we do when things

1 are working. So I applaud your work.

2 My only notion is how do we trumpet the work
3 that you're doing so that others can emulate, at least
4 pieces of what you're doing. No agency is going to
5 operate identically. But, anyway, thank you for doing
6 that.

7 DR. CHRISTENSEN: And you want again to
8 testify in front of the Prison Elimination Act Review
9 Panel.

10 (Laughter.)

11 DR. WILKINSON: Sure.

12 MS. SEYMOUR: Very funny.

13 DR. WILKINSON: Colorado -- you're the second
14 agency from Colorado who was here, because you had a
15 low incidence of both sexual victimization. Is it in
16 the air or the snow or the water?

17 MR. JACOBSON: Well, let's hope it's due to a
18 lot of hard work, but we do get our fair share of snow,
19 so we could blame it on that as well.

20 STATEMENT OF ANDERS JACOBSON

21 MR. JACOBSON: But, anyway, thank you, Mr.
22 Chairman, and good morning to the Panel. I think it's

1 still morning. My name is Anders Jacobson, and I serve
2 in the role as the Associate Director for Colorado
3 Division of Youth Corrections that oversees ten
4 state-operated facilities. And prior to that, for just
5 about twenty years, I actually have been administrator
6 in both community and state-operated facilities. So
7 I'm not too far removed from the day-to-day operations
8 of facilities.

9 So it's a pleasure to be here today. I do
10 want to say that it's impressive to hear all the
11 testimony that we have this morning. Even though I'm
12 here to speak on one of our facilities that has the
13 lowest rates of victimization, I'm going to take some
14 things back to Colorado that I think I've learned here
15 today as well. So, again, it's impressive to see the
16 work nationally that's going on in this area.

17 Let me just say that on behalf of Colorado
18 Governor John Hickenlooper and Colorado Department of
19 Human Services Executive Director Reggie Biche and the
20 Colorado Division of Youth Corrections Director John
21 Gomez, it's a distinct honor to be here today to
22 discuss our response around the 2013 report on sexual

1 victimization in juvenile facilities reported by youth
2 that took place in 2012. And we're certainly very
3 pleased and proud to have the Grand Mesa Youth Services
4 Center recognized as a facility identified as having
5 among the lowest rates of sexual victimization.

6 I'm going to take just a quick minute to give
7 the Panel just a quick background around Colorado that
8 I think is a nice backdrop. Colorado Division of Youth
9 Corrections is actually within the organizational
10 structure of the Colorado Department of Human Services.
11 That's by statute. But, in addition, we are mandated
12 to service both detained and committed youth. So our
13 detained youth, who come to us for about an average
14 length of stay of fifteen days, are the age of ten to
15 seventeen, and our committed youth within Colorado are
16 age ten to twenty-one years of age. We also contract
17 widely with community-based programs, and we run and
18 have oversight of our own parole and community
19 services.

20 A quick background on the facility I'm here to
21 discuss today, the Grand Mesa Youth Service Center.
22 It's a sixty-seven bed, coed secure. It's a

1 multi-purpose facility. It provides detention,
2 regional assessment, as well as commitment services.
3 It happens to serve six of our twenty-two judicial
4 districts in the State of Colorado, and it provides a
5 long continuum and array of services to both detained
6 and committed youth.

7 Getting down to the questions that I think the
8 Panel is most interested in, wanting us to kind of take
9 a look at identifying factors that led to the low
10 incidence of sexual victimization, specifically at
11 Grand Mesa Youth Services Center, and we would
12 attribute the low incidence of victimization at Grand
13 Mesa Youth Service Center in part to the staffing
14 patterns that have been incorporated into the facility:
15 our scheduling, training, and most importantly the
16 culture that's been developed there.

17 Upon admission to the facility, all youth at
18 Grand Mesa Youth Service Center and across the State of
19 Colorado are advised of the Prison Rape Elimination
20 Act. They undergo a series of assessments that
21 classify each youth to a level of risk in relation to
22 sexual aggressiveness, violence aggressiveness, and

1 vulnerability to victimization. These assessments are
2 used to determine room assignment as well as group and
3 programming placement. We balance male and female
4 staffing coverage to ensure appropriate staffing of
5 coed units.

6 On the units that are coed, the administration
7 has designated female living quarters, based on
8 physical plant considerations as well as individual
9 youth needs. And additionally, ongoing training and
10 professional development assists in shaping a program
11 that produces an environment that is free from sexual
12 victimization. Training on the PREA standards and
13 incorporating these into the cultures and expectation
14 in the Division and, most importantly, the low
15 incidence of sexual victimization is achieved through
16 the culture within the facility.

17 At Grand Mesa they have established and
18 actively promote a culture where youth are not fearful
19 of being assaulted, victimized, or abused by those in
20 positions of authority and/or by their peers. The
21 facility has fostered an environment conducive to
22 learning, which we believe is absent fear and

1 intimidation by staff and peers. And we promote a
2 culture of reporting, a belief that staff is there to
3 assist, to provide guidance and support, and that youth
4 concerns are heard and taken seriously. There's a
5 culture that promotes accountability to the staff and
6 youth alike. We believe that these factors described
7 above, when used in combination, have resulted in
8 successful programming and the ability for the facility
9 to maintain low levels of sexual victimization.

10 You are also interested in hearing how we
11 might summarize the measures that Colorado Division of
12 Youth Corrections, and specifically Grand Mesa, have
13 taken to reduce the prevalence and incidence of both
14 youth-on-youth and staff-on-youth sexual assault. In
15 response to the Prison Rape Elimination Act of 2013,
16 Colorado General Assembly passed into law the Detention
17 Center Sexual Assault Prevention Program, which was
18 adopted in 2017. Colorado Division of Youth
19 Corrections immediately began developing and
20 implementing procedures to ensure compliance with the
21 state statute.

22 The Division adopted a zero-tolerance policy

1 in relation to incidents of juvenile non-consensual
2 sex, abusive sexual contact, and staff sexual
3 misconduct. The Division determined that the ability
4 to reduce the prevalence of incidence did not rest
5 solely with implementation of the standards but through
6 embedding the philosophy behind the standards into the
7 culture of the Division. And just to elaborate a
8 little bit, when I speak to the culture of the
9 Division, this is that there's an organizational belief
10 in the standards that are outlined, not just a duty to
11 implement them.

12 But there's a belief behind what they say and
13 what they are intended to do in the outcome of that,
14 that we have operating values that we lead from the top
15 of the organization all the way down through our direct
16 care staff; that professional boundaries are something
17 that are imperative, trained, observed, supervised;
18 that we continue to do ongoing training in many
19 different areas to include PREA on a yearly basis, at
20 minimum, with all of our staff; and that creating a
21 therapeutic environment that's individualized in
22 providing services to both youth and the families and

1 overall leadership; and, I think, most importantly, our
2 reporting process, that's not only mandated reporters
3 amongst our staff internal grievance process, but
4 outside lines in areas that youth have available to
5 communicate if they feel they've been victimized in
6 some way, shape, or form, so that they can completely
7 bypass us, if you will, and they have that option to
8 make a report.

9 Back in 2006, the Division of Youth
10 Corrections implemented what we call our continuum of
11 care initiative, and that was focused on enhancing
12 processes, services, and programs throughout the
13 continuum. This continuum is an integrated approach
14 providing a complete range of programs and services
15 that are matched to individual youth and families' need
16 at every phase, and from commitment to the point of
17 discharge from parole. Elements of the continuum of
18 care include, but are not limited to, we do an
19 actuarial-based risk assessment through the adoption of
20 the Colorado Juvenile Risk Assessment instrument on
21 every youth.

22 We focus on treating the highest criminogenic

1 risk areas, individualized targeted case planning,
2 treatment milieu, and transition services; the
3 implementation of evidence-based practices, to include
4 things like multi-systemic therapy and functional
5 family therapy; and providing transition services for
6 youth moving from residential placement back to their
7 communities, which is essentially part of our continuum
8 as to back-end services while they're still in our
9 program -- so that when they move out, the wrap-around
10 services are still with them as they move off of
11 parole -- and then the establishment of our clinical
12 teams within all of our facilities. Within our
13 commitment facilities, we also have clinical directors
14 that oversee that large, clinical team.

15 We also believe that because the Division
16 operates from a course of guiding principles called the
17 Five Key Strategies, the strategies are used to guide
18 decision-making, to drive service provision, to provide
19 a framework for the Division's activities. In
20 addition, the Division developed a set of Five Core
21 Values. Where the Five Key Strategies provide a
22 framework for how the Division accomplishes its work,

1 the Five Core Values provide a framework for how
2 Division employees are expected to conduct themselves
3 in interactions with youth, families, each other, and
4 all stakeholders.

5 Very quickly, our values of integrity,
6 respect, trust, accountability, and excellence is not
7 only something that we talk about and promote and
8 market throughout our facilities, but it's an
9 expectation of every employee. In our Five Key
10 Strategies, we focus on providing the right services at
11 the right time by quality staff, utilizing proven
12 practices, ensuring safe environments, and using
13 restorative community-justice principles. So we
14 believe that within the Division's Five Key Strategies
15 and Five Core Values, and through the continuum of care
16 that promote youth feeling safe, it creates and fosters
17 a culture of accountability, effective program
18 services, and an overall safe environment, thus
19 resulting in low incidence of sexual victimization.

20 You are also interested in hearing a
21 summarized Grand Mesa Youth Services Progress in
22 implementing the Prison Rape Elimination Act National

1 Standards. We began development of programs and
2 implementation of proposed PREA standards upon
3 enactment of the Detention Center Sexual Assault
4 Prevention that I spoke of earlier. An initial work
5 group was developed and tasked with researching
6 proposed standards in reaching out to both internal and
7 external agencies for the development of policies and
8 procedures that govern the Division Sexual Assault
9 Prevention program.

10 Some of those folks have been the National
11 Institute of Corrections. We've heard about The Moss
12 Group. We worked with The Moss Group early on as well,
13 Brenda Smith most recently, the PREA Resource Center,
14 and the Booz Allen Hamilton early on in the PREA
15 standards. Colorado was also a part of that process as
16 well. We also developed a work group for communication
17 and training plan to ensure that all staff in the
18 Division was well-informed about PREA and received the
19 training they need to effectively implement the
20 provisions of the Act. And over the past six years,
21 the Division has actively worked to assess, monitor,
22 and measure effectiveness of procedures as well as

1 continue to design, develop, and implement new
2 strategies based on involving best practice.

3 And some examples of that is the development
4 of the zero-tolerance policy and sexual assault
5 prevention procedures; orientation procedures designed
6 to promote understanding of sexual assault; reporting
7 procedures and warning signs; facility posters and
8 awareness activities; the development and utilization
9 of risk-screening instruments designed to communicate
10 awareness and inform programming needs and safety for
11 room, group, and programming assignments; reporting
12 procedures for both youth and staff; required response
13 to allegations of sexual victimization to include
14 reporting victim assistance and perpetrator safety
15 planning; treatment of victims from both a medical and
16 mental health perspective; initial and ongoing training
17 requirements surrounding PREA and the Division Sexual
18 Assault Prevention Program. We made significant
19 physical plant modifications for the enhancement of
20 safe environments. We added mirrors to help see
21 obstructed areas. We've put video monitoring and
22 recording equipment in. We've made modifications to

1 windows, walls to provide better sight and sound
2 supervision and ongoing, confidential PREA reporting
3 surveys provided to youth, collected and reported out
4 to the Division's leadership team for ongoing review.
5 And those surveys are done in our detain units every
6 three months and in our commitment facilities every six
7 months. It's fairly comprehensive and it's very much
8 modeled after the work that Westat and BJS has done as
9 well, so that we're continuing to have our finger on
10 the pulse of what's happening in our facilities. We
11 also have been part of a national webinar with PREA
12 Resource Center and the Vera Institute. We did a piece
13 on embracing the standards in youth corrections, and I
14 think that's helped us branch out and make national
15 connections as well.

16 So in response to final standards being
17 published, the Division conducted a needs-assessment
18 for determination of the Division's ability to comply
19 and identification of resource needs. The assessment
20 currently being used to ensure the current practice is
21 in line with standards, while also assessing,
22 developing, and implementing practices for all

1 standards not currently adopted by the Division. And
2 currently, the DYC created and filled a new PREA
3 coordinator position that will have responsibility for
4 statewide consistency and compliance, and that just in
5 fact happened in the last month. So we were happy to
6 see that happen, and they work in conjunction with a
7 facility site-specific PREA leadership manager, which
8 is at our administrative level.

9 And, lastly, here, as I sum up, you wanted to
10 know the Division of Youth Corrections' and Grand Mesa
11 Youth Service Center's efforts to prevent staff sexual
12 misconduct, and in particular female staff sexual
13 misconduct. We take very seriously any incidence of
14 staff sexual misconduct, and we work hard to prevent
15 those occurrences. As a state agency we work with the
16 Department of Human Resources personnel to ensure
17 hiring practices, meet all state regulations while
18 making informed hiring decisions to support the
19 Division's strategies and values.

20 All Division facilities, including the Grand
21 Mesa Youth Service Center, employ both male and female
22 staff, and the Division has developed and implemented

1 the following policies, procedures, and practices
2 designed to prevent incidents of staff sexual
3 misconduct. Most importantly, background checks and
4 our interview process, how we're able now to interview
5 and select the type of staff that we want working in
6 our facilities. All newly hired staff attend a
7 three-week training in our Office of Staff Development
8 Academy. And It's designed to train not only in staff
9 safety but professional boundaries; evidence-based
10 practices, specifically with at-risk youth; the PREA
11 standards; PREA practices; the DYC values; the
12 philosophy of DYC; and how we work with youth and their
13 families.

14 Direct-care staff participates in a three-week
15 field training before assuming direct supervision of
16 youth. We retrain all of our staff annually on PREA
17 standards and practices. We mandate sight and sound
18 supervision of youth at all times, utilizing mirrors,
19 radios, and cameras for supervision and monitoring by
20 staff. We also do a yearly facility review to continue
21 to have a focus on finding blind spots or areas that we
22 need to have more focus on. And if we were to have an

1 incident, a PREA incident, we have a mandate of
2 debriefing that entire area and seeing if anything
3 needs to be changed to prevent any future incident.

4 Our coed facilities require both male and
5 female staffing at all times, and we consider the
6 appropriate balance between male and female staffing on
7 all shifts. We do not allow cross-gender searches, and
8 our supervision model is designed to monitor boundaries
9 between clients and staff, much like we heard earlier
10 this morning. This is something that we put a lot of
11 emphasis on, and quite frankly, we try and create an
12 environment where it's looked upon favorably to be
13 questioning each other -- and created a culture and
14 environment where that is accepted and an honor to do
15 so, so that that allows for more transparency within
16 the facility.

17 And, of course, we have ongoing quality-
18 assurance audits to address programming culture and
19 safety issues, which includes a high priority on PREA
20 standards. So overall, the Colorado Division of Youth
21 Corrections, we strive to create and maintain a culture
22 of transparency, an openness to questions and

1 reporting. And on behalf of Colorado Department of
2 Human Services and the Division of Youth Corrections,
3 thank you for the opportunity for us to share the
4 policies and practices that Colorado has implemented to
5 achieve success in promoting safe environments.

6 DR. WILKINSON: Mr. Jacobson, I think you have
7 very proudly served in the anchor position for these
8 hearings with that testimony. I think you have covered
9 all the various nuances of not just PREA, but what goes
10 into the orderly operation and professional operation
11 of any institution. So you've achieved those high
12 ideals of PREA and no doubt exceeded them. I'm
13 personally impressed that both Kentucky and Colorado
14 talked about PREA as a philosophy, and that to me is
15 very important. Because when you look at it as
16 something that's embedded into the psyche of your
17 institutional and agency operations, then it becomes
18 muscle memory instead of something you have to
19 consciously do to make sure it's working. And that, to
20 me, is a very critical part of what makes this work, as
21 opposed to when it's not working elsewhere. And I
22 personally appreciate both of your agencies talking

1 about PREA in those terms. So, thank you so much for
2 both of your testimonies.

3 Anne, any closing thoughts?

4 MS. SEYMOUR: Yeah. Well this is just going
5 to be a love fest for Colorado.

6 (Laughter.)

7 MS. SEYMOUR: I mean you could take your core
8 values and strategies poster and hang it over every
9 staff member's desk, and they would be inspired every
10 day. And I just want to say you're really the first
11 witness that I've heard from that focuses on a
12 continuum of care, and I'm just going to read back to
13 you a couple of the things: victim empathy,
14 restorative justice, community justice programming,
15 psycho education, victim safety planning -- haven't
16 heard that in the last couple of days.

17 And I know that you partner your Division and
18 your Department partner with victim services in
19 Colorado, because you all have always been at the table
20 when I'm there with COVA and with your Domestic
21 Violence and Sexual Assault Coalition. You're a
22 partner with them. And I will say there are very few

1 states -- maybe, I know Pennsylvania does -- we heard
2 yesterday -- work with their victim services to the
3 level that you all do in Colorado. And I just would
4 love for you to comment on why that makes sense, and I
5 call it a holistic approach to what you're doing that I
6 think is unique to juvenile justice agencies and how
7 much I appreciate it.

8 MR. JACOBSON: Well, thank you. You know, we
9 do see it as a holistic approach. In fact, we have a
10 victim assistance coordinator as part of our central
11 office staff. And he's not only responsible for
12 helping coordinate victim assistance services, but
13 doing training throughout our entire Colorado Division
14 of Youth Corrections as well. On the other side of
15 that, he has the duty of carrying out restorative
16 community justice, so how are we connecting with
17 communities, how are we having our youth that we're
18 serving reconnect with our communities, understanding
19 the harm that they've provided and how to repair that
20 as well.

21 So that's a significant piece of our
22 programming all the way down to a simple, major

1 incident report that a youth may receive in our
2 facility is not necessarily the paper that it's written
3 on and the hearing that they go through, that there is
4 a series of victim-impact process and processes that
5 they must go through to repair the harm within those
6 facilities alone. So it's no longer sort of an
7 incident that they can take and just deal with on their
8 own. They need to do that within the facilities
9 culture and community as well. So it's proved to be a
10 benefit to us, I think.

11 MS. SEYMOUR: Yeah. It's just -- I can't tell
12 you how impressive it is. So I'm done. My love fest
13 is over both of your agencies.

14 DR. CHRISTENSEN: Just two, really quick
15 questions, one just by way of clarity. You mentioned
16 the Colorado Juvenile Risk Assessment, and I believe
17 that's an actuarial assessment of criminogenic risk and
18 need. Correct?

19 MR. JACOBSON: Correct.

20 DR. CHRISTENSEN: And has nothing to do with
21 PREA, other than an integrated case plan to mitigate
22 criminogenic risk and need.

1 MR. JACOBSON: That's correct. What I was
2 trying to get to is just really part of what we see
3 that leads to low victimization is just sort of our
4 continuum of care, and that's where that starts. And
5 when youth and families feel like their individual
6 needs are being met and that they're seeing progress,
7 that they have their sights set on a higher goal.

8 DR. CHRISTENSEN: And I'm a big advocate so
9 that. So I don't want to say anything bad. I'm not
10 saying anything bad about it. I'm just for clarity for
11 folks who are looking at that as an assessment
12 instrument. It's not necessarily an assessment
13 instrument around PREA, itself.

14 MR. JACOBSON: Correct.

15 DR. CHRISTENSEN: Just talk real briefly,
16 really, for us and the field, about your organization
17 pre-PREA. That's hard to say -- pre-PREA. And why it
18 was easy for you to embrace? To use your terminology
19 in the webinar that you said that you helped with the
20 field, why it's easy for you to embrace the PREA
21 standards.

22 MR. JACOBSON: You know, I think early on, as

1 I think back six, seven years ago when it came to us,
2 it was actually in a group of -- a meeting with
3 facility directors and assistant facility directors
4 where it was introduced. And it resonated with us
5 right away that these standards and this philosophy is
6 what we've always tried to be about and what we want to
7 continue to be about. And this has provided additional
8 structure to us.

9 I recall back that we had some early leaders
10 within our Division of Youth Corrections that took it
11 on, and they had a lot of passion, a lot of leadership
12 with it. And they moved with it very, very quickly.
13 And so I feel like in Colorado we got ahead of this
14 pretty quickly, and we've been able to evolve over the
15 years in working with many different partners. But the
16 short answer to your question is I think
17 philosophically it aligned with us, and you know, it
18 was nice to take that forward and move it into our
19 facilities a little bit more concretely.

20 DR. WILKINSON: Thank you. And I was
21 particularly gratified to hear you talk about
22 restorative and community justice. You know, my

1 dissertation title was "The Impact of Community Service
2 Work on Adult State Prisoners Using a Restorative
3 Justice Framework." So I still very much believe in
4 that approach to having it embedded in correctional
5 operations. So thanks for helping to reinforce the
6 importance of that work.

7 MS. SEYMOUR: It's validating, Reggie.

8 DR. WILKINSON: Yeah.

9 (Laughter.)

10 DR. CHRISTENSEN: You excited Dr. Wilkinson.

11 DR. WILKINSON: Yeah, but anyway, the time has
12 come, reluctantly, to end the work of this Panel.
13 Thanks to all of you who are witnesses for this
14 segment, and thanks to all the witnesses in all the
15 segments and our expert testifiers as well. And I
16 think we would be remiss -- we had one of the witnesses
17 thank Chris for his -- I think Prof. Smith thanked
18 Chris; but, you know, behind the scenes, Michael and
19 Chris and Joe and George were just amazing in terms of
20 preparing all the documentation and doing the legwork,
21 and getting you all here and working through snow
22 storms, and, you know, other kinds of challenges along

1 the way, some even legal ones. And so I can't thank
2 the Office of Justice Programs and its team, especially
3 the Civil Rights Division here, for its work.

4 I also thank all the spectators and the
5 visitors here today, because it's important that not
6 just the persons who are personally involved
7 participate, but we want the world to know that this is
8 something that's very, very critical to the safety of
9 the persons that we have supervision over and our
10 correctional facilities throughout the United States.

11 The one thing that we don't and the one group
12 of people we don't hear from in these hearings,
13 however -- but I still think is a very critical
14 component to PREA and subject to the PREA
15 standards -- are community corrections agencies. You
16 know, there are many, many, many community residential
17 organizations across the United States who are
18 seriously preparing for PREA and wanting to be in
19 compliance with it. So I want to acknowledge, you
20 know, their good work as well, because it's going to
21 take this holistic approach.

22 You know, with all the different agencies, you

1 have a training session coming up in Kentucky. And I'm
2 sure you and Commissioner LaDonna talk about these kind
3 of things, you know, over the course of time. So there
4 are a lot of people who deserve our appreciation and
5 the appreciation of a lot of other people for its fine
6 work with PREA.

7 MS. SEYMOUR: I just want to say our staff is
8 totally rock, and do you have to close out this Panel?
9 Did you officially do that?

10 DR. WILKINSON: No, we're going to close out
11 the whole thing in a minute.

12 MS. SEYMOUR: Okay. I'm good. Awesome.

13 DR. CHRISTENSEN: Well I would also like to
14 echo thanks to the staff of OJP and the Civil Rights
15 Division, the information that was provided, put
16 together logistics, et cetera, were just outstanding.
17 And I know Reggie said that, but I felt like I needed
18 to say it again.

19 Also, Dr. Beck here, your analysis and the
20 Bureau of Justice Statistics are a benchmark for all of
21 us to follow when we look at this very difficult
22 situation and continue to move us forward to the

1 ultimate goal of the no sexual misconduct of any type
2 for any person within any facility for any reason. And
3 without your work and the statistics that are
4 available, I think we would just be engaged, endlessly,
5 in philosophical discussions and defenses, and all
6 different things about what different people perceived
7 the problem to be, rather than to have a standard
8 benchmark from which to work. So I thank you very much
9 for that. I think without that work, we would kind of
10 spin our wheels quite a bit around this issue.

11 DR. WILKINSON: So with that, the Panel
12 concludes its hearing on Juvenile Correctional
13 Facilities With Low Incidence Of Sexual Victimization,
14 and hereby adjourn. The Panel reserves the right,
15 however, to accept additional materials and testimonies
16 to supplement the record. Thank you all for being
17 here.

18 (The hearing was adjourned at 12:33 p.m.)

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