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Patterns of Victimization Among Male and Female Inmates: Evidence of an Enduring Legacy

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Abstract

People inside prison have above-average rates of childhood and adult victimization. Little is known, however, about the relationship between types of victimization inside prison and that experienced in childhood. This article estimates rates of victimization for male and female inmates by type of perpetrator and form of victimization (sexual, physical, either, or both) and their association with types of childhood victimization (sexual or physical). Data for these estimates are based on a random sample of approximately 7,500 inmates housed in 12 adult male prisons and one adult female prison in a single state. The significance of the findings for practice are discussed along with recommendations to improve the health and welfare of people inside prison.

Keywords

childhood victimization; sexual assault; physical assault; male and female prisoners

People inside prison are different in many ways from people without criminal histories. One difference, health disparities, has received increasing attention over the past dozen years (Baillargeon, Black, Pulvino, & Dunn, 2000; Freudenberg, 2002; Goff, Rose, Rose, & Purves, 2007; Hammet, Harmon, & Rhodes, 2002; Hammet, Roberts, & Kennedy, 2001; Teplin, Abram, & McClellan, 1996). According to this research, incarcerated people have higher rates of particular chronic and infectious diseases (e.g., HIV/AIDS, hepatitis C, heart disease) and behavioral disorders (e.g., substance abuse disorders, depression, schizophrenia, posttraumatic stress disorder). Another disparity receiving less but growing attention is their elevated rates of victimization both before and during incarceration.

Both men and women in prison have histories of interpersonal violence. Extant estimates suggest that at least half of incarcerated women have experienced at least one traumatic event in their lifetime (Browne, Miller, & Maguin, 1999; Sacks, 2004). Rates reported by men are lower by comparison but significant nonetheless (McClellan, Farabee, & Crouch, 1997). Childhood abuse is reported by 25% to 50% of incarcerated women (Bloom, Owen, & Covington, 2003; Bureau of Justice Statistics, 1999; Fletcher, Shaver, & Moon, 1993; Greenfeld & Snell, 1999) and by 6% to 24% of their male counterparts (Bureau of Justice Statistics, 1999; McClellan et al., 1997). Prior to age 18, physical abuse is more likely than

sexual abuse for males, but the two forms of maltreatment occur at equal rates for females. (Bureau of Justice Statistics, 1999; McClellan et al., 1997). Abuse in childhood is strongly correlated with adult victimization, substance abuse, and criminality (Browne et al. 1999; Chesney-Lind, 1997; Dutton & Hart, 1992; Goodman et al., 2001; Ireland & Widom, 1994; McClellan et al., 1997; Siegel & Williams, 2003a, 2003b; Smith & Thornberry, 1995; Widom, 1989a).

Victimization continues inside prison for many of these individuals. Correctional settings are known for their violence between inmates and between inmates and staff. The research evidence here also shows that rates of victimization are higher in prison settings than in the general community. Violent victimization rates, inclusive of robbery and sexual and physical assault, are estimated at approximately 21 per 1,000 in the community (Bureau of Justice Statistics, 2006). Rates of victimization for an incarcerated population are considerably higher. Using a sample of 581 male inmates drawn from three Ohio prisons, Wooldredge (1998) found that approximately one of every 10 inmates reported being physically assaulted in the previous 6 months, while one of every five inmates reported being a victim of theft during that same time frame. Aggregating all crimes, one of every two inmates surveyed reported being a victim of crime in the previous 6 months. More recently, Wolff, Blitz, Shi, Siegel, and Bachman (2007), based on a sample of more than 7,000 inmates, reported 6-month inmate-on-inmate physical victimization rates at 21 % for both female and male inmates—a rate 10 times higher than the overall victimization rate in the community.

Since passage of the Prison Rape Elimination Act (Bureau of Justice Statistics, 2004), sexual assault in prison has received more research attention. Rates of sexual victimization in America's prisons vary greatly, ranging from 41% to less than 1%. Based on a meta-analysis by Gaes and Goldberg (2004), a conservative "average" prevalence estimate of prison sexual assault was estimated at 1.9%. Wolff, Blitz, Shi, Bachman, and Siegel (2006) estimated sexual inmate-on-inmate victimization rates over a 6-month period at 3.2% for female inmates and 1.5% for male inmates. The risk of victimization doubled for female inmates who experienced sexual abuse prior to age 18. For male inmates, those who experienced sexual victimization prior to age 18 were approximately two to five times more likely to report sexual victimization inside prison during a 6-month time period than their counterparts who had no sexual victimization prior to age 18 (Wolff et al., 2007).

Previous research has focused on the experience of either physical or sexual victimization inside prison. No attention, however, has focused on the relationship between the two forms of victimization inside prison or to specific types of childhood victimization. The literature shows a strong association among childhood victimization, delinquency, and criminality (Dutton & Hart, 1992; Ireland & Widom, 1994; McClellan et al., 1997; Siegel, 2000; Siegel & Williams, 2003a; Smith & Thornberry, 1995; Widom, 1995) and between childhood and adult victimization (Siegel & Williams, 2003b; Widom, 1989b) as well as gender patterns in the experiences of and reactions to victimization over the life cycle (Cutler & Nolen-Hoeksema, 1991; Nolen-Hoeksema, 1987, 1990; Toray, Coughlin, Vuchinich, & Patraicelli, 1991; Widom, 1989b, 1995).

This gap in the literature reflects in part the dearth of data on prisoners, particularly victimization of people inside prison, and in part that researchers specialize in types of victimization, that is, physical or sexual, not their conjointness. This article estimates rates of victimization for male and female inmates by type of perpetrator (inmate, staff, or either) and form of victimization (sexual, physical, either, or both) and their association to types of childhood victimization (sexual or physical). Data for these estimates are based on a random sample of approximately 7,500 inmates housed in 12 adult male prisons and one adult

female prison in a single state. The significance of the findings for practice and policy are discussed along with recommendations to improve the health and welfare of people inside prison.

METHODS

Sampling

A sample of 7,528 people was drawn from the population of inmates housed at 12 male adult prisons and one female adult prison operated by a single state ($N = 22,231$). The adult male prisons include a reception prison, a youth complex with three geographically dispersed prisons housing inmates aged 18 to 30 years, seven general population prisons, and a supermaximum prison. The female prison houses female inmates aged 18 years and older and includes a maximum compound for high-risk inmates and a grounds compound for lower-risk inmates. Excluded from the sample were inmates who were younger than 18, in administrative (prehearing) custody, in detention, on death row, or otherwise too sick to participate in the survey. Also excluded were inmates residing in halfway houses or off-site at the time of the survey. With these exclusions, 19,788 adult inmates (89% of the entire population) were eligible. Subjects were recruited and data were collected from June 1, 2005, through August 31, 2005.

Enough time inside each facility was requested to collect a 40% probability sample from the general population ($n = 18,956$), typically requiring 2 to 5 days. A 66% random sample of inmates was selected in advance with the expectation of a 60% response rate, yielding the expected 40% sample within the allotted time at a facility. Sampling rates across facilities ranged from 26% to 53% (the female facility was oversampled), with a mean rate of 39% ($SD = 0.068$). Recruitment at the facility with a 26% sample was prematurely terminated because of a lockdown situation (unrelated to the research) at the facility. Four facilities had specialized segregation units (for inmates with behavioral infractions). These units housed 832 inmates, and a 10% random sample completed the survey through direct interviews (these individuals have limited movement and were denied access to areas where the computers were located).

Procedures

The recruitment protocol, consent procedures, and consent form were approved by the appropriate university and correctional agency research review boards and committees. Subjects were informed about the survey through their inmate liaison representatives and an informational video about the study that was played multiple times on the inmate television channel during the week prior to the survey. All interested inmates, by unit, were moved to the survey area to hear a 10-minute presentation about the survey. Approximately 13,000 inmates attended the introductory sessions (not all consented participants were able to complete the survey in the time period the researchers had inside a given facility). No compensation was paid to subjects for their participation to reduce any overt coercion. Those participating in the study were offered an option to request a follow-up mental health visit if distressed by questions elicited by the survey.

The survey, available in English and Spanish, was administered using an audio-computer-administered survey instrument (CASI). Respondents, sitting at a laptop computer in a private location, heard and read the questions and recorded responses using a computer mouse. Thirty computer stations were available, and researchers provided assistance as needed. Face-to-face interviews were conducted with 112 men (2%) and 18 (3%) women. The majority (65%) of these respondents ($n = 85$) were housed in administrative segregation. Direct interviews were conducted with another 45 subjects because they were

either intimidated by the computer or in the infirmary or specialized mental health unit. The majority (61%) of these interviews were conducted by two interviewers. All interviewers were trained and followed a scripted protocol.

Participants

Of the 19,788 eligible to participate, a total of 6,964 men (mean age = 34.0 years, $SD = 7.9$) from male general population prisons and 564 women (mean age = 35.5 years, $SD = 6.8$) aged 18 or older were recruited and completed the survey. Sample bias was tested using demographic data from the information system of the prison system. Of the male general population sample, 80% were classified as non-White (with a mean age of 33.3), which is roughly equivalent to the general prison population (80% of males are non-White with a mean age of 34.3). Among female inmates, 67% were non-White (with a mean age of 35.5), which is also equivalent to the population data (67% of females are non-White with a mean age of 35.4). The percentage of the survey sample that was Hispanic (inclusive of White and non-White) was similar to the prison population as a whole (males: 16% vs. 15%; females: 9% vs. 10%), and the ages of that portion of the sample were comparable as well (males: 32.0 vs. 32.5; females: 35.0 vs. 33.7).

Instruments

The questions regarding sexual victimization were adapted from the National Violence Against Women and Men Survey (Tjaden & Thoennes, 2000). Physical violence was measured in the survey through the use of two general questions for two categories of perpetrator: inmates or staff members. Specifically, the question was “Have you been physically assaulted by an inmate (or staff member) within the past 6 months?” Behavior specific questions about physical victimization were asked as well (e.g., “During the past 6 months, has another inmate [or staff member] slapped, hit, kicked, or bit you; choked or attempted to drown you; hit you with an object with the intent to do harm; beat you up; or threatened or harmed you with a knife or shank?”). Respondents who responded affirmatively to any one of the six questions were classified as experiencing physical victimization.

Sexual victimization was measured using one general question for each of two types of perpetrator (inmate or staff member): “Have you been sexually assaulted by (an inmate or staff member) within the past 6 months?” Ten additional questions about specific types of sexual victimization were used (e.g., “During the past 6 months, has [another inmate or staff member] ever ... touched you, felt you, or grabbed you in a way that you felt was sexually threatening or made you have sex by using force or threatening to harm you or someone close to you?”). Seven of the specific questions involving penetration or sexual acts were included in the category for nonconsensual sexual acts (e.g., “Has [another inmate or staff member] ever ... made you have oral sex by using force ... ?”). Three questions focused on abusive sexual contacts (e.g., “Has [another inmate or staff member] ever touched you, felt you, or grabbed you in a way that felt sexually threatening?”). Respondents who responded affirmatively to any one of the 11 questions were considered victims of sexual abuse.

At the end of the survey instrument, respondents were asked, sequentially, if prior to age 18 anyone, including a relative or friend, ever “choked or attempted to drown you, hit you with some object that left welts or caused bleeding, burned you with a match, cigarette, hot liquid, or any other hot object, threatened or harmed you with a knife or gun.” Responses to these questions were used to measure physical victimization prior to age 18. In addition, they were asked another series of questions about sexual victimization prior to age 18, which included any experiences where anyone “touched, felt, or grabbed you in a way that you felt was sexually threatening, tried or succeeded in getting you to touch their genitals when you

didn't want to, made you have sex by using force or threat of force, made you have oral or anal sex by using force or threat of force.”

Weights

Weights were constructed to adjust the characteristics of the sampled population to the full population of inmates at each facility. A two-step weighting strategy was used. The first step (relative weight) adjusted for the sampling design (i.e., the exclusion of some units within a facility, the variation in the probability of selection, and proportional representation by facility). The second step (poststratification weight) adjusted the data on the basis of time at facility, race/ethnicity, and age. The final weight for each strata is the relative weight multiplied by the poststratification weight.

Analyses

Weighted analyses were conducted. Both sexual and physical victimization were measured by combining any positive response to either the general or the specific questions. Prevalence (expressed as a percentage) of sexual (physical) victimization measures the percentage of people in the population experiencing sexual (physical) victimization within a 6-month period. The 95% confidence intervals presented in Table 1 are equivalent to two-sided tests for means or proportions based on Taylor expansion. The overlap of the confidence intervals between comparison groups suggests that the null hypothesis that the means or proportions are the same between comparison groups at a significance level of 0.05 cannot be rejected.

RESULTS

In this section, the victimization experiences of male and female inmate respondents are described for a 6-month time period. Respondents may have experienced in-prison physical victimization, sexual victimization, or both. They may have been victimized by other inmates (inmate on inmate), staff (staff on inmate), or either (inmate or staff).

Prevalence of Victimization

Six-month prevalence rates (expressed as a percentage) by type of perpetrator and victimization appear in Table 1. Several patterns are noteworthy. First, while percentages of inmate-on-inmate physical victimization are equal for male and female inmates (21%), male inmates report a significantly higher percentage of physical victimization by staff than do females (25% vs. 8%). Second, female inmates report roughly equal percentages of sexual (24%) and physical (24%) victimization independent of type of perpetrator. By contrast, males are far more likely to experience physical than sexual victimization (35% vs. 10%). Third, sexual victimization is more common between female inmates (inmate on inmate) than between female inmates and staff (staff on inmate), but the reverse is true for male inmates. Fourth, nearly 40% of male and female inmates experience some form of victimization during a 6-month period. Finally, while it is relatively uncommon for either male or female inmates to experience both physical and sexual victimization, still 7% of males (18% of those reporting any victimization) and 11% of females (31% of those reporting any victimization) report experiencing both forms of victimization by other inmates, staff, or both inmates and staff over a 6-month period.

Patterns of Victimization

Patterns of victimization for male and female inmates reporting victimization during a 6-month period are shown in Table 2. First, looking at the male facilities, approximately one-fifth (22%) of the male inmates reporting at least one incident of physical victimization also

reported an incident of sexual victimization either by staff or another inmate. Half the male inmates (51 %) physically victimized by other inmates (inmate on inmate) also reported being physically victimized by staff (staff on inmate). Nearly three-quarters of male inmates reporting either inmate-on-inmate or staff-on-inmate sexual victimization also report experiencing physical victimization by another inmate or staff.

Conjoint victimization is also common in the female facility. Roughly half the female inmates reporting either inmate-on-inmate or staff-on-inmate physical victimization also report experiencing sexual victimization by other inmates. More than half the female inmates (60%) who report staff-on-inmate physical victimization reported inmate-on-inmate physical victimization as well. Similarly, of those who reported sexual victimization by either another inmate or staff, half reported experiencing physical victimization during the same 6 months.

Victimization Histories

Table 3 shows the pattern between in-prison victimization and childhood victimization by type of perpetrator and victimization. Before discussing differences between in-prison and childhood victimization, it is noteworthy that half or more of all male and female inmates reported childhood physical victimization. More specifically, 56% of all male inmates experienced physical abuse as children, as did 54% of all female inmates. By contrast, slightly less than 10% of all male inmates, compared to 47% of all female inmates, reported childhood sexual victimization. In general, inmates, both male and female, who experienced victimization inside prison, independent of type of victimization and perpetrator, were significantly more likely to report having experienced victimization in childhood. Specifically, roughly two-thirds of male and female inmates experiencing victimization in prison reported being physically victimized prior to age 18 compared to roughly half of those who did not report experiencing victimization during the past 6 months. Similarly, percentages of childhood sexual victimization were also higher among those reporting in-prison physical victimization (but differences were not always significant in part because of small numbers in the comparison groups), although the prevalence of childhood sexual victimization was lower than childhood physical victimization.

Patterns for in-prison sexual victimization are similar. Childhood sexual victimization is slightly but significantly more prevalent in inmates experiencing in-prison sexual victimization than in inmates experiencing in-prison physical victimization. Male and female inmates experiencing in-prison sexual victimization were statistically significantly more likely to have experienced both childhood sexual and physical victimization than those not victimized in prison, except in the case of staff-perpetrated sexual acts in the female facility.

DISCUSSION

The patterns presented herein show, in general, that prison is a harmful place for many of the people residing there, that people inside prison have high percentages of childhood victimization (both of these patterns are consistent with extant research), that people who were victimized inside prison by other inmates and/or staff are more likely to have experienced victimization prior to age 18, that people who experience sexual victimization inside prison are also very likely to experience physical victimization, that males who experience physical victimization by other inmates are also likely to experience similar victimization by correctional staff, and that females who experience physical victimization by staff also report physical victimization by other inmates (but not vice versa).

Some very distinct differences were found in the patterns of victimization among male and female inmates. Male inmates, relative to their female counterparts, reported significantly higher percentages of physical victimization perpetrated by staff, although percentages of inmate-on-inmate physical victimization were equal for male and female inmates. This suggests gender-patterned interactions between inmate and staff in which (a) male inmates, compared to female inmates, are more aggressive against authority figures, resulting in physical altercations with staff; (b) staff is more willing to use physical force against male inmates than female inmates; or (c) some combination of both. This warrants further investigation. In contrast, sexual victimization between inmates was more common among female than male inmates, but their percentages of sexual victimization perpetrated by staff were roughly equal. This gender difference in inmate-on-inmate victimization percentages is explained by differences in inappropriate touching, not sexual assault (i.e., rape). Compared to male inmates, female inmates were significantly more likely to report that other inmates touched, felt, or grabbed them in sexually threatening ways.

Before discussing the significance of our results, it is important to note their limitations. First, we measured prevalence of victimization within a 6-month period. Individuals who did not report physical or sexual victimization inside prison may have experienced such trauma prior to the 6-month period. A 6-month reflection period was adopted for several reasons. First, one of our goals was to test for interfacility variation in rates of victimization. Because it is common for inmates to move between and among facilities, a 6-month reflection period, compared to a 12-month period, was expected to yield more stability within the denominator of the prevalence rates for each facility. Relatedly, the literature suggests that the likelihood of victimization is greatest in the first 6 months at a facility (see Hensley, Castle, & Tewksbury, 2003; Hensley, Koscheski, & Tewksbury, 2005). By limiting the reflection period to 6 months, we had the ability to test this as a hypothesis. (Testing for interfacility variation and the effect of time in the facility is outside the scope of this article.) In addition, given the frequency of violence expected inside prison, especially in terms of physical victimization, more reliable reporting is expected from shorter reflection periods. For these reasons, we used a conservative test (6-month exposure window at the current facility) to explore victimization inside prisons.

Second, sample bias is possible. Our samples ranged from 26% to 53% of the general population among 13 facilities. Nonrepresentativeness was tested in terms of age, race/ethnicity, and length of incarceration and adjusted for in the weighting strategy. Yet these characteristics may not fully predict variation in victimization within or across facilities. We account for such uncertainty by estimating confidence intervals that provide a reasonable (95%) approximation of the range of variation in percentages of victimization. Third, biased reporting may have occurred. Audio-CASI is the most reliable method for collecting information about activities or events that are shaming or stigmatizing. Bias also may arise from the intent to make the facility and its staff members look bad. To improve accuracy and reliability, the consent process stressed the importance of accurate reporting and its impact on the legitimacy of the data and survey; we surveyed respondents by units and rapidly over a 2- to 4-day period, staff did not have access to the survey questions, and the victimization questions were nested deep into a general survey focusing on quality of prison life. Systematic false reporting of victimization would have yielded much higher and clustered rates than those reported here. Our data indicated systematic interprison differences in victimization rates as well as in prison conditions that were consistent with the “reputations” of the individual facilities. Variation in inmate responses across a variety of survey questions both within and across prisons lends credibility to the data (Camp, 1999). However, research has found that many known victims of child sexual abuse fail to report their victimization when asked about childhood experiences as adults (Williams, 1994), so the rates reported here actually may be conservative.

Fourth, our estimates are based on a single state correctional system. There was evidence of variation in physical victimization rates by facility, with rates highest for facilities with a younger population. It is only by collecting data on all prisons within a correctional system that we could have identified this pattern. However, whether our rates are representative of other state correctional systems is an empirical issue that warrants further research.

Our findings suggest that victimization inside prison warrants an increase in research, clinical, and administrative attention. Prison is a breeding ground for traumatization *and* retraumatization. Most people come to prison with a legacy of victimization, which, as the evidence clearly shows, elevates their risk for drug and/or alcohol abuse, posttraumatic stress disorder, depression, low self-esteem, and criminality *before* the experience of incarceration (Goff et al., 2007; McClellan et al., 1997; Mullings, Hartley, & Marquart, 2004). The prison experience itself is likely to activate and exacerbate past trauma. The culture and climate of the prison environment may itself trigger unwelcome memories of prior victimization and provoke symptoms and create opportunities for (re)victimization (Wortley, 2002). More specifically, the ecology of prison environments may produce conditions that support or encourage victimization. Camp, Gaes, Langan, and Saylor (2003) argue that “it would be naïve to assume that inmate behavior is independent of other behavior occurring in the same institution” (p. 504). Bottoms (1999), using an interactionist framework, advances a view that each prison is a microsocial organization with a unique culture that influences the prison’s operation, particularly how social control is wielded inside the facility. Using a situational perspective of prisons, Wortley (2002) elaborates on the interactionist framework, arguing that “behavior can only be understood in terms of an interaction between the characteristics of the actor and the characteristics of the environment in which an act is performed” (p. 3). Together, this suggests that to understand and prevent victimization inside prison, the incident must be contextualized to and remedied within the specific environment. Additional research is needed that explores how social disorder factors (such as incivilities between inmates and inmates and officers) within prisons affect fear and rates of victimization (Edgar, O’Donnell, & Martin, 2003).

Overall, the potential number of individuals liable to suffer harmful consequences as a result of victimization inside prisons can be expected to be large for several reasons. The first concerns the psychological impact of prison conditions on inmates. Haney (2003), in describing the psychological impact of incarceration, notes “that the harsh, punitive, and uncaring nature of prison life may represent a kind of ‘re-traumatization’ experience for many ... [such that] time spent in prison may rekindle not only the memories but the disabling psychological reactions and consequences of these earlier damaging experiences” (p. 52). Added to this is the fact that a large minority of people in prison will be physically victimized by other inmates and by staff (an abusing authority figure) within a 6-month period and that a smaller but significant minority will experience sexual victimization, some even in addition to physical assault. Furthermore, even those who are not directly victimized may well be witnesses to the violence perpetrated inside prisons, and research has found that even such passive activity is associated with emotional and behavioral effects similar to those found among direct victims of violence (Buka, Stichick, Birdthistle, & Earls, 2001; Fitzpatrick & Boldizar, 1993; Kitzmann, Gaylord, Holt, & Kenny, 2003; Nofziger & Kurtz, 2005).

Preventing victimization requires a two-pronged approach. First, it requires changing the prison environment in ways that reduce the opportunities for victimization and eliminate the conditions that encourage predatory and traumatizing behavior. Understanding the social dynamics inside prison as well as the routines and architectural conditions that promote hostile and harmful environments is of paramount importance (Bottoms, 1999; Edgar et al., 2003; Wortley, 2002). Second, effective diagnosis and treatment of trauma among inmates is

required. Researchers have noted the failure of correctional facilities for women to take women's victimization experiences into account when considering their programming needs (Bloom et al., 2003; Morash, Bynum, & Koons, 1998). Results from this study suggest that attention should be paid as well to men's victimization because both men and women are susceptible to posttraumatic stress disorder as a result of being victimized.

The prevalence of full or subthreshold posttraumatic stress disorder (Grubaugh et al., 2005) inside prison has received very little research attention (Goff et al., 2007), and its impact on inmate health and the quality of life inside prison has been largely ignored. This is problematic in part because in a social psychological sense, prison is a stressor, like any chronic strain, that is very likely to cause stress reactions within an individual. Stressors, according to an abundance of health research, are connected to a wide variety of behavioral and health-related problems requiring treatment (Thoits, 1995). Furthermore, individuals generally manage stress reactions through learned coping styles, which may include self-harm, self-medicating with drugs or alcohol, withdrawal, or externalized aggression—all of which make managing the prison more difficult, expensive, and risky (Haney, 2006; McClellan et al., 1997).

While victims of trauma internalize it differently, some of the most common responses are dissociation, affect dysregulation, chronic characterological changes, somatization, and hyperarousal (Harris & Fallot, 2001; Kluft, Bloom, & Kinzie, 2000; Rosenberg, Mueser, Friedman, & Gorman, 2001; Sacks, 2004). Trauma-related psychological difficulties are amenable to intervention, and an array of interventions exist (Harris & Fallot, 2001). In considering interventions most suitable for correctional settings, some general guidance can be gleaned from the literature. First, integrated treatment for comorbid conditions is considered optimal, compared to parallel, sequential, or single treatment models (Harris & Fallot, 2001; Mueser, Drake, Sigmon, & Brunette, 2005). Second, trauma-related difficulties are best treated in stages (Herman, 1992), with the first stage focusing on safety through recognition, education, and skill building (i.e., cognitive, behavioral, and interpersonal) that help develop coping and life skills to replace the use of drugs or alcohol or other self-harming behaviors. Later stages of trauma recovery focus on processing the trauma directly after the person has achieved stable functioning. Third, trauma interventions must be sensitive to environment (Harris & Fallot, 2001). Trauma processing therapies (e.g., exposure therapy, cognitive restructuring), while efficacious, require environments that are healing and supportive (Bradley, Greene, Russ, Durta, & Westen, 2005; Van Etten & Taylor, 1998). Correctional settings are not healing. To the contrary, they often evoke memories of environments where trauma occurred in the past.

A variety of integrated, skill-based, gender-sensitive (first stage) approaches have been developed to promote trauma recovery and to treat substance abuse disorder in people with and without co-occurring mental illness (Hien, Cohen, Miele, Litt, & Capstick, 2004; Najavits, Sonn, Walsh, & Weiss, 2004; Rosenberg et al., 2001). These approaches have been found to be generally effective in quasi-experimental or small pilot studies, often without randomization (Finkelstein et al., 2004; Jennings, 2004). Some trauma recovery treatments have been pilot-tested in correctional settings and were found to be generally effective (Zlotnick, Johnson, & Najavits, in press; Zlotnick, Najavits, Rohsenow, & Johnson, 2003).

Trauma and retraumatization are part of prison reality. The issue remaining is how best to respond. Ignoring the evidence (i.e., doing nothing) courts higher costs, greater safety and health risks, and, in view of the evidence documenting a relationship between the experience of being victimized and subsequent violence perpetration (Siegel, 2000; Widom, 1989c), perpetuates behaviors that elevate recidivism on release. Treating the symptoms of new incidents of inmate-on-inmate or staff-on-inmate victimization without changing the prison

culture and climate is likely to be better than nothing but probably as effective as treating combat trauma in a war zone. Real value for the treatment dollar would require changing the prison environment in ways that make it more humanizing, more healthy, more habitable, and, hence, more in keeping with the long-term societal goals and expectations of public safety and rehabilitation.

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TABLE 1

Six-Month Prevalence Estimates (Expressed as a Percent) for Physical and Sexual Victimization by Gender

Source of In-Prison Victimization	Male Facilities (N = 6,964)	Female Facility (N = 564)
Physical victimization, 6 month		
Inmate on inmate ^a	20.7 (19.6–21.8)	20.7 (17.2–24.1)
Staff on inmate ^b	25.2 (24.0–26.3) *	8.3 (6.0–10.7)
Either inmate on inmate or staff on inmate ^c	35.3 (34.0–36.5) *	24.0 (20.4–27.6)
Sexual victimization, 6 month		
Inmate on inmate	4.3 (3.8–1.8) *	21.3 (17.8–24.8)
Staff on inmate	7.6 (7.0–8.3)	7.7 (5.5–9.9)
Either inmate on inmate or staff on inmate	10.3 (9.6–11.1) *	24.5 (20.9–28.2)
Physical or sexual victimization, 6 month ^d		
Inmate on inmate	22.3 (21.2–23.4) *	32.3 (28.3–36.3)
Staff on inmate	28.0 (26.8–29.1) *	12.8 (10.1–15.6)
Either inmate on inmate or staff on inmate	38.4 (37.1–39.7)	36.9 (32.8–41.1)
Physical and sexual victimization, 6 month ^d		
Inmate on inmate	2.6 (2.2–2.9) *	9.5 (7.1–12.0)
Staff on inmate	4.7 (4.2–5.2)	3.1 (1.7–4.6)
Either inmate on inmate or staff on inmate	7.0 (6.4–7.6) *	11.4 (8.7–14.1)

Note. Estimates are based on a weighted valid percentage.

^aDenotes inmate perpetrator and inmate victim.

^bDenotes staff perpetrator and inmate victim.

^cDenotes either inmate or staff perpetrator and inmate victim.

^dPhysical or sexual victimization includes unduplicated counts of inmates who reported either sexual victimization or physical victimization during the 6-month period. Physical and sexual victimization includes unduplicated counts of inmates reporting both physical and sexual victimization during the 6-month period. Together, they equal the number of unduplicated counts of inmates reporting victimization, either physical or sexual. Consequently, percentages for the specific forms of victimization (physical, sexual) add to the percentages of conjoint forms of victimization (physical or sexual and physical and sexual). Deviations are due to rounding error.

* Statistically significant difference between males and females ($p < .05$).

TABLE 2
 Percentage With Overlapping Physical and Sexual Victimization, Male and Female Facilities

Type of In-Prison Victimization	Victimization Experience Over a 6-Month Period					
	Percentage Also Experiencing Sexual Harm			Percentage Also Experiencing Physical Harm		
	Inmate on Inmate ^b	Staff on Inmate ^b	Either Inmate on Inmate or Staff on Inmate ^c	Inmate on Inmate ^b	Staff on Inmate	Either Inmate on Inmate or Staff on Inmate
Male facilities (N = 12)						
Physical victimization, 6 month						
Inmate on inmate (N = 1,419)	12.6	15.0	22.2	–	50.8	–
Staff on inmate (N = 1,725)	9.5	19.0	23.2	41.8	–	–
Sexual victimization, 6 month						
Inmate on inmate (N = 295)	–	37.1	–	60.2	55.2	72.7
Staff on inmate (N = 519)	20.9	–	–	40.4	62.2	70.4
Female facility (N = 1)						
Physical victimization, 6 month						
Inmate on inmate (N = 116)	46.5	16.2	48.3	–	24.3	–
Staff on inmate (N = 47)	51.6	37.5	63.3	60.2	–	–
Sexual victimization, 6 month						
Inmate on inmate (N = 119)	–	21.1	–	44.9	20.3	49.3
Staff on inmate (N = 43)	57.9	–	–	43.6	41.3	53.7

Note. Estimates are based on a weighted valid percentage.

^aDenotes inmate perpetrator and inmate victim.

^bDenotes staff perpetrator and inmate victim.

^cDenotes either inmate or staff perpetrator and inmate victim.

TABLE 3

Percentage With Current and Previous Victimization by Type of Victimization and Gender

Source of Victimization	Male Facilities		Female Facility	
	In-Prison Physical Victimization Experienced at Least Once In Past 6 Months			
	Yes	No	Yes	No
Inmate on inmate ^a	<i>N</i> = 1,419	<i>N</i> = 5,440	<i>N</i> = 116	<i>N</i> = 446
Prior physical victimization <18	67.4 *	54.0	65.7 *	49.5
Prior sexual victimization <18	14.0 *	8.7	56.1 *	43.7
Staff on inmate ^b	<i>N</i> = 1,725	<i>N</i> = 5,131	<i>N</i> = 47	<i>N</i> = 516
Prior physical victimization <18	63.2 *	54.5	61.9	52.0
Prior sexual victimization <18	10.8	9.5	53.2	45.6
	In-Prison Sexual Victimization Experienced at Least Once in Past 6 Months			
Inmate on inmate	<i>N</i> = 295	<i>N</i> = 6,545	<i>N</i> = 119	<i>N</i> = 441
Prison physical Victimization <18	64.0 *	56.3	69.1 *	48.4
Prior sexual victimization <18	27.2 *	9.0	61.8 *	41.9
Staff on inmate	<i>N</i> = 519	<i>N</i> = 6,300	<i>N</i> = 43	<i>N</i> = 517
Prior physical victimization <18	66.6 *	55.9	65.4	51.7
Prior sexual victimization <18	15.6 *	9.3	56.8	45.1

Note. Estimates are based on a weighted valid percentage.

^aDenotes inmate perpetrator and inmate victim.

^bDenotes staff perpetrator and inmate victim.

* Statistically significant difference between victimization group and no victimization group with chi-square test ($p < .05$).