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**Author:                     Shelley Johnson Listwan, Ph.D., Dena Hanley, Ph.D., Mark Colvin, Ph.D.**

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# **The Prison Experience and Reentry: Examining the Impact of Victimization on Coming Home**

## **Final Report**

**Submitted to the National Institute of Justice**

By

Shelley Johnson Listwan, Ph.D.  
Institute for the Study and Prevention of Violence  
Kent State University

and

Dena Hanley, Ph.D.  
University of Akron

Contributions by:

Mark Colvin, Ph.D.  
Kent State University

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Finally, this report is dedicated to the memory of Andrew Goldberg who left us too early. His diligence and hard work to reduce the harm associated with forced sexual victimization during incarceration will survive him. Thank you for everything Andy!

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## **Abstract**

With the adoption of the Prison Rape Elimination Act in 2003, institutions around the country began developing policies and procedures related to the detection, prevention, and elimination of sexual victimization in prison. The research, however, was in its infancy and little was known regarding the context, severity, and impact of victimization on a variety of outcomes. This study explored the impact of emotional, physical, and/or sexual victimization on inmates who were returning to the community. Few, if any studies have explored the additive effect victimization may have on an already difficult transition period for offenders. The study hypothesized that victimization intensified mental health problems and criminal behavior. Recently released prisoners from twenty-two halfway houses and prisons in Ohio, were selected for this study. Standardized instruments were utilized to assess the inmates' psychological status in various areas, including but not limited to post-traumatic cognitions, depression, anxiety, social support, coping, and criminality. The final analysis compared recidivism rates between those who report having been victimized and those who have reported not being victimization.

The findings from this study have implications for policy and practice. For example, by examining patterns of victimization, administrators may be able to develop strategies towards identifying those at risk for victimization even in an inmate who has not come forward, thereby facilitating early, needed interventions. Early detection and intervention could significantly reduce the negative impact of victimization on inmates. Additionally, this study provides support for expanding the types of services provided to incarcerated individuals, both in the institution and after release. It is important that practitioners identify and comprehend the impact that victimization can have on reentry, short- and long-term.

## Executive Summary

The primary purpose of this project was to determine the impact of prison victimization on outcomes for those returning to the community. The project had two objectives. The first objective was to add our voice to the debate regarding prison sexual assault. The second was to extend the previous research by examining the impact of victimization on inmate re-entry. The study defined reentry as the process the offender experiences as he progressed from living in an institutional setting to a community setting. Although prison rape was the central concern under the PREA legislation, this project employed a broad definition of victimization. Expanding the scope of victimization allowed for the consideration and impact of various types on behavior. Acts of victimization included any coerced, tricked, or forced action between inmates that included any physical, emotional/verbal, and/or sexual activities that could cause harm to an individual. This included thefts, sexual assault, rape, physical assault, coercion (including indebtedness for protection or goods while incarcerated), and emotional or verbal abuse (including threats and derogation). This study separated those acts that were classified as sexual assault by the Prison Rape Elimination Act (PREA) definition from those acts that were coerced. In addition, the study examined how often those acts occurred. Finally, the study added to the existing literature by also considering witnessed episodes of violence.

While many researchers have examined the causes and correlates of victimization in prison, few if any, have explicitly linked those experiences to the inmate's community adjustment post release. Community adjustment, more popularly referred to as the process of reentry, is a difficult one for many ex-inmates. Deficits in employment, housing, and literacy are rampant among this population. These deficits are often exacerbated by addictions, weak social support networks, and mental health issues. Moreover, the decades long incarceration boom, has left many states are grappling with increasing numbers of parolees without additional community resources. Even when spending increases, statistics indicate that the probability of an offender succeeding in the community upon release has not vastly improved.

In an effort to measure the impact of victimization on the re-entry process, the current project examines outcomes among a sample of approximately 1,600 formerly incarcerated offenders who served time in halfway houses across Ohio. We used a population based sampling plan geographically proportionate to the statewide halfway house population. Participants were followed in the community for an average of 2.5 years. Face-to-face interviews with the subjects while residing in the halfway houses were used to examine prison experiences, including victimization. Offender outcome measures included psychological well being, parole termination status, arrest in the community, arrest for a violent offense, and re-admittance to prison.

### Prison Victimization

- *Witnessed victimization:* the vast majority indicated that they witnessed thefts (82%), physical assaults (92%), and verbal assaults (95%). Nearly 20 percent indicated they had witnessed other inmates being sexually coerced by another and 12 percent indicated they

had seen a rape. Overall, 98 percent of the sample answered in the affirmative when asked if they witnessed another inmate being victimized in these specific ways

- *Attempted victimization:* 22 percent reported attempted thefts, 5 percent indicated that someone had attempted to coerce them into sex, and 1 percent indicated they were the victim of an attempted rape.
- *Direct Victimization:* 58 percent of the sample reported being victimized in the last twelve months of incarceration. Specifically, 23 percent indicated they had something stolen from them, 29 percent indicated that they had been in a fight, 40 percent indicated that they had been verbally assaulted and less than 1 percent admitted to being the victim of sexual coercion or rape.
- Multivariate analysis revealed that age, race, having children, being diagnosed with a mental illness, and participating in religious and treatment service were all significantly related to being violently victimized. Specifically, those who were younger, Caucasian, did not have children, and were diagnosed with a mental illness, were more likely report being involved in a violent victimization. By contrast, those reported a property victimization, age, race, children, mental illness, and participation and treatment and/or religious services were predictors.
- Those in prison longer, those with a violent history, and those diagnosed with a mental illness were more likely to report witnessing individual(s) being sexually coerced or raped.
- Experiencing victimization in prison was significantly related to psychological well being. As was education, mental illness, and participating in treatment in prison. Those who were younger, had less education, were diagnosed with a mental illness, had participated in treatment, and had experienced victimization in prison had more post traumatic cognitions and symptoms.

### **Characteristics of Victimization Episodes**

- When examining all witnessed incidents, we see that 27 percent occurred in a common area such as the yard, gym or library, followed by 25 percent in the individual's dorm and 19 percent in the dayroom or shower.
- Witnessed victimizations were more likely to occur in the summer months. Sexual victimizations were more likely to occur in the evenings and overnight hours and fighting was more likely to occur during the day.
- Witnesses indicated that non-whites were more often the assailants in the event described.
- In nearly 61 percent of the witnessed incidents, the respondent indicated that no one reported the incident to prison officials. Over a third of the respondents indicated it was

not reported because they did not want to be seen as a “snitch” and 26 percent indicated they felt the victim would take care of it himself.

- With direct incidents, 54 percent indicated that they knew the person involved, 19 percent indicated that it was someone they hung out with and 27 percent indicated it was someone they did not know.
- Respondents were also asked whether they felt their life was in danger during the incident. Twenty percent of those directly involved in a fight felt their life was in danger, followed by 23 percent reporting being sexually coerced and 38 percent of those reporting rape.
- The majority who were involved in a fight indicated that they were bruised (64%), suffered bleeding (27%) or had broken bones or teeth (14%). Among those who were sexually coerced, injuries reported included bruising and hurt in “other” ways. The other ways noted included being bitten, having a swollen lip and/or a cracked rib. Among those who reported being the victim of an attempted or completed rape, only bruising was noted.
- The majority of the victims indicated that they did not report the incident to prison officials. When asked why they did not report, respondents were most likely to indicate that they either didn’t want to be a “snitch” and/or they would take care of the situations themselves. Other reasons cited included the feeling the incident was not important enough to report (more often reported in sexual assault cases) and feelings that it “wouldn’t matter” if they chose to report it.

### **Re-Entry/Community Outcomes**

- Forty-eight percent of the sample was arrested during the follow up period. Of those arrested, 17 percent were arrested for a violent offense. Forty-one percent of the sample was readmitted to prison during the follow up period. Finally, 35 percent of the sample was terminated unsuccessfully on parole.
- The multivariate analysis of arrest revealed that witnessing sexual victimization in prison was a significant predictor of arrest in the community. In addition, those who were younger, non-white, had a mental illness diagnosis, had a greater number of felony convictions, had a violent history, was unemployed in the community, and did participate in treatment were more likely to be rearrested
- Age, prison length, and a prior record involving violence were significantly related to the probability of an arrest involving a violent offense.
- Those who were younger, had a greater number of prior felony convictions, had a violent history, were not employed in the community, did participate in treatment in the community and experienced direct violent victimization were more likely to be returned to prison during the follow up period.

- The significant predictors of unsuccessful termination from parole were age, number of felony convictions, prior violence, whether the respondent was employed in the community, whether they received treatment in the community, and whether they witnessed sexual victimization.
- The findings from the analysis examining coercion and social support found that those individuals who score higher on the coercion index (including measures of victimization and perceptions of prison as a threatening environment) performed worse on all outcome measures. We did not find support for the hypothesis that social support would act as a buffer for these experiences.

## **Discussion & Policy Implications**

It is important to note that our study was not designed to assess the prevalence of victimization in Ohio's institutions. Our sample was not randomly selected and it is limited to only those who were sent to halfway house locations post-release. While there are similarities between halfway house participants and the larger prison population, there are also some important differences. With those caveats in mind, we do find that victimization rates from the current study population mirror some of the existing research.

We are unable to explain why there is such a vast difference between those who reported witnessing sexual victimization compared to those who reported direct victimization. We can theorize that underreporting is likely given the sensitive nature of the topic. At the same time, however, given the findings from the National Inmate Survey which puts the incidence of sexual assault between inmates at 2.1 percent (with abusive sexual contacts even lower at .8 percent of the sample), we believe it would be an error to assume that our study results are grossly underestimating the rate of sexual victimization among this selected group of formerly incarcerated offenders.

The results of the multivariate analyses confirmed the main hypothesis of the study, that victimization in prison appears to have an impact on community adjustment. In varying degrees, victimization was related to outcomes on all of the models with violent victimization and witnessing sexual victimization playing a more predominate role. The coercion index predicted arrest, arrest for a violent offense, re-admittance to prison, and parole. However, we did not find support for the assertion that social support and/or coping mediated the impact of victimization. Nor did we find that psychological well being (as measured by the post traumatic cognitions and symptoms) impacted re-entry outcomes.

One finding was counterintuitive. Receiving treatment in the community was significant in both the reincarceration and parole models. Those who had participated in treatment during their time in the halfway house were more likely to be reincarcerated and fail on parole. We can theorize that those who were identified as in need of treatment in the halfway house were also those who had a higher level of need. However, we do not have a standardized measure of risk or need available to analyze whether this may be the case.

The topic of prison culture and its impact on violence is not new and many would agree that the criminogenic culture that permeates most institutions in this country must change. At the same time, a wide-scale cultural shift is difficult given culture is a dynamic force perpetrated by inmates, staff, and the reciprocal effects of deteriorated community conditions and gang involvement. However, without a philosophical and cultural shift in how we treat prisoners and subsequently formerly incarcerated offenders, and without a clear and concise agenda to change the underlying conditions that cause and perpetuate violence and (dis)order in prison, we are unlikely to see substantial reductions in recidivism.

Prison administrators in Ohio and elsewhere should consider identifying and targeting the underlying causes of violence in prison. By examining the factors predicting victimization, the current study offers policymakers avenues for making prisons safer. This may include better use of risk assessments to identify at-risk inmates and subsequently plan for their increased safety. Factors such as age, mental illness, prison length, prior violence, treatment and religious involvement, and those without children predicted victimization. We found those who witnessed victimization were more likely to report these incidents were inter-racial. Moreover, many inmates felt they did not want to report either incidents they witnessed or directly experienced for fear that they would be considered a “snitch” or that it “wouldn’t do any good.”

Prison caseworkers should continually screen inmates for their involvement in violent incidents in prison. Related, the majority of the inmates reporting direct involvement indicated that they visited a doctor or nurse as the result of their injuries. If not already a matter of procedure, these medical professionals should be reporting these incidents to the inmate’s caseworker so they can follow up with the inmate and assess for any psychological impacts.

Staff should be trained to look for cues to identify inmates who have been victimized. Given the majority of sexual assaults were said to occur in the evening and overnight hours, better staff surveillance may be needed. Moreover, the overall level of violence being witnessed by respondents in this study was extremely high.

While the rate of sexual victimization within our sample was quite low, we believe that focusing on these rates would be “missing the point.” Prisons are violent places and while sexual violence can have uniquely devastating effects, we should not gloss over the impact of violence overall. Our results indicated that twenty percent of these inmates experienced violence during which they felt their life was in danger. While some may argue that many of these inmates may have been previously involved in violent incidents in their communities, the impact of victimization in prison which is largely inescapable in nature is particularly important. At the same time, these inmate focused strategies should be supplemented by staff focused initiatives. Staff focused policies may include enhanced training, informed hiring practices, maintaining certain staff to inmate ratios, or hiring a more culturally diverse workforce.

Ultimately, however, prison violence and subsequently re-entry outcomes, are likely to be impacted from a structured and deliberate response utilizing best practices in the areas of assessment and treatment. Before inmates are released from prison they should be targeted for comprehensive assessment protocols and subsequently matched to quality treatment services in the community.

Parole success was increased by employment, so employment programs that clearly assess the skills of inmates before they re-enter the community are indicated for greater parole success. However, we also know that securing reasonable and sustainable employment is challenging for parolees re-entering the community and programs may experience a number of barriers with this particular need.

At the same time, the focus on employment should not take the place of a sustained and informed effort to reduce recidivism. Studies find that programs that target education and employment are not as effective as those utilizing proven treatment strategies, namely those based on cognitive behavioral treatment models (Wilson, Bouffard, and MacKenzie, 2005; Wilson, Gallagher, and MacKenzie, 2000). In other words, simply providing educational or jobs skills training without treating the underlying causes of crime is likely to fall short. Offenders need to understand the consequences of behavior and develop a series of prosocial alternatives to criminal behavior. These types of therapies needs to be sufficient intensive and matched to the individual's level of need.

Parole agencies should also reassess ex-inmates after a period of time in the community. The reassessment process should begin once the offender returns to the community and again while the offender is under supervision. The results should then ultimately guide any changes in the offender's treatment plan. Reassessment can also inform key stakeholders and providers as to whether the program or services had an impact on the offender's overall risk.

Assessment results also allow for service and treatment providers to screen out offenders who cannot succeed in specific interventions. Our findings indicate that prison staff and community agencies should attempt to target and provide services to those diagnosed with mental illnesses. Those with mental illnesses were more likely to experience victimization in prison and more likely to be arrested in the community. These individuals may require more intensive services than they are currently receiving.

Victimization was found to be related to psychological well being. This is not to say that the majority of inmates are likely to be diagnosed with PTSD, rather that we may have many inmates being released from prison with low level depression, anxiety, or other conditions that may interfere with their ability to seek employment, reunite with family members, or adhere to conditions of parole. The prison staff should screen inmates before they are released for psychological difficulties. Screening and treatment for these conditions should begin in prison and continue once released. Moreover, it may be that many inmates would benefit from a decompression-type therapy when they are released from prison.

## I. Introduction

### A. Background

Victimization in prison has long been a concern for researchers and prison administrators. While many believe the rate of violence and victimization in prison is grossly underreported (McCorkle, 1993), the existing statistics are nonetheless disquieting. Chen and Shapiro (2007) report that 16 percent of federal minimum security inmates and 22 percent of federal maximum security inmates have been seriously injured while incarcerated. In their sample of a state prison population, Blitz, Wolff and Shi (2008) found that 35 percent of male inmates and 24 percent of female inmates reported being physically victimized in prison. Mumola (2005) reports that in 2002 there were nearly 3,000 deaths in prison, 48 of them classified as homicide. Finally, in their investigation of sexual victimization among prisoners, Hensley and his colleagues (2003) found that 14 percent of inmates were the target of sexual aggression. Perhaps more importantly, many more inmates are subjected to witnessing victimization or experiencing the fear of living in a threatening, coercive prison environment (Toch, 1977).

First articulated by Gresham Sykes (1958) in *The Society of Captives*, the deprivation model hypothesizes that inmate behavior—including misconduct—is an adaptation to the strains of institutional life (see also Clemmer, 1940). In an alternative approach, John Irwin and Donald Cressey (1962) argued that inmates did not arrive at the prison gates as blank slates to be molded by the institutional conditions. Instead, they saw inmate organization and conduct as a reflection of the values and behavioral repertoires that offenders brought with them into the prison. Thus, they called their approach the importation model. These two models represent the dominate frameworks that many researchers have used to study prison culture and inmate behavior.



Beyond the examination of prison culture and inmate behavior is the impact or consequences of this misconduct. In general, research finds that victims of violence often suffer from increased levels of stress, anxiety, emotional discomfort, and a variety of health-related concerns (Briere and Jordan, 2004; Elliot, Mox, and Briere 2004; Krupnick, Green, Stockton, Goodman, Corcoran, and Petty, 2004; Nicolaidis, Curry, McFarland, and Gerrity, 2004; Sommers and Buschur, 2004; Stein, Lang, Laffaye, Satz, Lenox, and Dresselhaus, 2004). Victimized inmates may also have increased rates of disciplinary infractions, requests for services and/or requests for housing transfers (Ireland, 2001). Inmates who are victimized may use maladaptive coping techniques such as carrying a weapon, engaging in aggressive behavior, joining a gang for self- protection, victimizing other inmates, taking drugs, and/or committing disciplinary infractions or using illicit substances (Chubaty, 2002; Ireland, 2001; Palmer and Farmer, 2002; Palmer and Thakordas 2005) and these effects can be long lasting (e.g., Campbell, 2002; Gavranidou and Rosner, 2003). However, since many of the manifestations of these symptoms are often viewed as weaknesses in prison, inmates must often respond or cope with these symptoms by themselves.

One type of victimization that has gained national attention is prison rape. The Prison Rape Elimination Act (PREA) was signed into law by President Bush in September 2003. The bill calls for the development of standards surrounding the definition of sexual victimization as well as organizational responses to the prevention and detection. PREA requires that prisons implement a 'zero tolerance' policy, develop a national standard defining sexual victimization, and outline the institutional response to sexual victimization. Further, PREA calls for further investigation into the incidence and prevalence of institutional sexual victimization across and within institutions.

## **B. Study Goals and Objectives**

The primary purpose of this project was to determine the impact of prison victimization on outcomes for those returning to the community. The project had two objectives. The first objective was to add our voice to the debate regarding prison sexual assault. The second was to extend the previous research by examining the impact of victimization on inmate re-entry. This study defined reentry as the process the offender experiences as he progresses from living in an institutional setting to a community setting. Although prison rape was the central concern under the PREA legislation, this project employed a broad definition of victimization. Expanding the scope of victimization allowed for the consideration and impact of various types on behavior. Acts of victimization included any coerced, tricked, or forced action between inmates that includes any physical, emotional/verbal, and/or sexual activities that could cause harm to an individual. This included thefts, sexual assault, rape, physical assault, coercion (including indebtedness for protection or goods while incarcerated), and emotional or verbal abuse (including threats and derogation). This study separated those acts that were classified as sexual assault by the Prison Rape Elimination Act (PREA) definition from those acts that were coerced. In addition, the study examined how often those acts occurred. Finally, the study added to the existing literature by considering witnessed episodes of violence.

While many researchers have examined the causes and correlates of victimization in prison, few if any, have explicitly linked those experiences to the inmate's community adjustment post-release. Community adjustment, more popularly referred to as the process of reentry, is a difficult one for many ex-inmates. Deficits in employment, housing, and literacy are rampant among this population (Petersilia, 2001; 2003; Roman and Travis, 2004; Travis, Solomon, and Wahl, 2001). These deficits are often exacerbated by addictions, weak social support networks, and mental health issues (Petersilia, 2001; 2003; Travis, et al., 2001).

Moreover, the decades long incarceration boom, has left many states are grappling with increasing numbers of parolees without additional community resources. Even when spending increases (i.e., Bauer 2002), statistics indicate that the probability of an offender succeeding in the community upon release has not vastly improved.

In an effort to measure the impact of victimization on the re-entry process, the current project examined outcomes among a sample of approximately 1,600 formerly incarcerated offenders. Participants were followed for an average of 2.5 years. Face-to-face interviews with the subjects about their prison experiences were used to determine victimization status. Offender outcome measures included psychological well being, parole outcomes, arrest in the community, arrest for a violent offense, and re-admittance to prison.

## **II. Review of the Relevant Literature**

The following section provides an overview of current research regarding the theoretical framework for this study, sexual victimization in prison, effects of victimization, and the relationship between victimization and reentry.

### **A. Prison Environment**

Researchers argue that the prison environment is a complex organization shaped by relationships between inmates and inmates and staff (see Clemmer, 1940 for further discussion). As a result, a hierarchical social order often develops with varying degrees of adherence to the inmate “code” (Clemmer, 1940; Irwin, 1980). This inmate code is often one that emphasizes autonomy, hyper-masculinity, and conflict over order. To understand this environment, researchers often examine both environmental (e.g., deprivation) and individual-level characteristics (e.g., importation). Differences in behavior between inmates are supposedly explained by how they respond to the pains of imprisonment or as the result of the pre-prison characteristics inmates bring with them into the institution.

To some degree, all inmates are stripped of certain comfort when they enter the prison environment. They are no longer free citizens as they become subject to the correctional facility’s rules and the staff that enforce them. As a result, prisoners forfeit their autonomy, a sense of total safety and security, personal identities, access to many material goods and services, privacy, heterosexual relationships, unrestricted interaction with family and friends, and many other general comforts of life (Sykes, 1958; see also Haney, Banks, and Zimbardo, 1973; Toch, 1977). This total control model inherent in prison environments results in a loss of perceptual control among the inmates.

Previous studies have consistently shown that low levels of perceived personal control or autonomy are related to prison misconduct and psychological outcomes such as feelings of helplessness, depression, and anxiety (Goodstein et al., 1984; Ruback, Carr, and Hopper, 1986; Wright, 1991, 1993). The negative effect on perceived control can lead to violence as well. Colvin (1992) found prison violence increased when the administration began using a coercive means of control rather than a remunerative approach based on incentive control. Moreover, he argued that the inconsistent application of rule enforcement and lack of support from correctional officers can lead inmates to view their “keepers” as illegitimate. This perception of the administration’s authority as corrupt can cause disruption of the prison social order and lead to a host of negative emotions and ultimately violence (Colvin, 1992; 2007).

Other environmental factors often cited are sentence length and prior prison exposure. For example, while the research is mixed (O’Donnell and Edgar, 1998; Wooldredge, 1998) some studies have found that misconduct in prison is often greater among those who serve longer periods of time in prison and are subject to higher levels of ‘prisonization’ (Clemmer, 1940; Kruttschnitt and Gartner, 2005). Those who serve longer sentences are said to be more likely to be victimized given the increased time for exposure to established enemy groups (Perez, Gover, Tennyson, and Santos in press). In terms of prior prison exposure, researchers argue that inmates who are serving their first time in prison may be more vulnerable to violence (Fagan, Winnerstrom, and Miker, 1996; Dumond, 2003).

Others argue, however, that the characteristics of the inmates themselves more drastically shape the prison environment (see Irwin and Cressey, 1962 for elaboration). For example, age has consistently been found to be related to prison misconduct and the risk of victimization (Camp, Gaes, Langan, and Saylor, 2003; Cunningham and Sorensen, 2006; Hensley, Castle, and Tewksbury, 2003; McCorkle, 1995; Wooldredge, 1994; Steiner and Wooldredge, 2008;

Wooldredge, 1998; Wolff, Shi, Blitz, and Siegel, 2007). Younger inmates tend to have fewer conventional bonds (Wooldredge, Griffin, and Pratt, 1991) and personality profiles that include higher levels of extraversion and impulsivity (Eysenck, 1977). Moreover, as noted by MacKenzie (1987), younger inmates may be more aggressive as the result of increased stress or fear. Thus, inmates who are victimized may be those who have victimized before or have some vulnerability that put them at risk for victimization.

Although less consistent in the literature, race has also been found to be related to victimization in prison. Some argue that the influence of race has changed over time (see Irwin, 1980 for discussion of the increase in incarceration rates of minorities), however, research does support the notion that misconduct in prison is more often inter-racial rather than intra-racial. The traditional view asserts that white inmates tend to be the victims and minority inmates the aggressor; however, the research in this area is mixed (Hensley, Koscheski, and Tewksbury, 2005; Hensley, Tewksbury, and Castle, 2003; Wolff, et al., 2007; Wooldredge, 1998). The relationship is further compounded by research which suggests that black inmates may be less likely to report victimization and less likely to indicate that race was a motivating factor for the incident (Wolff, Shi, and Blitz, 2008).

Studies have found that ‘vulnerable’ populations tend to be victimized more often in prison (Dumond, 2003; Fagan et al., 1996). Those vulnerabilities include the inmate’s mental and physical characteristics. Specifically, those inmates who are small in stature or viewed as weak or effeminate are more often targets. Those inmates not affiliated with prison gangs were more likely to be victims. Finally, inmates who are mentally ill tended to be victimized at a higher rate. In fact, Austin, Fabelo, Gunter, and McGinnis (2003) found the mentally ill were overrepresented in their study of officially reported incidents of sexual assault in Texas’ prisons. It may be those mentally ill inmates are more easily manipulated by others.

Finally, researchers have also identified protective factors for violence and victimization in prison. For example, research finds that the existence of supportive relationships (Colvin 2007), participation in paid job assignments (Perez, et al., in press), or participating in educational programming (Wooldredge, 1994) can have an impact. Perez and colleagues also found that inmates who had higher perceptions of safety were less likely to be victimized. While the literature on participating in religious programs is less clear (Clear, Stout, Dammer, Kelly, Shapiro, Hardyman, 2000; Johnson, Larson, and Pitts, 1997), Thomas and Zaitzow (2006) argue that religious activities may be a proxy measure of an inmate's adherence to conventional culture. Clearly participation in programming or services in the institution can act as a protective factor simply by keeping inmates involved and in clear view of staff.

## **B. Sexual Assault in Prison**

There were several reasons why the PREA legislation was enacted; one notable reason was the lack of information regarding the extent of sexual victimization in prison. Compounding this issue, the definition of rape varied among studies and significantly impacted the estimates of the occurrence of these acts. For example, the National Center for Injury Prevention and Control defines sexual victimization as completed non-consensual sexual acts, abusive sexual contact, or sexual acts in which an inmate is unable to consent or refuse. The Prison Rape Elimination Act defines rape as "...the carnal knowledge, oral sodomy, sexual assault with an object, or sexual fondling of a person, forcibly or against that person's will as well as carnal knowledge, oral sodomy, sexual assault with an object, or sexual fondling of a person achieved through exploitation of the fear or threat of physical violence or bodily injury" (Prison Rape Elimination Act). A 1996 study included a broader definition that included the attempted touching of "genitals or sexual parts, fondling of genitals, and unsuccessful efforts of sexual intercourse in a

threatening manner” (Struckman-Johnson et al., 1996). Other studies have defined victimization as simply, “coerced sex between male inmates” (Man and Cronan, 2001).

The National Institute of Justice funded several studies to examine the factors associated with victimization, its outcomes, and the response of institutions across the country. For example, Fleischer and Krienert (2007) conducted an anthropological study on the topic of prison culture and context of victimization. They concluded that prison rape was more akin to folklore or stories among inmates than actual experiences. Most inmates viewed sex in prison differently than those in conventional society. Moreover, they argued that rape was viewed negatively by inmates and seen as a threat to the social order. The occurrence of rape was infrequent because even those who may be more vulnerable to sexual victimization took steps to decrease their vulnerabilities, typically joining groups for safety.

Austin et al. (2006) conducted a review of officially reported incidents in Texas to examine the correlates of victimization and the environment on prison violence. The study provided a detailed accounting of the ecological and demographic characteristics of inmate sexual assault and whether the newly implemented Texas Safe Prison program had an impact. They concluded that the profile of victims and assailants was congruent with the previous research. They also indicated that the Texas Safe Prison program had led to greater awareness and subsequently more structured response to allegations of sexual assault between inmates.

Zweig, Naser, Blackmore, and Schaffer (2007) provided a review of promising strategies prisons were using across the country to combat sexual violence. The results were promising and outlined several states with particularly well developed policies. However, the researchers also noted that many practical barriers still exist to implementing the PREA legislation such as the unwillingness of inmates to report victimization.



At the time the PREA legislation was enacted, the prevalence rates of sexual victimization in prison varied dramatically between studies. For example, Struckman-Johnson et al. (1996) found that 22 percent of inmates in male institutions were forced into some form of sexual activity. Further, this study found that once violated, victimized inmates experienced an average of nine incidents of forced sexual acts. Lockwood (1980) reported slightly higher rates of sexual assaults (28%), while others (Hensley, et al., 2003; Wooden and Parker, 1982) found 14 percent of the incarcerated prison population were targets of sexual aggression. On the other hand, Gaes and Goldberg conducted a meta analysis of the sexual assault literature and found a 1.9 percent prevalence rate. Nacci and Kane (1983) found less than 1 percent of their sample of federal inmates were sexually assaulted. Finally, others suggested that most of the acts of sex in prison were consensual and very few were assaultive in nature (Fleischer and Kreinert, 2006).

The PREA legislation provided funding to the Bureau of Justice Statistics to undertake an annual review of the incidence and prevalence of sexual victimization nationwide. Their study has found that the incidence of sexual assault in prison, particularly between inmates, is much lower than found in some of the earlier studies. The National Inmate Survey conducted in 2007 included 146 state and federal prisons. While they found variations by State, the national estimate of inmate on inmate sexual assault (including both non-consensual sexual acts and abusive sexual contacts) was 2.1 percent. When including sexual contact involving staff, the percentage increased to only 4.5 percent (Beck and Harrison, 2007).

### **C. The Impact of Victimization**

Regardless of its prevalence, the impact of victimization is clear. Research finds that exposure to violence, sexual or other, is related to a multitude of problems. The studies vary by population (e.g., adolescents vs. adults), however, are relevant for providing a context for the impact of victimization on mental and behavioral outcomes. Victimization research indicates

that youth who either witness or are direct victims of violence are substantially more likely to experience long-term negative outcomes (Kilpatrick, Saunders, and Smith, 2003). These victims of violence often suffer from increased levels of stress, anxiety, emotional discomfort, and a variety of health-related concerns (Briere and Jordan, 2004; Elliot, et al., 2004; Krupnick, et al., 2004; Nicolaidis, et al., 2004; Sommers and Buschur, 2004; Stein, et al., 2004). The consequences, for both adults and juveniles, can involve diagnoses of PTSD and depression (Briere and Jordan, 2004; Campbell, 2002; Flannery, Singer, and Wester, 2001; Flannery, Singer, Van Dulmen, Kretschmar, and Belliston, 2007; Gavranidou and Rosner, 2003; Koss, Bailey, Yuan, Herrera, and Lichter, 2003; Krupnick, et al., 2004; Lang, Laffaye, Satz, Dresselhaus, and Stein, 2003; Nicolaidis, et al., 2004; Nishith, Resick, and Mueser, 2001), physical effects, including sexual dysfunction (Briere and Jordan, 2004; Elliott and Briere, 2004), economic costs such as increased use of medical facilities (Stein, et al., 2004), and potential legal costs associated with future criminal behavior. Moreover, sexual assault has been found to predict later onset of depressive episodes, substance abuse disorders, and anxiety disorders (Burnam, Stein, Golding, Siegel, Sorenson, Forsythe and Telles, 1988).

Drawing from the theoretical literature, it is evident how victimization in prison can act as an impetus for negative psychological outcomes but also criminal behavior. Specifically, general strain theory asserts individuals commit crime as a result of frustration, anger, or other adverse emotions that occur when confronted with stressful situations (Agnew, 1992). These stressful situations that can impact one's feelings of strain are varied; they can include failure to achieve positively valued goals, disjunction between expectations and achievements, removal of positively valued stimuli, and the presentation of negatively valued stimuli. According to Agnew (1992), strains are most likely to result in crime when stressful situations are seen as

unjust, high in magnitude, associated with low social control, and create some pressures for incentive or criminal coping.

Another theory that is particularly relevant to explaining the impact of victimization in prison is differential coercion theory, which has its roots in general strain theory. Coercion is defined as “force that compels or intimidates an individual to act because of the fear or anxiety it creates” (Colvin, Cullen, and Vander Ven, 2002, p. 19). It motivates behavior “because it is physically and/or emotionally painful and because it threatens to or actually does remove both expressive and instrumental social supports” (Colvin, 2000, p. 36). The source of coercion can be structural or personal where an individual attempts to gain compliance through intimidation causing anger and frustration (Colvin, 2000).

According to Colvin (2000), coercion that is erratic produces a variety of negative social-psychological outcomes. Individuals experiencing these outcomes are more likely to feel anger and hostility, but also lower self-efficacy as they begin to feel a loss of control over their environment. This diminished self-efficacy could also result in lower self control and potential feelings of humiliation and depression. Colvin (2000) theorizes that chronic criminal behavior can be predicted based on the strength and consistency of the coercion experienced by offenders. Ireland (2001) illustrates this manifestation of coercion in the description of bullying victims, where victims will eventually transition into bullying behavior due to resentment or hostility stemming from their own victimization. In a similar vein, Colvin (2000) describes individuals who are repeatedly but erratically subjected to coercion as developing ‘coercive ideation,’ in which the world is seen as filled with coercive forces that must be responded to with coercion.

There are several potential intervening factors in this process. The impact of traumatic events often varies dramatically by individual and situational characteristics. While brief trauma(s) may have only limited effects on the individual, repeated trauma may lead to

significant mental health and behavior problems (Agnew, 2009; Terr, 1991; Davies and Flannery, 1998) as well as long term health consequences from exposure to constant stress (Flannery, 2006; Kotulak, 1997). According to Hobfoll and his colleagues, the response to stressful situations seems to be predicted not only by the intensity of the event but also by the resources and support available to cope with the stressor (Hobfoll, Spielberger, Breznitz, Folkman, Lepper, Green, Meichenbaum, Milgram, Sandler, Sarason, and Van der Kolk, 1991). For example, victims of sexual assault are likely to have more severe PTSD symptoms when they receive negative reactions from others, and, conversely, PTSD symptoms are mitigated if confiding others provide support and positive reactions (Ullman and Filipas, 2001).

Researchers also find that social support can create a buffer against effects of stressful and traumatic events (Cohen and Wills, 1985; Cummins, 1988). Social support can help reduce strain, lessen subsequent negative emotions, and produce higher levels of self-control and environmental stability (Cullen, 1994; Cullen, Wright, and Chamlin, 1999); thus, social support may have an effect on psychological well being opposite to that of coercion (Colvin, et al., 2002). Although discussed less in the criminological literature, social support is a concept widely noted in the psychological and mental health literature (Barrera, Sandler, and Ramsey, 1981; Sarason, Sarason, and Pierce, 1990). Social support (Cullen, 1994) can be both expressive and instrumental. Expressive social support involves the sharing and ventilation of emotions and the affirmation of one's self-worth and dignity. Instrumental social support involves material support in the form of financial assistance and the giving of advice and guidance. Social support creates bonds of trust between the giver and recipient of the support and can cushion the impact of trauma and serve as a buffer against stressful events (Cohen and Wills, 1985; Cummins, 1988).

Perceptions of available social support (i.e., a belief that there are people you can rely upon) for dealing with traumatic events may be more important than the actual receipt of support. In fact, perceptions of available social support may change the appraisal of a stressful event and mitigate the negative effects of imprisonment by producing higher levels of self control and predictability (Cullen, et al., 1999; Colvin et al., 2002). Paterline and Petersen (1999) found that inmates who perceived greater social support reported lower alienation, higher “identity salience” (greater importance of family, friendships and social involvements), higher post release expectations (including expectations of better family and social relations), and lower levels of prisonization. However, a lack of social support or the erratic application of support could lead to deviant or delinquent behavior. Coercion and social support are often inversely related variables. That is, social support could mediate the effects of coercion while coercion could potentially reduce the positive benefits associated with social support (Colvin et al., 2002).

In addition to social support, coping strategies could also play an important role. Zamble and Porporino (1990) argue that coping plays a role in predicting crime in general and, arguably, deficits in coping skills are likely to impact how well an inmate adjusts to prison. As noted by Adams (1992), poorly adjusted inmates are potentially less likely to participate in programs, more likely to drain institutional resources, and more likely to exhibit disruptive behaviors. Whereas individuals with appropriate coping skills have been shown to reduce stress and increase positive outcomes.

#### **D. Offender Re-Entry**

Given the noted potential impact of victimization on behavior, the implications for what happens when inmates leave the prison walls are significant. We now have approximately 600,000 inmates released back to the community each year, translating into approximately 1,600 ex-inmates per day (Travis, et al., 2001). More importantly, these inmates reentering society

have proven to be an especially unstable group. In a 15-state study conducted by the Bureau of Justice Statistics, 67 percent of prisoners released in 1994 were rearrested within three years and 25 percent were returned to prison (Hughes, Wilson, and Beck, 2001; Langan and Levin, 2002). By all accounts, the process of reentry has become more difficult for many inmates with just under half of parolees completing their parole supervision successfully, a 25 percent decrease from just 20 years ago (Glaze, 2002).

Research concludes that inmates reentering the community are at risk of facing many barriers including securing employment and housing, placement in appropriate community based treatment options, and family difficulties (see Lynch and Sabol, 2001; Petersilia, 2003; Travis, et al., 2001). Nearly 75 percent of inmates have a history of substance abuse, over 50 percent have not received their high school diploma and have children under the age of 18 (Travis, Chincotta, and Solomon, 2003; Mumola, 1999; Harlow, 1996). Moreover, services to incarcerated individuals are scarce, with only 13 percent of inmates receiving substance abuse treatment in prison (Petersilia, 2001). Without adequate supervision and support in the community, ex-inmates are unlikely to receive the services they need to deal with these deficits.

What is often not discussed in the reentry literature is the impact of prison experiences, specifically victimization, on reentry. Intuitively we would expect victimization in prison to serve as an aggravating factor for offenders by intensifying mental health problems, substance abuse, employment problems, family conflicts, and criminal behavior. Relatively little, if any, research has attempted to examine the effect of victimization within prison on these important outcomes. Borrowing from prior research regarding prisonization (e.g., Clemmer, 1940; Sykes, 1958; Paterline and Petersen, 1999), it could be hypothesized that victimization would effect both the psychological and community outcomes.

The study compares data from a statewide sample of formerly incarcerated individuals to examine the relationship between victimization and outcomes such as psychological well being, arrest, arrest for a violent offense, reincarceration and successful completion of parole. Given the complexity associated with both examining the prison environment and community adjustment, the study will utilize both bivariate and multivariate analyses and group individuals on a variety of dimensions. First, the study will examine the offender's victimization experiences in prison. To that end, the analysis will examine the types of incidents reported and compare those who reported victimization those who do not on key demographic and prison variables. The analysis will then move to examine the characteristics or risk factors predicting victimization to assess whether these factors are similar to those found in previous research. We also examine whether victimization experiences have an impact on psychological well being and functioning. Second, the analysis will shift to understanding the factors associated with community re-entry. While the analysis will focus primarily on outcomes, other factors such as employment in community, treatment participation, perceived levels of social support, coping, and re-entry expectations will also be examined. The specific research questions for this study include:

1. What are the characteristics of those who report witnessing or experiencing victimization and the incidents themselves?
2. What are the risk factors associated with victimization in prison?
3. Does exposure to victimization influence one's psychological health?
4. Do victimized inmates experience more difficulty and obstacles upon reentry as measured by parole and system outcomes?
5. Are individuals who are victimized, but perceive that they have high levels of social support (e.g., services available in the prison or positive relationships with family and

community members once released), less likely to experience the set of negative psychological states and, subsequently, criminal behavior?

### **III. Methodology**

#### **A. Design and Sample Selection**

The purpose of the current study was to examine the impact of victimization experiences on inmates as they return to the community. The population for the current study included individuals recently released from the Ohio Department of Rehabilitation and Corrections and placed in halfway house locations across the state. The population included those individuals labeled as “transitional control”<sup>1</sup> and those under “post release control”<sup>2</sup>.

The current study included adult male parolees from 22 halfway houses across Ohio. The study employed a four stage sampling design. The first stage included the creation of a population based sample allocated in proportion to the geographic distribution of the target population based on the previous year’s halfway house census estimates. We obtained halfway house census statistics from July 2004 to June 2005. During that time, approximately 2,811 individuals classified as either TC or PRC were placed in halfway house locations throughout Ohio.

The second stage included a systematic selection of halfway house locations within the geographically stratified first stage sample. At the time of the study, Ohio had 26 halfway house

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<sup>1</sup> Transitional control inmates are sent to halfway house locations to complete up to the last 180 days of their prison term. The emphasis of the TC program is to provide offenders with resources for employment, education, vocational training and treatment so that they may transition to their home community more successfully.

<sup>2</sup> Those under PRC refer to those who are receiving a period of supervision after leaving prison. In Ohio, every sentence of a term of imprisonment for a crime occurring after July 1, 1996 must include the requirement that the offender be subjected to a period of post release control. This supervision may or may not include halfway house participation.



locations throughout the state. The halfway house locations were divided into five regions. The Northeast region included 10 halfway houses located in Cleveland, Akron, Canton, Youngstown, and Mansfield. The Northwest had three locations in the cities of Toledo and Lima. The Southeast included Lancaster and St. Clairsville and had two locations. The Southwest included Dayton and Cincinnati and had six locations. Finally, the Central region included Columbus and Newark and had five locations. Four locations were excluded from the current study for several reasons including the target population (one served only women), remoteness of the locations (Southeast region was excluded), and one program’s refusal to participate. In an effort to obtain a proportionate sample from across the state, we determined the proportion of halfway house participants who had served time in each of the halfway house regions based on the 2004 – 2005 statistics. Once these proportions were estimated, target sample sizes from each region were determined. These proportions were used as sampling targets for the number of interviews needed from each region to obtain the desired sample of 1650 participants. As seen in Table 1, we were able to maintain approximate targeted proportions for each area.

**Table 1. Halfway House Location by Region: Proportionate Sampling Results**

Halfway House Region	2004-2005 Census		Current Sample: 2006-2007	
	Number of Participants	Proportion of Sample	Number of Participants	Proportion of Sample
Northeast Region	1265	45%	754	46%
Northwest Region	281	10%	161	10%
Southwest Region	731	26%	476	29%
Central Region	534	19%	251	15%
<b>Total</b>	<b>2812</b>	<b>100.0</b>	<b>1642</b>	<b>100.0</b>

The third and fourth stages in the sampling procedure included obtaining a list of eligible participants from each individual halfway house structured by release date. Attempts were made to contact all eligible clients to determine their willingness to participate. As seen in Table 2, we

obtained the contact information on 2,341 individuals. Of those, we were able to contact 1,738 eligible participants. Of those, 1,642 agreed to participate. The remaining were either unavailable (n=143), were terminated prior to being contacted (n=463), or refused to participate (n=93). The overall response rate was 70.1 percent. If we calculate the rate to include only those who were introduced to the study (n=1738) the response rate was 94.5 percent. We realized during the analysis stage that 29 individuals were interviewed twice which brought the final sample down to 1613.

**Table 2. Interview Status: Response Rates**

<b>Interview Status</b>	<b>Number</b>	<b>Proportion of Sample</b>
Completed Interviews	1642	70.1%
Refused	93	3.9%*
Terminated	463	19.8%
Unavailable	143	6.2%
<b>Total</b>	<b>2341</b>	<b>100.0</b>

\*refusal rate of those contacted (n=1738) = 5.4%

*Comparability of Sample.* One potential limitation of utilizing halfway house populations to study the impact of prison victimization was the comparability of this population to the larger prison population in Ohio. Before data collection began we requested data on the halfway house population. The Bureau of Community Sanctions, the agency that oversees halfway houses in Ohio, provided the demographic compositions of halfway house participants for 2004. Table 3 illustrates their profile. Also provided was the demographic profile of inmates serving time in Ohio’s penal institutions. Data shows that the offenders in the halfway houses were similar on a number of key demographic factors (e.g., race, age, and education) compared to those who were incarcerated in the institutions. The third column describes the sample of participants for the current study. As can be seen in Table 3, there was a great deal of similarity between the overall halfway house population and our sample. However, there were some noteworthy differences

between the halfway house population (both the general group and our sample) and the overall prison population in Ohio. In particular, the prison population was less likely to be single (67% compared to 86% and 84% respectively). And with regard to prior record for a felony offense, the prison population statistics indicate that 64 percent of males who served time in Ohio’s prisons in 2006 had a prior felony conviction. In contrast, well over 90 percent of those serving time in halfway houses had a prior felony conviction. This finding is not surprising as an offender’s prior record and other risk factors often enter into the decision to place an individual into a halfway house.

**Table 3. Comparisons between Current Sample and Prison Population**

<b>Characteristic</b>	<b>Prison Population 2006<sup>3</sup></b>	<b>Halfway House Population FY 2007</b>	<b>Current Study 2006-2007</b>
Race: White	53.3%	51.0%	46.6%
Average Age	32.2	32	34.5
Marital Status: Single	67.4%	86.0%	84.1%
Education Level: H.S. Graduates	40.4%	46.5%	51.1%
Prior Felony Conviction: Yes	63.9%	95%	97.9%

*Exclusions.* The sample for this study focused solely on male adult inmates and excluded both juveniles and female offenders. Juvenile institutions were excluded because juveniles often serve shorter sentences, giving them less exposure to the pains of imprisonment (including possible sexual victimization) previously discussed. Women were excluded from this study due to the research suggesting that sexual victimization of female inmates is typically the result of staff on inmate assaults (e.g., Human Rights Watch, 2001; Struckman-Johnson et al.,1996) or

<sup>3</sup> Statistics were taken from annual report published by the Ohio Department of Rehabilitation and Corrections. The data were only available in aggregate form inhibiting our ability to conduct significance testing between groups.

psychological intimidation rather than physical force (Alarid, 2000; Hensley and Tewksbury, 2003). Staff on inmate assaults is a broad topic and deserves specific attention; however, we felt it was outside the scope of the current study.

*Advantages of Halfway House Sample.* While some limitations exist, there are also a number of advantages to using a halfway house population when studying prison victimization. First, interviewing offenders at a residential facility made the potential participants more easily accessible to research team members. By policy, all offenders who enter the halfway houses must be held in the halfway house for seven days without leaving the premises. This period was designed to orient the offender to the rules and regulations of the halfway house, allow for comprehensive assessments to be conducted, as well as slowly integrate the offender back to the community. It was during this period and the subsequent weeks afterwards that we attempted to make contact with the eligible participants.

Related, clients targeted to participate in this study were recently released from a period of incarceration. This situation included several benefits. For example, interviewing the inmate in the community reduces the likelihood that victimized inmates could be identified by either other inmates or institutional staff, thereby reducing the likelihood of subsequent victimization due to disclosure. Further, we anticipated that participants might feel more comfortable in this community setting which would increase the disclosure rate.

Third, the study examined the re-entry process during the process of re-entry. When interviewing offenders in prison, researchers often need to rely on projected release dates for their study populations. These projected release dates may not be accurate and may lead to a decreased follow-up period in the community. By interviewing offenders very recently released to the community, the follow up period began near their actual release date from prison.

Finally, this design allowed for the research team to conduct interviews with the participants at the initial contact, significantly increasing the number of face-to-face interviews conducted during the study period. We hypothesized that face-to-face interviews would increase the likelihood of victimization disclosure, as well as provide the ability to conduct more in-depth probing questions. Probing can alleviate problems with recall (interviewers may prompt participants to consider details such as birthdays or holidays when remembering victimization details) or if the participants experience difficulty understanding the questions, interviewers can clarify and assist with the comprehension. Using this data collection method allowed the researchers to assist illiterate inmates who may be unable to complete a pencil and paper survey.

## **B. Data Collection and Procedures**

The data for the current study were collected in two waves. First, participants were asked to complete a face-to-face interview during 2006 and 2007. Two years later, we examined the participant's parole record and obtained halfway house data and reincarceration data from the Ohio Department of Rehabilitation and Correction. Overall, approximately 1,613 formerly incarcerated persons agreed to participate in the study. The participants were followed in the community for an average of 2.5 years.

*Institutional Review Board Issues.* Prior to collecting data, we were required to successfully complete five levels of Institutional Review Board approval. The institutions/agencies involved included the University of Akron, Kent State University, the Ohio Department of Rehabilitation and Correction, the Bureau of Community Sanctions, and the various halfway house agencies. There were a number of changes made to the protocol due to concerns raised by the various Institutional Review Boards. Specifically, the original proposal called for pencil and paper surveys to be completed in a group setting. In an effort to increase confidentiality, we modified the protocol to include a semi private face-to-face interview.

Also in an effort to increase confidentiality, we created a unique identification number for each respondent. We asked participants to identify the first letter in their mother's first name, the first letter in their first name, the first number in their most recent prison number, the last number in their most recent prison number and the year they were born. This process provided the research team with a unique 8 digit code that is identifiable only by the researchers. Additionally, each interview packet was numbered prior to their distribution to the interviewers. Each interview packet, upon return, was linked by the unique identification code given by the participant and the interview number. The list of this link was only available to the principal investigators. Once data collection materials were returned to the University, the data collection instruments were separated from the front sheet (which contains questions about their social security number, name, halfway house location, etc) and their consent form.

We provided an incentive to all participants in the study. It was suggested that we create an incentive receipt form for the process. The IRB members were concerned that there was no clear course of action if inmates accused a research staff member of not providing the incentive. We created a form where participants would write their name and sign indicating they had received the incentive. The interviewer kept this form with the respondent's packet which was then returned to the researchers.

In addition, we had interviewers return all data collection materials once a month, or after completing 10 interviews, whichever came first via Federal Express. We felt this was a secure way to transfer materials across the State.

*Pilot Procedures.* After securing all IRB approvals, the research team conducted pilot interviews with inmates in one of the halfway house locations. The purpose of the pilot was to determine whether the interview scripts were sufficient and to assess the flow of the interview. Several changes were made to the interview protocol and instruments as a result of the pilot (5

interviews were conducted). First, the initial interview script and introduction to the study was too lengthy. Potential participants seemed agitated at the amount of time that elapsed for the interviewer to introduce the study. The introduction to the study was shortened from approximately 5 minutes to less than 1 minute. At several points during the initial interviews, instructions were given to participants with the goal of directing the interview. However, these directions were also lengthy and were shortened or deleted to improve the flow of the interview.

Second, several standardized assessments were used. Given the wording of some of the questions, a few inmates had difficulty reading and comprehending the questions. The interviewers were instructed to assess the literacy level of the participant while obtaining consent and make an informed decision whether the participant could complete the standardized assessments on his own or whether it would be read to him.

Third, due to the repetition of response categories for a specific group of questions, it was determined that response category cards were needed. These laminated cards were developed for each set of questions and a set was given to each interviewer. Interviewers were asked to take these cards with them to interviews, allow the inmates to look at the cards as the interviewer read the questions and respond accordingly. This process not only allowed the interviewers to use their time more effectively, but also seemed to increase the comfort level of the participants. Response categories were given numbers for each response. Therefore, the participant only had to state a number that corresponded with a response. For example, if the participant indicated that he had been touched inappropriately on the leg, he could respond “5” and not state the specific type of victimization.

Fourth, the terminology of several questions was also found to be problematic during the pilot. Many questions were simply beyond the literacy level of the participants. The principal

investigators redesigned some of these questions to improve the comprehension of the participant and increase the validity and reliability of the responses.

Throughout the data collection process, the principal investigators conducted interviews. In total, the principal investigators completed 61 interviews. The purpose of this involvement was to ensure that the interview protocol was still functioning effectively.

*Steps to Increase the Response Rate.* Participants were incentivized for their participation. Gift certificates worth \$15 to a major retail chain were offered for participation in the first data collection period. Participants were informed that they did not need to complete the interview to receive the incentive. Respondents were informed that there would be no legal benefits derived from their participation. Specifically, that their decision to participate would have no negative or positive consequences on their release or legal statuses.

Given that many halfway house clients were employed or were seeking employment during the day, we attempted to schedule most of the interviews during the evenings and weekends. The interviewers would typically start interviews between 5pm and 7pm and end by 9pm. Saturday and Sunday interview times varied by halfway house location. Specific times varied by location. The research team and individual interviewers accommodated each facility's schedule.

*Selection and Training of Interviewers.* The first data collection period (discussed in detail below) included face-to-face interviews with all participants. With 22 halfway house locations across the state, we estimated that we would need approximately 50 contract staff/interviewers to complete the 12-month data collection effort. Interviewers were required to have a minimum of a Master's level degree (or currently working on a graduate degree) in a helping related profession (e.g., social work, psychology, sociology, and criminal justice/criminology). The interviewers were recruited through Universities across the state



within reasonable proximity to the halfway house locations (University of Cincinnati, University of Dayton, Wright State University, University of Toledo, Bowling Green State University, Ohio State University, University of Akron, Kent State University, Case Western Reserve University, and Cleveland State University). Recruitment took place through the graduate coordinator from each of the departments mentioned above. The coordinators were contacted via email to ask whether they might have graduate students who would be interested in conducting interviews for the project. The coordinators were sent a flyer that could be disseminated via email list-serves as well as in graduate student mailboxes or campus bulletin boards. We received a tremendous amount of initial interest (over 100 individuals contacted the research staff indicating initial interest). We described the study protocol in detail including the sensitive nature of the topic. In total, we had approximately 50 individuals who remained interested in the contract interview position. We then held five trainings across the state (one from each region) to train interviewers on the consent and study procedures and data collection instruments.

*Halfway House Procedures.* In the summer of 2006 we began contacting the respective halfway house directors to discuss the procedures for the study. The research team worked with the administration and staff at each facility to ensure that the time and specific location of the interviews were acceptable in meeting the security needs of the facility, the safety of the interviewers, and the privacy of participants. Directors were informed that they would be asked to furnish the list of eligible participants. Eligible participants were male clients who had been recently released from prison (within six months from the date of release). This time frame was utilized to decrease potential problems with recall. The mean time from release to interview was 52.7 days; s.d.= 51.5. The average was partly driven by those interviewed at the beginning of the project. Once the initial pool of eligible participants were exhausted, interviewers were able to contact potential clients more quickly as they first came into the halfway house.

The standard interview protocol began with the list of participants. The interviewer would take the list to the halfway house location at an agreed upon time. The interviewer would hand the list to a staff member on duty and ask him or her to contact the potential client. Staff members were often not aware of the purpose of the research study; they were simply directed by their supervisor of when to expect us and how to assist with the project. The interviewer and client would then meet in a designated semi-private room where the interviewer (without halfway house staff present) would introduce the study using a script created for the project.

Due to potential safety concerns, the interviewer was always within “shouting distance” of a staff member. Interviewers were also trained to sit near the door and not allow the client to sit in a place that would block the exit in the event the interviewer needed to leave for safety reasons. Interviewers were informed that if they felt uncomfortable at any time they could terminate the interview. Over the course of the study we had to terminate two interviews due to problems with clients. The problems with clients included one instance where a client exposed himself to an interviewer. Another problem involved a respondent who appeared under the influence of a substance and was incoherent in his responses.

Interviews lasted, on average, 60 to 90 minutes. The protocol was followed by each interviewer at each halfway house location and continued for a total period of 13 months until the target number of clients was reached. However, some regions were completed at different rates. In some regions the target numbers were reached and data collection was completed earlier than in other locations.

*Participant Interview Tracking.* Early on we recognized the complexity involved with collecting data simultaneously among 50 interviewers and 22 halfway house locations throughout the state. We began to explore a variety of options on how to track the interview progress and maintain the proportionate design discussed previously. After consulting with a

software developer at Kent State University, it was determined that we could create a secure<sup>4</sup> on-line data management system. The system allowed the researchers to upload the names and halfway house assignments for each of the eligible clients for the study. The interviewers (using a secure user name and password) could access the tracking database, search for the appropriate halfway house location, and print a list of eligible participants. The interviewer could take the list of participants to the halfway house to conduct interviews. The data management system also allowed the interviewer to upload the result of the halfway house visit (e.g., who completed interviews, who refused, and/or who was unavailable). The data management system was updated immediately following each halfway house visit, thereby allowing the next interviewer visiting the halfway house to obtain an updated list of potential clients. This process was utilized throughout the interview period.

*Data Collection Period #1: Face-to-Face Interviews.* In the first data collection period, the client was asked to participate in a face-to-face interview with a research staff member. The primary independent variable for this project was sexual victimization. However, we decided to employ a more broad definition of victimization based on the literature surrounding the impact of witnessing and experiencing victimization on a variety of outcomes. As mentioned earlier, the interview questionnaire included five different victimization categories: theft, physical assaults, verbal assaults, coerced sexual activity, and forced sexual activity. When asking questions about rape, interviewers used the following definition:

Rape is defined as forced sexual intercourse that includes both psychological coercion as well as physical force. Forced sexual intercourse means vaginal, anal, or oral penetration. This category includes incidents where penetration is from a foreign object such as a bottle.

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<sup>4</sup> This database was located on a server at Kent State University. The same server houses the Kent State University students' confidential information such as social security numbers and addresses.

When asking questions about emotional or verbal victimization, interviewers used the following definition:

Emotional victimization pertains to the participant's perceptions of being humiliated or shamed in some way as well as verbal abuse or threats. This may take place through harassment or intimidation.

Clients were asked to recall whether these events had occurred during their last 12 months in prison. We asked clients to categorize victimization experiences in three ways: whether they had witnessed an event, whether someone had attempted to victimize them (although the attempt category did not apply to physical and emotional assaults), or whether they had been victimized (termed "completed or direct"). Finally, they were asked to report the number of times they were victimized or had witnessed victimization during the last 12 months of incarceration.

*Steps to Increase Disclosure.* There is some discussion in the literature that measuring victimization may be impeded by the wording of the question and/or the sensitive nature of the topic. In both cases, underreporting is deemed a problem. In response to these issues, the data collection instruments included a variety of response categories within each type of victimization. For example, under 'theft' the respondent was given a list of various types ranging from clothing to commissary items to contraband. Similarly, for sexual victimization, the client was given a number of ways such as touching, kissing, oral sex, anal sex, and/or sodomy (see Appendix A for the data collection forms).

We also recognized that given the sensitive nature of the topic, individuals may be reluctant to divulge the information, particularly regarding sexual incidents. In an effort to combat this issue, we created a number of response cards. As mentioned earlier, the laminated cards were created for each victimization type and included all of the examples noted on the data collection forms. In addition, each example on the card was numbered. The respondent was handed the card by the interviewer and asked to indicate which number(s) applied to something

they saw or directly experienced. Finally, we ordered the questions in a way to attempt to increase the response rate of sexual victimization, beginning with less serious forms of victimization and increased in intensity as the interview progressed. Specifically, the questions began with witnessing theft and ended with a completed rape.

Finally, some researchers have argued that inmates often report victimization in prison as the result of a story they heard from another rather than something they actually experienced or witnessed themselves. As such, prison sexual assaults become “folklore” passed on from inmate to inmate. In an effort to combat this issue, we asked inmates to only report victimizations that they directly experienced or, in the case of witnessing, that they saw with their own eyes or heard with their own ears.

*Instrumentation.* There were a variety of data collection instruments created to guide the face-to-face interview process. We utilized a very structured interview format with very few open-ended questions. We were concerned that we would be unable to maintain the type of quality control necessary with a semi-structured interview process involving 50 different interviewers from across the state. While we maintained close phone and email contact with all of our interviewers during the data collection period, we felt it was best to keep the questions very structured in an effort to increase inter-rater reliability. In addition, we relied on four standardized questionnaires to measure emotional well being, social support, and coping skills.

The study was designed to examine the impact of victimization on re-entry outcomes. Research finds that there are a variety of factors that can have an impact on an offender’s victimization risk and/or risk for recidivism in the community. As such, our interview questionnaire began with a series of questions to measure the participant’s social-demographic characteristics, attitudes towards prison staff and others, their perceptions of the prison environment, participation in work, treatment and religion in prison, and their re-entry

expectations and supports available to them upon release. The questions asked were based on the known correlates of prison misconduct and the predictors of community adjustment (see literature review). We then examined the participant's parole record to assess other important community variables such as employment, treatment exposure, and barriers such as securing housing and/or the existence of supports (discussed in more detail in data collection period 2 below).

The interview then progressed to the prison victimization screening questions. The structure of the victimization and screening questions was modeled after the *National Crime Victimization Survey Redesign Phase III*. Specifically, each affirmative response to several initial screen victimization questions was followed up with a detailed incident report. The incident report contained a variety of questions commonly asked as part of the NCVS as well as data elements recommended by the Center for Disease Control's National Center for Injury Prevention and Control, outlined in *Sexual Violence Surveillance: Uniform Definitions and Recommended Data Elements* (Basile and Salzman, 2002).

Two incident level surveys were created, one for witnessed incidents and one for direct/completed acts. Within those categories, only specific victimization categories were included. In the witnessed categories, we chose to collect additional incident data on violent acts including fighting, sexual coercion, and rape. In the direct/completed category, we chose to collect incident data on the above mentioned categories but added attempted sexual coercion and attempted rape. We chose only to collect incident level data on violent offenses given the literature which suggests that witnessing violence can have a tremendous psychological impact. In the event the individual witnessed or experienced more than one incident of the same type (e.g., two fights) within the last 12 months in prison, the respondent was asked to report on the most serious incident.

The final step in the interview process included several standardized questionnaires to assess coping styles, psychological difficulties, and social support. Those instruments have proven reliability and validity with adult populations. There were four standardized tools utilized. First, the *Coping Inventory for Stressful Situations-Situation Specific Version* (Endler and Parker, 1999), is a 21-item measure of coping styles resulting in three coping types: Task Oriented, Emotional Oriented, and Avoidance Oriented. The scoring used in the current study focused on the general stress scenario. Individuals who score high on Task Oriented coping are described as using more prosocial responses to stress including time management skills. Those who score higher on the Emotion Oriented scale are considered to be using maladaptive responses, including self blame or preoccupation with stress. Finally, the Avoidance Oriented scale includes both prosocial and maladaptive components. Specifically, these individuals may use appropriate coping strategies such as psychological distancing from stress. However, it may be maladaptive if the individual is unable to eventually solve the particular problem. The Cronbach's Alpha coefficient is .80 for the overall scale for the current sample.

Second, the *Social Support Questionnaire (SSQ6)* was used to measure the individual's perceptions of available support. The short form contains only 6 sets of questions, as opposed to the 27 questions included in the original longer form of the SSQ. Each set is composed of two different questions; with the first measuring the number of available supports and the second the respondents satisfaction with these individuals (Sarason et al., 1987). For the current study, we sum the totals of each item (measured as counts of number of people, 0 to highest) to create a social support scale. Higher scores indicate more people who can be relied upon and thus greater social support. The Cronbach's Alpha coefficient is .89 for the current sample.

Third, the *Trauma Symptom Checklist*, a 40-item scale that measures trauma symptoms, including anxiety, depression, dissociation, post-abuse trauma, sleep disturbance, and sexual

problems (for details and items used to construct the TSC-40 scale see Briere and Runtz, 1989; Elliott and Briere, 1992; and Zlotnick, Shea, Begin, Pearlstein, Simpson, and Costello, 1996). The TSC scale has been related to a variety of traumatic experiences and has six subscales including anxiety, depression, dissociation, sexual abuse trauma index, sexual problems, and sleep disturbance. In the current study the Cronbach's Alpha reliability coefficient is .93 for the TSC-40 overall scale.

Finally, the *Post Traumatic Cognitions Inventory* (PTCI), a 36-item scale measures cognitions related to psychological trauma. (For details and items used in the PTCI scale, see Foa, Ehlers, Clark, Tolin, and Orsillo, 1999, p. 313.) The scale has been found to be highly predictive of posttraumatic stress disorder (PTSD) and therefore is a strong indicator of psychological trauma (Beck, Coffey, Palyo, Gudmundsdottir, Miller, and Colder, 2004). In the current sample the Cronbach's Alpha reliability coefficient is .92 for the PTCI scale.

*Issues with Data Collection Period #1.* While the on-line tracking system worked quite well, we did encounter two problems. First, with some of the larger halfway houses, there were many instances where more than one interviewer would be conducting interviews simultaneously. Depending on the location, these interviewers may not have contact with one another (e.g., one interviewer was placed in a semi private room in one area of the halfway house while the other interviewer(s) were placed at another area). In several circumstances, the same client was interviewed on more than one occasion. Second, on occasion we had interviewers who failed to update the tracking system upon their return from the halfway houses. In most cases, the interviewer provided the update within 24 hours; however, because we had some interviewers at facilities several days in a row, the list utilized the next day was not completely updated per the protocol. As such, there were several participants who were interviewed twice



(n=29). In this circumstance, we only utilized the client's responses from the first interview. As such, the final sample included 1,613 participants.

We asked that interviewers only interview clients who had been released within the past six months. However, we did find that 44 clients were interviewed after the six month window (mean: 217 days, range: 183 - 317 days). These clients were retained in the final analysis after analyses indicated similarities between the two groups both in terms of demographic and victimization characteristics.

#### *Data Collection Period # 2: Examination of Official Records*

Official records were examined for all of the participants. These outcome data were collected from September 2008 through September 2009. Outcome data were collected in several ways. First, we obtained parole data through reviewing automated parole officer case notes. A research team member worked at the regional parole office from which access to statewide data was available for a period of 12 months reviewing automated client files to obtain information on the client's parole conditions and behavior. Clients were matched with the automated parole system utilizing the participant's name, social security number, inmate identification number (given by the prison) and/or birthdates. Data included adherence to conditions (e.g., employment) and behavior on supervision (e.g., technical violations/arrest). Were unable to locate the parole case notes data on 100 participants (6.2% of the total sample). We obtained halfway house data, which included treatment service delivery, through an automated database maintained by the Ohio Department of Rehabilitation. Halfway house data was unavailable for 48 individuals. Finally, we obtained recommitment to prison data through the Ohio Department of Rehabilitation and Corrections. Staff from ODRC conducted the review by cross checking names, social security numbers, and birthdates for all of our participants utilizing the client's original release date. Data collected included date recommitted and whether

the recommitment was the result of a new charge or technical violation. They were unable to match ODRC records with 23 of the clients we interviewed. Any client re-committed to prison as of September 2009 was included in the analysis. As a result of this data collection effort, four dependent variables were used to measure community adjustment: arrest, arrest for a violent offense, re-admittance to prison, and parole termination status.

*Issues with Data Collection Period #2.* It was our original intention to collect all of our arrest data through the parole office case notes. In the beginning of the study, we discussed the issue of how to best collect arrest data with agency staff. We were informed that all of our participants should be on parole supervision for a minimum of one year thereby making parole officer case notes the best available option. Unfortunately, after we began collecting the data we found that this was not the case. In fact, we found that 546 people (36% of the participants) were released from parole supervision early for good behavior (mean release time for those under supervision less than a year: 155.4 days; range: 19 - 364 days). In order to ensure that everyone had at least a 12-month follow up period for the arrest outcomes, we began to search for an alternative mechanism to collect these data on the sub-sample of clients released from parole supervision early.

After exhausting a number of data collection options that were unavailable (e.g., NCIC data access) we decided to utilize on-line record checks. Ohio has five major urban centers or regions. Those regions include the Northeast (Cleveland, Akron, Canton, Youngstown), Central (Columbus), Northwest (Toledo and Lima), and two Southwest regions (Dayton and Cincinnati). In each of these regions, we selected the major urban center/county and the contiguous counties in those areas. Of the 28 counties selected, only 5 did not have on-line record check capabilities (none of these five are the urban counties in each area). For those counties represented in each region, the individual's name, date of birth, and prison release date were used to determine

whether the client was arrested during the follow up period. We utilized this data collection method for all of the participants who were released early from parole (n=546). We were concerned about the congruence between the two methods of collecting arrest data. As such, we randomly selected a sample of individuals (n = 549) who did have at least 12 months supervision on parole and conducted on-line arrest data checks for those individuals. In total, we collected on-line arrest data on 1095 individuals. We found that there was congruence between the two data collection methods in 89 percent of cases. Specifically, seven percent of the on-line checks producing an “event” (e.g., arrest) when parole office case notes did not indicate the same event. Conversely, four percent of the parole officer notes producing an “event” (e.g., arrest) that was not found via the on-line record check. The resulting data from the two methods were merged to create one set of arrest variables (e.g., arrest date and charge).

#### **D. Changes to the Original Protocol**

*Sampling Design.* Prior to receiving funding for the current project, the researchers had obtained cursory, verbal approval to interview participants within institutions located in Northeastern Ohio. However, there were two concerns raised. First, only interviewing clients in prisons located in Northeast Ohio may have unduly restricted the generalizability of the study. Second, ODRC administrative staff was concerned about the security and safety of inmates and were not willing to allow us to incentivize participants while they were still incarcerated. As a result, the principal investigators began discussing alternative sampling procedures and began to document the numerous advantages of utilizing a statewide sample of inmates who were recently released into halfway houses across the state. With this change, the Ohio Department of Rehabilitation indicated support for the study. We also collaborated with the Bureau of Community Sanctions to present the study to Executives from the halfway houses at their

monthly meeting. Once the Executives agreed to participate, individual halfway house directors were contacted and arrangements were made to begin interviews.

*Prison Infraction Data.* As part of our original data collection protocol, we anticipated collecting disciplinary infractions data on all of our participants. We knew that obtaining these data on participants would be difficult. Initially, ODRC staff informed us that we could obtain these data through case files; however, we would need to review the files at the central repository in Columbus Ohio at a cost of \$2.70 per box. Later the officials indicated that the department was moving towards having all disciplinary infraction data entered into a computerized database, which they anticipated at the time would be operational during our study period. Given the cost and time associated with reviewing paper copies, we decided to rely on the automated database. Unfortunately, we later found that the automated database system did not come to fruition during our sample period. Without the necessary funds and time, we were unable to obtain prison disciplinary infraction data on our participants.

*Interview Setting.* The initial proposal suggested that recruitment of offenders and completion of self-administered surveys would be done in a group setting. We revised the protocol and decided to brief potential participants on the purpose of the study and gain consent in an individual, one-on-one format. Additionally, completion of the self-administered questionnaires was completed in a semi private room.

*Telephone Survey:* The original proposal called for a telephone interview to be conducted at six months post release from the halfway house. However, extraordinary staffing issues combined with a high rate of failure among participants (nearly 40% of those returned to prison did so within the first 6 months of release) thwarted our efforts to contact respondents.

*Recidivism Data.* We did not anticipate having to collect recidivism data through on-line county level portals as discussed above. However the combination of parole records and on-line

arrest checks appears to be a reasonable approach and we feel confident that it did not compromise the validity of this outcome measure.

*Incentives.* We originally planned to offer an incentive at data collection period 1 (face to face interviews) and again at the telephone interview. After consultation with other researchers who have experience with interviewing offender populations, we decided that obtaining the initial sample was critical to the study and decided to offer a larger incentive at the face to face interview in an effort to increase the response rate.

Administrators from one of the locations contacted the principal investigators and indicated that the incentive being provided to the inmates was causing difficulties for facility staff. Specifically, the gift cards were being used for gambling, coercion, and in some cases became a cause of fighting between inmates. We met with the administration of the facility and developed an alternative plan. Inmates would not be given the incentive at the time of the interview. However, they could designate any person, not incarcerated, to receive the incentive in the mail or the incentive would be placed in their file to be given to the participant upon release. Most participants asked for the incentive to be sent to a family member or friend. The change in the incentive protocol did not compromise the response rate for the facility. There was a short time lapse in data collection for this particular site. Once the alternative strategy was developed, data collection resumed as normal and no additional difficulties were indicated.

## IV. RESULTS

### A. Sample Description

Table 4 provides a description of the sample at the time of the interview. As seen, fifty percent of the participants were African American. The mean age was 34.5 years and 84 percent were single. Fifty-one percent of the sample had a high school diploma or equivalency.

**Table 4. Descriptive Characteristics of Total Sample (N=1613)**

Demographics	N	Percentage
Race: African American	810	50.2%
Race: White	751	46.6%
Race: Other	52	3.2%
Mean Age		34.5
Marital: Single	1356	84.1%
Marital: Married	225	14.2%
Marital: Other	18	1.1%
Education: < H.S.	393	24.5%
Education: H.S./GED	821	51.1%
Education: > H.S.	393	24.5%
Children: Yes	1128	70.4%
Mental Illness Diagnosis in Prison: Yes	283	17.8%
Prior Prison: Yes	858	53.4%
Prior Felony Record: Yes	1553	97.9%
Prior Record Violence: Yes	767	49.0%
Median Months in Prison		14
Treatment in Prison: Yes	785	50.2%
Member of a Prison Gang: Yes	103	6.4%
Religion in Prison: Yes	881	54.8%
Worked in Prison: Yes	1451	90.3%
Prison Living: Cell	235	14.6%
Prison Living: Dorm	1339	83.4%
Solitary Confinement: Yes	685	42.5%
Protective Custody: Yes	43	2.7%
Employed in Community: Yes	645	40.2%
Treatment in Community: Yes	821	52.4%

The vast majority (70%) had at least one child. Approximately 18 percent had been diagnosed by prison officials as having a mental illness. With regard to prior record, 53 percent had served time in prison before the latest period of incarceration, 98 percent had a prior felony record and

49 percent had a prior record involving violence. The median number of months respondents spent in prison was 14 (range: 1 – 418). Six percent of the sample admitted they were involved in a prison gang. During their time in prison, 50 percent participated in treatment services and 55 percent attended religious services. The majority (90%) worked while in prison and the majority (83%) lived in a dorm setting. Finally, 43 percent indicated that during the last time they were in prison they had been sent to solitary confinement at least once and 3 percent indicated that they had been placed in protective custody at least once. We did not examine security level of the institutions given Ohio’s practice of supervising several custody levels within the same prison.

## **B. Prison Victimization Data**

The first line of inquiry examines the number of people who disclosed victimization. As mentioned previously, inmates were asked to report whether they had witnessed several types of victimization, whether someone had attempted to victimized them, or whether they had been directly victimized. All of the victimization types refer to inmate-on-inmate victimizations. Table 5 lists the results from the face-to-face interviews on victimizations reported.

Victimizations (witnessed or direct) were those that had occurred in the last 12 months of incarceration. Respondents could have reported in the affirmative across multiple categories.

As indicated in Table 5, the vast majority indicated that they witnessed thefts (82%), physical assaults (92%), and verbal assaults (95%). Nearly 20 percent indicated they had witnessed other inmates being sexually coerced by another and 12 percent indicated they had seen a rape. Overall, 98 percent of the sample answered in the affirmative when asked if they witnessed another inmate being victimized in these specific ways.

Participants were also asked whether another inmate had attempted to steal something from them, sexually coerce them, or rape them. Overall 25 percent of the sample indicated in the

affirmative. Specifically, 22 percent reported attempted thefts, five percent indicated that someone had attempted to coerce them into sex, and one percent indicated they were the victim of an attempted rape.

**Table 5. Victimization Occurrence in the last 12 months in prison**

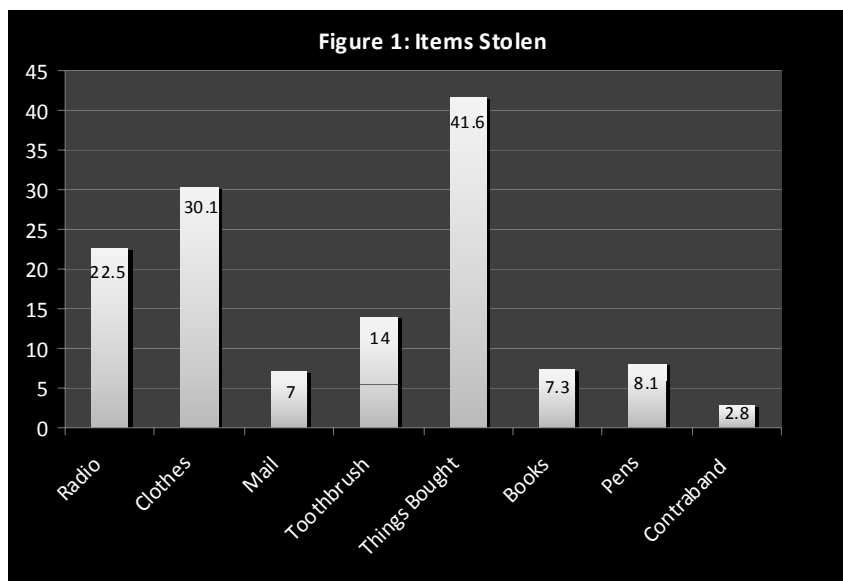
<b>Type of Incident</b>	<b>N</b>	<b>Percentage*</b>
<b>Witnessed</b>		
Theft	1302	82.4
Physical Assault	1472	91.9
Emotional/Verbal	1501	94.9
Sexual Coercion	305	19.7
Rape	189	12.1
Any Witnessed Incident	1602	97.9
<b>Attempted</b>		
Theft	353	22.3
Sexual Coercion	78	5.0
Rape	17	1.1
Any Attempted Incident	397	24.8
<b>Completed/Direct</b>		
Theft	357	22.7
Physical Assault	458	28.8
Emotional/Verbal	623	39.6
Sexual Coercion	9	.6
Rape	7	.5
Any Completed Incident	928	58.3
<b>Voluntarily Engage in Sexual Behavior</b>		
Yes	14	1.4

\*the percentages do not add to 100 given inmates could answer “yes” to more than one victimization type. The “any” category represents the number of people who said “yes” to an incident at least once.

Finally, when examining completed or direct victimizations, 58 percent of the sample reported being victimized in the last twelve months of incarceration. Specifically, 23 percent



indicated they had something stolen from them (items detailed in Figure 1), 29 percent indicated that they had been in a fight, 40 percent indicated that they had been verbally assaulted and less than 1 percent admitted to being the victim of sexual coercion or rape. Finally, respondents were asked whether they had engaged in any voluntary sexual behavior. Only 14 individuals admitted to consensual sexual acts.



### *Characteristics of those Victimized: Bivariate Analyses*

The next step included an examination of the characteristics of those who were victimized in the last 12 months of incarceration compared to those who did not report victimization. In an effort to provide a meaningful set of analyses, three groups were utilized. First, we created a combined measure of those who admitted direct violent victimization, which included those reporting ‘yes’ in any of the victimization types: fighting, coerced sexual acts, and/or rape (n=474). Second, we created a separate measure of victimization involving property (n=357). Third, given the literature surrounding the potential impact of witnessing sexual aggression, the second grouping included only those who had witnessed a

perceived coerced sexual act or rape (n=494). We excluded those who had witnessed other types of violence in the institution given over 90 percent of the sample indicated that they had witnessed these events. Further, we were unable to conduct bivariate analyses on direct sexual coercion or rape given the low sample size.

Table 6 lists the characteristics of the first grouping. There was a statistically significant difference with regard to race with more white's reporting both types of direct victimization than non-whites. With regard to marital status, more than 90 percent of those who were directly victimized were single. Education was relatively split between those with less than a high school education and those with more. With regard to stature, height and weight were continuous variables that were recoded to indicate the average height and weight of the sample. Between 1999 and 2000, the average height of males was approximately 5 feet, 9 inches while the average weight ranged between 172 pounds and 196 pounds, depending on the age of the male. The average height and weight for our sample was 5 feet, 10 inches and 184 pounds, respectively. Each variable was coded as 1 for those who were below average and 0 for those who were above average. As seen, there was no significant difference between those who were considered small in stature and direct victimization. Moreover, the majority in both groups lived in a dorm.

Some other differences emerged between the groups. Those that reported violent and property victimization were less likely to have children and more likely to have been placed in solitary confinement (although few reported having this experience). Those who reported violent victimizations were more likely to be a member of a prison gang (although few reported so) and more likely have been in a prior fight with a correctional officer. Both groups were more likely to have been diagnosed with a mental illness. Those involved in a victimization involving property were more likely to report involvement in religious and treatment activities.

**Table 6. Direct Victimization by Descriptives**

Descriptives	Violent Victimization				Property Victimization			
	Yes		No		Yes		No	
	N	%	N	%	N	%	N	%
Mean number of prior felony convictions	2.55		2.92		2.72		2.83	
Prior Record involving violence (yes)	292	56.7	552	51.4	215	60.6	622	51.1
Prior Prison (yes)	249	50.5	509	49.1	168	49.3	580	49.4
Mean number of months served on last sentence	1.33		1.25		1.26		1.28	
Race*								
White	279	54.3	466	43.5	182	51.3	554	45.6
Non-White	235	45.7	606	56.5	177	48.7	661	54.4
<sup>a</sup> X <sup>2</sup> = 16.29 p = .000								
<sup>b</sup> X <sup>2</sup> = 3548 p = .034								
Mean Age	31.1		36.2		34.5		34.7	
Marital Status								
Not Married	465	92.3	952	90.1	319	90.6	1082	90.7
Married	39	7.7	105	9.9	33	9.4	111	9.3
Education								
< H.S.	136	26.4	252	23.5	92	25.9	290	23.8
H.S.	116	22.5	316	29.5	96	27.0	331	27.2
GED	137	26.6	243	22.7	70	19.7	309	25.4
Some College	116	22.5	242	22.6	93	26.2	260	21.4
Baccalaureate degree	8	1.6	17	1.6	2	0.6	24	2.0
Graduate degree	2	0.4	2	0.2	2	0.6	2	0.2
Small Stature (yes)	117	22.8	233	21.8	80	22.5	265	21.9
Living Arrangements								
Dorm	426	82.6	895	83.6	307	86.2	1003	82.6
Cell	78	15.1	155	14.5	40	11.2	189	15.6
Other	12	2.3	20	1.9	9	2.5	22	1.8
Children* (yes)	308	60.0	806	75.3	237	66.6	871	71.9
<sup>a</sup> X <sup>2</sup> = 38.87 p = .000								
<sup>a</sup> X <sup>2</sup> = 3.803 p = .031								
Member Prison Gang* (yes)	63	12.3	39	3.6	16	4.5	84	6.9
<sup>a</sup> X <sup>2</sup> = 5.64 p = .011								
Fight involving C.O.* (yes)	52	10.1	36	3.4	19	5.4	69	5.7
<sup>a</sup> X <sup>2</sup> = 30.281 p = .000								
Solitary Confinement* (yes)	335	64.9	343	31.8	167	46.8	504	41.4
<sup>a</sup> X <sup>2</sup> = 156.341 p = .000								
<sup>b</sup> X <sup>2</sup> = 3.292 p = .040								

<sup>a</sup> denotes significant difference within the violent victimization group  
<sup>b</sup> denotes significant difference within the property victimization group

**Table 6. Direct Victimization by Descriptives, continued**

Descriptives	Violent Victimization				Property Victimization			
	Yes		No		Yes		No	
	N	%	N	%	N	%	N	%
Protective Custody (yes)	19	3.7	24	2.7	17	4.8	25	2.1
Diagnosed Mental Illness* (yes) <sup>a</sup> X <sup>2</sup> = 5.783 p = .010 <sup>b</sup> X <sup>2</sup> = 26.003 p = .000	108	21.3	174	16.3	94	26.9	183	15.1
Attend religious services *(yes) <sup>b</sup> X <sup>2</sup> = 9.669 p = .001	276	53.5	593	55.2	221	61.9	640	52.6
Employed in prison (yes)	463	89.9	971	90.6	318	89.3	1101	90.5
Participated in Treatment* (yes) <sup>b</sup> X <sup>2</sup> = 13.11 p = .000	261	52.0	517	49.6	195	57.0	576	48.5

<sup>a</sup> denotes significant difference within the violent victimization group  
<sup>b</sup> denotes significant difference within the property victimization group

Among those who witnessed sexual coercion or rape, the results are slightly different.

According to Table 7, there were no differences between the groups with regard to race, marital status, employment, education, stature, living arrangements, children, protective custody, religious service attendance, or employment in prison. However, those who had witnessed sexual coercion or rape was more likely to be involved in a prison gang, a fight with a

**Table 7. Witnessed Sexual Coercion or Rape by Descriptives**

Descriptives	Admitted Victimization			
	Yes		No	
	N	%	N	%
Prior Prison Time (yes)	203	56.4	637	52.1
Mean number of prior felony convictions t= 2.206; p=.028		2.57		2.88
Prior Record involving violence (yes) X <sup>2</sup> = 7.629 p = .003	193	56.3	564	47.8
Mean number of months served on last sentence t= 4.254 p=.000		36.3		26.2
Race				
White	170	47.1	573	46.8
Non-White	191	52.9	652	53.2
Mean Age	361	33.8	1225	34.8

**Table 7. Witnessed Sexual Coercion or Rape by Descriptives**

Descriptives	Admitted Victimization			
	Yes		No	
	N	%	N	%
Marital Status				
Married	54	15.5	171	14.2
Single	295	84.5	1032	85.8
Education				
< H.S.	83	23.1	301	24.7
H.S.	182	50.6	630	51.6
> H.S.	95	26.4	290	23.8
Small Stature (yes)	89	24.7	260	21.3
Living Arrangements				
Dorm	298	82.8	1022	83.8
Cell	51	14.2	178	14.6
Other	11	3.1	20	1.6
Children (yes)	245	68.1	868	71.3
Member Prison Gang (yes) $X^2 = 28.32$ $p = .000$	45	12.5	57	4.7
Fight involving C.O. (yes) $X^2 = 44.77$ $p = .000$	46	12.8	43	3.5
Solitary Confinement (yes) $X^2 = 26.49$ $p = .000$	196	54.3	478	39.1
Protective Custody (yes)	14	3.9	28	2.3
Diagnosed Mental Illness (yes) $X^2 = 7.85$ $p = .004$	81	22.8	198	16.3
Attend religious services (yes)	196	54.3	668	54.6
Employed in prison (yes)	326	90.3	1102	90.3
Participated in Treatment (yes) $X^2 = 5.82$ $p = .009$	199	55.9	575	48.6

correctional officer, and to have been placed in solitary confinement. Moreover, they were also more likely to have been diagnosed with a mental illness and have participated in treatment. The

sample size for those who reported direct sexual victimization (n=14) was too low to conduct any meaningful bivariate analyses.

### *Characteristics of those Victimized: Multivariate Analyses*

Several multivariate models were estimated to determine the significant predictors of victimization in the last 12 months of incarceration. The two dependent variables utilized mirror those presented in the bivariate findings above. Specifically, reported violent victimizations (1=yes), a victimization involving property (1=yes) and reported witnessing sexual coercion and rape (1=yes). There are a variety of independent variables that have been shown in the literature to be related to the risk of victimization including age, race (1=white), marital status (1=married), education level (range: 1 - 6); physical stature (1= below avg. height and weight); prior prison (1=yes), prison length<sup>5</sup>, living quarters (1=dorm), mental illness (1=yes), involvement in prosocial activities such as treatment (1=yes) and religious services (1=yes), and prior felony record (1=yes) and prior record involving violence (1=yes).

In the first model predicting violent direct/completed victimization in the last 12 months of the individual's prison sentence, the model chi-square is 148.48, which is statistically significant. As seen in Table 8, the analysis revealed that age, race, having children, mental illness, and prison length were all significantly related to victimization status. Specifically, those who were younger, Caucasian, did not have children, were diagnosed with a mental illness, and were in prison longer were more likely report being directly victimized.

Examining the odds ratio's we see that for each there is a nine percent change in the odds of victimization for each unit change (e.g., year) in age. In terms of race, the results indicate that there is a 61 percent increase in the odds of victimization for whites. With those with children, we see a 34 percent increase in victimization for those without children.

---

<sup>5</sup> Prison length was highly skewed. We took the natural log of the original variable

**Table 8. Multivariate analysis of Victimization: Direct Victim of Violence Incident**

Variable	B	S.E.	P value	Exp(B)	95% CI	
					Lower	Upper
<b>Age</b>	-.061	.007	.000	.941	.927	.954
<b>Race</b>	.475	.125	.000	1.607	1.258	2.054
Martial Status	-.018	.217	.394	.982	.641	1.504
Education	-.007	.053	.902	.993	.895	1.103
Employed in Prison	-.173	.206	.401	.841	.532	1.259
<b>Children</b>	-.420	.133	.002	.657	.507	.853
Prior Prison	.059	.124	.637	1.061	.831	1.353
<b>Mental Illness</b>	.298	.160	.063	1.347	.984	1.844
Religious Involvement	.241	.129	.061	1.273	.989	1.637
Treatment Involvement	.055	.131	.672	1.057	.818	1.365
<b>Prison Length</b>	.634	.163	.000	1.885	1.368	2.597
Number Prior Felony Convictions	.001	.028	.964	1.001	.948	1.058
Prior Violence	.087	.123	.478	1.091	.858	1.388
Stature	-.056	.148	.704	.946	.708	1.263
Constant	.413	.369	.263	1.511		
Model Chi Square	148.45**					
Nagelkerke R <sup>2</sup>	.140					

n=1411

There was a 35 percent increase in the odds of victimization among those who were diagnosed with a mental illness. Finally, there was a 89 percent increase in the odds of victimization for each unit change in prison length.

In the second model predicting property incidents, the model chi square is 40.84, which is statistically significant. Only two variables were statistically significant predictors of this type of victimization. Specifically, those with a mental illness and those who participated in treatment services while in the institution were more likely to report a victimization involving property.

**Table 9. Multivariate analysis of Victimization: Direct Victim of Property Incident**

Variable	B	S.E.	P value	Exp(B)	95% CI	
					Lower	Upper
Age	.000	.007	.952	1.000	.986	1.013
Race	.169	.136	.215	1.184	.907	1.546
Marital Status	.071	.223	.749	1.074	.694	1.663
Education	-.005	.058	.936	.995	.889	1.114
Employed in Prison	-.164	.219	.453	.849	.553	1.303
Children	-.249	.148	.093	.779	.583	1.043
Prior Prison	.255	.136	.061	1.290	.988	1.684
<b>Mental Illness</b>	.646	.162	.000	1.908	1.388	2.622
<b>Religious Involvement</b>	.318	.141	.024	1.375	1.042	1.813
Treatment Involvement	.236	.142	.096	1.266	.959	1.672
Prison Length	-.188	.177	.288	.828	.525	1.173
Number Prior Felony Convictions	-.019	.030	.528	.981	.926	1.040
Prior Violence	-.037	.134	.061	1.290	.988	1.684
Stature	-.086	.162	.595	.917	.668	1.260
Constant						
Model Chi Square	40.843**					
Nagelkerke R <sup>2</sup>	.044					

n=1399

In the third model predicting witnessed coerced sexual behavior or forcible rape in the last 12 months of the individual's prison sentence, the model chi square was 50.25, which was statistically significant. The analysis revealed that three variables, prison length, having a prior record involving violence, and having a mental illness diagnosis were related to the dependent variable. Specifically, those in prison longer, those with a violent history, and those diagnosed with a mental illness were more likely to report witnessing individual(s) being sexually coerced or raped.

When exploring the odds ratio's we see a 42 percent change in the odds of witnessing victimization among those who are mentally ill. Those with longer sentences had a 2 times



greater odds of witnessing sexual victimization. Finally, we see a 13 percent increase in the odds of witnessing sexual victimization among those with a prior record involving violence.

**Table 10. Multivariate analysis of Victimization: Witnessed Sexual Coercion and/or Rape**

Variable	B	S.E.	P value	Exp(B)	95% CI	
					Lower	Upper
Age	-.011	.007	.123	.989	.975	1.003
Race	-.045	.136	.739	.956	.766	1.247
Marital Status	-.197	.129	.125	.821	.638	1.056
Education	.100	.057	.080	1.105	.988	1.236
Employed in Prison	.076	.209	.284	.799	.530	1.204
Children	-.102	.148	.488	.903	.676	1.205
Prior Prison	.224	.135	.096	1.251	.961	1.629
<b>Mental Illness</b>	.350	.167	.036	1.419	1.022	1.969
Religious Involvement	-.099	.132	.477	.906	.691	1.189
Treatment Involvement	.168	.140	.233	1.183	.898	1.557
<b>Prison Length</b>	.706	.171	.000	2.026	1.450	2.832
Number Prior Felony Convictions	-.050	.032	.121	.951	.892	1.013
<b>Prior Violence</b>	.275	.133	.038	1.137	1.015	1.709
Stature	.111	.156	.478	1.117	.823	1.516
Constant	-1.894	.486	.000	.150		

n=1406; Model chi-square= 50.48; p=.000

Due to the low base rate of admitted direct sexual victimization, we were unable to examine the predictors of sexual assault in a multivariate model.

*Victimization and Psychological Well Being.* Next we set out to examine the impact of victimization on individual’s psychological health. Psychological health has implications for both prison adjustment and community adjustment. Two standardized scales were given to respondents during the face-to-face interviews to examine the psychological health among respondents. The first was the Posttraumatic Cognitions Inventory (PTCI), which was a 36-item scale that measured cognitions related to psychological trauma. The second was the Trauma

Symptoms Checklist (TSC-40), a 40-item scale that measured trauma symptoms, including anxiety, depression, dissociation, post-abuse trauma, sleep disturbance, and sexual problems.

The primary independent variables utilized examine the same victimization experiences as mentioned previously (direct violent victimization, property victimization, and witnessed sexual victimization). It is also important to account for other factors found in previous research to potentially impact an inmate's psychological wellbeing. These variables include; age, (Bonta and Gendreau, 1987; Wooldredge, 1999); race (1=white) (Hochstetler, Murphy, and Simons, 2004; Wooldredge, 1999); marital status (1=married) (Lindquist and Lindquist, 1997; Turner, Lloyd, and Wheaton, 1995); having children (1=yes) (Houck and Loper, 2002; Poehlmann, 2005); education (Wooldredge, 1999); prior prison (1=yes); months in prison; lived in dorm (1=yes) (Seymour, 1982; Toch, 1977); mental illness diagnosis (1=yes) (Blitz, Wolff, and Shi, 2008; Wolff, Blitz, and Shi, 2007); participation in religious services (1=yes) (Wooldredge, 1999); and treatment participation in prison (1=yes) (Adams, 1992).

The results of the regression analyses are reported in Table 11. Table 11 is divided into two regression models, one predicting PTCI and the other predicting TSC. The regression analyses indicated that property victimization and witnessing sexual victimization is significantly and positively associated with both PTCI and TSC in the regression analyses (indicating a negative effect on psychological well being). Some of the control variables also had independent additive effects upon posttraumatic cognitions and symptoms. Mental illness diagnosis is the only other variable (besides coercion, social support, and the constant) to be significantly related to both PTCI and TSC. As expected, a mental illness diagnosis is positively related to both these indicators of psychological distress.

**Table 11. Hierarchical Regression Results Predicting Psychological Well Being with Specific Victimization Types**

Variable	PTCI SCALE			TSC SCALE		
	<i>b</i>	S.E. <i>b</i>	Beta	<i>b</i>	S.E. <i>b</i>	Beta
Age	-.030	.093	-.009	.100	.053	.055
Race	-2.002	1.770	-.034	.579	.993	.016
Marital Status	-2.128	2.897	-.0205	-.858	1.626	-.014
<b>Education</b>	-2.514*	.751	-.092	-.127	.419	-.008
Prior Prison	.695	1.758	.011	.004	.978	.000
<b>Mental Illness</b>	19.395**	2.310	.235	13.528**	1.285	.286
Dorm	.709	2.408	.008	-2.245	1.317	-.045
Prison Length	1.734	2.312	.021	.591	1.297	.013
Children	-3.380	1.977	-.049	-1.034	1.095	-.026
Religious Services	-3.410	1.828	-.054	.559	1.028	.015
<b>Treatment Services</b>	2.917	1.827	.047	3.396*	1.027	.094
Direct Violent Victimization	3.694	1.977	.055	2.043	1.109	.052
<b>Direct Property Victimization</b>	5.658**	2.080	.076	5.058**	1.182	.115
<b>Witnessed Sexual Victimization</b>	7.388**	2.125	.091	3.857**	1.169	.089
Constant	92.886**	5.332		18.771**	2.969	
R <sup>2</sup>	.111			.157		

n=1213 for the PTCI model; n=1242 for the TSC model

\*\*  $p < .001$  level \*  $p < .01$  level. All variables significant in Step 3 were significant in Step 1 and/or Step 2 (coefficients reported in table are for Step 3). *b* = unstandardized coefficient; *SE* = standard error; Beta = standardized coefficient. Analyses indicated that multicollinearity between the two victimization variables did not exist.

Education has a significant negative association with PTCI (but no relation with TSC), indicating that more educated respondents have less posttraumatic cognitions than do less educated respondents. Also, and somewhat unexpected, participation in treatment has a significant and positive relationship with TSC (but no relationship with PTCI), indicating that those who participate in treatment have more trauma symptoms than those who do not. It is likely that trauma led them to seek treatment (Gavrilovic, Schutzwohl, Fazel, and Priebe, 2005), and does not necessarily mean that treatment led to their psychological distress. (A longitudinal analysis would be needed to establish cause and effect.) None of the other control variables were significant.

## C. Characteristics of Selected Victimization Incidents

Next we moved to examine the characteristics of the reported victimization episodes. Relying upon the procedures utilized by the NCVS, the study made use of incident reports for several of the victimization screening questions. Specifically, when the client answered in the affirmative for witnessed fighting or sexual coercion or rape, they were asked a series of questions about the incident including time of day, month, number involved, weapons involvement etc. Similarly, when the client indicated that they had been the direct victim of a physical assault, attempted and completed sexual coercion, and attempted and completed rape, they were asked to report similar types of details.

For ease of interpretation, tables were created listing details about incidents involving witnessed types of victimization and direct types of victimization in the last 12 months of incarceration.

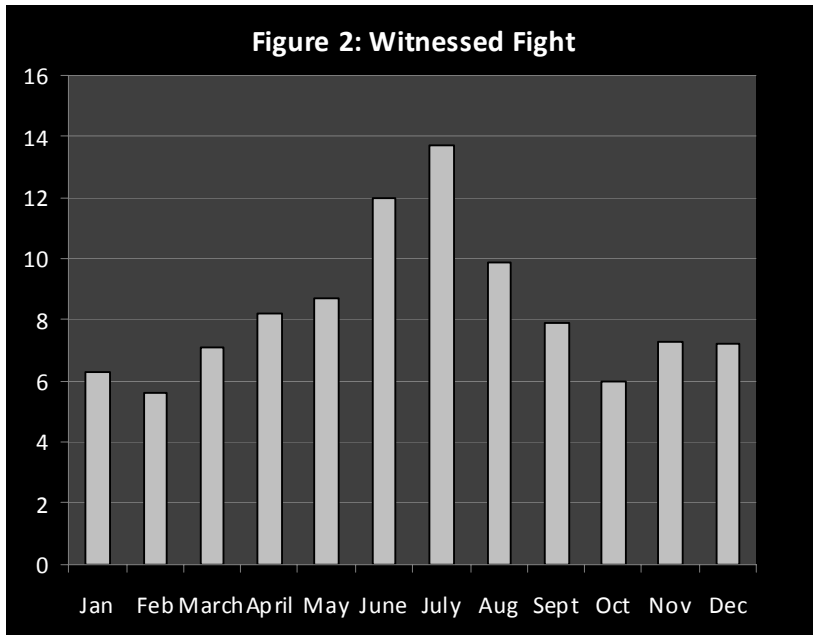
### *Characteristics of Selected Witnessed Victimizations*

*Location.* Table 12 lists the location of the reported victimization. When examining all witnessed incidents, we see that 27 percent occurred in a common area such as the yard, gym or library, followed by 25 percent in the individual's dorm and 19 percent in the dayroom or shower. Other reported locations included the individual's cell or other's cell, at work, and unspecified locations. When examining the location by different types of victimizations, we can see that fights were more likely to occur in either the dorm (28%) or common area (31%) followed by 15 percent in the individual's cell or other's cell. With regard to sexual coercion and rape, individuals reported that they witnessed acts occurring in the dayroom or shower (50%) or the dorms (14%), followed by either their own cell or another's cell (17% combined).

**Table 12. Location within the Facility of the Alleged Witnessed Victimization.**

Location	All Incidents (n=1745)		Fighting (n=1400)		Sexual Coercion (n=188)		Rape (n=157)	
Own Cell	160	9.2%	136	9.8%	15	8.6%	8	5.2%
Other's Cell	99	5.7%	71	5.1%	14	8.0%	11	7.2%
Dorm	441	25.5%	394	28.3%	25	14.3%	21	13.7%
Dayroom/shower	327	18.9%	152	10.9%	88	50.3%	83	54.2%
Segregation/medical	7	0.4%	7	0.5%	15	8.6%	0	0.0%
Yard, Gym, Library	464	26.6%	437	31.4%	15	8.6%	10	6.5%
At Work or Common Area	71	4.1%	61	4.4%	2	1.1%	7	4.6%
Outside Prison under supervision	5	0.3%	4	0.3%	0	0.0%	1	0.7%
Other	158	9.1%	128	9.2%	16	9.1%	12	7.8%

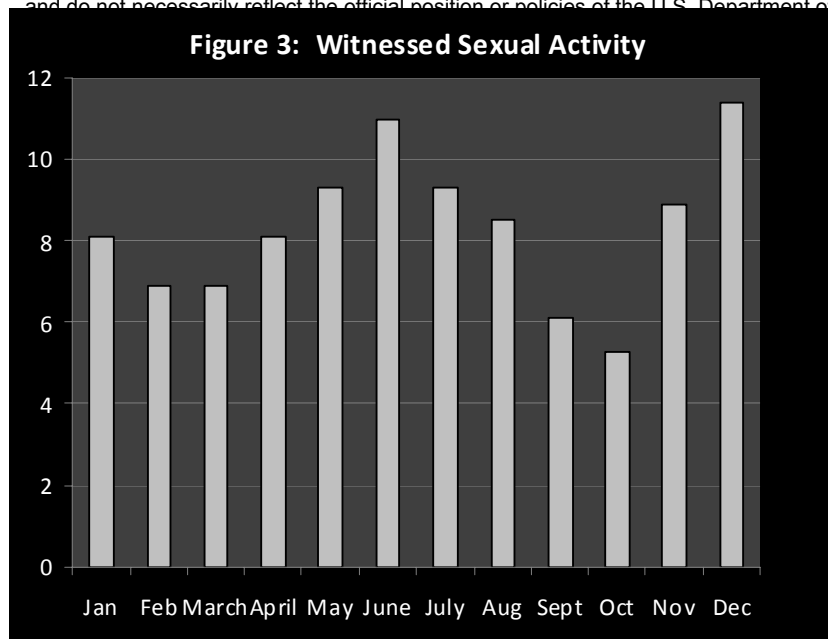
*Time of Year.* Clients were also asked to indicate what month they witnessed the incident. As seen in Figure 2, the trend follows what research finds on general victimization.



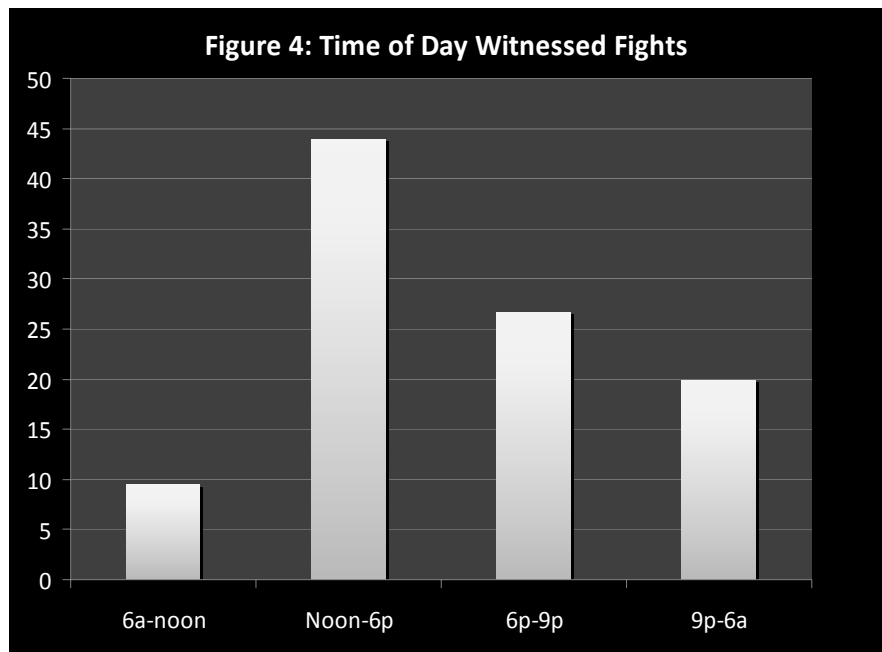
Specifically, individuals were more likely to report that they witnessed fights occurring during the warmer summer months of June and July.

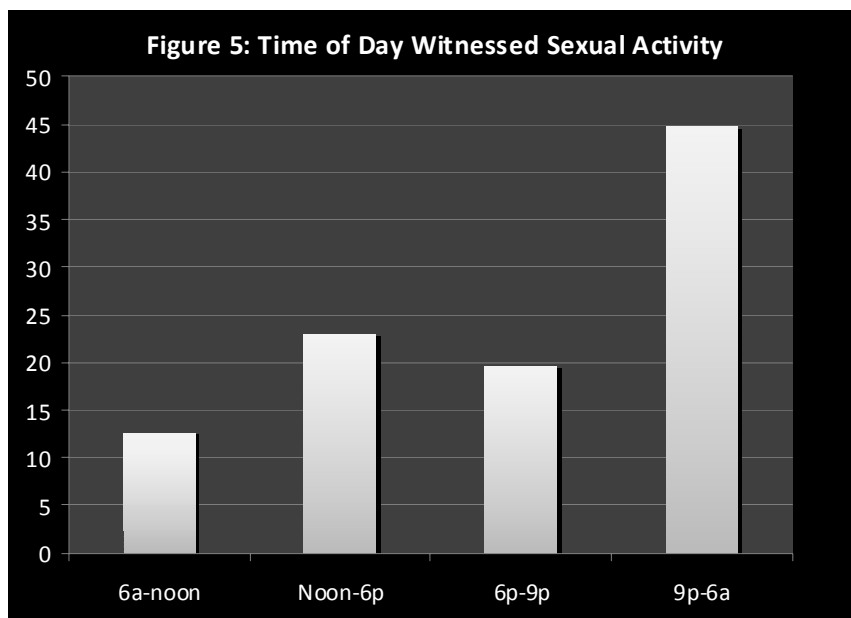
Related, for those who witnessed sexual coercion or rape, the distribution is more

evenly distributed with more acts seen during the summer months but also in November and December (see Figure 3).



*Time of Day.* Respondents were also asked to indicate what time of day the incident occurred. According to Figure 4 respondents were more likely to report witnessing fights





occurring between noon and 6:00p.m. With regard to sexual victimization, witnesses were more likely to report seeing or hearing victimizations occurring between 9:00 p.m. and 6:00 a.m.

*People Involved.* In terms of the number of people involved, sixty three percent of all incidents involved two people (including the victim). However, it is worth noting that over a quarter of the incidents reported involved four or more individuals. For witnessed incidents involving fighting, 61 percent involved two people, and a third involved four or more. The results for incidents involving sexual coercion and rape differ slightly with the majority involving two individuals but 14 percent of sexually coerced activities involving three and 20 percent and 17 percent of witnessed rapes involving three or four or more people, respectively.

**Table 13. Number of People Involved in the Alleged Witnessed Event**

Characteristic	All Incidents		Fighting		Sexual Coercion		Rape	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
Two	1090	63.1%	841	60.6%	143	82.2%	95	62.5%
Three	146	8.4%	88	6.3%	24	13.8%	31	20.4%
Four or More	492	28.2%	458	33.0%	7	4.0%	26	17.1%
Total	1728	100%	1387	100%	174	100%	152	100%

*Race of Offender/Victim.* Clients were also asked to report the race of the victim and race of the offender involved in the incident. As seen in Table 14, when examining all incidents, we see victims are evenly distributed between Caucasians and African Americans. Among those who were defined as the offender or the one who instigated the incident, the witnesses indicated that 65 percent were African American.

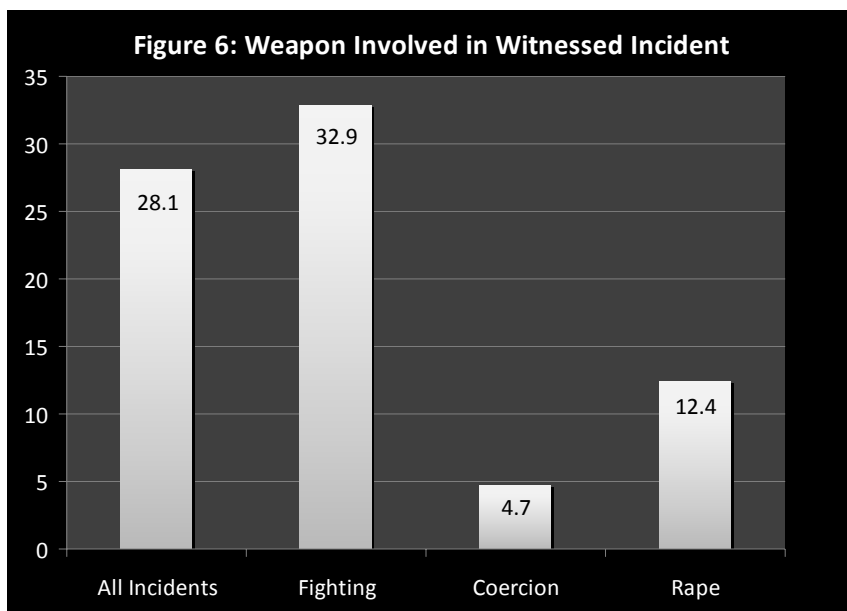
When exploring physical assaults, we see that nearly half of the victims were African American and 62 percent were reported as the assailant. When examining sexual assaults, the victims in both categories (e.g., sexual coercion and rape) were overwhelming white and the assailant was more often classified as African American.



**Table 14. Race of Victims and Assailants of Alleged Witnessed Activities**

All Incidents				
	Victims		Offenders	
White, non Hispanic	741	43.4%	379	22.2%
White, Hispanic	51	3.0%	48	2.8%
Black, non Hispanic	773	45.3%	1107	64.8%
Black, Hispanic	9	0.5%	21	1.2%
Other	132	7.5%	153	9.0%
Physical Assaults				
	Victims		Offenders	
White, non Hispanic	506	37.0%	320	23.4%
White, Hispanic	44	3.1%	44	3.2%
Black, non Hispanic	685	49.0%	852	62.3%
Black, Hispanic	8	0.6%	20	1.5%
Other	24	8.9%	131	9.4%
Sexual Coercion				
	Victims		Offenders	
White, non Hispanic	122	70.1%	31	17.7%
White, Hispanic	1	0.6%	3	1.7%
Black, non Hispanic	46	26.4%	134	76.6%
Black, Hispanic	1	0.6%	0	0.0%
Other	4	2.2%	7	4.0%
Rape				
	Victims		Offenders	
White, non Hispanic	105	69.5%	24	15.9%
White, Hispanic	6	4.0%	1	0.7%
Black, non Hispanic	37	24.5%	112	74.2%
Black, Hispanic	0	0.0%	1	0.7%
Other	3	2.0%	13	8.6%

*Harm.* Individuals were also asked to report whether the incident involved a weapon as well as the physical injuries sustained by the victim. When looking across all incidents, individuals indicated that they saw a weapon used in 28 percent of the incidents. When examining weapon involvement by victimization type, 33 percent of the physical assaults, 5 percent of the incidents of sexual coercion and 12 percent of the incidents of rape involved a weapon.



Respondents were asked to report if the victim was harmed and if so, the extent of their injuries. When examining all incidents, Table 15 shows that 81 percent were harmed with injuries including bleeding (73%), bruising (61%), being knocked unconscious (27%), broken bones or teeth (26%) or being stabbed or cut (16%). Three percent or 44 people indicated that the victim died as the result of the victimization. The percentages by victimization type follow similar trends with the exception of sexual coercion where witnesses indicated that 41 percent of those victims were hurt.

**Table 15. Characteristics of the Alleged Witnessed Event**

Characteristic	All Incidents		Fighting		Sexual Coercion		Rape	
Someone Hurt	1383	80.9%	1188	86.1%	69	41.3%	120	81.6%
Stabbed or Cut	238	16.4%	226	18.3%	5	5.7%	7	5.8%
Broken Bones or Teeth	375	25.8%	357	29.0%	5	5.7%	13	10.5%
Bleeding	1059	72.8%	990	80.5%	21	23.3%	47	37.5%
Bruising	890	61.2%	836	67.9%	13	14.6%	40	31.9%
Knocked Unconscious	398	27.4%	380	30.8%	4	4.6%	14	11.7%
Strangled	44	3.0%	33	2.7%	1	1.1%	10	8.2%
Death	44	3.0%	43	3.6%	0	0.0%	1	1.0%

*Incident Reporting.* Respondents were also asked whether anyone reported the incident to prison officials and if they did not, why they chose not to report the incident. In nearly 61 percent of the cases, the respondent indicated that no one reported the incident to prison officials. Over a third of the respondents indicated it was not reported because they did not want to be seen as a “snitch” and 26 percent indicated they felt the victim would take care of it himself. The same pattern held for all of the victimization types.

**Table 16. Reporting Decision Making by Alleged Witnessed Victimization**

	All Incidents		Physical Assault		Sexual Coercion		Rape	
Did not Report Incident	1023	60.7%	783	56.0%	135	80.4%	55	36.4%
Take Care of Themselves	271	25.8%	198	25.9%	39	28.1%	29	30.5%
Not Important	94	8.9%	72	9.4%	10	7.3%	10	10.9%
Wouldn't Matter	64	6.1%	35	4.5%	18	13.1%	11	12.4%
Worker's knew and Didn't Respond	50	4.8%	29	3.8%	10	7.4%	9	10.1%
Victims Fault	48	4.6%	36	4.7%	9	6.5%	3	3.5%
Would have been hurt	116	11.0%	81	10.3%	18	13.1%	16	17.1%
Not a Snitch	405	38.6%	291	37.2%	61	44.1%	49	52.1%

*Institutional Response.* Finally, respondents were asked to indicate the institutional response to the victimizations. As seen in Table 17, respondents indicated that there was an institutional response to the victimization in 61 percent of the cases. However, when examining across types of victimization some differences did emerge. Specifically, while there was an institutional response against the offender in 70 percent of the witnessed physical assaults, respondents indicated that there was a response in only 20 percent of the cases of sexual coercion and 31 percent of the cases of rape.

When there was an institutional response, solitary confinement was used in 84 percent of the cases overall, followed by transferring the assailant to another prison and charging the offender with a new crime. The same pattern emerged with regard to the physical assaults. In terms of sexual coercion, respondents indicated that 56 percent of the reported assailants were sent to solitary confinement, 34 percent were moved to a new prison, 16 percent were moved to a higher custody level, and 9 percent were charged with a new offense. Finally, among those

**Table 17. Institutional Response to the Offender in Alleged Witnessed Victimization**

	All Incidents		Physical Assault		Sexual Coercion		Rape	
Reported Response from Prison officials	1029	61.3%	947	70.2%	33	19.7%	45	30.7%
Solitary confinement	856	83.5%	805	85.3%	18	56.3%	30	66.7%
Stay in Cell	35	3.4%	33	3.5%	1	3.1%	1	2.2%
Higher Custody	101	9.9%	93	9.9%	5	15.6%	2	4.4%
Moved to another Prison	265	25.9%	238	25.2%	11	34.4%	14	31.1%
Loss of Good Time	29	2.8%	26	2.8%	1	3.1%	2	4.4%
Extra Work	8	0.5%	6	0.6%	1	3.1%	1	2.2%
Loss of Privileges	97	9.5%	92	9.7%	2	6.3%	3	6.7%
New Offense	129	12.6%	121	12.8%	3	9.4%	5	11.1%
Added Time	70	6.8%	65	6.9%	2	6.3%	3	6.7%

who witnessed rapes, 67 percent of the offenders were sent to solitary confinement, 31 percent moved to a new prison, and 11 percent were charged with a new offense.

*Characteristics of Direct/Completed Victimization*

The next section details similar factors but specific to those who reported being victimized themselves. Respondents were asked questions about the incident for the following types of incidents: physical assaults/fighting, attempted coerced sexual behavior, completed coerced sexual assault, attempted rape and completed rape. Due to the small number of reported cases of completed coerced sexual assault and completed rape, the attempted and completed categories were collapsed.

*Location.* The respondents were asked to indicate the location where the reported incident took place. According to Table 18, 28 percent of all incidents occurred in the dorm, followed by 22 percent in either the inmate’s own cell or another’s cell, followed by 17 percent in the shower or the yard, gym or library.

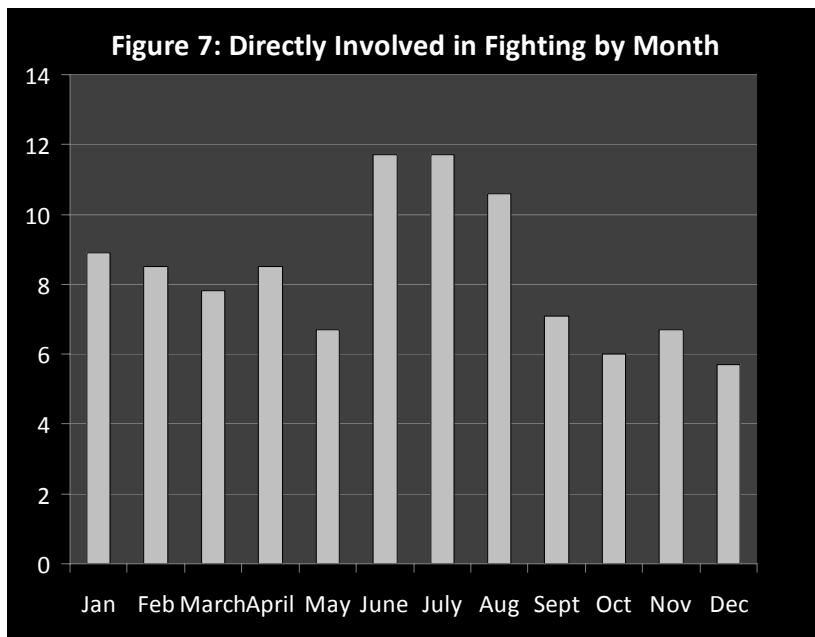
**Table 18. Location within the Facility of the Direct/Completed Victimizations**

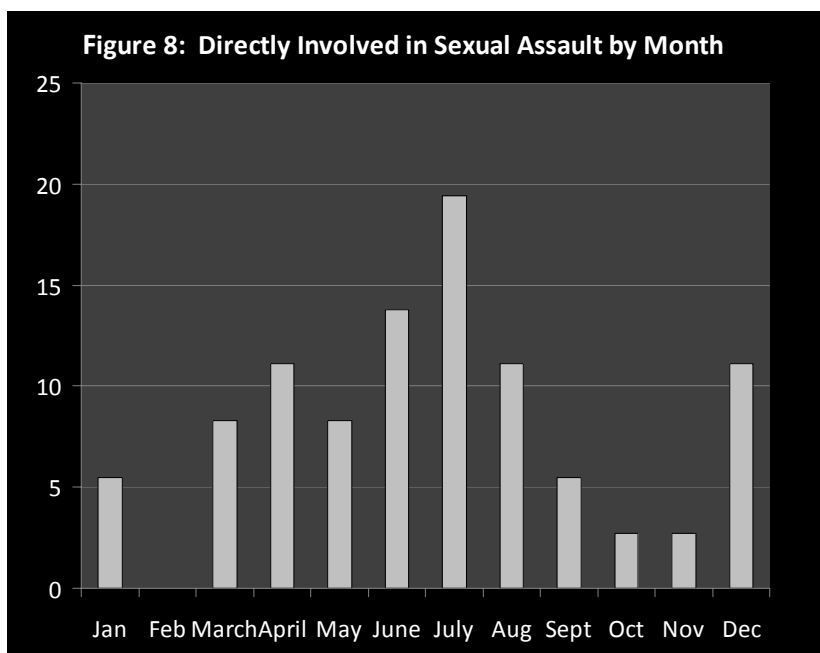
Location	All Incidents (n=383)		Fighting (n=322)		Sexual Coercion (n=48)		Rape (n=8)	
Own Cell	76	19.9%	61	19.0%	11	22.9%	2	25.0%
Other’s Cell	12	3.1%	8	2.5%	3	6.3%	1	12.5%
Dorm	105	27.5%	90	28.0%	13	27.1%	1	12.5%
Dayroom/shower	63	16.5%	50	15.6%	12	25.0%	1	12.5%
Segregation/medical	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Yard, Gym, Library	64	16.8%	58	18.0%	4	8.3%	0	0.0%
At Work or Common Area	18	4.7%	16	5.0%	0	0.0%	3	25.0%
Outside Prison under supervision	2	0.5%	1	0.3%	1	2.1%	0	0.0%
Other	42	11.0%	37	11.5%	4	8.3%	1	12.5%

When examining the location by different types of victimizations, the same pattern holds for those involved in physical assaults. The results for sexual coercion are similar; however, slightly more respondents indicated the incident happened in the shower. Finally, while the

results should be viewed with caution given the small number of respondents reporting, 25 percent of the incidents occurred in the inmate’s own cell, 25 percent at work or in a common area, and the remaining incidents occurring in someone else’s cell, in a dorm or in the shower.

*Time of Year.* Respondents were asked to report the time of year they were the victim of physical assault or sexual coercion or rape. According to Figure 7, involvement in fighting was more likely to occur during the summer months. Sexual assaults, including attempted or completed acts, were most likely to occur in summer months, followed by April and December.





*People Involved.* Respondents were asked to report the number of individuals involved in the alleged incident. Table 19 indicates 83 percent of the incidents involved two individuals (including the victim). Twelve percent of the incidents involved four or more people. The same pattern holds for all of the victimization incidents reported.

**Table 19. Number of People Involved in the Direct/Completed Victimization**

Characteristic	All Incidents		Fighting		Sexual Coercion		Rape	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
Two	315	83.3%	260	81.5%	45	97.8%	7	87.5%
Three	17	4.5%	15	4.7%	1	2.2%	0	0.0%
Four or More	46	12.2%	44	13.8%	0	0.0%	1	12.5%
Total	378	100%	319	100%	46	100%	8	100%

*Relationship with the Assailant.* The participants were also asked to report the relationship they had with their assailant. When examining all of the incidents combined, 54 percent indicated that they knew the person involved, 19 percent indicated that it was someone

they hung out with and 27 percent indicated it was someone they did not know. When looking at victimization type, 53 percent those involved in fights indicated they knew their assailant

**Table 20. Relationship of People Involved in the Direct/Completed Victimization**

Characteristic	All Incidents		Fighting		Sexual Coercion		Rape	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
Someone I hung out with	71	18.6%	60	18.7%	8	16.7%	3	37.5%
Someone I knew	206	54.1%	171	53.3%	29	60.4%	5	62.5%
Someone I did not know	104	27.3%	90	28.0%	11	22.9%	0	0.0%
Total	381	100%	321	100%	48	100%	8	100%

19 percent involved someone they hung out with, and 28 percent involved a stranger. Those who reported being sexually coerced or involved in attempted coercion, 60 percent indicated that it involved someone they knew, 17 percent indicated it involved someone they hung out with, and 28 percent indicated the perpetrator was a stranger. Finally, none of the attempted or completed rape incidents were reported to involve a stranger.

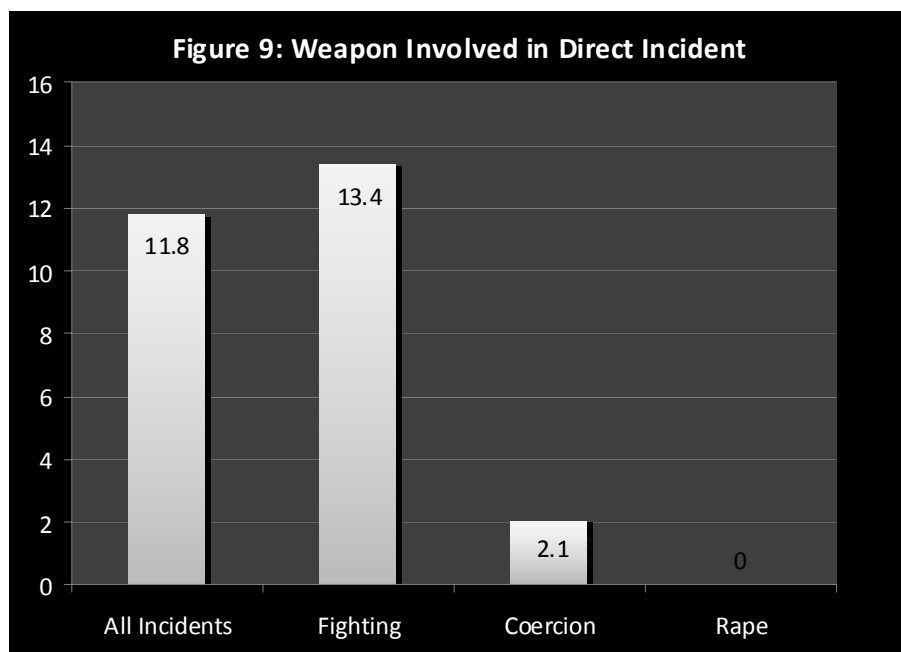
*Race of Offender.* Respondents were asked to report the race of their assailant. In the case when there was more than one assailant, the victim was asked to report whether the offenders were mostly of one race or same number of both. According to Table 21, African American inmates were cited as the assailant in 59 percent of all of the incidents. African American inmates were listed as the assailants in 58 percent of the physical assaults, 64 percent in the incidents involving sexual coercion and 75 percent of the rapes.

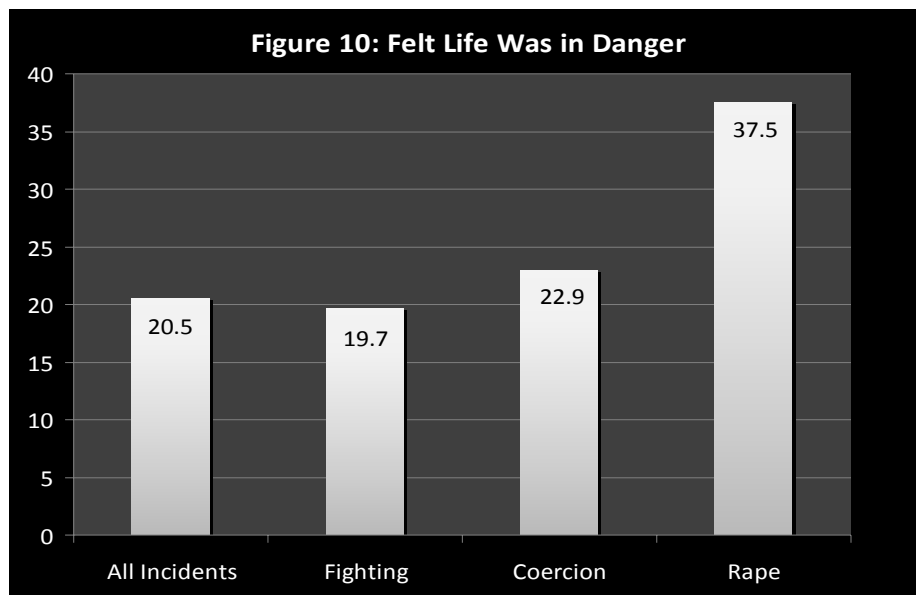


**Table 21. Race of Victims and Assailants of Alleged Completed Victimitizations**

Assailant's Race	All Incidents	
White	69	18.4
Black	221	59.1
Other	10	2.7
Same number of both	67	17.9
Missing	7	1.9
Assailant's Race	Fighting	
White	62	19.6
Black	182	57.6
Other	9	2.8
Same number of both	57	19.0
Missing	6	1.9
Assailant's Race	Sexual Coercion	
White	5	10.9
Black	30	65.2
Other	1	2.2
Same number of both	9	19.6
Missing	1	2.2
Assailant's Race	Rape	
White	2	25.0
Black	6	75.0
Other	0	0.0
Same number of both	0	0.0
Missing	0	0.0

*Harm.* The respondents were also asked to report whether the incident involved a weapon and the extent of the injuries. Figure 9 indicates that in 12 percent of the incidents a weapon was used. When examining weapon involvement by incident type, only one incident of sexual coercion involved a weapon.





Respondents were also asked whether they felt their life was in danger during the incident. Twenty percent of those involved in a

fight felt their life was in danger, followed by 23 percent who reported being sexually coerced and 38 percent of those reporting rape felt their life was in danger.

In terms of harm done, nearly a third in all categories reported that they were hurt in the incident. The majority who were involved in a fight indicated that they were bruised (64%), suffered bleeding (27%) or had broken bones or teeth (14%). Among those who were sexually coerced, injuries reported included bruising and hurt in “other” ways. The other ways noted included being bitten, a swollen lip and a cracked rib. Among those who reported being the victim of an attempted or completed rape, only bruising was noted.

**Table 22. Characteristics of the Direct/Completed Victimization**

Characteristic	All Incidents		Fighting		Sexual Coercion		Rape	
Someone Hurt	139	36.4%	121	37.7%	14	29.2%	2	25.0%
Stabbed or Cut	13	9.9%	12	10.1%	0	0.0%	0	0.0%
Broken Bones or Teeth	18	13.7%	17	14.3%	0	0.0%	0	0.0%
Bleeding	34	26.0%	32	26.9%	0	0.0%	0	0.0%
Bruising	79	61.2%	76	64.4%	1	14.3%	1	50.0%
Knocked Unconscious	10	7.8%	9	7.6%	0	0.0%	0	0.0%
Strangled	2	1.6%	2	1.7%	0	0.0%	0	0.0%
Other way	43	32.8%	38	31.7%	5	71.4%	0	0.0%

Respondents were also asked whether the victimization resulted in a visit to a doctor or nurse or a visit or overnight stay at the emergency room. The majority of individuals indicated that the incident did lead to a visit to the doctor or nurse. Twenty-eight percent of those involved in a fight were sent to the infirmary or emergency room, with two requiring an overnight stay. Only one individual who reported an instance of sexual assault was sent to the emergency room.

**Table 23. Institutional Response to the Direct/Completed Victimization**

	All Incidents		Physical Assault		Sexual Coercion		Rape	
Visit Doc or Nurse	255	72.9	210	70.9	36	85.7	6	85.7
Went to E.R.	29	23.6	30	27.5	0	0.0	1	12.5
Overnight in E.R.	2	1.7	2	1.8	0	0.0	0	0.0

*Incident Reporting.* Respondents were also asked whether anyone reported the incident to prison officials and if they did not, why they chose not to report the incident. The majority of the victims indicated that they did not report the incident to prison officials. When asked why they did not report, respondents were most likely to indicate that they either didn't want to be a "snitch" and/or they would take care of the situations themselves. Other reasons cited included

the feeling the incident was not important enough to report (more often reported in sexual assault cases) and feelings that it “wouldn’t matter” if they chose to report it.

**Table 24. Reporting Decision Making by Direct/Completed Victimizations**

	All Incidents		Physical Assault		Sexual Coercion		Rape	
Did not Report Incident	309	82.0	264	83.0	36	78.3	7	87.5
Take Care of Themselves	130	46.9	107	45.5	18	52.9	4	66.7
Not Important	46	16.6	35	14.9	9	26.5	2	33.3
Wouldn’t Matter	15	5.5	9	3.8	4	12.5	2	33.6
Worker’s knew and Didn’t Respond	9	3.3	8	3.4	1	3.1	0	0.0
Victims Fault	12	4.4	11	4.7	1	3.1	0	0.0
Would have been hurt	12	4.2	10	4.1	2	6.2	0	0.0
Not a Snitch	96	34.7	84	35.7	11	32.4	1	16.7

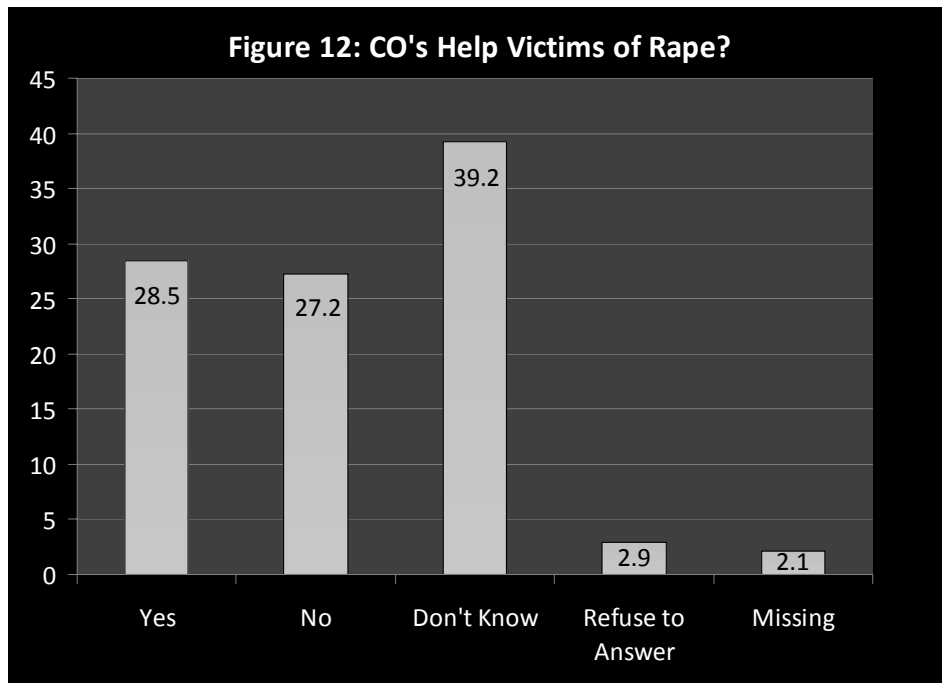
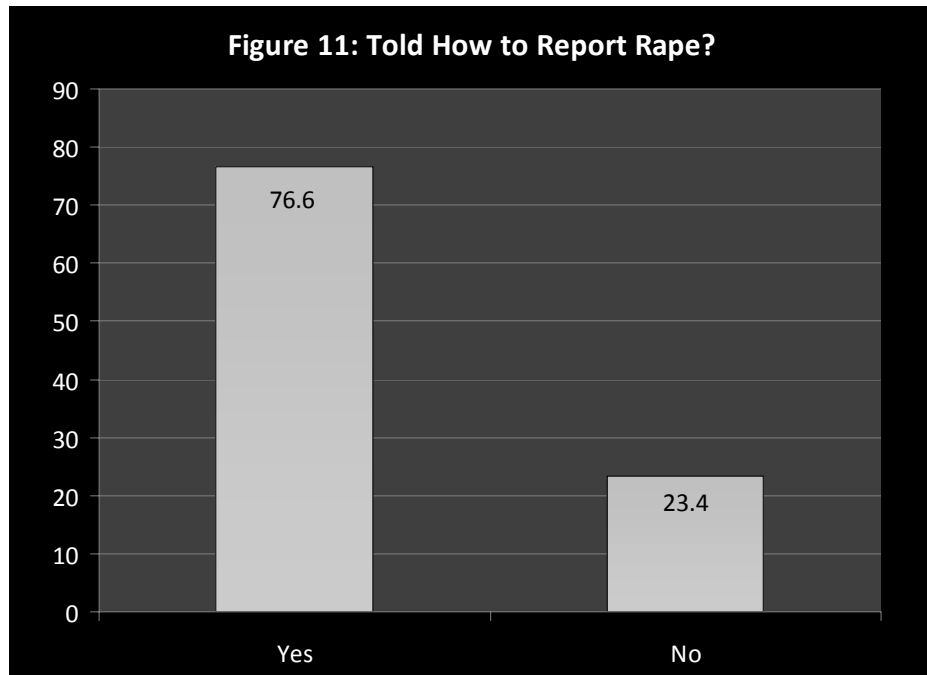
*Institutional Response.* Finally, respondents were asked to indicate the institutional response to the alleged victimization. Twenty-eight percent of those responding indicated that the institutional staff responded to the incident. By category, 32 percent of those involved in fights indicated that the institution responded to the incident and 12 percent of those who were victims of sexual assaulted indicated so. The most commonly cited “outcome” for the offender involved was time in solitary confinement.

**Table 25. Institutional Response to the Direct/Completed Victimizations**

	All Incidents		Physical Assault		Sexual Coercion		Rape	
Reported Response from Prison officials	108	28.2	104	32.3	6	12.6	1	12.5
Solitary confinement	84	70.6	82	73.2	2	33.3	0	0.0
Stay in Cell	3	2.5	3	2.7	0	0.0	0	0.0
Higher Custody	4	3.4	4	3.6	0	0.0	0	0.0
Moved to another Prison	6	5.0	6	5.4	0	0.0	0	0.0
Loss of Good Time	3	2.5	3	2.7	0	0.0	0	0.0
Extra Work	1	0.8	1	0.9	0	0.0	0	0.0
Loss of Privileges	6	5.0	6	5.4	0	0.0	0	0.0
New Offense	0	0.0	0	0.0	0	0.0	0	0.0
Added Time	3	2.5	3	2.7	0	0.0	0	0.0

Increasing the institutional response to rape by educating staff and inmates was another area of the PREA legislation. While we did not undertake a study of Ohio’s response to PREA, we did ask inmates to report whether they felt the prison administration and/or correctional officers educated them about reporting rape in prison and would be there to help them should they need it. Figure 11 indicates the percentage of respondents who agreed with the statement “Were you told how to report rape?” Seventy seven percent of the respondents indicated that they were told how to report rape to administrative staff.

Respondents were then asked whether they agreed with the statement “Do C.O.’s help those who have been raped?” As seen in Figure 12, 28 percent agreed with this statement. However, nearly 40 percent of the respondents indicated they did not know whether correctional officers assisted inmates who had been raped.



### C. Re-Entry Outcomes

The next section examines re-entry outcomes among participants. As noted earlier, we collected outcome data from a number of sources. More specifically, we examined parole officer case notes for the participants in the study. In addition, halfway house data and re-incarceration data were provided by the Ohio Department of Rehabilitation and Corrections. Table 26 provides an illustration of the community outcome variables. The outcome variables included arrest, arrest for a violent offense, readmittance to prison, and parole termination status. In addition, we examined whether the client was employed in the community, whether they had received treatment in the halfway house, and whether they had identified barriers to re-entry into the community. Barriers to re-entry included a three item measure based on issues identified by the participant. The barriers included answering that they were “unsure who would pick them up from the halfway house,” that they were “concerned that they would not be able to find adequate housing,” and that they were “concerned that they would be unable to pay for their bills” after release from the halfway house (1=at least one barrier).

The analysis revealed that 48 percent of the sample was arrested during the follow up period. Of those arrested, 17 percent were arrested for a violent offense. 41 percent of the sample was readmitted to prison during the follow up period. Finally, 35 percent of the sample was terminated unsuccessfully on parole.

**Table 26. Re-entry Specific Variables**

Re-entry Specific Variables	N	Percentage
Employed in Community (yes)	1031	64.2
Treatment in Community (yes)	821	51.5
Community Barriers (yes)	765	47.8
Arrested (yes)	743	48.0
Arrested for Violence (yes)	176	17.2
Re-Admitted to Prison (yes)	667	41.4
Parole Failure (yes)	440	34.8



*Outcomes of Victimization: Bivariate Analysis.* Next the analysis shifted to focus on outcomes by victimization status. The same three categories that were utilized in the previous analysis were utilized: those who were direct victims of either a violent or property victimization type and those who witnessed sexual coercion or rape. As can be seen by Table 27, there were differences between those reporting any type of victimization on a variety of indicators. Those who reported violent victimization were more likely to be arrested during the follow up period (53 percent compared to 45 percent). Inmates who report violent victimization were more likely

**Table 27. Direct Victimization by Descriptives**

Descriptives	Violent Victimization				Property Victimization			
	Yes		No		Yes		No	
	N	%	N	%	N	%	N	%
Arrested								
Yes	265	53.0	462	44.9	158	46.3	561	47.8
<sup>a</sup> X <sup>2</sup> = 8.956 p = .002								
Arrested for Violence								
Yes	51	19.5	72	15.8	27	17.3	94	17.0
Re-Admitted to Prison								
Yes	260	51.0	392	37.0	144	40.8	501	41.7
<sup>a</sup> X <sup>2</sup> = 27.79 p = .000								
Parole Violation								
Yes	198	41.3	308	32.6	115	35.6	385	35.4
<sup>a</sup> X <sup>2</sup> = 10.700 p = .001								
Parole Termination Status								
Successful	234	47.6	583	58.2	187	55.7	624	54.6
Unsuccessful	172	35.0	260	25.9	92	27.4	334	29.2
Open	79	16.1	141	14.1	51	15.2	166	14.5
Death	2	0.4	12	1.2	4	1.2	10	0.9
Other	5	1.0	6	0.6	2	0.6	9	0.8
<sup>a</sup> X <sup>2</sup> = 19.943 p = .001								
Parole Revoked								
Yes	138	28.3	189	19.0	263	78.5	881	77.8
<sup>a</sup> X <sup>2</sup> = 16.337 p = .000								

<sup>a</sup> denotes significant difference within the violent victimization group  
<sup>b</sup> denotes significant difference within the property victimization group

to be returned to prison (51 percent compared to 37 percent). In terms of parole outcomes, victimized inmates did worse across the board, being more likely to receive a parole violation, have their parole revoked, and be terminated unsuccessful from parole. In contrast, there were no differences in outcomes among those who reported property victimization.

Among those who witnessed sexual coercion or rape, we found differences in the hypothesized direction among all of our outcome measures. Respondents were more likely to be arrested (56% to 45%), arrested for a violent offense (22% to 15%), and readmitted to prison (46% to 40%). Finally, the victims were more likely to fail on all of the parole outcomes with 33

**Table 28. Witnessed Sexual Coercion or Rape by Descriptives**

Descriptives	Admitted Victimization			
	Yes		No	
	N	%	N	%
Arrested				
Yes	197	56.0%	530	45.1%
$X^2 = 13.51$ $p = .000$				
Arrested for Violence				
Yes	43	22.2%	77	14.8%
$X^2 = 5.52$ $p = .014$				
Re-Admitted to Prison				
Yes	166	46.0%	484	39.5%
$X^2 = 4.83$ $p = .017$				
Parole Violation				
Yes	138	42.2%	366	33.5%
$X^2 = 8.28$ $p = .003$				
Parole Termination Status				
Successful	160	46.4%	655	57.3%
Unsuccessful	115	33.3%	314	27.5%
Open	62	18.0%	157	13.7%
Death	7	2.0%	7	1.0%
Other	1	0.3%	10	0.9%
$X^2 = 8.40$ $p = .003$				
Parole Revoked				
Yes	91	26.7%	235	20.7%
$X^2 = 5.52$ $p = .012$				

percent unsuccessfully terminated from parole.

#### *Outcomes of Victimization: Community Adjustment*

Next the multivariate analysis examines the four primary dependent variables: arrest, arrest for a violent offense, re-incarceration, and parole revocation.

*Victimization and Arrest.* The first dependent variable utilized to examine the impact of victimization on outcomes is arrest. Arrest (1=yes) included any non-traffic related offense that occurred during the 2.5 year follow up period. Arrest data were collected in two ways including parole officer case notes and on-line record checks through county level clerk of courts offices (see methods section for further elaboration). The average time to failure for the group as a whole was 966 days (2.6 years). Multivariate analyses were conducted by estimating a logistic regression model in which arrest was regressed simultaneously on victimization status while controlling for other variables. A number of models were calculated. The final variables in the model were age, race (1=white), marital status (1=married) education (1=less than high school); prior prison (1=yes); months in prison; mental illness diagnosis (1=yes); number of prior felony convictions, prior violence (1=yes), employed in the community (1=yes), treatment in the community (1=yes), barriers in the community (1=yes), time followed, the TSC scale, direct violent victimization (1=yes), direct property victimization (1=yes), and witnessed sexual victimization (1=yes).

In the model predicting arrest, the model chi square is 87.99 which is statistically significant. As seen in Table 29, age, race, mental illness, number of prior felony convictions, prior violence, employment in the community, treatment in the community and witnessed sexual victimization are all significant predictors of arrest. Specifically, those who were younger, non-white, had been diagnosed with a mental illness, had a greater number of felony convictions, had a prior record involving violence, were unemployed in the community, did participate in

treatment in the community and reported witnessing sexual victimization in prison were more likely to be arrested.

**Table 29. Multivariate Analysis of Arrest with Specific Victimization Types**

Variable	B	S.E.	P value	Exp(B)	95% C.I.	
					Lower	Upper
<b>Age</b>	-.041	.007	.000	.960	.947	.973
<b>Race</b>	-.319	.126	.011	.727	.568	.930
Marital Status	-.277	.210	.188	.758	.502	1.145
Education	.061	.054	.252	1.063	.957	1.181
Prior Prison	-.084	.124	.498	.919	.720	1.173
<b>Mental Illness</b>	.397	.174	.022	1.488	1.059	2.091
Prison Length	-.143	.166	.390	.867	.626	1.201
<b>Number Prior Felony Convictions</b>	.072	.028	.009	1.075	1.018	1.134
<b>Prior Violence</b>	.318	.123	.010	1.374	1.080	1.748
<b>Employed in Community</b>	-.260	.131	.048	.771	.596	.997
<b>Treatment in Community</b>	.266	.125	.033	1.304	1.021	1.666
Barriers in Community	-.037	.127	.770	.964	.752	1.235
Time followed	-.001	.000	.223	.999	.999	1.000
TSC Scale	.001	.004	.890	1.001	.993	1.008
Direct Violent Victimization	.139	.138	.314	1.149	.877	1.505
Direct Property Victimization	-.095	.150	.528	.909	.677	1.221
<b>Witnessed Sexual Victimization</b>	.493	.150	.001	1.637	1.220	2.196
<b>Constant</b>	1.546	.580	.008	4.693		
Model Chi Square	87.994**					
Nagelkerke R <sup>2</sup>	.094					

n=1199; \*\*  $p < .001$  level \*  $p < .01$  level.

Examining the odds ratios we see a four percent change in the odds of victimization for each unit change (e.g., year) in age. In terms of race, 27 percent increase in the odds of arrest for non-whites. There is a 48 percent increase in the odds of victimization among those diagnosed with a mental illness. There is a seven percent change in the odds of victimization for each unit change in felony convictions. There is a 37 percent increase in the odds of arrest among those with a violent history. We found a 23 percent increase in the odds of arrest among those who were unemployed in the community. Moreover, there is a 30 percent increase in the odds of arrest among those who did participate in treatment services. Finally, there is a 64 percent

increase in the odds of arrest among those who reported witnessing sexual victimization in prison.

*Victimization and Violent Arrest:* In the second model, we examined the relationship between the victimization and violent arrest. The variable measured whether the participant's first arrest resulted in a charge involving violence (1=yes). Charges classified as violent included domestic violence (n=29), assault (n= 48), weapons (n=15), murder (n=2), robbery (n=29), arson (n=1), and sex offenses (n=3). As with the analysis above, we use a three-step hierarchical regression analysis with violent arrest as the dependent variable. We included the same variables noted above. The final sample sizes after list-wise deletion of missing data are 558 cases for the model predicting whether the first arrest resulted in a charge of violence. Only those with an arrest were included in the analysis.

The results of the regression analyses are reported in Table 30. The model chi square of

**Table 30. Multivariate Analysis of Violent Arrest with Specific Victimization Types**

Variable	B	S.E.	P value	Exp(B)	95% CI	
					Lower	Upper
<b>Age</b>	-.051	.016	.002	.951	.921	.981
Race	-.406	.257	.114	.666	.403	1.102
Marital Status	.192	.460	.677	1.211	.491	2.985
Education	.158	.109	.148	1.172	.945	1.452
Prior Prison	.079	.250	.751	1.082	.664	1.765
Mental Illness	.084	.332	.799	1.088	.568	2.084
<b>Prison Length</b>	.782	.334	.019	2.186	1.136	4.208
Number Prior Felony Convictions	.002	.059	.971	1.002	.893	1.124
<b>Prior Violence</b>	.567	.252	.024	1.762	1.076	2.885
Employed in Community	.246	.263	.350	1.179	.763	2.144
Treatment in Community	.020	.249	.935	1.021	.627	1.663
Barriers in the Community	.252	.251	.316	1.286	.786	2.106
Time Followed	.002	.001	.074	1.002	.786	2.106
TSC Scale	.004	.007	.608	1.004	.990	1.018
Direct Violent Victimization	.032	.258	.901	1.033	.623	1.711
Direct Property Victimization	-.039	.301	.896	.962	.533	1.734
Witnessed Sexual Victimization	.442	.266	.097	1.555	.923	2.619
<b>Constant</b>	-3.957	1.220	.001	.019		
Model Chi Square	35.062**					
Nagelkerke R <sup>2</sup>	.103					

n=558

35.06 is statistically significant. Age, prison length, and a prior record involving violence were significant predictors of a violent arrest. Those who were younger, in prison longer and had a prior record involving violence were more likely to be arrested for a violent offense.

Examining the odds ratios we see a five percent increase in the odds of victimization for every unit change in age. Those spending longer in prison are twice as likely to be arrested for a violent offense. Finally, those with a prior record involving violence are 76 percent more likely to be arrested for violent offense.

*Victimization and Re-Incarceration.* The next dependent variable utilized to examine the impact of victimization on outcomes is reincarceration. Reincarceration (1=yes) included return to prison, either for a technical violation or a new charge that occurred during the follow up period. Reincarceration data were collected by the Ohio Department of Rehabilitation and Corrections. The average follow up period for the group as a whole was 1025 days (2.8 years). We included the same independent and control variables noted above.

In the multivariate analysis of reincarceration, it was found that age, number of prior felony convictions, prior violence, employment in the community, treatment in the community, and direct violent victimization were significant predictors. Specifically, those who were younger, had a greater number of felony convictions, had a record involving violence, were unemployed in the community, did participate in treatment in the community, and reported experiencing a violent victimization in prison were more likely to be reincarcerated during the study periods.

Examining the odds ratios, we see a four percent increase in the odds of reincarceration for every unit change in age. We see a 10 percent increase for every unit change in felony convictions. Those having a prior record involving violence were 28 percent more likely to be

reincarcerated. There is a 41 percent increase in the odds of reincarceration among those were unemployed in the community. There was a 34 percent increase among those who participated in treatment services. Finally, there was a 45 percent increase in the odds of reincarceration for those who reported experiencing direct violent victimization in prison.

**Table 31. Multivariate Analysis of Reincarceration with Specific Victimization Types**

Variable	B	S.E.	P value	Exp(B)	95% CI	
					Lower	Upper
<b>Age</b>	-.044	.007	.000	.957	.944	.971
Race	.143	.127	.260	1.154	.899	1.480
Marital Status	-.283	.219	.196	.753	.490	1.158
Education	.025	.054	.641	1.026	.922	1.140
Prior Prison	-.052	.126	.679	.949	.741	1.215
Mental Illness	.195	.173	.260	1.216	.865	1.708
Prison Length	-.289	.170	.089	.749	.537	1.045
<b>Number Prior Felony Convictions</b>	.095	.028	.001	1.100	1.041	1.162
<b>Prior Violence</b>	.253	.124	.042	1.288	1.009	1.643
<b>Employed in Community</b>	-.535	.132	.000	.586	.452	.759
<b>Treatment in Community</b>	.291	.126	.021	1.338	1.045	1.712
Barriers in the Community	-.086	.128	.504	.918	.714	1.180
Time Followed	.001	.001	.265	1.001	1.000	1.002
TSC Scale	.005	.004	.136	1.006	.998	1.013
<b>Direct Violent Victimization</b>	.371	.138	.007	1.449	1.106	1.898
Direct Property Victimization	-.162	.152	.285	.850	.632	1.145
Witnessed Sexual Victimization .	.241	.151	.110	1.273	.947	1.711
Constant	.336	.634	.597	1.399		
Model Chi Square	105.627**					
Nagelkerke R <sup>2</sup>	.111					

n=1223

*Victimization and Parole Outcome.* The final model exploring the impact of victimization on outcome, examines the respondent’s parole completion status. Parole status was collected by reviewing parole officer cases notes. The average time an individual was on parole was 334 days (median 218 days). At the time the data were collected, 54.6 percent had successfully completed parole, 29.1 were unsuccessfully terminated, 14.7 were still on parole at the time of data collection, and .9 percent (14 individuals) had died while under supervision.

The dependent variable includes only those respondents with a termination status (1=unsuccessful termination).

As seen in Table 32, the model chi-square was significant at 79.05. The significant predictors of failure on parole included age, number of prior felony convictions, prior violence, employment in the community, treatment in the community, and witnessed sexual victimization. Specially, those who were younger, had a greater number of felony convictions, those with a prior record involving violence, those who were unemployed in the community, those who participated in treatment in the community and those who reported witnessing sexual victimization were more likely to fail on parole.

The odds ratios indicate that there is a 4 percent increase in the odds of failure for every unit change in age. There is a 7 percent increase in the odds of failure for every unit change in prior felony convictions. Those with a violent record are 49 percent greater likelihood of failing

**Table 32. Multivariate Analysis of Parole Termination Status with Specific Victimization Types**

Variable	B	S.E.	P value	Exp(B)	95% CI	
					Lower	Upper
<b>Age</b>	-.038	.008	.000	.963	.947	.978
Race	-.042	.146	.772	.958	.720	1.276
Marital Status	-.034	.246	.889	.966	.597	1.563
Education	.053	.062	.989	1.054	.933	1.191
Prior Prison	.033	.145	.819	1.034	.778	1.372
Mental Illness	.311	.192	.105	1.365	.937	1.988
Prison Length	.139	.199	.458	1.149	.778	1.699
<b>Number Prior Felony Convictions</b>	.074	.030	.015	1.076	1.014	1.142
<b>Prior Violence</b>	.398	.143	.005	1.488	1.124	1.970
<b>Employed in Community</b>	-.351	.148	.018	.704	.527	.941
<b>Treatment in Community</b>	.584	.144	.000	1.794	1.352	2.381
Barriers in the Community	-.093	.147	.526	.911	.683	1.215
TSC Scale	.004	.004	.312	1.004	.99	1.012
Direct Violent Victimization	.298	.158	.059	1.347	.998	1.836
Direct Property Victimization	-.099	.172	.568	.906	.646	1.270
<b>Witnessed Sexual Victimization</b>	.366	.171	.032	1.442	1.031	2.017
Constant	-.409	.406	.314	1.442		
Model Chi Square	79.056**					
Nagelkerke R <sup>2</sup>	.106					

n=984



on parole. Those who are unemployed in the community have a 30 percent greater odds of failing on parole. There is a 79 percent increase in failure among those who participated in treatment services and those who witnessed sexual victimization are 44 percent more likely to fail on parole.

### *Outcomes of Victimization: Coercion Scale Analysis*

Instead of relying on specific victimization types, we also created a scale that combined items related to direct victimization, witnessed victimization, and perceptions of a threatening prison environment. As noted in the literature review, this “Coercion” scale was designed to estimate the respondent’s coercive experience in prison. We chose to add the analysis utilizing the coercion scale for two reasons. First, we wanted to examine not only the impact of victimization but also the impact of cumulative victimization. The scale is an additive measure of victimization so allows for an assessment not only of whether the client was victimized but also accounts for those who experienced multiple types of victimization. Second, we believe that the addition of the threatening environment variables adds considerable depth to the analysis of victimization on outcomes. Previous research finds that inmate’s perception of their environment is important in predicting a variety of emotional states and outcomes. (The 24-item “coercion” index is discussed in Appendix B). We also examined the respondent’s answers to the SSQ scale noted earlier. Based on the literature we hypothesized that social support may mediate the relationship between coercion and post traumatic cognitions and symptoms.

First, we examined the impact of coercion on psychological well being. It is also important to account for other factors found in previous research to potentially impact an inmate’s psychological wellbeing. These variables include; age, (Bonta and Gendreau, 1987; Wooldredge, 1999); race (1=white) (Hochstetler, Murphy, and Simons, 2004; Wooldredge,

1999); marital status (1=married) (Lindquist and Lindquist, 1997; Turner, Lloyd, and Wheaton, 1995); having children (1=yes) (Houck and Loper, 2002; Poehlmann, 2005); education (Wooldredge, 1999); prior prison (1=yes); months in prison; lived in dorm (1=yes) (Seymour, 1982; Toch, 1977); mental illness diagnosis (1=yes) (Blitz, Wolff, and Shi, 2008; Wolff, Blitz, and Shi, 2007); participation in religious services (1=yes) (Wooldredge, 1999); and treatment participation in prison (1=yes) (Adams, 1992).

We used a three-step hierarchical regression multivariate analysis with the PTCI and TSC as the dependent variables. The final sample sizes after list-wise deletion of missing data are 1,061 cases for the model predicting PTCI and 1,097 for the model predicting TSC.

The results of the regression analyses are reported in Table 33. Table 33 is divided into two regression models, one predicting PTCI and the other predicting TSC. Within each set of regressions are three steps. The first step includes only the control variables. The second step adds to the analyses the hypothesized predictor variables (Coercion and Social Support<sup>6</sup>). The third step adds to the analyses the interaction term (Coercion X Social Support) to test for moderator effects.

The regression analyses indicated that coercion is significantly and positively associated with both PTCI and TSC in the regression analyses (indicating a negative effect on psychological well being). Social support is significantly and negatively associated with both PTCI and TSC (indicating a positive effect on psychological well being). These two predictor variables add significantly to the variance explained in both models (adding 5.7 percent to the explained variance of PTCI and 6.8 percent to the explained variance of TSC).

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<sup>6</sup> Coercion and social support scores were “centered.” Coercion X Social Support product of “centered” coercion scale and “centered” social support scale. “Centering” avoids problem of multicollinearity between interaction term and the main effect variables that compose the interaction term. Centering sets mean to zero but does not affect standard deviation, correlations or regression coefficients. (See Aiken and West, 1991, and Holmbeck, 1997 on interaction/moderator analysis and “centering”).

However, the interaction term (Coercion X Social Support) is not significant in either model. Thus, social support does not moderate the impact of coercion on posttraumatic cognitions or symptoms. Instead, social support and coercion are independent, additive contributors to posttraumatic cognitions and symptoms. Social support reduces posttraumatic cognitions and symptoms; coercion increases them.

Some of the control variables also had independent additive effects upon posttraumatic cognitions and symptoms. Mental illness diagnosis is the only other variable (besides coercion, social support, and the constant) to be significantly related to both PTCI and TSC. As expected, a mental illness diagnosis is positively related to both these indicators of psychological distress.

**Table 33. Hierarchical Regression Results Predicting Psychological Well Being**

Variable	PTCI SCALE			TSC SCALE		
	<i>b</i>	S.E. <i>b</i>	Beta	<i>b</i>	S.E. <i>b</i>	Beta
<b>Age</b>	.06	.097	.021	.19**	.054	.109
Race	-3.10	1.899	-.050	.74	1.017	.021
Marital Status	-2.97	3.025	-.029	-.69	1.662	-.012
<b>Education</b>	-3.17**	.786	-.118	-.14	1.127	-.004
Prior Prison	1.91	1.828	.031	.22	1.005	.006
<b>Mental Illness</b>	18.60**	2.45	.226	12.17**	1.327	.280
Dorm	.34	2.557	.004	-1.36	1.364	-.028
Prison Length	.974	2.453	.012	-1.35	1.356	-.029
Children	-2.607	2.056	-.038	-.14	1.127	-.004
Religious Services	-2.936	1.909	-.047	.60	1.060	.017
<b>Treatment Services</b>	1.884	1.899	.030	2.83*	1.052	.079
<b>Coercion Index</b>	1.496**	.241	.190	1.09**	.133	.242
<b>Social Support</b>	-.079**	.016	-.147	-.03	.008	-.122
Coercion X Social Support	-.005	.005	.027	.000	.002	-.005
Constant	95.842**	5.53		20.74**	3.02	

n=1061 for the PTCI model; n=1097 for the TSC model

\*\*  $p < .001$  level \*  $p < .01$  level. All variables significant in Step 3 were significant in Step 1 and/or Step 2 (coefficients reported in table are for Step 3). *b* = unstandardized coefficient; *SE* = standard error; Beta = standardized coefficient.

Education has a significant negative association with PTCI (but no relation with TSC), indicating that more educated respondents have less posttraumatic cognitions than do less educated respondents. Age has a significant positive relationship with TSC (but no relationship with

PTCI), indicating that older respondents display more trauma symptoms than do younger respondents. Also, and somewhat unexpected, participation in treatment has a significant and positive relationship with TSC (but no relationship with PTCI), indicating that those who participate in treatment have more trauma symptoms than those who do not. It is likely that trauma led them to seek treatment (Gavrilovic, Schutzwahl, Fazel, and Priebe, 2005), and does not necessarily mean that treatment led to their psychological distress. (A longitudinal analysis would be needed to establish cause and effect.) None of the other control variables were significant.

As with the multivariate analysis of psychological outcomes, the multivariate analysis of community adjustment utilized the coercion index as our measure of victimization. Given our findings in the model predicting psychological outcomes we hypothesized that coercion may lead to negative psychological outcomes which in turn influence community adjustment. Like above we hypothesized that social support but also coping skills may mediate the impact of victimization (e.g., coercion) on outcome. Specifically, individuals who are victimized but perceive that they have high levels of social support (e.g., services available or positive relationships with family and community members when released) may be less likely to experience the host of negative emotions and, subsequently, less criminal behavior.

As such, the next set of analyses focuses on the impact of direct and indirect experiences of victimization and of perceptions of threat and coercion arising from the prison environment. We also investigate how social support affects outcomes among prisoners, and whether they moderate the effect of victimization.

*Coercion and Arrest.* The next dependent variable utilized to examine the impact of victimization on outcomes is arrest (yes=1). As with the previous analysis, we use a three-step hierarchical logistic regression analysis with the arrest as the dependent variable. We added a

number of independent variables that we predicted might mediate the relationship between victimization and arrest. Specifically, we hypothesized that social support may buffer the relationship between coercion and arrest. In addition, we hypothesized that an individual's coping skills may also mediate the negative impact of victimization. Finally, based on the findings above on the impact of coercion and psychological wellbeing, we theorized that coercion's impact on community outcomes may be the result of the psychological wellbeing of the respondent. Finally, we added the community adjustment variables (e.g., employment, treatment in the community, and the barriers scale).

We did, however, decide to drop two of our hypothesized mediator variables. First, the coping measure from the final models. We estimated several models with the CISS-SSV types, and they were not significant in any of the models. Moreover, their inclusion was contributing to the number of cases dropped from the analysis. Second, we chose to only include the overall TSC score after analyses indicated the PTCI was not significantly related to any of the outcome measures. The final sample sizes after list-wise deletion of missing data are 978 cases for the model predicting arrest.

The final variables in the model were age, race (1=white), marital status (1=married) education (1=less than high school); prior prison (1=yes); months in prison; mental illness diagnosis (1=yes); number of prior felony convictions, prior violence (1=yes), employed in the community (1=yes), treatment in the community (1=yes), barriers in the community (0-3), coercion index, social support scale, and TSC scale.

The results of the regression analyses are reported in Table 34. None of the remaining hypothesized mediator variables (i.e., social support or TSC score) were significant predictors of arrest. However, age, race, mental illness, number of prior felony convictions, prior violence, employment in the community, and the coercion index were significant predictors of arrest.

Specifically, those who were younger, non-white, had a mental illness diagnosis, had a greater number of felony convictions, had a violent history, and had higher scores on the coercion index, were more likely to experience an arrest during the follow up period.

**Table 34. Multivariate analysis of coercion, social support and arrest**

Variable	B	S.E.	P value	Exp(B)	95% CI	
					Lower	Upper
<b>Age</b>	-.034	.008	.000	.967	.952	.982
<b>Race</b>	-.322	.141	.023	.725	.549	.956
Marital Status	-.225	.236	.341	.799	.503	1.268
Education	.079	.061	.197	1.082	.960	1.219
Prior Prison	-.121	.140	.387	.886	.674	1.166
<b>Mental Illness</b>	.405	.196	.039	1.500	1.021	2.204
Prison Length	.019	.191	.921	1.019	.701	1.481
<b>Number Prior Felony Convictions</b>	.080	.032	.012	1.083	1.018	1.153
<b>Prior Violence</b>	.286	.138	.038	1.331	1.016	1.743
<b>Employed in Community</b>	-.338	.148	.023	.713	.533	.953
Treatment in Community	.268	.140	.054	1.309	.995	1.722
Barriers in Community	-.077	.098	.427	.925	.764	1.121
Time Followed	-.001	.001	.249	.999	.998	1.000
<b>Coercion Index</b>	.062	.019	.001	1.064	1.025	1.105
Social Support	-.218	.175	.213	.804	.571	1.133
TSC score	.001	.004	.866	1.001	.992	1.009
Constant	.839	.749	.263	2.313		

N=951; Model 58.97; p=.000

Examining the odds ratio's we see a three percent increase in the odds of arrest for each year decrease in age. With regards to race, we see a 28 percent increase in the probability of arrest for non-whites compared to whites. The results indicate that there is a 50 percent increase in the odds of arrest for those with a mental illness. In terms of prior record, we see an 8 percent increase in the odds of arrest for each increase in the number of felony convictions experienced by the respondent. The analysis revealed that those with a prior record involving violence have a 2 percent increase in the odds of an arrest. We see a 29 percent increase in the odds of arrest for those who are unemployed. Finally, there is a six percent increase in the odds of arrest for each score increase within the coercion index.

*Coercion and Violent Arrest:* In the second model, we examined the relationship between the coercion variable and violent arrest. The variable measured whether the participant's first arrest resulted in a charge involving violence (1=yes). The final sample sizes after list-wise deletion of missing data are 439 cases for the model predicting whether the first arrest resulted in a charge of violence.

The results of the regression analyses are reported in Table 35. Again, none of the hypothesized mediator variables were significant predictors of an arrest involving violence. However, age, prison length, a prior record involving violence, and the coercion index were significantly related to the probability of an arrest involving a violent offense. Specifically, those who were younger, those who spent longer in prison, respondents with a prior record involving violence, and those with higher scores on the coercion index were more likely to be arrested for a violent offense. For the odds ratios we observe a 5 percent increase in the odds of a violent arrest for each year change (younger) in age. With education the finding is not in the expected direction. We see those with longer prison sentences have two times the likelihood of a violent arrest. Respondents with a prior record involving violence have an 83 percent greater odds of being arrested for a violent offense in the community. Finally, we see a twelve percent increase in the odds of a violent arrest for every increase in score on the coercion index.

**Table 35. Multivariate analysis of coercion, social support and violent arrest**

Variable	B	S.E.	P value	Exp(B)	95% CI	
					Lower	Upper
<b>Age</b>	-.049	.018	.006	.952	.919	.986
Race	-.474	.291	.103	.622	.352	1.101
Marital Status	.192	.556	.730	1.211	.408	3.598
Education	.163	.129	.205	1.177	.915	1.514
Prior Prison	-.130	.284	.648	.878	.506	1.534
Mental Illness	-.092	.378	.807	.912	.435	1.912
<b>Prison Length</b>	.820	.386	.034	2.270	1.065	4.839
Number Prior Felony Convictions	-.057	.075	.449	.945	.816	1.094
<b>Prior Violence</b>	.609	.289	.035	1.838	1.043	3.239
Employed in Community	.403	.303	.183	1.497	.827	2.709
Treatment in Community	.134	.285	.637	1.144	.654	2.000
Barriers in the Community	.106	.197	.590	1.112	.756	1.634
Time Followed	.002	.001	.098	1.002	1.000	1.004
<b>Coercion Index</b>	.111	.041	.007	1.117	1.030	1.211
Social Support	-.357	.325	.273	.700	.370	1.324
TSC score	.004	.009	.625	1.004	.987	1.022
Constant	-4.914	1.588	.002	.007		

N=439; model 44.922 p=.000

*Coercion and Re-Incarceration.* The next dependent variable utilized to examine the impact of victimization on outcomes is reincarceration. Reincarceration (1=yes) included return to prison, either for a technical violation or a new charge that occurred during the follow up period. The final sample sizes after list-wise deletion of missing data was 1003 cases for the model predicting reincarceration.

Similar to the two multivariate analyses above, none of the predicted mediator variables were significantly related to the probability of reincarceration. However, age, number of prior felony convictions, and the coercion index were significantly related. Those who were younger, had a greater number of prior felony convictions, were not employed in the community, did participate in treatment in the community and scored higher on the coercion index were more likely to be returned to prison during the follow up period. Prior prison was not a significant



predictor of reincarceration in the current study. If we examine the log odds we see that a four percent increase in the odds of reincarceration for every year change in age. Also we see a 12 percent increase in the odds of reincarceration for every increase in the number of prior felony convictions. The analysis shows that those who were unemployed in the community had 41 percent greater odds of returning to prison. Those who received treatment in the halfway house were 37 percent more likely to return to prison. Finally, we see a 6 percent increase in the odds of reincarceration for every change in the coercion index.

**Table 36. Multivariate analysis of coercion, social support, and reincarceration**

Variable	B	S.E.	P value	Exp(B)	95% CI	
					Lower	Upper
<b>Age</b>	-.042	.008	.000	.959	.944	.974
Race	.166	.143	.246	1.180	.892	1.561
Marital Status	-.337	.247	.174	.714	.440	1.160
Education	.048	.061	.433	1.049	.930	1.184
Prior Prison	-.024	.141	.863	.976	.740	1.288
Mental Illness	.103	.197	.600	1.109	.753	1.633
Prison Length	-.198	.196	.312	.820	.559	1.204
<b>Number Prior Felony Convictions</b>	.109	.032	.001	1.116	1.047	1.189
Prior Violence	.120	.139	.389	1.128	.858	1.482
<b>Employed in Community</b>	-.527	.149	.000	.590	.441	.790
<b>Treatment in Community</b>	.314	.141	.026	1.369	1.038	1.807
Barriers in the Community	-.121	.099	.223	.886	.729	1.076
Time Followed	.000	.001	.555	1.000	.999	1.002
<b>Coercion Index</b>	.058	.019	.003	1.060	1.021	1.101
Social Support	-.088	.176	.619	.916	.649	1.293
TSC score	.005	.004	.267	1.005	.996	1.014
Constant	-.119	.795	.881	.888		

N=968; Model= 69.54; p=.000

*Coercion and Parole Outcome.* The final model exploring the impact of victimization on outcome, examines the respondent's parole completion status. The average time an individual was on parole was 334 days (median 218 days). The dependent variable includes only those respondents with a termination status (1=unsuccessful termination). The final sample size

after list-wise deletion of missing data was 784 cases for the model predicting parole termination status.

**Table 37. Multivariate analysis of coercion, social support, and parole termination status**

Variable	B	S.E.	P value	Exp(B)	95% CI	
					Lower	Upper
<b>Age</b>	-.034	.009	.000	.967	.949	.984
Race	.087	.163	.594	1.091	.792	1.502
Marital Status	-.075	.274	.784	.928	.543	1.586
Education	.101	.071	.156	1.106	.962	1.270
Prior Prison	.086	.163	.596	1.090	.792	1.500
Mental Illness	.252	.218	.247	1.287	.840	1.973
Prison Length	.278	.229	.226	1.320	.842	2.069
Number Prior Felony Convictions	.060	.035	.083	1.062	.992	1.136
<b>Prior Violence</b>	.317	.160	.048	1.372	1.002	1.879
<b>Employed in Community</b>	-.403	.167	.015	.668	.482	.926
<b>Treatment in Community</b>	.550	.162	.001	1.733	1.262	2.379
<b>Barriers in the Community</b>	-.290	.119	.015	.748	.593	.945
<b>Coercion Index</b>	.060	.022	.006	1.062	1.017	1.109
Social Support	-.325	.204	.111	.722	.484	1.078
TSC score	.005	.005	.368	1.005	.995	1.015
Constant	-.855	.617	.166	.425		

N=784 cases; Model =56.63; p=.000

The significant predictors of unsuccessful termination from parole were age, prior violence, whether the respondent was employed in the community, whether they received treatment in the community, whether they identified barriers in the community, and the coercion index. Specifically, we see a three percent increase in the odds of failure for each change in the respondent's age. We see a 37 percent increase in the odds of unsuccessful termination for those with a violent history. The analysis also revealed that those who were unemployed in the community had a 33 percent increase in the odds of failure. Those who received treatment in the halfway house were 73 percent more likely to fail on parole. Those who identified fewer barriers in the community were 25 percent more likely to be unsuccessful on parole. Finally, we see a six percent increase in the odds of the parolee failing on parole for every increase in score on the coercion index.

## V. Conclusions

In the context of an era of “get tough” policies, the reentry movement represents an important effort to provide social services to offenders as they reintegrate into the community. The question that remains is whether prison experiences influence these offenders after they are released. This research project was designed to examine the impact of prison victimization on an individual’s often difficult transition back into the community. Using a sample of over 1,600 recently released ex-inmates, our research focuses on the last twelve months of incarceration to assess the extent of victimization. The research design extended into the community where participants were followed for, on average, 2.5 years. Although there is a wealth of literature surrounding prison misconduct and victimization as well as on the topic of re-entry, few if any have set out to combine the two issues to increase our understanding of community adjustment for ex-inmates.

First we set out to examine the extent of victimization in prison. It is important to note that our study was not designed to assess the prevalence of victimization in Ohio’s institutions. Our sample was not randomly selected and it is limited to only those who were sent to halfway house locations post-release. While there are similarities between halfway house participants and the larger prison population, there are also some important differences. With those caveats in mind, we do find that victimization rates from the current study population mirror some of the existing research. Specifically, 58 percent of our sample indicated they were victims of theft, physical violence, verbal assault, or sexual violence. Specifically, 23 percent of our sample reported having something stolen from them, followed by 29 percent who were involved in a physical assault, and 39 percent who indicated they were the subject of emotional or verbal abuse. With regard to sexual victimization, only 9 or .6 percent of the sample indicated that they

had been coerced into having sex, although 78 people (5%) indicated that another inmate had attempted to sexually coerce them. Seven people (.5% of sample) indicated that they had been forcibly raped with 17 (1.1%) indicating that another had attempted to forcibly rape them.

We also asked respondents to indicate whether they had witnessed victimization in the last 12 months of incarceration. We felt this was an important area of inquiry given the literature which finds that witnessing victimization can have a negative impact on psychological and emotional states and inmate's sense of security and well being. Overall our findings indicate that the vast majority of clients (97.9%) had witnessed either thefts, physical assaults, verbal assaults, or sexual activity. Specifically, 82 percent witnessed acts of thefts, 92 percent physical assaults, and 95 percent emotional/verbal assaults. With regard to sexual victimization, 305 respondents (19.7%) indicated that they had witnessed an individual being sexual coerced by another and 189 respondents (12.1%) indicated that they had seen a rape occur.

There are a few points of discussion that are important to note when examining these rates of sexual victimization. From our data we are unable to explain why there is such a vast difference between those who reported witnessing sexual victimization compared to those who reported actually experiencing it. We can theorize that underreporting is likely given the sensitive nature of the topic. At the same time, however, given the findings from the National Inmate Survey which puts the incidence of sexual assault between inmates at 2.1 percent (with abusive sexual contacts even lower at .8 percent of the sample), we believe it would be an error to assume that our study results are grossly underestimating the rate of sexual victimization among this selected group of formerly incarcerated offenders. At the same time, we recognize Fleischer and Kreinert's assertion that standard definition of rape and/or coercion may be very different than what is recognized by inmates living in a complex social system in prison.

We also examined whether there were any differences between respondents who reported and did not report being victimized. We examined these differences separating out those who had experienced a violent victimization, a victimization involving property, and those who reported witnessing sexual activity. Our findings regarding the differences in the violent victimization category are similar to that found in the previous literature. Specifically we found that those who reported victimization were more likely to be Caucasian, younger, and did not have children. In addition, victims were more likely to have been a member of a prison gang, to have been involved in a fight with a correctional officer, to have been placed in solitary confinement, and to be diagnosed with a mental illness during their last period of incarceration. Counterintuitive to the literature we found that victims were more likely to have participated in prison based treatment. With regard to the last point, we are unable to assess the temporal ordering of victimization and treatment. Specifically, respondents were asked whether they had participated in treatment services during their last period of incarceration but were not asked whether they sought out treatment services as the result of what they had experienced.

We ran several multivariate models including the variables mentioned above. The results of the model predicting direct victimization are slightly different from the bivariate findings. Specifically, the only variables significant in the multivariate model were age, race, children, mental illness, and prison length. For those involved in a victimization involving property, only mental illness and religious involvement emerged as predictors. With the exception of religious involvement, the findings are in line with the current research. For example, researchers have argued that younger inmates tend to be more impulsive and violent in prison. While some studies do suggest that older inmates may be more vulnerable targets of physical violence in prison, we see that victims of violence in prison are nearly always those who are younger.

Second, the findings with regard to race support previous research in this area.

Specifically, our study finds that Caucasian inmates were more likely to report being victimized in prison. Moreover, African American inmates were more likely to be identified as the aggressor or assailant in the attack. Previous studies on this topic have found that Black inmates are less likely to report incidents of victimization compared to either White inmates or Hispanic inmates (Wolf, et al., 2008).

With regard to the sexual victimization variables, we found fewer bivariate differences. Specifically, among those who witnessed sexual victimization, we found that victims were more likely to be members of a prison gang, involved in a fight with a correctional officer, sent to solitary confinement, diagnosed with a mental illness, and had participated in treatment services. We were unable to conduct bivariate and multivariate analyses on those who were direct victims of sexual assault due to the low sample size. Mental illness and prison length were significant in the model predicting those who had witnessed sexual assault.

We also examined the ecological aspects of the victimization episodes. Some of the more noteworthy findings were that fighting was more likely to occur in common or open areas of the prison (e.g., yard, gym, library) or in the dorm or cells, during the day or early evening hours. Whereas sexual assault was more likely to occur in more private areas such as the dorm or shower and take place after 9 p.m.. Fighting was also more likely to occur during the warm summer months. This seasonal pattern is similar to that found in the general community, although studies find when the temperature reaches a certain point the incidence of violence starts to decrease (Bell and Baron, 1976). Witnessed sexual activity was likely to occur in the summer months as well but also peaked again near the holidays (November and December). It may be that inmates are more likely to engage in sexual activities during times of emotional stress brought on by missing family members during the holidays. Finally, those who were

direct victims indicated that the assailant was typically someone they either hung out with or knew.

The victimizations were particularly violent. When asked about harm, 20 percent of the direct victims felt their life was in danger and the vast majority was sent to see the prison doctor or nurse as the result of their injuries. The type of harm varied from stabbings, broken bones or teeth, and bleeding or bruising.

Another noteworthy area is the tendency of witnesses and direct victims not to report the incident(s) to prison authorities. Sixty one percent of those who witnessed victimization and 82 percent of those who directly experienced it did not report the incident. Most frequently cited reasons for not reporting included not wanting to be seen as a snitch and the desire to take care of it themselves. Finally, while the majority of inmates indicated that they were told how to report rape, fewer indicated that they felt correctional officers would assist inmates who had been raped.

The current study set out to examine whether victimization impacts psychological outcomes and outcomes in the community. On a bivariate level, we found that those who admitted being involved in a violent victimization were more likely to do worse on all of the outcome measures with the exception of a violent arrest. Among those who witnessed sexual coercion or rape, there were significant differences among the outcome measures. Those who witnessed sexual assault in prison were significantly worse on all outcomes measured. There were only seven individuals who directly experienced sexual coercion or rape and two who were admitted into prison. These numbers are too small to make reliable comparison.

Several multivariate were estimated to examine the impact of victimization. We utilized five dependent variables including psychological outcomes, arrest, arrest for a violent offense, re-admittance to prison, and parole termination status. The results of the multivariate analyses

confirmed the main hypothesis of the study, that victimization in prison appears to have an impact on community adjustment. Specifically, we found witnessed sexual victimization to be a significant predictor in two of the models: arrest and parole failure and direct violent victimization to be a predictor in the model predicting reincarceration.

Perhaps more informative, we also conducted analyses utilizing a measure of victimization combined with perception of the prison environment given research which finds that inmates who view prison as threatening and coercive may be more likely to experience negative outcomes. The results from the analysis confirmed that the coercion index and number of supports reported by respondents was related to psychological well being. Other important factors were mental illness, education, age, and treatment participation. Based on these results and our original research questions, we then set out to examine the impact of victimization on community outcomes. We hypothesized that if psychological distress was related to recidivism, some of this effect may be due to experiences of victimization, coercion and social support while in prison.

The coercion index predicted arrest, arrest for a violent offense, re-admittance to prison, and parole. However, we did not find support for the assertion that social support and/or coping would mediate the impact of victimization. Nor did we find that psychological well being (as measured by the TSC and PTCI) impacted re-entry outcomes.

There are several other noteworthy findings. As with victimization in prison, age predicted across all four models. As found in the literature, younger inmates were more likely to fail on all measures. Race was only significant in one model, with non-whites being more likely to be arrested. Several prior record variables were significant and in the expected direction. In all of the models except arrest involving violence, those with a greater number of prior felony convictions were more likely to be experience worse outcomes. Moreover, violent history was



significant in all of the outcome models. Mental illness was only significant in the arrest model with those who were mentally ill being more likely to be arrested. Finally, employment in the community, or rather those who were unemployed, was a significant predictor of outcome in all of the models with the exception of a violent arrest.

One of the findings is counterintuitive. First, receiving treatment in the community was significant in models predicting arrest, reincarceration and parole failure. Those who had participated in treatment during their time in the halfway house were more likely to be reincarcerated and fail. We can theorize that those who were identified as in need of treatment in the halfway house were also those who had a higher level of need. However, we do not have a standardized measure of risk or need available to analyze whether this may be the case.

While the findings are encouraging, there are several limitations worth noting. First, we relied on a halfway house population in one state. Although we noted that utilizing this population had several advantages, the generalizability of our findings is limited. Second, the determination of victimization status was based on self-reports through semi-structured interviews with the client. We did not collect official records on victimization incidents in prison. In other words, we did not obtain any official hospital or nurse records to confirm or deny the respondent's assertions or harm or refute a respondent's assertion that he was *not* victimized. The self classification may underestimate the actual number of individual's who experience victimization in prison.

A third limitation concerns the lack of risk and need assessment data. While the halfway house does collect some assessment data on clients, there was too much missing data to conduct any meaningful analyses. Similarly, we did not have detailed treatment data on our participants. Participation in treatment in the institution was based on the respondent's self report during the face-to-face interview. Participation in treatment in the halfway house was based on official

records from the Ohio Department of Rehabilitation and Corrections. In both cases, we were unable to assess duration and/or dosage of treatment and whether the treatment intensity was appropriately matched to the respondent's risk and need levels. Finally, we were not able to make contact with the respondent's once they left the halfway house. Making multiple contacts with the client in the community during the follow up period may have allowed us to better examine the influence of a variety of barriers on our community adjustment measures. Despite these limitations, the current study has a number of implications for policy and practice.

## **VI. Implications for Policy and Practice**

There is little dispute that the inmate re-entry is a potentially serious social problem that can no longer escape attention. As noted by Todd Clear “In the United States, for example, there is no single study showing that people who leave prison are by and large (or even marginally) lucky to have had the experience. To the contrary, the effusive interest these days in the topic of re-entry has as its foundational assumption that people who leave prison bring most of their problems back to the community, intact or amplified by what happened to them behind bars” (2008; p. viii). This study illustrates that what happens in prison may exacerbate the already difficult transition home.

We know from previous research that individuals who experience coercive events are likely to act out in anger and subsequently criminal behavior. The fear is that these individuals will be caught in a cycle of chronic offending. Colvin notes that the “individual is not merely a passive recipient of coercive forces, in both the background and foreground, the individual is active (although usually unwittingly) participant in the creation of coercive forces that reinforce his or her social-psychological deficits that compel and motivate behavior” (2000, p. 138). Our research shows that individuals who indicate that they have witnessed or directly experienced victimization and perceived the environment was hostile and threatening were more likely to fail on all of the outcome measures included in the study. This finding held even while controlling for other important re-entry variables, namely age, prior record, employment, and treatment in the community. The findings validate what others have suggested, that we need a cultural shift in our prison system.

The topic of prison culture and its impact on violence is not new (see Byrne, Hummer & Taxman, 2008) and many would agree that the criminogenic culture that permeates most institutions in this country must change. At the same time, a wide scale cultural shift is difficult

given culture is a dynamic force perpetrated by inmates, staff, and the reciprocal effects of deteriorated community conditions and gang involvement. However, without a philosophical shift in how we treat prisoners and subsequently formerly incarcerated offenders, and without a clear and concise agenda to change the underlying conditions that cause and perpetuate violence and (dis)order in prison, we are unlikely to see substantial reductions in recidivism.

Prison administrators in Ohio and elsewhere should consider identifying and targeting the underlying causes of violence in prison. Although Ohio has made great strides in increasing the service delivery within its institutions, there should be a continued effort to make these institutions more therapeutic in nature. Related, staff should form a therapeutic alliance for the inmates and providing matched services based on their risks and needs. The approach towards inmate behavior should be more reward than punishment focused.

By examining the factors predicting victimization, the current study offers policymakers avenues for making prisons safer. This may include better use of risk assessments to identify at-risk inmates and subsequently plan for their increased safety. Factors such as age, mental illness, prison length, prior violence, treatment and religious involvement, and those without children predicted victimization. We found those who witnessed victimization were more likely to report these incidents were inter-racial. Moreover, many inmates felt they did not want to report either incidents they witnessed or directly experienced for fear that they would be considered a “snitch” or that it “wouldn’t do any good.”

Prison caseworkers should continually screen inmates for their involvement in violent incidents in prison. Related, the majority of the inmates reporting direct involvement indicated that they visited a doctor or nurse as the result of their injuries. If not already a matter of procedure, these medical professionals should be reporting these incidents to the inmate’s caseworker so they can follow up with the inmate and assess for any psychological impacts.

Second, staff should be trained to look for cues to identify inmates who have been victimized. Given the majority of sexual assaults were said to occur in the evening and overnight hours, better staff surveillance may be needed. Moreover, the overall level of violence being witnessed by respondents in this study was extremely high. As noted by Austin and his colleagues, prison officials should not only develop protocols for how to manage sexual violence. Rather they argued that sexual violence may just one type of violence used by inmates to gain power and control. We tend to agree with Austin and believe that while the rate of sexual victimization within our sample was quite low, we believe that focusing on these rates would be “missing the point.” Prisons are violent places and while sexual violence can have uniquely devastating effects, we should not gloss over the impact of violence overall. Our results indicated that twenty percent of these inmates experienced violence during which they felt their life was in danger. While some may argue that many of these inmates may have been previously involved in violent incidents in their communities, the impact of victimization in prison which is largely inescapable in nature is particularly important. At the same time, these inmate focused strategies should be supplemented by staff focused initiatives. Staff focused policies may include enhanced training, informed hiring practices, maintaining certain staff to inmate ratios, or hiring a more culturally diverse workforce.

Ultimately, however, prison violence and subsequently re-entry outcomes, are likely to be impacted from a structured and deliberate response utilizing best practices in the areas of assessment and treatment. Before inmates are released from prison they should be targeted for comprehensive assessment protocols and subsequently matched to quality treatment services in the community. In an ideal model, re-entry should begin before the inmate transitions back into the community. The first phase would begin in the institution with service delivery congruent with the inmate’s needs. The second phase would begin as the inmate is released from the

institution. The inmate's risks and needs may change significantly as they enter the community context. Ideally, the individual would continue in their treatment services and case plans would be updated as needed. The assessment results should guide service delivery (type and duration) and include dosage and matching as well as the measurement of change. The assessment and identification of criminogenic factors and client characteristics (including both risk/need and responsivity) is important for a variety of reasons. First, to identify factors related to the individual's specific need for use in his or her treatment plan. Those services should target key criminogenic factors or needs such as attitudes and beliefs, criminal associates, family dysfunction, addictions and education and employment (Andrews and Bonta, 2003; Gendreau, Little, and Goggin, 1996). Focused services on criminogenic needs are crucial in the effort to reducing future criminal behavior in the long term.

In the final phase, involving aftercare or relapse prevention, clients would receive ongoing support and services to address their needs. The findings regarding employment in the community post release is consistent with previous research. Parole success was increased by employment, so employment programs that clearly assess the skills of inmates before they re-enter the community are indicated for greater parole success. However, we also know that securing reasonable and sustainable employment is challenging for parolees re-entering the community and programs may experience a number of barriers with this particular need. For example, even when a prison has a particular job training program available (and we did note the majority of our sample was employed in prison), the interest by inmates is often greater than the number of openings available. Upon release, we know that those with felony records are less likely to find employment given their perceived risk and potential public fear. And less than half of inmates report having been employed full time prior to their incarceration (Solomon et al., 2004) making them less marketable on their return to the community.

At the same time, the focus on employment should not take the place of a sustained and informed effort to reduce recidivism. Studies find that programs that target education and employment are not as effective as those utilizing proven treatment strategies, namely those based on cognitive behavioral treatment models (Wilson, Bouffard, and MacKenzie, 2005; Wilson, Gallagher, and MacKenzie, 2000). In other words, simply providing educational or jobs skills training without treating the underlying causes of crime is likely to fall short. Offenders need to understand the consequences of behavior and develop a series of prosocial alternatives to criminal behavior. These types of therapies needs to be sufficient intensive and matched to the individual's level of need.

Research clearly shows that matching services to offender's needs and providing intensive services to offenders in the community is a justified and potentially fruitful course of action. Parole agencies should also reassess ex-inmates after a period of time in the community. The reassessment process should begin once the offender returns to the community and again while the offender is under supervision. The results should then ultimately guide any changes in the offender's treatment plan. Reassessment can also inform key stakeholders and providers as to whether the program or services had an impact on the offender's overall risk.

Assessment results also allow for service and treatment providers to screen out offenders who cannot succeed in specific interventions. Responsivity factors such as motivation, personality, intelligence, and/or mental illness can impact how an individual responds or their amenability to treatment. For example, by identifying and screening out low functioning offenders from services that requires a normal range of cognitive functioning or those who are highly anxious from programs or staff that utilizes confrontational strategies. Our findings indicate that prison staff and community agencies should attempt to target and provide services to those diagnosed with mental illnesses. Those with mental illnesses were more likely to

experience victimization in prison and more likely to be arrested in the community. These individuals may require more intensive services than they are currently receiving.

Related, victimization was found to be related to psychological well being. Those who experienced victimization had higher scores on two measures of psychological well being, specifically, trauma and post traumatic cognitions. This is not to say that the majority of inmates are likely to be diagnosed with PTSD, rather that we may have many inmates being released from prison with low level depression, anxiety, or other conditions that may interfere with their ability to seek employment, reunite with family members, or adhere to conditions of parole. The prison staff should screen inmates before they are released for psychological difficulties. Screening and treatment for these conditions should begin in prison and continue once released. Moreover, it may be that many inmates would benefit from a decompression-type therapy when they are released from prison.

Beyond the risk factor focused approach, the system could also benefit from a mental health promotion approach that focuses on individual strengths with health promotion strategies. As noted by the Center for Addiction and Mental Health, this approach would include a wide range of strategies that would include policy development and local community involvement. The goal would be to increase the wellness among all participants mainly through the development of self efficacy and resiliency among both individuals and communities (see Ramon, 2005 for further discussion). Related, the Second Chance Act and other treatment-oriented re-entry policies appear to represent an important shift in a correctional philosophy that has been dominated by punitiveness over the past several decades (see Listwan, Jonson, Cullen, & Latessa, 2008).

Future research may benefit from replicating this study with other populations, namely women and juveniles. For women, it would be an important area of inquiry to examine



victimization rates but also the interaction between the culture of women's prisons and victimization. Previous research has shown that women's institutions are more collaborative in nature that includes some degree of cohesion and relationship building. However, we know that victimization in women's prisons also exists. The extent to which this victimization is influenced or mediated by the relationships between inmates in women's prisons and its subsequent impact on re-entry outcomes would be a worthwhile inquiry. Potentially more important may be examining the impact of victimization in juvenile institutions. We would hypothesize that youth and more malleable and ultimately vulnerable to the effects of violence. It may be that victimization experiences in juvenile institutions may have a long term consequence for these youth.

## VII. REFERENCES

- Adams, Kenneth. 1992. Adjusting to prison life. In M. Tonry (Ed.), *Crime and justice: A review of research* (pp. 276-359). Chicago: University of Chicago Press.
- Agnew, Robert. 1992. Foundation for a general strain theory of crime and delinquency. *Criminology* 30: 47-87.
- Agnew, Robert. 2009. General strain theory: Current status and directions for further research. F. T. Cullen, J. P. Wright, & K. R. Blevins (Eds.), *In Taking stock: The status of criminological theory* (pp. 101-123). New Brunswick, NJ: Transaction.
- Alarid, Leanne F. 2000. Sexual assault and coercion among incarcerated women prisoners: Excerpts from prison letters. *Prison Journal* 4: 391-407.
- Austin, James, Tony Fabelo, Angela Gunter, and Ken McGinnis. 2006. Sexual violence in the prison system. *U.S. Department of Justice. National Institute of Justice*. Washington, D.C. NCJ 215774.
- Bagley, Christopher, Michael Wood, and Loretta Young. 1994. Victim to abuser: Mental health and behavioral sequels of child sexual abuse in a community survey of young adult males. *Child Abuse and Neglect: The International Journal* 18: 683-697.
- Barrera, Manuel Jr., Irwin N. Sandler, and Thomas B. Ramsey. 1981. Preliminary studies of a scale of social support: Studies on college students. *American Journal of Community Psychology* 9: 435-47.
- Bauer, Lynn. 2002. Justice expenditure and employment in the United States. *U.S. Department of Justice. Bureau of Justice Statistics*. Washington, D.C.
- Beck, Allen J., and Paige M. Harrison. 2007. Sexual victimization in state and federal prisons reported by inmates, 2007. *U.S. Department of Justice. National Criminal Justice Reference Service*. Washington, D.C. NCJ 219414.
- Beck, Gale J., Scott F. Coffey, Sarah A. Palyo, Berglind Gudmundsdottir, Luana M. Miller, and Craig R. Colder. 2004. Psychometric properties of the posttraumatic cognitions inventory (PTCI): A replication with motor vehicle accident survivors. *Psychological Assessment* 16: 289-298.
- Bell, Robert A., and Paul A. Bell. 1976. Aggression and heat: The influence of ambient temperature, negative affect, and a cooling drink on physical aggression. *Journal of Personality and Social Psychology* 33: 245-255.
- Blitz, Cynthia L., Nancy Wolff, and Jing Shi. 2008. Physical victimization in prison: The role of mental illness. *International Journal of Law and Psychiatry*, 31, 385-393.

- Bonta, James and Gendreau Paul 1987. Reexamining the cruel and unusual punishment of prison life. *Law and Human Behavior*, 14, 347-372.
- Bowker, Lee H. 1980. *Prison victimization*. New York: Elsevier.
- Briere, John, and Carol E. Jordan. 2004. Violence against women: outcome complexity and implications for assessment and treatment. *Journal of Interpersonal Violence* 19: 1252-76.
- Bryk, Anthony S., and Stephen W. Raudenbush. 1987. Application of hierarchical linear models to assessing change. *Psychological Bulletin* 101: 147-58.
- Bukstel, Lee H., and Peter R. Kilmann. 1980. Psychological effects of imprisonment on confined individuals. *Psychological Bulletin* 88: 469-93.
- Burnam, Audrey M., Stein, Golding, Siegel, Sorenson, Forsythe, and Telles. 1988. Sexual assault and mental disorders in a community population. *Journal of Consulting and Clinical Psychology* 56: 843-850.
- Camp, Scott D., Gerald G. Gaes, Neal Langan, and William G. Saylor. 2003. The influence of prisons on inmate misconduct: A multilevel investigation. *Justice Quarterly* 20: 501-533.
- Campbell, Jacquelyn C. 2002. Health consequences of intimate partner violence. *The Lancet*, 359: 1331-36.
- Carroll, L. 1977. Humanitarian reform and biracial sexual assault in a maximum security prison. *Urban Life* 5: 417-37.
- Center for Disease Control, *Sexual victimization overview*, (n.d.). Retrieved on February 3, 2005, from <http://www.cdc.gov/ncipc/factsheets/svoverview.htm>.
- Chen, M. Keith, and Jesse M. Shapiro. 2007. Do harsher prison conditions reduce recidivism? A discontinuity-based approach. *American Law and Economics Review* 9: 1-29.
- Chesney-Lind, Meda. 1997. *The female offender: Girls, women, and crime*. Thousand Oaks, CA: Sage Publications.
- Chubaty, Donna E. 2002. Victimization, fear and coping in prison. *Forum on Correctional Research* 14: 13-15.
- Clear, Todd R. 1994. *Harm in American Penology: Offenders, Victims, and Their Communities*. Albany, NY: State University of New York Press.
- Clear, Todd. R. 2008. Foreword to *The culture of prison violence*. Eds James M. Byrne, Don Hummer, and Faye S. Taxman. New York: Pearson and Allyn Bacon.

- Clear, Todd R., Bruce D. Stout, Harry R. Dammer, Kelly, Patricia L. Hardyman, and Shapiro, Carol. 2000. The value of religion in prison: An inmate's perspective. *Journal of Contemporary Criminal Justice* 16: 53-74.
- Clemmer, Donald. 1940. *The Prison Community*, New York, Rinehart.
- Cohen, Sheldon, and Thomas A. Wills. 1985. Stress, social support, and the buffering hypothesis. *Psychological Bulletin* 98: 310-57.
- Colvin, Mark. 1992. *The penitentiary in crisis: From accommodation to riot in New Mexico*. Albany: State University of New York Press.
- Colvin, Mark. 2000. *Crime and coercion: An integrated theory of chronic criminality*. New York: St. Martin's Press.
- Colvin, Mark. 2007. Applying differential coercion and social support theory to prison organization: The case of the penitentiary of New Mexico. *The Prison Journal* 87: 367-387.
- Colvin, Mark, Francis T. Cullen, and Thomas M. Vander Ven. 2002. Coercion, social support, and crime: An emerging theoretical consensus. *Criminology* 40: 19-42.
- Cressey, Donald R., and John Irwin. 1962. Thieves, convicts and the inmate culture. *Social Problems* 10: 142-155.
- Cullen, Francis T. 1994. Social support as an organizing concept for criminology: Presidential address to the academy of criminal justice sciences. *Justice Quarterly* 11: 527-59.
- Cullen, Francis T., John P. Wright, and Mitchell B. Chamlin. 1999. Social support and social reform: A progressive crime control agenda. *Crime & Delinquency* 2: 188-207.
- Cummins, R. C. 1998. Perceptions of social support, receipt of supportive behaviors, and locus of control as moderators of the effects of chronic stress. *American Journal of Community Psychology* 16: 685-700.
- Davies, Hobart and Daniel J. Flannery. 1990. Post-traumatic stress disorder in children and adolescents exposed to violence. In H. Hennes & A. Calhoun (Eds). *Violence among children and adolescents* *Pediatric Clinics of North America* 45: 341-353.
- Davis, Alan J. 1968. Sexual assaults in the Philadelphia prison system and sheriff's vans. *Trans-Action* 6: 8-16.
- Dumond, Robert W. 2003. Confronting America's most ignored crime problem: The Prison Rape Elimination Act of 2003. *Journal of the American Academy of Psychiatry and the Law* 31: 355.

- Dunn, Gary E., Joseph J. Ryan, and Cynthia E. Dunn. 1994. Trauma symptoms in substance abusers with and without histories of childhood abuse. *Journal of Psychoactive Drugs* 26: 357-360.
- Dutton, D. G. 1995. Trauma symptoms and PTSD-like profiles in perpetrators of intimate violence. *Journal of Traumatic Stress* 8: 299-316.
- Elliott, Diana M., and John Briere. 2004. Adult sexual assault: Prevalence, symptomatology, and sex differences in the general population. *Journal of Traumatic Stress* 17: 203-211.
- Elliott, Diana M., Doris S. Mok, and John Briere. 2004. Adult sexual assault: Prevalence, symptomatology, and sex differences in the general population. *Journal of Traumatic Stress* 17: 203-11.
- Ellis, Desmond, Harold G. Grasmick, and Bernard Gilman. 1974. Violence in prisons: A sociological analysis. *American Journal of Sociology* 80: 16-43.
- Endler, Norman, S. and James D. A. Parker 1999. Coping inventory for stressful situations manual. *Multihealth Systems, Inc*: North Tonowanda NY
- Fagan, T. J., D. Winnerstrom, and J. Miker. 1996. Sexual assault of male inmates: Prevention, identification, and intervention. *Journal of Correctional Health Care* 3: 49-63
- Fitzpatrick, Kevin M., and Michele Wilson. 1999. Exposure to violence and posttraumatic stress symptomatology among abortion clinic workers. *Journal of Traumatic Stress* 12: 227-43.
- Flannery, Daniel J. 2006. *Violence and mental health in everyday life: Prevention and intervention strategies for children and adolescents*. Walnut Creek, CA: Altamira Press
- Flannery, Daniel J., Mark I. Singer, and Kelly Wester. 2001. Violence exposure, psychological trauma, and suicide risk in a community sample of dangerously violent adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry* 40: 435-442.
- Flannery, Daniel J., Mark I. Singer, Manfred Van Dulmen, Jeff Kretchsmar, and Lara Belliston. 2007. *Exposure to violence, mental health and violent behavior*. The Cambridge Handbook of Violent Behavior. Cambridge: Cambridge University Press.
- Fleischer, Mark and Jessie L. Krienert. 2006. *The culture of prison violence*. Washington, D.C.: National Institute of Justice.
- Foa, Edna B., Anke Ehlers, David M. Clark, David F. Tolin, and Susan M. Orsillo. 1999. The posttraumatic cognitions inventory (PTCI): Development and validation. *Psychological Assessment* 11: 303-314.

- Follette, Victoria M., Melissa A. Polusny, Anne. E. Bechtle, and Amy E. Naugle. 1996. Cumulative trauma: The impact of child sexual abuse, adult sexual assault, and spouse abuse. *Journal of Traumatic Stress* 9: 25-35.
- Gaes, Gerald G., and Andrew L. Goldberg. 2004. Prison Rape: A critical review of the literature. *Washington DC: The National Institute of Justice*.
- Gaes, Gerald G., and William J. McGuire. 1985. Prison violence: The contribution of crowding versus other determinants of prison assault rates. *Journal of Research in Crime and Delinquency* 23: 41-65.
- Gavranidou, Maria, and Rita Rosner. 2003. The weaker sex? Gender and post-traumatic stress disorder. *Depression and Anxiety* 17: 130-39.
- Gavrilovic, Jelena J., Matthias Schutzwohl, Mina Fazel, and Stefan Priebe. 2005. Who seeks treatment after a traumatic event and who does not? A review of findings on mental health service utilization. *Journal of Traumatic Stress* 18: 595-605.
- Glaze, Lauren E. 2002. *Probation and parole in the United States, 2002*. U.S. Department of Justice. Bureau of Justice Statistics. Washington, D.C. NCJ 205336.
- Gold, Steven R., Lori D. Milan, Alice Mayall, and Anne E. Johnson. 1994. A cross-validation study of the trauma symptom checklist: The role of mediating variables. *Journal of Interpersonal Violence* 9: 12-26.
- Goodstein, Lynne, Doris L. MacKenzie, and R. Lance Shotland. 1984. Personal control and inmate adjustment to prison. *Criminology* 22: 343-369.
- Hammett, Theodore M., Cheryl Roberts, and Sophia Kennedy. 2001. Health-related issues in prisoner reentry. *Crime & Delinquency* 3: 390-410.
- Haney, Craig. 2002. *The psychological impact of incarceration: implications for post prison adjustment*. Paper prepared for the Urban Institute's Re-Entry Roundtable. Washington, D.C.
- Haney, Craig, Curtis Banks, and Phillip Zimbardo. 1973. Interpersonal dynamics in a simulated prison. *International Journal of Criminology and Penology* 1: 69-97.
- Harlow, Caroline W. 1996. Profile of Jail Inmates. U.S. Department of Justice. Bureau of Justice Statistics. Washington D.C. NCJ 164620.
- Hensley, Christopher, Mary Koscheski, and Richard Tewksbury. 2003. The impact of institutional factors on officially reported sexual assaults in prison. *Sexuality and Culture* 7: 16-27.
- Hensley, Christopher, and Richard Tewksbury. 2003. Inmate-to-inmate prison sexuality, a review of empirical studies. *Trauma, Violence, and Abuse* 3: 226-43.

- Hensley, Christopher, Richard Tewksbury, and Tammy Castle. 2003. Characteristics of prison sexual assault targets in male Oklahoma correctional facilities. *Journal of Interpersonal Violence* 6: 595-607.
- Hobfall, Stevan E., Charles D. Spielberger, Schlomo Breznitz, Charles Figley, Susan Folkman, Bonnie Lepper-Green, Donald Meichenbaum, Norman A. Milgram, Irwin Sandler, Irwin Sarason, and Bessel van der Kolk. 1991. War related stress. *American Psychologist* 46: 848-855.
- Hochstetler, Andy, Daniel S. Murphy, and Ronald L. Simons. 2004. Damaged goods: Exploring predictors of distress in prison inmates. *Crime & Delinquency* 50: 436-457.
- Houck, Katherine D., and Ann B. Loper. 2002. The relationship of parenting stress to adjustment among mothers in prison. *American Journal of Orthopsychiatry* 72: 548-558.
- Hughes, Timothy A., and Doris J. Wilson. 2003. Reentry trends in the United States: Inmates returning to the community after serving time in prison. *U.S. Department of Justice, Bureau of Justice Statistics*. Washington D.C.
- Hughes, Timothy A., Doris J. Wilson, and Allen J. Beck. 2001. Trends in State Parole, 1990-2000. *Bureau of Justice Statistics Special Report*. Washington D.C. NCJ 184735.
- Human Rights Watch (2001). *United States: No escape, male rape in US prisons*, Retrieved February 3, 2005, from <http://www.hrw.org/reports/2001/prison/report1.html>.
- Ireland, Jane L. 2001. Distinguishing the perpetrators and victims of bullying behavior in a prison environment: A study of male and female prisoners. *Legal and Criminological Psychology* 6: 229-47.
- Irwin, John. 1980. *Prisons in turmoil*. Boston, MA: Little, Brown & Company
- Johnson, Byron R., David B. Larson, and Timothy C. Pitts. 1997. Religious programs, institutional adjustment, and recidivism among former inmates in prison fellowship programs. *Justice Quarterly* 14: 145-166.
- Kilpatrick, Dean G., Benjamin E. Saunders, and Daniel W. Smith. 2003. *Youth victimization: Prevalence and implications*. Washington, DC: National Institute of Justice.
- Knowles, Gordon J. 1999. Male Prison Rape: A Search for Causation and Prevention. *The Howard Journal* 3: 267-82.
- Koss, Mary P., Jennifer A. Bailey, Nicole P. Yuan, Veronica M. Herrera, and Erika L. Lichter. 2003. Depression and PTSD in survivors of male violence: Research and training initiatives to facilitate recovery. *Psychology of Women Quarterly* 27: 130-42.
- Kotulak, Ronald. 1997. *Inside the brain: Revolutionary discoveries of how the mind works*.

Kansas City, MO: Andrews McNeel.

- Krupnick, Janice L., Bonnie L. Green, Patricia Stockton, Lisa Goodman, Carole Corcoran, and Rachel Petty. 2004. Mental health effects of adolescent trauma exposure in a female college sample; exploring differential outcomes based on experiences of unique trauma types and dimensions. *Psychiatry: Interpersonal and Biological Processes* 67: 264-79.
- Kruttschnitt, Candace and Rosemary Gartner. 2005. Marking time in the golden state: Women's imprisonment in California. Cambridge: UK: Cambridge University Press.
- Lang, Ariel J., Carie S. Rodgers, Charlene Laffaye, Leslie E. Satz, Timothy R. Dresselhaus, and Murray B. Stein. 2003. Sexual trauma, posttraumatic stress disorder, and health behavior. *Behavior Medicine* 28: 150-58.
- Langan, Patrick A., and David J. Levin. 2002. Recidivism of prisoners released in 1994. *U.S. Department of Justice. Bureau of Justice Statistics*. Washington, D.C.. NCJ 193427.
- Lindquist, Christine H. and Charles A. Lindquist. 1997. Gender differences in distress: Mental health consequences of environmental stress among jail inmates. *Behavioral Sciences and the Law* 15: 503-523.
- Listwan, Shelley J., Cheryl Lero Jonson, Francis T. Cullen, and Edward J. Latessa. 2008. Cracks in the penal harm movement: Evidence from the field. *Criminology and Public Policy* 7: 423-465.
- Lockwood, Douglas W. 1980. *Prison Sexual Violence*. New York: Elsevier Press.
- Lynch, James P., and William J. Sabol. 2001. *Prisoner reentry in perspective*, Washington DC, The Urban Institute.
- MacKenzie, Doris L. 1987. Age and adjustment to prison interactions with attitudes and anxiety. *Criminal Justice and Behavior* 14: 427-447.
- Mair, Julie S., Shannon Frattaroli, and Stephen P. Teret. 2003. New hope for victims of prison sexual assault. *Journal of Law, Medicine and Ethics* 31: 602-06.
- Man, Christopher D. and John P. Cronan. 2001. Forecasting sexual abuse in prison: The prison subculture of masculinity as a backdrop for "Deliberate Indifference". *The Journal of Criminal Law and Criminology* 1: 127-85.
- McCorkle, Richard C. 1993. Fear of victimization and symptoms of psychopathology among prison inmates. *Journal of Offender Rehabilitation* 19: 27-41.
- McNally, Richard J., Richard A. Bryant and Anke Ehlers. 2003. Does early psychological intervention promotes recovery from posttraumatic stress? *Psychological Science in the Public Interest* 2: 45-80.



- Mumola, Christopher J. 1999. Incarcerated parents and their children. *U.S. Department of Justice: Bureau of Justice Statistics*. Washington, D.C. NCJ 182335.
- Nacci, Peter and T. Kane. 1983. The incidence of sex and sexual aggression in federal prison. *Federal Probation* 47: 31-36
- Nicolaidis, Christina, Maryann Curry, Bentson McFarland, and Martha Gerrity. 2004. Violence, mental health, and physical symptoms in an academic internal medicine practice. *Journal of General Internal Medicine* 19: 819-27.
- Nishith, Pallavi, Patricia A. Resick, and Kim T. Mueser. 2001. Sleep difficulties and alcohol use motives in female rape victims with posttraumatic stress disorder. *Journal of Traumatic Stress* 3: 469-79.
- O'Donnell, Ian, and Kimmet Edgar. 1998. Fear in prison. *The Prison Journal* 79: 90-99.
- Ohio of Rehabilitation and Corrections (2004). *Ohio Correctional Institution Sexual Assault Abatement: A Ten Point Plan*. Retrieved on February 19, 2005, from <http://www.drc.state.oh.us/Public/10pointplan.pdf>.
- Palmer, Emma J., and Sam Farmer. 2002. Victimized behavior among juvenile and young offenders: How different are perpetrators? *Journal of Adolescence* 5: 469-76.
- Palmer, Emma J. and Vicky Thakordas. 2005. Relationship between bullying and scores on the Buss-Perry Aggression Questionnaire among imprisoned male offenders. *Aggressive Behavior* 1: 56-67.
- Paterline, Brent A., and David M. Petersen. 1999. Structural and social psychological determinants of prisonization. *Journal of Criminal Justice* 5: 427-41.
- Paternoster, Raymond, and Paul Mazerolle. 1994. General strain theory and delinquency: A replication and extension. *Journal of Research in Crime and Delinquency* 31: 235-263.
- Patterson, Gerald R. 1995. Coercion as a basis for early age onset of arrest. In Joan McCord (ed.), *Coercion and punishment in long term perspective*. New York: Cambridge University Press.
- Deanna M. Perez, Angela R. Gover, Kristin Tennyson, & Saskia Santos. In press. Victimization of inmates by staff and fellow inmates during periods of incarceration. *International Journal of Offender Therapy and Comparative Criminology*.
- Petersilia, Joan. 2001. Prisoner reentry: Public safety and reintegration challenges. *The Prison Journal* 81: 360-75.
- Petersilia, Joan. 2003. *When Prisoners Come Home: Parole and Prisoner Re-Entry*. New York: Oxford University Press.

- Poehlmann, Julie. 2005. Incarcerated mothers' contact with children, perceived family relationships, and depressive symptoms. *Journal of Family Psychology* 19: 350-357.
- Robertson, James E. 2003. Rape among incarcerated men: Sex, coercion and STDs. *AIDS Patient Care and STDs* 8: 423-31.
- Roman, Caterina G., and Jeremy Travis. 2004. *Taking stock: Housing, homelessness, and prisoner reentry*. Washington, DC: Urban Institute Justice Policy Center.
- Ramon, Shulamit. 2005. Mental health promotion. In Shulamit Ramon & Janet E. Williams, Eds. *Mental health at a crossroads: The promise of a psychosocial approach* (pp. 185-196). Burlington, VT: Ashgate Publishing
- Roos, Patricia E., and Lawrence H. Cohen. 1987. Sex roles and social support as moderators of life stress adjustment. *Journal of Personality and Social Psychology* 52: 576-85.
- Ruback, R. Barry, Timothy S. Carr, and Charles H. Hopper. 1986. Perceived control in prison: Its relation to reported crowding, stress, and symptoms. *Journal of Applied Social Psychology* 16: 375-386.
- Sarason, Irwin G., Henry M. Levine, Robert B. Basham, and Barbara R. Sarason. 1983. Assessing social support: The social support questionnaire. *Journal of Personality and Social Psychology* 4: 127-39.
- Sarason, Barbara R., Irwin G. Sarason, and Gregory R. Pierce. (Eds.). 1990. *Social support: An interactional view*. New York: John Wiley.
- Seymour, J. 1982. Environmental sanctuaries for susceptible prisoners. In R. Johnson & H. Toch (Eds.), *The pains of imprisonment* (pp. 267-284). Beverly Hills: Sage.
- Sommers, Marylin, and Carol Buschur. 2004. Injury in women who are raped. *Dimensions in Critical Care Nursing* 23: 62-68.
- Stein, Murray B., Ariel J. Lang, Charlene Laffaye, Leslie E. Satz, Rebecca J. Lenox, and Timothy R. Dresselhaus. 2004. Relationship of sexual assault history to somatic symptoms and health anxiety in women. *General Hospital Psychiatry* 26: 178-183.
- Steiner, Benjamin, and John Wooldredge. 2008. Inmate versus environmental effects on prison rule violations. *Criminal Justice and Behavior* 35: 438-456.
- Struckman-Johnson Cindy, and David Struckman-Johnson. 2000. Sexual coercion rates in seven Midwestern prison facilities for men. *The Prison Journal* 4: 379-90.
- Struckman-Johnson, Cindy, David Struckman-Johnson, Lila Rucker, Kurt Bumby, and Stephen Donaldson. 2006. A comparison of sexual coercion experiences reported by men and women in prison. *Journal of Interpersonal Violence* 21: 1591-1615.

- Sykes, Gresham M. 1958. *The Society of Captives*. Princeton, NJ: Princeton University Press.
- Terr, L. C. 1991. Childhood traumas: An outline and overview. *American Journal of Psychiatry* 48: 10.
- Tewksbury, Richard. 1989. Measures of sexual behavior in an Ohio prison. *Sociology and Social Research* 1: 34-39.
- Thomas, Charles W. 1977. Theoretical perspectives on prisonization: A comparison of importation and deprivation models. *Journal of Criminal Law and Criminology* 68: 135-145.
- Thomas, Jim, and Barbara H. Zaitzow. 2006. Conning or conversation? The role of religion in prison coping. *The Prison Journal* 86: 242-259.
- Toch, Hans. 1977. *Living in Prison: the Ecology of Survival*. New York: The Free Press.
- Travis, Jeremy, Elizabeth Cincotta McBride, and Amy L. Solomon. 2003. *Families Left Behind: The Hidden Costs of Incarceration and Re-Entry*. Washington, D.C.: The Urban Institute.
- Travis Jeremy, Amy L. Solomon, and Michelle Wahl. 2001. *From Prison to Home –The Dimensions and Consequences of Prisoner Reentry*, Washington DC: The Urban Institute.
- Turner, R. Jay, Blair Wheaton, and Donald A. Lloyd. 1995. The epidemiology of social stress. *American Sociological Review* 60: 104-125.
- Ullman, Sarah E., and Henrietta H. Filipas. 2001. Predictors of PTSD symptom severity and social reactions in sexual assault victims. *Journal of Traumatic Stress* 14: 369-389.
- Useem, Bert, and Peter Kimball. 1989. *States of Siege: U.S. Prison Riots, 1971-1986*. New York: Oxford University Press.
- Widom, Cathy S. 2000. Childhood victimization: Early adversity, later psychopathology. *National Institute of Justice Journal*. Retrieved February 15, 2005, from <http://ncjrs.org/pdffiles1/jr000242b.pdf>.
- Wolff, Nancy, Cynthia L. Blitz, and Jing Shi. (2007). Rates of sexual victimization inside prison for people with and without mental disorder. *Psychiatric Services* 58: 1087–1094.
- Wolff, Nancy, Jing Shi, Cynthia L. Blitz, and Jane Siegel. 2007. Understanding sexual victimization inside prisons: Factors that predict risk. *Criminology and Public Policy* 6: 535-564.
- Wooden, Wayne S., and Jay Parker. 1982. *Men Behind Bars: Sexual Exploitation in Prison*.

New York: Plenum Press.

- Wooldredge, John. 1991. Correlates of deviant behavior among inmates of U.S. correctional facilities. *Journal of Crime and Justice* 14: 1-25.
- Wooldredge, John. 1994. Inmate crime and victimization in a southwestern correctional facility. *Journal of Criminal Justice* 22: 367-381.
- Wooldredge, John. 1998. Inmate lifestyles and opportunities for victimization. *Journal of Research in Crime and Delinquency* 35: 480-502.
- Wooldredge, John, Timothy Griffin, and Travis Pratt. 2001. Considering hierarchical models for research on inmate behavior: Predicting misconduct with multilevel data. *Justice Quarterly* 18: 203-231.
- Wright, Kevin N. 1991. The violent and victimized in the male prison. *Journal of Offender Rehabilitation* 16(3/4): 1-25.
- Wright, Kevin N. 1993. Prison environment and behavioral outcomes. *Journal of Offender Rehabilitation* 20: 93-113.
- Zamble, Edward, and Frank J. Porporino. 1990. Coping, imprisonment, and rehabilitation: Some data and their implications. *Criminal Justice and Behavior* 17: 53-70.
- Zamble, Edward, and Frank J. Porporino. 1988. *Coping, Behavior, and Adaptation in Prison Inmates*. New York: Springer-Verlag.
- Zlotnick, Caron, M. Tracie Shea, Teri Pearlstein, Elizabeth Simpson, Ellen Costello, and Ann Begin. 1996. The relationship between dissociative symptoms, alexithymia, impulsivity, sexual abuse, and self-mutilation. *Comprehensive Psychiatry* 37: 12-16.
- Zweig, Janine M., Rebecca L. Naser, John Blackmore, and Megan Schaffer. 2007. Addressing sexual violence in prisons: A national snapshot of approaches and highlights of innovative strategies, final report. *U.S. Department of Justice. National Institute of Justice*. Washington, D.C. NCJ 216856.

## **APPENDIX A**

PRISON EXPERIENCES AND RE-ENTRY

HALFWAY HOUSE INTERVIEW

We are currently conducting a study to explore the factors that influence the re-entry process. Re-Entry refers to the transition from prison to community. This information will provide us with exciting and important knowledge about how to serve offenders in prison in the most beneficial way. In order to obtain this information, we will be asking you to fill out several brief questionnaires. The persons administering these surveys are employed by either the University of Akron or Kent State University. All of your responses will be kept in a locked file in the researchers' locked office.

First name

Last name

Social Security Number  -  -

a. Halfway house location

b. Today's date  /  /

c. When were you released from prison?  /  /

d. What is the first letter in your mother's first name?

e. What is the first letter in your first name?

f. What is the first number in your most recent DRC number?

g. What is the last number in your most recent DRC number?

h. What year were you born?

Id No.

7517361707

Code

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**Section 1.** Please answer the following questions to the best of your ability. The questions will help us identify your current situation and barriers and expectations of the re-entry process. All your responses will be held strictly confidential and you do not have to answer any question you do not want to answer. A member of the research team is available should you have any questions or concerns.

1. What is your date of birth?

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2. What is your race?

- White, non-Hispanic
- White, Hispanic
- Black, non-Hispanic
- Black, Hispanic
- Native American
- Asian
- Other (please describe)
- Don't know
- Refuse to answer

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3. Are you currently:

- Married
- Single
- Divorced
- Separated
- Single, living with someone
- Single, but dating someone
- Other (please describe)
- Don't know
- Refuse to answer

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4. Are you currently employed?

- Yes
- No
- Don't know
- Refuse to answer

5. How far in school did you go?

- Less than high school
- High school
- GED
- Some college
- Bachelors
- Graduate degree
- Don't know
- Refuse to answer

Id No.

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6. Did you receive any education in prison?

- Yes
- Don't know
- No
- Refuse to answer

7. Approximate weight at beginning of last incarceration?

--	--	--

 pounds

- Don't know
- Refuse to answer

8. Approximate height at beginning of last incarceration?

--	--	--	--

 feet      

--	--

 inches

- Don't know
- Refuse to answer

9. Name of the last prison you were in:

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10. While in prison, did you live in a:

- Cell
- Dormitory
- Other
- Don't know
- Refuse to answer

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11. If a cell, how many people lived/slept in your cell (this may have changed while you were in prison. We are interested in the number of people in your cell most often),

- Live by myself
- One
- Two
- Three
- Four
- Five or more
- Don't know
- Refuse to answer

12. If a dormitory, how many people lived/slept in one room?

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 people

- Don't Know
- Refuse to answer

Id No. 

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13. About how long has your report been prepared?  
    Months     Don't Know     Refuse to answer

14. Before this time, have you ever been in the same prison before?  
 Yes                     Don't know  
 No                       Refuse to answer

15. Have you ever been in another prison before?  
 Yes                     Don't Know  
 No                       Refuse to answer

16. If yes, please list the institutions and estimated dates of those incarcerations.

Institution	Dates
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

17. When you leave the halfway house, who do you plan on living with (select all that apply)?

- Parents
- Spouse
- Girlfriend/Boyfriend
- Relatives
- Friends
- Alone
- Not sure
- Other
- Don't Know
- Refuse to answer

18. Do you get along with your family?  
 Yes                     Don't know  
 No                       Refuse to answer

Id No.

19. Do you have children?

- Yes
- No
- Don't know
- Refuse to answer

20. If yes, how many children do you have?

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 children

21. Do you plan on having contact with your children after you leave the halfway house?

- Yes
- No
- Don't Know
- Refuse to answer

22. Do you plan to live with your children after you leave the halfway house?

- Yes
- No
- Don't know
- Refuse to answer

23. Will you use subsidized housing when you leave the halfway house, (e.g., HUD or city Metropolitan Housing)?

- Yes
- No
- Don't know
- Refuse to answer

24. Do you think it will be difficult for you to find a good place to live after you leave the halfway house?

- Yes
- No
- Don't know
- Refuse to answer

25. Will someone pick you up from the halfway house when you get out?

- Yes
- No
- Don't know
- Refuse to answer

26. How many people do you think will help you get your life together when you leave the halfway house (e.g. find a job, let you live at their house, do the 'right' thing)?

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 people

- Don't know
- Refuse to answer

Id No. 

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27. Who are these people (check all that apply)?

- Family
- Friends
- Spouse/significant other
- Mentors
- Community or program staff
- Ministers or faith oriented individuals
- Parole/PRC officers
- Refuse to answer
- Don't know
- Other

28. Have you used drugs and/or alcohol in the past?

- Yes
- No
- Don't know
- Refuse to answer

29. Do you currently use drugs and/or alcohol?

- Yes
- No
- Don't know
- Refuse to answer

30. How often do you use them?

- Daily
- Weekly
- Monthly
- Don't know
- Refuse to answer

31. What is your primary (first) drug of choice?

32. Do you think it will be difficult to pay your rent and other bills when you leave the halfway house?

- Yes
- No
- Don't know
- Refuse to answer

33. If you had to guess, how much money do you expect to make per month after you leave the halfway house, either

- Per hour \$ 

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- Per month \$ 

--	--	--	--
- Don't know
- Refuse to answer

Id No. 

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Section II and do not necessarily reflect the official position or policies of the U.S. Department of Justice. The questions will help us explore your experiences and lifestyle in prison. All your responses will be held strictly confidential and you do not have to answer any question you do not want to answer.

34. Were you a member of a gang or a Security Threat Group (STG) in prison?

- Yes       Don't know  
 No         Refuse to answer

35. Were you a member of a gang before coming to prison?

- Yes       Don't Know  
 No         Refuse to answer

36. Did you ever get into a fight with a correctional officer or staff member in prison?

- Yes       Don't know  
 No         Refuse to answer

37. During the last time you were in prison, were you put into solitary confinement or Administrative Segregation for an infraction?

- Yes       Don't know  
 No         Refuse to answer

38. If you were placed in solitary confinement, what was the disciplinary infraction, (recall the most recent occasion).

- Don't know  
 Refuse to answer

39. Have you ever been placed in protective custody (or Administrative Segregation for your own safety)?

- Yes       Don't know  
 No         Refuse to answer

40. If you have been placed in protective custody, what was the reason (recall the most recent occasion)

- Don't know  
 Refuse to answer

Id No. 

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41. If you were in protective custody for your own safety, did you ask to be put there or did the prison workers put you there?

- I asked to be put there
- Prison workers put me there, but I was glad
- Prison workers put me there, but I didn't want to be there
- Other
- Don't Know
- Refuse

42. Have you been diagnosed with a mental illness?

- Yes
- No
- Don't know
- Refuse to answer

43. Did you attend religious services while incarcerated?

- Yes
- No
- Don't know
- Refuse to answer

44. If yes, about how often did you attend religious services and/or have contact with a minister, priest, or other religious person from the outside?

- Daily
- Weekly
- Twice a month
- Monthly
- A couple of times a year
- About once a year
- Once or twice while I was in prison
- Other
- Don't Know
- Refuse

45. Did you work while in prison?

- Yes
- No
- Don't know
- Refuse to answer

Id No. 

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46. If yes, about how many hours per month (on average) did you work?

- 0-10             40+
- 11-20           Don't know
- 21-30           Refuse to answer
- 31-40

47. Did you regularly participate in treatment services (e.g., substance abuse, mental health, anger management, etc.) while in prison?

- Yes
- No
- Don't know
- Refuse to answer

48. If yes, about how many hours per week (on average) did you participate in these services?

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 Hours

- Don't know
- Refuse to answer

49. Did the prison administration tell you how to report being raped or sexually assaulted in prison?

- Yes
- No
- Don't know
- Refuse to answer

50. Do COs typically help inmates who have been sexually assaulted?

- Yes
- No
- Don't know
- Refuse to answer

Id No. 

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**Section III.** The following section will ask you questions about your opinions and experiences while in prison. Please indicate whether the following occur often, sometimes, rarely or never. All your responses will be held strictly confidential and you do not have to answer any question you do not want to answer.

How often do the following occur?	Often	Sometimes	Rarely	Never
51. Inmates feeling afraid of being assaulted in prison	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
52. Inmates showing emotion in prison	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
53. Weak inmates being someone's property	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
54. Inmates feeling they have no control over what happens to them in prison	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
55. People being threatened when they first come to prison	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
56. Inmates being beat up	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
57. Gang fights between inmates	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
58. Correctional officers making fun of inmates	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
59. Correctional officers talking down or belittling inmates	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
60. Correctional officers using inmates against each other	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
61. Correctional officers typically help inmates who have been beaten up	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

**Section IV.** The following section will ask you questions about your opinions about the world. Indicate whether you agree or disagree with the following.

62. Do you think it is important to work and pay your own bills

- Yes
- No
- Don't know
- Refuse to answer

63. Do you think you can do just about anything you set your mind to

- Yes
- No
- Don't know
- Refuse to answer

Id No. 

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64. Do you think you are responsible for your own success

- Yes
- No
- Don't know
- Refuse to answer

65. Have most of your friends been in trouble with the law

- Yes
- No
- Don't know
- Refuse to answer

66. Do you think rules are mostly meant for other people

- Yes
- No
- Don't know
- Refuse to answer

67. If you really want to do something, do you care if it is legal or not

- Yes
- No
- Don't know
- Refuse to answer

68. Do you try to get even with the people who do not show you respect

- Yes
- No
- Don't know
- Refuse to answer

69. Do you believe that people are always trying to hassle you

- Yes
- No
- Don't know
- Refuse to answer

70. What is your sexual preference?

- Heterosexual
- Homosexual
- Bisexual
- Other
- Refuse to answer

Id No.

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### HALFWAY HOUSE INTERVIEW

Hello, my name is {your name} and I am working with staff from the University of Akron and Kent State University.

We are going to be asking you questions about experiences you had in prison. I will be asking you about a number of different scenarios or types of victimization that may have happened to you. Please be truthful, neither DRC staff nor halfway house staff will have access to your information. Some of the questions may be difficult and if you want to stop the questioning process or need any assistance at all please let one of the researchers know and we will assist you. All your responses will be held strictly confidential and you do not have to answer any question you do not want to answer. You can also stop the interview at any time.

As we go through the list, please think about whether any of these incidents happened to you while incarcerated in the last twelve months. We will ask whether you witnessed a particular event, whether the event directly happened to you, and how many times.

**Interviewer Note:** Rape is defined as forced sexual intercourse and includes both psychological coercion as well as physical force. Forced sexual intercourse means vaginal, anal, and oral penetration. This category includes incidents where penetration is from a foreign object such as a bottle. Emotional victimization pertains to the participant's perception of being humiliated or shamed in some way. This may take place through verbal harrassment, losing or the taking away of items or privileges, or witnessing victimization etc.

a. Halfway house location

b. Today's date

 /  / 

c. What is the first letter in your mother's first name?

d. What is the first letter in your first name?

e. What is the first number in your most recent DRC number?

f. What is the last number in your most recent DRC number?

g. What year were you born?

ID No.

CODE

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1. Have you ever SEEN anyone take something from ANOTHER person during the last 12 months you were in prison?

- No                     Refused to answer  
 Yes                      Don't know

1a. If yes, did these things that were taken include (select all that apply):

1. Radio or other music player  
 2. Clothing  
 3. Personal letters or mail (including pictures)  
 4. Toothbrush, hairbrush, razor  
 5. Things bought from the commissary (food, cigarettes, etc.)  
 6. Things that can be read (books, magazines)  
 7. Pens, pencils, paper  
 8. Contraband (drugs, alcohol, weapons)  
 All of the above  
 Refused to answer  
 Don't know  
 Other Items

--

1b. If yes, about how many times did this happen in the last 12 months you were in prison?

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2. Did anyone TRY to take something that belonged to YOU during the last 12 months you were in prison?

- No                     Refused to answer  
 Yes                    Don't know

2a. If yes, did any of these things that were taken include (select all that apply):

1. Radio or other music player  
 2. Clothing  
 3. Personal letters or mail (including pictures)  
 4. Toothbrush, hairbrush, razor  
 5. Things you buy from the commissary (food, cigarettes, etc.)  
 6. Things to read (books, magazines)  
 7. Pens, pencils, paper  
 8. Contraband (drugs, alcohol, weapons)  
 All of the above  
 Refused to answer  
 Don't know  
 Other Items

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ID No.

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2b. If yes, about how many times did this happen in the last 12 months you were incarcerated?

--	--	--

3. Was something belonging to YOU taken during the last 12 months you were in prison?

- Yes       Refused to answer  
 No       Don't know

3a. If yes, did any of these things include (select all that apply):

1. Radio or other music player  
 2. Clothing  
 3. Personal letters or mail (including pictures)  
 4. Toothbrush, hairbrush, razor  
 5. Things you buy from the commissary (food, cigarettes, etc.)  
 6. Things you read (books, magazines)  
 7. Pens, pencils, paper  
 8. Contraband (drugs, alcohol, weapons)  
 All of the above  
 Refused to answer  
 Don't know  
 Other Items

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3b. If yes, about how many times did this happen in the last 12 months you were incarcerated?

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4. Have you ever seen anyone try to hurt or threaten to hurt ANOTHER person during the last 12 months you were in prison?

- Yes       Refused to answer  
 No       Don't know

4a. If yes, did this person try to hurt someone in any of the following ways (select all that apply):

1. With fists  
 2. With a weapon, such as a shank or knife-like object  
 3. By throwing something, such as a rock or other hard object  
 4. Any sexual contact that was unwanted or attempted sexual contact that was unwanted.  
 5. Any harmful things that have been said  
 All of the above  
 No  
 Refused  
 Don't know  
 Other (please write in)

--

ID No.

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4b. If yes, about how many times did this happen in the past 12 months while you were incarcerated?

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5. Did anyone TRY to hurt or threaten YOU in the last 12 months you were in prison?

- Yes       Refused to answer  
 No       Don't know

5a. If yes, did this person try to hurt YOU in any of the following ways (select all that apply):

1. With fists  
 2. With a weapon, such as a shank or knife-like object  
 3. By throwing something, such as a rock or other hard object  
 4. Any sexual contact that was unwanted or attempted sexual contact that was unwanted.  
 5. Any harmful things that have been said  
 All of the above  
 No  
 Refused  
 Don't know  
 Other (please write in)

--

5b. If yes, about how many times did this happen in the past 12 months while you were incarcerated?

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6. Did anyone hurt or threaten YOU in the last 12 months you were in prison?

- Yes       Refused to answer  
 No       Don't know

6a. If yes, did this person try to hurt YOU in any of the following ways (select all that apply)::

1. With fists  
 2. With a weapon, such as a shank or knife-like object  
 3. By throwing something, such as a rock or other hard object  
 4. Any sexual contact that was unwanted or attempted sexual contact that was unwanted.  
 5. Any harmful things that have been said  
 All of the above  
 No  
 Refused  
 Don't know  
 Other (please write in)

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ID No.

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6b. If yes, about how many times did this happen in the past 12 months while you were incarcerated?

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7. Have you ever seen OTHER people fight in prison during the last 12 months you were in prison?

- Yes
- No
- Refused to answer
- Don't know

7a. If yes, did you see any of the following types of fights (select all that apply)?

- 1. Two people fighting each other with their fists (without a weapon)
- 2. Two people fighting each other with a weapon
- 3. People who you know to be in a gang (or members of a Security Threat Group, STG) fighting someone or a group of people.
- 4. A fight, without weapons, involving more than 2 people

How many people were involved?

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- 5. A fight, with weapons involving more than 2 people

How many people were involved?

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- 6. A fight where someone needed medical attention
- 7. A fight, even if you were not involved, that made you feel angry, frustrated, anxious or depressed
- All of the above

other

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7b. If yes, about how many times did this happen in the last 12 months you were in prison?

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8. Have you ever been in a fight with another person during the last 12 months you were in prison?

- Yes
- No
- Refused to answer
- Don't know

ID No.

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8a. If yes, what type of fight (select all that apply)?

- 1. Two people fighting each other with their fists (without a weapon)
- 2. Two people fighting each other with a weapon
- 3. People who you know to be in a gang (or members of a Security Threat Group, STG) fighting someone or a group of people.
- 4. A fight, without weapons, involving more than 2 people

How many people were involved?

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- 5. A fight, with weapons involving more than 2 people

How many people were involved?

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- 6. A fight where someone needed medical attention

- All of the above

- Other

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8b. If yes, about how many times did this happen in the last 12 months you were in prison?

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9. Have you seen SOMEONE being disrespected or talked down to during the last 12 months you were in prison?

- Yes
- No
- Refused to answer
- Don't know

9a. If yes, did any of these situations include any of the following (select all that apply):

- 1. Being called out or made fun of
- 2. An inmate told another what "he thought of him" (includes name calling, disrespect someone's race)
- 3. An inmate disrespected another inmate in front of a group of people
- 4. An inmate threatened another inmate (he said he was going to hurt him)
- 5. An inmate was afraid that he was going to be hurt
- All of the above
- Other

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9b. If yes, about how many times did this happen in the last 12 months you were in prison?

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10. Were YOU disrespected or talked down to during the last 12 months you were in prison?

- Yes
- No
- Refused to answer
- Don't know

ID No.

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10a. If yes, did any of these situations include any of the following (select all that apply):

- 1. Being called out or made fun of
- 2. An inmate told me what "he thought of me" (includes name calling, disrespecting someone's race)
- 3. An inmate disrespected me in front of a group of people
- 4. An inmate threatened me (he said he was going to hurt me)
- 5. I was afraid that I was going to be hurt
- All of the above
- Other

10b. If yes, about how many times did this happen in the last 12 months you were in prison?

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11. Did you see an inmate make ANOTHER inmate (through coercion or "talk him into") do something sexual that he may not have wanted to do?

- Yes       Refused to answer
- No         Don't know

11a. If yes, did any of these situations include (select all that apply):

- 1. An inmate made someone kiss him, when he really didn't want to
- 2. An inmate made someone touch him on his leg or butt, with clothes on
- 3. An inmate made someone touch him in his private area, his butt or between his legs, with clothes on
- 4. An inmate made someone touch him in his naked private area
- 5. An inmate made someone put their mouth on his private area
- 6. An inmate put his mouth on someone's private area
- 7. An inmate made someone put their mouth in, on or around his butt
- 8. An inmate put his penis in another inmate's butt
- 9. An inmate put something in another inmate's butt or mouth (could be things like a toothbrush, pool stick, shank)
- All of the above
- Other

11b. If yes, about how many times did this happen in the last 12 months you were in prison?

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12. Did any other inmate TRY to talk YOU into doing something sexual that you did not want to do?

- Yes       Refused to answer
- No         Don't know

ID No. 

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12a. If yes, did any of these situations include (select all that apply):

- 1. An inmate tried to make you kiss him, when you really didn't want to
- 2. An inmate tried to make you touch him on his leg or butt, with clothes on
- 3. An inmate tried to make you touch him in his private area, his butt or between his legs, under
- 4. An inmate tried to make you touch him in his naked private area
- 5. An inmate tried to make you put their mouth on his private area
- 6. An inmate tried to put his mouth on your private area
- 7. An inmate tried to make you put your mouth in, on or around his butt
- 8. An inmate tried to put his penis in your butt
- 9. An inmate tried to put something in your butt or mouth (could be things like a toothbrush, pool stick, shank)
- All of the above
- Other

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12b. If yes, about how many times did this happen in the last 12 months you were in prison?

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13. Did any other inmate talk YOU into doing something sexual that you did not want to do?

- Yes       Refused to answer
- No         Don't know

13a. If yes, did any of these situations include (select all that apply):

- 1. An inmate made YOU kiss him, when he really didn't want to
- 2. An inmate made YOU touch him on his leg or butt, with clothes on
- 3. An inmate made YOU touch him in his private area, his butt or between his legs, under clothes
- 4. An inmate made YOU touch him in his naked private area
- 5. An inmate made YOU put their mouth on his private area
- 6. An inmate put his mouth on YOUR private area
- 7. An inmate made YOU put your mouth in, on or around his butt
- 8. An inmate put his penis in YOUR butt
- 9. An inmate put something in YOUR butt or mouth (could be things like a toothbrush, pool stick, shank)
- All of the above
- Other

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13b. If yes, about how many times did this happen in the last 12 months you were in prison?

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ID No.

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14. Did you see any other inmate try to FORCE SOMEONE (by hurting him, holding him down, or telling him he was going to hurt him) to do something sexual that he did not want to do?

- Yes       Refused to answer  
 No       Don't know

14a. If yes, did any of these situations include (select all that apply):

- 1. An inmate made someone kiss him, when he really didn't want to
- 2. An inmate made someone touch him on his leg or butt, with clothes on
- 3. An inmate made someone touch him in his private area, his butt or between his legs, with clothes on
- 4. An inmate made someone touch him in his naked private area
- 5. An inmate made someone put their mouth on his private area
- 6. An inmate put his mouth on someone's private area
- 7. An inmate made someone put their mouth in, on or around his butt
- 8. An inmate put his penis in another inmate's butt
- 9. An inmate put something in another inmate's butt or mouth (could be things like a toothbrush, pool stick, shank)
- All of the above
- Other

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14b. If yes, about how many times did this happen during the last 12 months you were in prison?

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15. Did any other inmate try to force you to do something sexual you did not want to do?

- Yes       Refused to answer  
 No       Don't know

15a. If yes, did any of these situations include (select all that apply):

- 1. An inmate tried to make YOU kiss him, when he really didn't want to
- 2. An inmate tried to make YOU touch him on his leg or butt, with clothes on
- 3. An inmate tried to make YOU touch him in his private area, his butt or between his legs, with clothes on
- 4. An inmate tried to make YOU touch him in his naked private area
- 5. An inmate tried to make YOU put your mouth on his private area
- 6. An inmate tried to put his mouth on YOUR private area
- 7. An inmate tried to make YOU put your mouth in, on or around his butt
- 8. An inmate tried to put his penis in YOUR butt
- 9. An inmate tried to put something in YOUR butt or mouth (could be things like a toothbrush, pool stick, shank)
- All of the above
- Other

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ID No.

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15b. If yes, about how many times did this happen in the last 12 months you were in prison?

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16. Did any other inmate force YOU (by hurting you, holding you down, or telling you he was going to hurt you) or do something sexual that you did not want to do?

- Yes
- No
- Refused to answer
- Don't know

16a. If yes, did any of these situations include (select all that apply):

- 1. An inmate made YOU kiss him, when he really didn't want to
- 2. An inmate made YOU touch him on his leg or butt, with clothes on
- 3. An inmate made YOU touch him in his private area, his butt or between his legs, with clothes on
- 4. An inmate made YOU touch him in his naked private area
- 5. An inmate made YOU put your mouth on his private area
- 6. An inmate put his mouth on YOUR private area
- 7. An inmate made YOU put your mouth in, on or around his butt
- 8. An inmate put his penis in YOUR butt
- 9. An inmate put something in YOUR butt or mouth (could be things like a toothbrush, pool stick, shank)
- All of the above
- Other

--

16b. If yes, about how many times did this happen in the last 12 months you were in prison?

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17. Did you agree to sexual activity in prison because you wanted to?

- Yes
- No
- Refused to answer
- Don't know

ID No.

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17a. If yes, did any of these situations include (select all that apply):

- 1. Kissing
- 2. Touching someone's leg or butt, with clothes on
- 3. Touching someone's in his private area, his butt or between his legs with clothes on
- 4. Touching someone in his naked private area
- 5. Putting your mouth on his private area
- 6. Someone putting his mouth on your private area
- 7. Putting your mouth in, on or around his butt
- 8. Someone putting his penis in your butt
- 9. Someone putting something in your butt or mouth (could be things like a toothbrush, pool stick, shank)
- All of the above
- Other

--

17b. If yes, about how many times did this happen in the last 12 months you were in prison?

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18. If you did agree to engage in sexual activity, why (select all that apply)?

- 1. Because it felt good
- 2. They gave me things
- 3. It made other inmates look up to me (respect me)
- 4. To keep from being hurt by the person
- 5. To keep gang members (or people in Security Threat Groups, STGs) from being against me
- 6. For protection from other inmates
- 7. To keep inmates from "taking it"
- All of the above
- other

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19. Have any of these things happen to you while you have been in this halfway house? If yes, what happened to you?

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ID No.

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CODE

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Incident Level Survey: Witnessed Victimization

INTERVIEWER NOTE: The appropriate incident level report must be filled out for each positive response to the previous victimization screening questions. Do not fill out more than one incident report for the same incident reported on more than one screening question.

You said that you witnessed \_\_\_\_\_ (interviewer refer to appropriate screening question). Please refer to most serious incident.

INTERVIEWER: Did this occur in the prison or halfway house?

- Prison  Halfway House

(INTERVIEWER: Please indicate type of incident):

- Witnessed a fight  Witnessed coercion of sexual activity
- Witnessed forced sexual activity  Other

--

INTERVIEWER: Think about the worst time in the past 12 months.

1. In what month did this incident happen?

- August  December  April  Don't know/Don't remember
- September  January  May  Refused
- October  February  June
- November  March  July

1a. In what year did this incident happen?

- 2005  2006

2. Where did it happen in the prison/halfway house?

- In your cell/room
- In another inmate's cell/room
- In a place where a lot of inmates slept
- In a place where inmates hang out (dayroom or shower)
- In a place where inmates may stay for short time (e.g., Ad Seg, medical)
- In the yard, gym, library, clinic or some place like that
- At work or when inmates are moving around (commissary, kitchen, storage, laundry, workshop, or hallway)
- Outside the prison while inmates are going somewhere (while on work detail, under community supervision, or in transit to or from court.)

Other

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- Don't remember
- Refused

ID No.

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3. What time of day did it happen?

- Morning (6am - noon)
- Afternoon (noon - 6pm)
- Evening (6pm - 9pm)
- Night (9pm - 6am)
- Don't remember
- Refused

4. How many people were involved?

- Two
- Three
- Four or more
- Don't remember
- Refused

5. What is the race of the victim?

- White, non-Hispanic
- White, Hispanic
- Black, non-Hispanic
- Black, Hispanic
- Native American
- Asian
- Other (please describe)
- Don't know
- Refused to answer

--

6. What is the race of the offender?

- White, non-Hispanic
- White, Hispanic
- Black, non-Hispanic
- Black, Hispanic
- Native American
- Asian
- Other (please describe)
- Don't know
- Refused to answer

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ID No.

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7. Do you think that the victim was

- Gay
- Someone's punk
- Child molestor
- Rapist
- Other

8. Was a weapon used?

- Yes
- No
- Don't remember
- Refused

9. Was anyone hurt?

- Yes
- No (skip to #11)
- Don't remember
- Refused

10. If yes, what happened (select all that apply)

- He/They were raped (using a penis)
- He/They used a foreign object (e.g. broomstick) to penetrate
- Got stabbed or cut
- Broken bones or teeth knocked out
- Anal sex
- Oral sex
- Bleeding
- Bruising (black eye or other)
- Knocked out
- Strangled
- Died
- Other
- Don't remember
- Refused

11. Do you think the inmates voluntarily engaged in sexual activity (sexual only)?

- Yes
- No
- Don't know
- Refused to answer

ID No.

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12. If yes, why do you think they did (sexual only)? (select all that apply)

- Because it felt good
- They gave them things
- It made other inmates look up to them (respect them)
- To keep from being hurt by the person
- To keep gang members (or people in Security Threat Groups, STGs) from being against you
- For protection from other inmates
- To keep inmates from "taking it"
- All of the above
- Other

13. Did anyone tell prison/halfway house workers that this happened?

- Yes (skip to #15)
- No
- Don't remember
- Refused

14. If no, why didn't anyone tell (select all that apply)?

- People take care of themselves
- Not important enough to tell anybody
- Prison/halfway house workers wouldn't do anything about it
- Prison/halfway house workers knew, but didn't do anything about it
- It was their fault
- He/they would have been hurt again if he/they told anyone
- They didn't want to be a snitch
- Other
- Don't remember
- Refused

15. Did anything bad happen to the inmates who did this because of what happened?

- Yes
- No (skip to question 17)
- Don't remember
- Refused

ID No.

16. If yes, what happened to them (select all that apply)?

- Solitary confinement or segregation
- Had to stay in their own cells
- Got moved to a higher custody level (or cellblock) in the prison
- Got moved to another prison
- Loss of good/gain time or increase in "bad" time
- Given extra work
- Loss of privileges (TV, visitation)
- Charged with a new offense
- Got more time for a new charge
- Other
- Don't remember/don't know
- Refused

17. How many times per day do you think about you saw?

- None
- One
- Two
- Three
- Four or more
- Don't remember
- Refused

18. Do you act differently because of what you saw? (select all that apply)

- No
- Don't sleep very well
- Nightmares
- Use drugs or alcohol more
- Getting into fights more
- Get mad at other people more
- Don't talk to other people as much
- Don't get along with other people
- Want to reoffend
- Have reoffended
- Other
- Don't remember
- Refused

ID No.

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19. Would you like to add anything else about your experience?

ID No.

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CODE 

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**Incident Level Survey: Direct Victimization**

**INTERVIEWER NOTE:** The appropriate incident level report must be filled out for each positive response to the previous victimization screening questions. Do not fill out more than one incident report for the same incident reported on more than one screening question.

You said that \_\_\_\_\_ happened to you (interviewer refer to appropriate screening question) Please refer to most serious incident.

**INTERVIEWER:** Did this occur in the prison or halfway house?  Prison  Halfway House

**INTERVIEWER:** Please indicate type of incident:

- Victim of Fight
- Coercion of sexual activity
- Forced sexual activity
- Attempted coercion of sexual activity
- Attempted forced sexual activity
- Other

**INTERVIEWER:** Ask a client to think about the worst time in the past 12 months.

1. In what month did this incident happen?

- August
- September
- October
- November
- December
- January
- February
- March
- April
- May
- June
- July
- Don't know/don't remember
- Refused

1a. In what year did this incident happen?

- 2005
- 2006

2. Where did it happen in the prison?

- In your cell/room
- In another inmate's cell/room
- In an place where a lot of inmates slept
- In a place where inmates hang out (dayroom or shower)
- In place where inmates may stay for a short time (e.g., Ad Seg, medical)
- In the yard, gym, library, clinic or some place like that
- At work or when inmates are moving around (commissary, kitchen, storage, laundry, workshop, or hallway).
- Outside the prison while inmates are going somewhere (while on work release or work detail, under community supervision, or in transit to or from court).

Other

Don't remember

Refused

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3. What time of day did it happen?

- Morning (6am - noon)
- Afternoon (noon - 6pm)
- Evening (6pm - 9pm)
- Night (9pm - 6am)
- Don't remember
- Refused

4. How many people were involved, including yourself?

- Two
- Three
- Four or more
- Don't remember
- Refused

5. Did you know the inmate(s)? If yes, how did you know him (them)?

- Someone I hung out with
- Someone that I knew, but didn't hang out with
- I didn't know him
- Don't remember
- Refused

6. Were most of the inmates

- Mostly white
- Mostly black
- Mostly some other race (specify)
- Same number of all
- Don't know/don't remember
- Refused

7. Was a weapon involved?

- Yes
- No
- Don't remember
- Refused

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8. Did you feel your life was in danger?

- Yes
- No
- Don't remember
- Refused

9. Were you hurt?

- Yes
- No (skip to #11)
- Don't remember
- Refused

10. If yes, what happened (select all that apply)?

- He/They were raped (using a penis)
- Used a foreign object (e.g., broomstick) to penetrate
- Got stabbed or cut
- Broken bones or teeth knocked out
- Anal sex
- Oral sex
- Bleeding inside the body
- Bruising (black eye or other)
- Knocked out
- Strangled
- Other {specify}
- Don't remember
- Refused

11. What do you think would have happened to you if you did not give in (sexual only)?

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12. Did you tell prison/halfway house workers that this happened?

- Yes (skip to #13)
- No
- Don't remember
- Refused

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13. Why didn't you tell (select all that apply)

- You didn't want to be a snitch
- Took care of it myself
- Not important enough to tell anybody
- Prison workers wouldn't do anything about it
- Prison workers knew, but didn't do anything about it
- It was my fault
- I would have been hurt if I told
- Other (specify)
- Don't remember
- Refused

14. Did you go to the doctor or nurse or another person? (select all that apply)

- No
- Yes, but I didn't go to the emergency room or infirmary
- Yes and I went to the emergency room or infirmary
- Yes, and I had to stay overnight at the hospital infirmary
- Other (specify)
- Don't remember
- Refused

15. Did you do anything to keep from getting hurt while what happened was going on (sexual only)?

- Yes
- Took no action (skip to #16)

16. What did you do (sexual only)? (select all that apply)

- Tried to hurt him (hit, kicked, attacked with a weapon)
- Tried to scare him off (screamed, yelled for help)
- Escaped or got away (ran, hid)
- Tried to talk him out of it (argued, reasoned, stalled)
- Went along with it
- Other
- Don't remember
- Refused

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22. How many times per day do you think about what happened?

- None
- One
- Two
- Three
- Four or more
- Don't remember
- Refused

23. Do you act differently because of what happened (select all that apply)?

- No
- Don't sleep very well
- Nightmares
- Use drugs or alcohol more
- Getting into fights more
- Get mad at other people more
- Don't talk to other people as much
- Don't get along with other people
- Wonder if you're gay or "go both ways" (sexual only)
- Want to reoffend
- Have reoffended
- Other
- Don't remember
- Refused

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24. Would you like to add anything else about your experience?

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Question	Not at all				Very Much
6. Thing about how I solved similar problems	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
7. Visit a friend	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
8. Determine a course of action and follow it	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
9. Buy myself something	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
10. Blame myself for being too emotional about the situation	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
11. Work to understand the situation	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
12. Become very upset	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
13. Take corrective action immediately	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
14. Blame myself for not knowing what to do	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
15. Spend time with a special person	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
16. Think about the event and learn from my mistakes	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
17. Wish that I could change what had happened or how I felt	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
18. Go out for a snack or meal	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
19. Analyze the problem before reacting	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
20. Focus on my general inadequacies	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
21. Phone a friend	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

ID No.

### Social Support Questionnaire

1. How many people can you really count on to be dependable when you need help?

No one

people

2. How satisfied are you with the people mentioned above?

- Very satisfied
- Fairly satisfied
- A little satisfied
- A little dissatisfied
- Fairly dissatisfied
- Very dissatisfied

3. How many people can you really count on to help you feel more relaxed when you are under pressure or tense?

No one

people

4. How satisfied are you with the people mentioned above?

- Very satisfied
- Fairly satisfied
- A little satisfied
- A little dissatisfied
- Fairly dissatisfied
- Very dissatisfied

5. How many people accept you totally, including your worst and best points?

No one

people

6. How satisfied are you with the people mentioned above?

- Very satisfied
- Fairly satisfied
- A little satisfied
- A little dissatisfied
- Fairly dissatisfied
- Very dissatisfied

ID No.

7. How many people can you really count on to care about you, regardless of what is happening to you?

No one

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people

8. How satisfied are you with the people mentioned above?

- Very satisfied
- Fairly satisfied
- A little satisfied
- A little dissatisfied
- Fairly dissatisfied
- Very dissatisfied

9. How many people can you really count on to help you feel better when you are feeling generally down-in-the-dumps?

No one

--	--

people

10. How satisfied are you with the people mentioned above?

- Very satisfied
- Fairly satisfied
- A little satisfied
- A little dissatisfied
- Fairly dissatisfied
- Very dissatisfied

11. How many people can you count on to console you when you are very upset?

No one

--	--

people

12. How satisfied are you with the people mentioned above?

- Very satisfied
- Fairly satisfied
- A little satisfied
- A little dissatisfied
- Fairly dissatisfied
- Very dissatisfied

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Post-Traumatic Cognitions Inventory (PTCI)

We are interested in the kind of thoughts which you may have had after a something really bad happened in prison the last time you were incarcerated. Below are a number of statements that may or may not be what you think. Please read each statement carefully and tell us how much you AGREE or DISAGREE with each statement. People react to bad things in many different ways. There are no right or wrong answers to these statements.

Item	Total Disagree	Disagree Very Much	Disagree Slightly	Neutral	Agree Slightly	Agree Very Much	Totally Agree
13. The event happened because of the way I acted	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
14. I can't trust that I will do the right thing	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
15. I am a weak person	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
16. I will not be able to control my anger and will do something terrible.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
17. I can't deal with even the slightest upset	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
18. I used to be a happy person but now I am always miserable	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
19. People can't be trusted	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
20. I have to be on guard all of the time	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
21. I feel dead inside	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
22. You can never know who will harm you	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
23. I have to be especially careful because you never know what can happen next	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
24. I am inadequate	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
25. I will not be able to control my emotions, and something terrible will happen	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
26. If I think about an event, I will not be able to handle it	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
27. The event happened to me because of the sort of person I am	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
28. My reactions since the event mean that I am going crazy	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
29. I will never be able to feel normal emotions again	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7

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Item	Total Disagree	Disagree Very Much	Disagree Slightly	Neutral	Agree Slightly	Agree Very Much	Totally Agree
30. The world is a dangerous place	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
31. Somebody else would have stopped the event from happening	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
32. I am permanently changed for the worse	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
33. I feel like an object, not a person	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
34. Somebody else would not have gotten into this situation	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
35. I can't rely on other people	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
36. I feel isolated and set apart from others	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
37. I have no future	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
38. I can't stop bad things from happening to me	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
39. People are not what they seem	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
40. My life has been destroyed by the trauma	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
41. This is something wrong with me as a person	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
42. My reactions since the event show that I am a lousy copier.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
43. There is something about me that made the event happen	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
44. I will not be able to tolerate my thoughts about the event, and I will fall apart	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
45. I feel like I don't know myself anymore	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
46. You never know when something terrible will happen.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
47. I can't rely on myself	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
48. Nothing good can happen to me anymore	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7

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**Trauma Symptoms Checklist - 40 (TSC-40)**

How often have you experienced each of the following in the last two months?

Item	Never	Rarely	Sometimes	Often
49. Headaches	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
50. Insomnia (trouble getting to sleep)	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
51. Weight loss (without dieting)	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
52. Stomach problems	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
53. Sexual problems	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
54. Feeling isolated from others	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
55. Flashbacks (sudden, vivid, distracting memories)	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
56. Restless sleep	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
57. Low sex drive	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
58. Anxiety attacks	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
59. Sexual overactivity	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
60. Loneliness	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
61. Nightmares	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
62. Spacing out (going away in your mind)	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
63. Sadness	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
64. Dizziness	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
65. Not feeling satisfied with your sex life	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
66. Trouble controlling your temper	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
67. Waking up early in the morning and can't get back to sleep	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

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Item	Never	Rarely	Sometimes	Often
68. Uncontrollable crying	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
69. Fear of men	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
70. Not feeling rested in the morning	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
71. Having sex that you didn't enjoy	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
72. Trouble getting along with others	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
73. Memory problems	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
74. Desire to physically hurt yourself	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
75. Fear of women	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
76. Waking up in the middle of the night	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
77. Bad thoughts or feelings during sex	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
78. Passing out	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
79. Feeling that things are 'unreal'	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
80. Unnecessary or over-frequent washing	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
81. Feelings of inferiority	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
82. Feeling tense all the time	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
83. Being confused about your sexual feelings	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
84. Desire to physically hurt others	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
85. Feelings of guilt	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
86. Feelings that you are not always in your body	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
87. Having trouble breathing	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
88. Sexual feelings when you shouldn't have them	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

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## **APPENDIX B**

### COERCION INDEX ( $\alpha = .80$ )<sup>1</sup>

Variable (Responses for all items were “Yes = 1, No = 0”)	<u>Factor Loading</u>
1. Witnessed stealing	.494
2. Witnessed attempt to hurt another	.489
3. Witnessed fight	.439
4. Witnessed verbal coercion	.363
5. Witnessed sex coercion	.426
6. Witnessed rape	.400
7. Directly victimized: Items attempted stolen from you	.356
8. Directly victimized: Items were stolen from you	.207
9. Directly victimized: Attempt to hurt you	.474
10. Directly victimized: You were hurt by others	.424
11. Directly victimized: Involved directly in fight	.460
12. Directly victimized: Verbal coercion	.429
13. Directly victimized: Attempted sex coercion	.279
14. Involved in fight with CO	.214
15. Locked in solitary confinement	.368
16. Perceives inmates feel afraid	.481
17. Perceives weak inmates are property	.533
18. Perceives inmates feel threatened	.528
19. Perceives inmates are beaten up	.587
20. Perceives inmates feel no control	.337
21. Perceives gang fights in prison	.486
22. Perceives COs make fun of inmates	.466
23. Perceives COs belittle inmates	.430
24. Perceives COs pit inmates against each other	.498

The following lacked conceptual reasons and/or factor loadings to use in a coercion scale:

- Talked into sex (too few said yes, no variation, factor loading = .076)
- Victim of attempted rape (too few said yes, no variation, factor loading = .123)
- Victim of completed rape (too few said yes, no variation, factor loading = .102)
- Perceives inmates show emotion (does not fit conceptually; factor loading = .006)
- COs help inmates who are beaten (does not fit conceptually; factor loading = -.061)

### SIX ITEMS USED IN SOCIAL SUPPORT SCALE ( $\alpha = .89$ )

Variable (Responses are counts 0 to highest number of people)	<u>Factor Loading</u>
1. How many can you count on to be dependable?	.868
2. How many can you count on to help you relax?	.879
3. How many accept you totally?	.738
4. How many can you count on to care about you?	.723
5. How many can you count on help you feel better?	.912
6. How many can you count on to console you?	.888

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