

1 DR. OWEN: I too am a fast talker. I will
2 do my best to honor my southern roots and slow down
3 a little bit. I too would like to thank you for
4 inviting me.

5 I am testifying as a prison sociologist who is
6 going to ask you to take a broader view. I have
7 conducted research at local, state and federal
8 prisons and jails for almost 25 years. And in the
9 time I have I am going to ask you to think about
10 shifting your perspective, think about shifting your
11 thinking a little bit. My facts and my concepts are
12 entirely congruent with what many of the other
13 witnesses have suggested to you, but I am going to
14 ask us to take a step back and look at some of these
15 facts, some of these concepts from a little
16 different vantage point. So allow me to develop
17 that.

18 As an introduction, allow me to present my
19 credentials. I received a Ph.D. in sociology from

20 U.C. Berkeley in 1984 where I conducted research on
21 correctional officer culture. As a very young
22 person, I was hanging around San Quentin talking to
23 correctional officers. So that was kind of my
24 introduction to this world. I was employed by the
25 federal Bureau of Prisons for a number of years,

1 working in male institutions and in the central
2 office. There I worked on the social climate
3 instrument, which you may hear about in other
4 venues. In my own thinking I am returning to this
5 notion more and more, and I will be describing that
6 as I go along.

7 Since 1990 I have been professor of sociology
8 at Cal State Fresno. Ms. Ellis has worked with my
9 chair. I send you his regards.

10 MS. ELLIS: Thank you.

11 DR. OWEN: In this capacity I have
12 continued my work with women's prisons and juvenile
13 female offenders. It was just a matter of luck that
14 when I moved to Fresno, the State of California was
15 setting about building the world's largest prison
16 for women 32 miles from my house. And since then
17 they have built another one 33 miles from my house.
18 I have been very, very fortunate through the kind
19 intercession of many people in this room to have

20 access to the women's prisons, not only in this
21 state, in others. I have also done a lot of work
22 for the National Institute of Corrections. I was an
23 intern there in 1980 as I am fond to say. I am one
24 of the longest running employees or workers with
25 NIC. I worked as a trainer and researcher primarily

1 in the area of operational practice, agency
2 planning, staff sexual misconduct, and I am one of
3 the coauthors of NIC's work on gender responsive
4 policy.

5 I've written you several books, numerous other
6 publications, and most recently I am a coauthor with
7 a sentencing reform group that our pamphlet will be
8 coming out soon with all these discussions about
9 sentencing reform on a national level.

10 I conducted research on PREA for NIC and The
11 Moss Group on staff perspective on sexual violence.
12 Mr. Thigpen mentioned our work. I understand you've
13 got a copy of our first publication. There will be
14 multiple publications if I can get off the road, and
15 stay home and write.

16 MR. MCFARLAND: This is it?

17 DR. OWEN: Yes, sir.

18 MR. MCFARLAND: For the record, Staff
19 Perspective on Sexual Violence in Adult Prisons and

20 Jails, dated June 2006, Volume I.

21 DR. OWEN: I'm prepared to give you

22 multiple details. Usually my presentation is about

23 three hours. Lots of time on that.

24 MR. MCFARLAND: Not today.

25 DR. OWEN: I am currently under contract

1 with CDCR, examining operational practice in women's
2 facilities. I have given probably three, four,
3 presentations to their executive staff on PREA,
4 various issues that you heard today.

5 I have just received a grant from the National
6 Institute of Justice looking at the context of
7 sexual and other forms of violence in women's
8 prisons and jails. And many remarks I will --
9 examples I will give today go to the issue of gender
10 here. I would just like to note that all the other
11 panelists have exclusively said "he" in talking
12 about the victims or the perpetrators in prisons,
13 and I would just like to point out that here in
14 California we have almost 12,000 women locked up in
15 our state system, and that is bigger than many, many
16 other state systems.

17 You mentioned Alabama earlier. If you added
18 parolees, that is about as big as we are with women.
19 So it is not just a he issue. I would like to state

20 that strongly. It is also not just an adult issue
21 as you are well aware. PREA is more than about just
22 prisons and more than just about rape. I will use
23 the term "sexual violence" because to me that is the
24 preferred term. Again, in keeping with my
25 suggestion that we broaden our perspective. We

1 broaden our talking about rape, which brings up male
2 images, talks about male-on-male violence. I think
3 if we look at sexual violence as our term, I think
4 we, again, expand our perspective.

5 In my testimony I am going to share my views
6 on the factors that shape sexual assaults and sexual
7 violence. Again, following instructions, talking
8 broadly about the ways in which correctional systems
9 can deter such violence. I feel very strongly that
10 we need to run on several tracks. We have -- we,
11 and I do feel like I am part of the PREA community.
12 I am on the advisory board of BJS work. I'm on
13 several NIJ studies. I've gotten around with The
14 Moss Group with a lot of PREA issues. I think the
15 focus has been prematurely narrowed to such concrete
16 operational issues as investigation, proving,
17 punishing, identifying predators, identifying
18 victims, counting, as you heard my speech on that
19 briefly.

20 I want to suggest to you that this approach is
21 short-sighted. If we focus only on after-the-fact
22 issues, we miss golden opportunities. Again, as
23 your direction suggests that let's talk about
24 deterrence. So, again, it is a multiple track to
25 run on.

1 My written testimony provides significant
2 details on the research literature on sexual
3 violence in women's institutions. I provided that
4 to you. I am happy to answer questions about that.
5 But in my role today I will want to look at the
6 context of violence and safety specifically. This
7 is not to say that individual victimization is in no
8 way serious. The harm that occurs to human beings,
9 as Mr. Dumond and other witnesses have suggested to
10 you, is extremely serious and has far-reaching
11 implications on operational practices in
12 institutions as well as community safety post
13 incarceration. But, again, in asking your
14 indulgence to take a step back and look at the
15 broader context of violence in correctional settings
16 as a way of looking at sexual assault. Finally, I
17 am going to offer some concrete suggestions about
18 training and education for both staff and inmates.

19 Don Specter also mentioned this earlier, why

20 we need to look at the broader context and not
21 narrow our focus. In sociology we talk about macro
22 factors and micro factors, and I want to elaborate
23 to you some of these macro factors. Mr. Dumond
24 ended his remarks with talking about the opportunity
25 we have, and I think we need to take a step back

1 from what we can do and look at what we should do.
2 It is very easy to focus on DNA analysis and cameras
3 and the kind of concrete things at this micro level.
4 Again, in the multiple approach analysis this makes
5 enormous sense, but I just want to push your
6 thinking toward this broader view.

7 This particular approach sees that
8 organizational, environmental and individual factors
9 contribute to all forms of violence in facilities.
10 Mr. Dumond and Dr. Kupers mentioned corrections'
11 role in the cycle of victimization. I think if we
12 are going to interrupt this cycle, we need to look
13 at it in all these fronts. Many of the witnesses
14 have talked about inmate and staff culture, and that
15 means the values and behaviors related to safety and
16 violence among inmates, and I will expand on this
17 idea as we go.

18 Again, while sexual violence among and against
19 inmates, the key focus of the PREA initiative, I

20 suggest that this broader approach view, examining
21 the correlate of violence and safety in all
22 facilities across multiple dimensions should be the
23 focus of our deterrence efforts. Again, the
24 attention afforded by PREA, it is more than prison,
25 it is more than rape, should be focused in multiple

1 aspects. If we just look at prison rape, I think we
2 are missing the opportunity to look at these larger
3 forms of victimization and the context that supports
4 this victimization.

5 Mr. McFarland, earlier you asked if PREA was a
6 waste of time. I think if we continue to narrow the
7 focus, that it could be seen that way. And so,
8 again, I am pushing back a little and say let's take
9 a broader view here.

10 I feel very deeply that PREA gives us an
11 opportunity to introduce another dimension of
12 humanity in correctional environments and a place
13 that sorely lacks it. To my view deterring sexual
14 assault should be one of our primary foci in this
15 overall safety strategy. And that is the word I'm
16 going to elaborate on in the time I have left.

17 We need to look at safety and all its aspects
18 and defining safety, both in terms of individual
19 institutions as well as in terms of larger systems.

20 Again, the narrow focus on sexual assault misses the
21 broader question of general safety in jails and
22 prisons.

23 Prisons and jails that are sexually unsafe are
24 also physically unsafe. The work that I've been
25 looking at with my assistants and colleagues around

1 the country shows that sexual violence occurs within
2 the nexus of physical violence and material
3 violence. And we know this from our work on
4 victimization in the streets, that sexual violence
5 in domestic relationship is tied into intimately,
6 and I use that word advisedly, to physical violence
7 and material violence. So again, this broader view
8 shifts our attention to, I think, some of these
9 causal and contextual factors. This very narrow
10 focus on sexual violence, particularly after the
11 fact, obscures some of the environmental culture
12 factors that contribute to all forms of violence.

13 Texas, for example, for reasons Dr. Kupers
14 indicated to you, framing their approach to prison
15 sexual assault through their Safer Prisons Program,
16 and I think it's a very productive way to talk about
17 this. They have an agencywide strategy and the
18 institutional positions dedicated to improve safety,
19 specifically sexual safety, in all their facilities.

20 So let me talk about some of the factors that create
21 and maintain safety and violence in correctional
22 institutions.

23 First let me say that CDCR is not alone in
24 this, but in every system I've been in in the last
25 15 years we see an increase in numbers. And I want

1 to suggest to you that systems are being crushed by
2 these numbers, and I mean that word very advisedly.
3 The number of inmates that are in California prisons
4 is well over twice the capacity that these prisons
5 were built for.

6 Think about your house, last time you had
7 family visiting for the holidays. The holidays are
8 coming up. You are going to have people sleeping on
9 the couches. You are going to be running through
10 towels and toilet paper, and you're all going to be
11 happy when all those people leave. The California
12 system has been running with double and some places
13 triple capacity. This has very, very serious
14 implications on everything from the physical plant
15 to staff fatigue, to our issue at hand, and, of
16 course, that's looking at sexual violence.

17 CDCR is not alone, but under the current
18 crowding conditions and raising prison and jail
19 population, these numbers really obviate the issue

20 of safety and violence. Housing inmates in
21 facilities that were designed for many fewer human
22 beings, operating facilities with inadequate number
23 of staff who often work overtime and reducing
24 programming and treatment opportunities, each
25 contribute to the context of potential violence I'm

1 developing for you here.

2 I am entirely sympathetic to the correctional
3 officer position. Many of these staff, as
4 Mr. Dumond and Dr. Kupers pointed out, did not come
5 to this work to work with mental health inmates.
6 They are not trained to work with individuals with
7 serious mental illnesses, and many of the problems
8 we are talking about today go to that issue. The
9 fact is that the Department of Corrections and many
10 systems are the largest provider of mental health
11 care without the adequate staffing, certainly
12 without adequate resources.

13 Dr. Kupers said they didn't come to be a
14 mental health worker. I think we need to understand
15 that as well. While there is much to say about the
16 crowded prisons and jail crowding, I will combine my
17 comments to safety issues. But I just want to begin
18 with the central fact that as long as prisons and
19 jails continue to be crowded, safety will continue

20 to be compromised. Humane living conditions,
21 adequate numbers of trained staff, effective
22 programs and treatment service will contribute to
23 violence in these settings. And again, I know it is
24 very easy to say this is not in purview. But until
25 we look at the causes and until we look at the

1 factors that support and maintain violence in our
2 facilities, we aren't looking at the issue of
3 deterrence as you suggested we do.

4 Other witnesses have described the contribution
5 that context made by staff culture, administrative
6 leadership attitudes towards inmates and other
7 agency factors. Mr. Specter in his testimony this
8 morning talked about the insensitivity to inmates.

9 I want to again suggest a broader view and look at
10 ways in which inmates have been, to use a term that
11 they use in Australia, otherized. The inmates have
12 been made the other. And again, it is due to these
13 crushing numbers. It is hard to relate to
14 individual human beings when you have two to three
15 times the number of inmates in your housing unit
16 that it was designed for.

17 There was a lot of discussion of vocabulary.
18 And even though it sounds like a small thing, it is
19 commonplace in many systems in this country, and I

20 am going to use some of the polite words, to call
21 inmates thugs, crooks, et cetera. In women's
22 prisons some of the epithets are even more damaging.
23 And Bob pointed out the issue of racial epithets
24 have been more or less controlled, at least in
25 formal environments. And I want to suggest we start

1 talking about the language we use to refer to
2 inmates because vocabulary is important.

3 Mr. Dumond provided significant detail on the
4 current research on violent victimization. I want
5 to draw your attention to his specific description
6 of the dynamics of assault because this is indeed a
7 process. He talked about means, opportunity and
8 vulnerability; and I think understanding it as a
9 process rather than an event leads into a broader
10 understanding here. I would suggest the panel
11 investigate how these dynamics contribute to a
12 context that either promotes or undermines safety.

13 Other witnesses have described the critical
14 importance of a systemic and policy based approach.
15 I concur with their views. Specifically, Mr.
16 Thigpen described NIC's experience with systemwide
17 policy based approaches, and, again this is very
18 consistent with the approach I am outlining for you
19 here. I would emphasize that improving reporting

20 mechanisms, developing and providing staff training
21 and inmate education are key aspects of these
22 approaches. Expanding mechanisms that support
23 inmate reporting in safe and confidential
24 environments is a critical first step, but, again, I
25 want to suggest to you that reporting after the fact

1 is only one track to run on.

2 Research on sexual violence suggests that the
3 majority of assaults occurring as part of a process,
4 whether it is protective pairing, whether it's
5 manipulating someone into a seemingly appearing
6 consensual relationship, and here I'm also talking
7 staff sexual misconduct as well as inmate sexual
8 violence, this is not an isolated incident. There
9 is a process.

10 MR. MCFARLAND: Is the research you are
11 referring to in the context of prisons or sexual
12 violence generally?

13 DR. OWEN: In both places. And Bob's done
14 a workman-like job outlining all the literature for
15 you. I suggest you look at that closely. But we do
16 know it starts in a variety of ways. We do know
17 from some of the work that we have done in NIC,
18 focus group interviews, for example, that a lot of
19 sexual violence indeed is domestic violence. You

20 may think that it only applies to the relationship
21 in women's prisons, but this concept first emerged
22 in our work in male prisons, that much of the sexual
23 violence we see is the result of a relationship gone
24 bad. So, again, a process, a context approach that
25 allows us not to see only as isolated event that is

1 to be investigated and prosecuted, but instead to
2 step back and think about ways in which we can get
3 more in the front end of the cycle.

4 In many systems inmates are given very few
5 opportunities to report their concerns prior to
6 assault. Instead they are told they must name names
7 and preserve evidence to support a formal
8 investigation. As you know from the BJS work, the
9 substantiated and unsubstantiated figures are
10 dramatically different, and I want to suggest to you
11 that substantiated claims is an unreachable standard
12 in terms of deterrence, that we need to think of
13 ways in which inmates can report their concerns
14 before assault rather than after an assault.

15 MR. MCFARLAND: Dr. Owen, how would you
16 suggest that CDCR or other DOCs expand the number of
17 ways prisoners can report their concerns on sexual
18 assault?

19 DR. OWEN: Let me develop that in my

20 comments on staff selection and training. I hope to

21 answer that for you.

22 MR. MCFARLAND: We don't have much time.

23 DR. OWEN: I understand that.

24 MR. SEXTON: If you're going to report a

25 concern, how does a practitioner -- again, how do we

1 handle a disciplinary action? How do we move the
2 other inmate based on a concern versus fact when
3 they, in fact, turn around and file a grievance or
4 lawsuit?

5 DR. OWEN: That is exactly what I am not
6 saying. I am saying let's focus on identifying the
7 predator is misplaced, focus in terms of deterrence.
8 If an inmate feels unsafe, he or she should be able
9 to report it to a variety of staff who are trained
10 to talk to the inmate about ways in which he or she
11 can keep themselves safe.

12 MR. SEXTON: Part of that is keeping the
13 inmate safe, as I understand it. Everybody is
14 advocating moving the individual with a problem.
15 How do we do that on a concern versus without any
16 fact?

17 DR. OWEN: Again, the feeling of unsafety
18 is the fact, and I am not suggesting that moving is
19 the only solution. There are ways to train inmates.

20 There are ways to train women about protecting
21 ourself from unwanted sexual advances. There are
22 ways to teach women, and, again, as a woman I can
23 give my experience. When you grow up as a woman in
24 society you are taught what to look out for. You
25 are taught how to identify folks who aren't good for

1 you. I think we need to look at educating inmates
2 how to protect themselves rather than moving towards
3 constantly isolating everyone. We can't isolate our
4 way out of the problem.

5 MR. SEXTON: On a parallel of a series of
6 events, domestic violence, we still have to deal
7 with facts. We deal with concerns, but we get the
8 facts. Really dealing with the problem.

9 DR. OWEN: But, sir, only if you're
10 talking about prosecution. If you are talking about
11 prevention, you have a broader view.

12 MR. DUMOND: I would submit to you that
13 most staff who work a unit or cell block or a place
14 where -- a substantial place, they know the
15 prisoners under their supervision. They know who is
16 a predator and they know who is vulnerable.

17 MR. SEXTON: That was the question.

18 MR. DUMOND: I really submit we need to
19 empower staff. Again, it is a two-end approach, not

20 just the onus of the victim to come forward. Staff
21 need to use, and I like your comment, due diligence
22 and being at work. Staff has a responsibility
23 there. I think we need to make and empower and
24 support them to be able to do that.

25 DR. OWEN: Again, my point is thinking

1 about ways in which we can give inmates a variety of
2 strategies, other than locking up and other than
3 transferring, to protect themselves at the beginning
4 of this process rather than at the end of the
5 process. So much of what we do is focused after the
6 fact. I am suggesting there is ways to think about
7 before these things happen. Again, I am conscious
8 of the time.

9 I want to talk just very, very briefly about
10 staff training. Staff training is more than
11 classroom work. It has to do with staff selection
12 as well. We need to think about the ways in which
13 our staff are not only trained, but selected. The
14 importance of providing information and skills to
15 all staff, not just custody and medical, about the
16 context of sexual assault and their role to creating
17 and maintaining safer correctional environments.

18 A similar recommendation comes to inmate
19 education. Inmates should be educated at

20 orientation and throughout their sentences about the
21 ways they can protect themselves. They should be
22 educated about the system's commitment to safety in
23 all forms. In addition to educational opportunities
24 provided to staff, inmate per education has been
25 shown in good effect in multiple places.

1 MR. MCFARLAND: Where?

2 DR. OWEN: Texas has a system. I think
3 California is developing one. Inmates learn how to
4 do their time from other inmates. I suggest they
5 learn how to protect themselves. That is one of the
6 components of my NIJ study. I did define the ways
7 women keep themselves safe.

8 MR. MCFARLAND: The one that is upcoming?

9 DR. OWEN: Come back in two years.

10 Again, I want to call the panel's attention to
11 specific issues in the juvenile justice system,
12 about which much less is known.

13 To conclude, everybody's favorite sentence,
14 the best deterrence is an emphasis on safety for all
15 inmates and staff. While no system defines inmates
16 as unworthy of protection, I suggest that renewed
17 emphasis on safety for inmates and for staff should
18 be promoted on all fronts. And my discussion here
19 should revolve around safety for human beings from

20 systemwide policy to individual post orders, the
21 emphasis on safety goes beyond this narrow
22 definition of security and investigation after the
23 fact. A safer environment not only protects inmates
24 and staff from violence, it is more conducive to
25 rehabilitation and treatment.

1 I would urge the panel to investigate
2 strategies that measure and move toward improving
3 safety rather than counting individual incidents as
4 a primary way to deter sexual violence. The focus
5 can be shared to look at deterrence and prevention
6 as well as investigation and sanctioning. Prison
7 gives us some tools. NIC and the federal partners
8 have given many tools. I suggest they be promoted.

9 And finally, I want to agree with Mr. Dumond,
10 we expect the prison to solve problems created
11 elsewhere. The mission of the prison, in my view,
12 should be twofold, safety and rehabilitation. If we
13 use the spotlight afforded by PREA to bring out
14 safety issues, I feel it will go a long way.

15 Thank you very much.

16 MR. MCFARLAND: Thank you, Prof. Owen.
17 What strategies can you offer or commend to us for
18 measuring or moving towards improving safety?

19 DR. OWEN: As I said in my opening

20 remarks, I'm becoming more and more interested in
21 the notion of assessing correctional environments.
22 Again, these are not mutually exclusive strategies.
23 The ideas advanced about classification, identifying
24 individuals who are vulnerable, identifying
25 individuals who are at high risk, all that makes

1 sense. But I think we also need to look at
2 identifying environmental and culture and
3 organizational factors.

4 MR. MCFARLAND: Example.

5 DR. OWEN: For example, I would suggest to
6 you that overtime probably has an enormous
7 correlation with how alert, to use the word, staff
8 can be. Again, staff are being crushed by the
9 numbers. So we need to think about the ways in
10 which that both staff overtime, lines of sight,
11 numbers of inmates, all those things come together
12 to create this context. This is a multiple variant
13 problem and we need to keep our eyes on all of the
14 variations. So one of the strategies would be to --
15 and the Bureau of Prisons has instruments to do
16 this. We are developing assessments for sexual and
17 physical and material safety for women prisoners as
18 part of our NIJ work. I don't know the answer to
19 that. That is why NIJ is giving me money to do this

20 work. I think we can assess safety.

21 MR. MCFARLAND: Any other strategies for
22 assessing safety?

23 DR. OWEN: I just want to repeat the
24 notion of making it clear to staff and inmates that
25 it is our job to be safe. It is the staff's job to

1 keep us safe, that is very different than security.

2 Safety has a broader meaning. And that inmates who

3 don't feel safe need to think about ways in which

4 they can improve their own safety.

5 MR. SEXTON: Can you please go back. I am

6 still not with you on the options before the fact.

7 What are examples there?

8 DR. OWEN: I think putting resources into

9 developing prevention strategies as opposed to only

10 investigating things that have already happened.

11 MR. SEXTON: Can you give me some examples

12 of what you think could be done in regards to

13 prevention?

14 MR. MCFARLAND: I have dibs on your answer

15 that I asked for a few minutes ago about how should

16 a prison system expand the number of ways prisoners

17 can safely report their concerns before the fact?

18 DR. OWEN: One strategy that could be

19 maximized, many systems have 800 numbers to call to

20 report staff misconduct. And I think that there
21 should be other ways to report, whether it is
22 through a third party phone. In England they have
23 what is called Samaritan, and inmates can call
24 outside organizations and report feelings of
25 unsafety. In England they call bullying when

1 inmates are being picked on, and they talk to an
2 outside person who says, "Well, let's talk about
3 what are the kind of places, for example, where this
4 stuff occurs?" And then they talk about what can
5 you do differently next time.

6 MR. SEXTON: I have 600 inmates. They
7 call the 800 number, and they call me back to say
8 you have a problem. How do I identify who that
9 individual is? How do I forward that help? How do
10 I know who I am helping?

11 DR. OWEN: Again, sir, I am trying to
12 suggest that we need to look at rather than an
13 individual focus who is getting hurt to think what
14 is in the environment that contributes to this.

15 MR. SEXTON: I am missing something here.
16 We are trying to give the inmates an option before
17 something happens.

18 DR. OWEN: To teach them to protect
19 themselves.

20 MR. SEXTON: They call an 800 number to
21 report something. How do I help diffuse that
22 situation of, say, assaulted inmate? How do I
23 diffuse it? How do I know? You've got 3,000
24 inmates in these facilities here. How does whoever
25 receives the information, how do we get that help

473

CAPITOL REPORTERS (916) 923-5447

1 that this inmate is asking for? How do we get it to
2 them?

3 DR. OWEN: I am suggesting less of an
4 individual focus and more of an environmental
5 focus.

6 MR. SEXTON: Somebody is in trouble.

7 MR. DUMOND: Let me also --

8 MR. MCFARLAND: This panel is going to end
9 in five minutes. Five real minutes.

10 MR. DUMOND: You can look at grievances
11 that prisoners argue, and you can track what some of
12 the issues that they are looking at. If you do it
13 systematically, you are going to come up with some
14 of the themes that Barbara is talking about. Get
15 individuals to bring issues to the table. They do
16 it in a formal way and they do it in informal ways.

17 The other thing you need to do is have
18 opportunities for families, other people external to
19 come in and also some real response by authorities.

20 I've been an expert witness in cases where families
21 have called up and say, "My son is going to be
22 raped." And the warden has said, "Well, he should
23 buck up and take it like a man."

24 That is a real case. It went to the U.S.
25 District Court, and it has become the correctional

1 authority, and feel that that was the appropriate
2 response.

3 MR. MCFARLAND: Is there any role for
4 faith based organizations and other community
5 organizations in this kind of prevention?

6 DR. OWEN: Absolutely.

7 MR. DUMOND: Mental health and faith based
8 people have -- they are the oasis in the storm.
9 There are places where you can go and people feel
10 comfortable because they are not going to judge you
11 and treat you with human dignity. I think they're
12 inordinately responsible and helpful and should be
13 part of this.

14 DR. OWEN: One thing we found out at NIC
15 focus groups is that staff face it, inmates need
16 more places to talk; to faith based people and
17 community people are just some examples. Sometimes
18 talking about their concerns about your safety with
19 someone who you know won't judge you and won't say,

20 "Well, until you bring me DNA evidence I can't do
21 anything about it." We were told time and time
22 again one response to inmates is, "I think this is
23 going to happen. Come back after it happens."
24 Again, I think that defeats our purpose.

25 MR. MCFARLAND: I have one stenographic

1 question on page --

2 DR. OWEN: I don't know how to type.

3 MR. MCFARLAND: -- Page 3, second

4 paragraph, your brief review of research.

5 DR. OWEN: Yes.

6 MR. MCFARLAND: Second line, second

7 paragraph. Should it read the few studies mentioned

8 indicate prevalence of sexual victimization, and

9 insert the words "of women"?

10 DR. OWEN: Yes.

11 MR. MCFARLAND: Appears to have been

12 lower.

13 DR. OWEN: Yes.

14 MR. MCFARLAND: Thank you very much.

15 We can talk with you for days, and I wish we

16 could. But we are going to now ask for a

17 representative -- rather than taking a break, we are

18 going to ask either Warden Malfi or Mr. Dovey, both.

19 We understand they would like an opportunity to