I appreciate the article “Inmate Sexual Harassment of Staff,” that appeared in the October issue of the Correctional Oasis.

In one state correctional system, a staff member recently won a multimillion-dollar lawsuit for a claim that her correctional supervisors ignored her complaints of sexual harassment by inmates. Since the lawsuit was filed, the agency has made numerous changes that have resulted in a dramatic reduction of inmate sexual harassment of staff. Some of the measures taken that may have influenced this reduction include: changes to staff training, changes in personnel management, better PREA compliance, removal of sexually explicit media from the prisons, shuttering a poorly managed prison, placing more women in top leadership positions, reduction in the use of solitary confinement, and change in philosophy of inmate management (more collaborative, positive, directly involved with inmates vs. punitive/hands-off).

I would guess that inmate sexual harassment of staff has been reduced by 75% over the last five years.

I think that part of the reason that harassment has been such a problem is that men working in prisons do not experience it at anywhere near the level that females do. This leads to a perception among men in the field that the problem is far less pervasive than it really is. Some of these men went on to become administrators, and the decisions they made to address (or not address) the issue were informed by their experience. I have made hundreds of rounds on seg units in my career and have never had an inmate expose his genitals towards me in an attempt to embarrass, harass, or intimidate me. If I was a female, this would likely not have been the case.

While the reduction of inmate sexual harassment of staff is welcome, I think it could be reduced much further, maybe to about 5% of what it once was. The biggest remaining barrier to achieving this is public attitude.
The public does not envision correctional workers as being frequent victims of sexual crimes—crimes committed by inmates, which could be prevented almost entirely by implementing effective deterrence. This simply is not a concept that the general public is mindful of. Public attitude seems to be largely shaped by sensational prison TV shows, news stories about prison worker ineptitude and misconduct, and general disdain for the cost of public safety.

To illustrate this point, let's say that a man in the community masturbated while exposed in order for a woman to see him. This is an act of sexual assault. If there was sufficient evidence, county attorneys might go on to prosecute the case, which could result in a sex offense conviction for the perpetrator. If the *exact same crime* occurs inside a prison, the county will refuse to pursue charges.

What is the difference?

County attorneys will not prosecute the crime because they might face criticism from their constituency for misappropriation of resources, and would be jeopardizing their own job. The public wants to devote law enforcement funding to crimes committed in the community rather than crimes committed in a prison within a community. If ever a day comes where public attitude shifts to where it is considered unacceptable for prison staff to be sexually victimized by the inmates they supervise, county attorney offices across the nation will reflect that attitude by prosecuting these crimes. This is an appropriate response—one that protects staff and fairly holds inmates accountable.

The current reality, however, is that the sexual assault described above is considered a matter left for the prison administration to handle internally. *Inmates are well aware of this.* A typical sanction for inmate sexual assault of staff is disciplinary detention (solitary), and loss of good time. For many inmates, this is not a strong enough consequence. While in solitary, it becomes easier to repeat the behavior because female staff are on the range every day, and the inmate does not have to worry about a cellmate objecting to their actions. The reward of eliciting disgust, embarrassment, or shock from a victim is not always offset by the consequences that result from breaking the rules. If the inmates knew they could be convicted of sex crimes for sexually assaulting staff in prison, they would hardly ever engage in this behavior. This is because convicted sex offenders occupy the very bottom of the inmate social hierarchy.

Sadly, the most effective current approach for dealing with this type of behavior is for female staff members to completely ignore it. While this may seem counterintuitive, it actually deprives the perpetrator of the reward (reaction of disgust, embarrassment, shock), and usually goes on to extinguish the behavior. Thousands of female correctional workers across our country face this dilemma: hold the inmate accountable and possibly face further victimization, or ignore the behavior and hope it will stop on its own. Having to make either of these choices is far from ideal.

Victimization is harmful no matter where it occurs. The public taking for granted that prison staff are just going to be abused, and thinking that there is nothing that can or should be done about it, is a destructive, short-sighted attitude. I believe there is much work to be done in educating the public about correctional practices so that these kinds of attitudes do not continue to perpetuate. I, for one, take advantage of opportunities I have to educate friends, family, and acquaintances about what goes on inside a prison to provide them with an opportunity to care. Yeah, a lot of people are not interested, but I've found more people than I expected who become very curious and ask a lot of questions too. It's definitely worth it to me to continue to work towards creating a safer and healthier workplace for us all.
Two Good Buddies

By Corporal William Young

I have a couple of good buddies. They are the type of buddies that everyone should have. They are honest and loyal and hardworking and neither one of them is a Correctional Officer. These guys aren’t just “come over once in a while and barbeque” buddies. These guys are “call them in the middle of the night and they will help you move a body” buddies. I love those guys.

Every so often my buddies and I get together for a night of light drinking and heavy discussion. We talk to each other about our fears and our families, our worries and our wants. We ponder our purpose on this planet, and we share our plans for the future. Our conversations, our connection, help me detox and detach from the world of corrections. Our time together is therapeutic for me, to say the least.

So, one night, while we were sitting around the fire pit in my drive way, one of my buddies pulls out this book entitled “The Other 8 Hours,” by Robert Pagliarini. He showed us the cover, and said that he’d like to read us a couple of pages.

Sure, why not.

The first paragraph he read introduces us to a man named Josh. It talks about how Josh gets up early every morning and eats a healthy breakfast. It talks about how Josh likes to read the newspaper, so he can keep up on current events. The book talks about his exercise habits, and how he likes to spend time with his friends in the evening.

It goes on to say how Josh is learning and growing and staying healthy by eating right and working out five times a week. He reads and he writes and he plays games and he talks to his family at least once a week. Yep, Josh has it all.

Then we meet Eric. Eric is the complete opposite of Josh. Eric gets up in the morning, slams a cup of coffee, and makes a forty-minute commute to work. A thirty-minute lunch break is the only thing that breaks up an otherwise stressful day. The book talks about Eric’s drive home, and how he zones out to the radio trying to decompress from the day’s events. The book talks about how Eric and his wife talk about going to dinner and a movie, but instead they eat McDonald’s and loaf on the couch all night.

It goes on to say that Eric is unhappy and unhealthy, and that he is saddled with a huge amount of debt. It says that Eric can tell you the score of the “big game” but that he has no knowledge of what’s happening in his own community. It ends by saying that Eric wishes he could escape it all.

And then the twist! It turns out that the first guy, the care free, eats healthy, has time for friends and family guy is an inmate. And Eric, with all of his stress and his unhealthy habits and his disappointment is an Officer in the prison that the first guy is incarcerated in.

Mic drop.

So, why do I share this with you?

(Continued on page 4)
Well, I guess for the same reason that my buddy shared it with me. He knew that I would relate to Eric, and he knew that I would get the message because he saw that I was Eric. I share it with you because I see Eric in you as well.

See, like Eric we expend a lot of emotional energy on things that don’t really matter, things that we can’t control. Because we work in an environment where we have little to no control over what happens, we seek out things to get worked up about. For example, when I leave for work, when I kiss my wife goodbye, I have no idea when I’m going to be home again. It could be 8 hours, it could be 12 hours, or I could get ordered to stay a second shift in which case it’ll be over 16 hours before I return home. So because I have no control over my own schedule, because that situation is too much to deal with, I pick something small and meaningless to get worked up about, like a memo on a new policy that in reality has nothing to do with me.

Case in point, I remember losing my mind one morning because an Inmate in our behavioral segregation unit threw his breakfast tray at me. I was so worked up that I had to be relieved so I could go get a cup of coffee and calm down. It wasn’t until days later that I understood the absurdity of my reaction to the inmate throwing a tray. See, he’s supposed to throw trays. He’s in the segregation unit, right? That’s what happens in there. He’s not in that particular unit for being a model inmate. Now, I’m not saying that you shouldn’t be upset about having grits all over your pants. I’m just saying that maybe our reaction isn’t always proportionate to the event in question.

Overreacting or underreacting to situations such as this is can be an indicator that we are experiencing stress levels that are outweighing our ability to cope with those stressors. This can spill over into our home life and affect us personally as well as professionally. That’s when we say that we’re “too tired” to go to the party. That’s when we say that we don’t feel like going out tonight. That’s when we stop exercising and doing the things that bring us joy. That’s when we withdraw and isolate ourselves from the real world.

That’s when we give up.

It’d be ironic if the populations we govern, the incarcerated individuals that we supervise, may be living a healthier or more fulfilling life than we are. If all that we do is work and go home and wait to go back to work, aren’t we in the same predicament as the inmates? Aren’t we prisoners? Aren’t we wasting our life?

The trick is to triage all of the things in your life that require you to invest your precious time and emotional energy. Decide what is truly important to you and stop worrying about the rest. Your fatigue, your feeling of being “tired” may be directly related to your emotional overinvestment in things that you can’t control. Spending your “free-time” barricaded in your house sprawled out on the couch may sound appealing, but it is no way to live. You go through hell during your work week! There isn’t a soul out there that deserves to be happy more than you do. But you can’t find fulfillment, you can’t find relief, you can’t find the cure to what ails you from the confines of your sofa.

So get up, get out, and do something, and take Eric with you.
Dear Reader:

This is a time of goodbye. I am saying goodbye to the corrections profession. The departure, though amicable, is a bit difficult for me. That is because the corrections career has become a large part of who I am.

To digest this change, I need to conclude with my personal way to bid adieu. In other words, I want to look ahead and then look back at the corrections profession through my eyes.

Looking ahead

For many years, I wrote about how to have a healthy and productive corrections career. I did this while I was in the profession. Now retirement looms large. Because of this, I will need to adjust to a post-corrections self. There are five ways that I can refocus on my post-corrections self:

**Productive hobbies** – I will do fun things in my spare time that I have always wanted to do.

**Reel in the suspicion** – I will try not to suspect everyone of bad deeds. This does not mean that I will not employ common sense and safety measures. Rather, I will use detective and intuitive skills in moderation in daily life. This is a quest to decompress from hypervigilance.

**Try a new career** – I will work part-time and be productive. Because I worked for so long in such a structured environment, it is necessary that I maintain a routine.

**Learn to breathe** – I will slow down a bit to do some deep breathing. I will learn to relax.

**Employ perspective** – I will look at some of the challenging parts of my experiences. I emphatically do not do this to relive them. Rather, I will remember some of the adversity as a contrast to the wonderful post-corrections life I will build.

While it is important to consider how to exit a career, what about the beginning? To know where we are going, isn’t it prudent to look back? Seasoned staff should impart wisdom on those who step up and assume the challenging and important corrections profession.

Looking back –

Despite a rich store of time travel stories that science fiction has delivered, we simply cannot go back. But, what if we could? What five bits of advice would I have for myself at the start of a corrections career? I would address my quarter-century younger self by speaking in C.O.D.E.S.

Five important concepts are wrapped in the acronym C.O.D.E.S. They are Communicate, Observe, Document, Examine, and Search. These will not necessarily solve all corrections problems. However, these foundation habits are likely to smooth the way and build a solid reputation.
Communicate – Whether to staff, offenders, or the public, what we say and how we say it can mean the difference between success and catastrophe. And an important facet of this is feeding the staff information machine in order to keep everyone safe.

Observe – Never stop watching what goes on. What you see and later communicate to peers may save a life. Also, observation does not need to be blatantly wide-eyed and attentive. Corrections staff develop subtlety when watching to gain more safety-enhancing data.

Document – It has been said that if it is not written down, it did not happen. Record what you see. Keep records of what happens. This comes in handy as a way to enhance security. It also serves to support your reputation as a professional in the event others accuse you of being unprofessional.

Examine – As you observe, ask why something happens. Could there have been other outcomes? Will it likely end in the same way? How could preventing what you see make things safer for everyone?

Search – Always look for contraband. Control of contraband is the root for safety. Quite simply, things are safer when fewer illicit items are in the mix.

If the above seems simple, it is because I meant to convey it that way. It is not really complex at all. Above all, I am a realist and know that there are many variables that can derail a plan. Still, while there are many complexities in corrections, well-applied simple truths pave the road to a good career.

In the end, the post-corrections life that we create is our own. And our career is our personal journey. So, you might accept all the above, reject it all, or sample bits that fit your comportment and situation.

Whatever your choice, I wish you a safe and rewarding career full of chances for growth.

And thanks so much for reading.

Sincerely,
Joe Bouchard

We received the following email on 4 October 2018, in response to the article entitled “Inmate Sexual Harassment of Staff” by Susan Jones, PhD, which appeared in the October 2018 issue of the Correctional Oasis. Published with the writer’s permission.

I was sorry to see that the article on Harassment did not include the first lawsuit filed on inmates harassing Female Corrections Officers. It was filed in King County, Washington in 1996. Holloway et al. vs. King County. We settled that lawsuit and came up with a number of changes that the Department of Adult and Juvenile Detention had to make.

Linda Holloway
This letter is for all the people that have no idea what a Correctional Officer is. We are not brutal sadistic people that love to have control over people and make them suffer. We are professionals. Our work is like very few other jobs. No one knows what we go through, except for fellow law enforcement and fire fighters.

When you walk in for duty, your adrenaline goes up and stays up until after you get home. Will you walk out with the same body parts and health as when you started? It takes a special type of loving spouse to know to leave you alone when you get home from work, so that you can get down from the high adrenaline and you can become calm again. Children have a very hard time understanding why daddy or mommy doesn’t want to play just when they get home. At times it almost seems a requirement to go through at least one divorce while working in corrections because of the stress that this job can bring upon a marriage. It has also been reported that the stress that this job can cause may take off 10 to 15 years of our lives compared to other jobs.

Working around the dregs of society 5 to 7 days a week, and sometimes double shifts due to staff shortage or sickness, can make you become very wary of your fellow man and to tend to have very few friends other than corrections staff—and very few of them. People on the outside do not know us and it seems that they may even be a little afraid of us. They think we are cops and will get them in trouble, or that we are violent and will hurt them.

Today’s corrections staff is the best trained staff that there has ever been working in Corrections. Both male and female staff are better trained and better educated than ever. Females have found that this is one of the few jobs that a woman can receive the same pay as a man. This does not mean that female staff feel safe to work in this type of setting. One female Officer I know worries that she might be raped or killed, but she is a professional and is at work when scheduled. Anytime this staff member is called to work overtime or extra, she is there. In this line of work, it’s not how big you are on the outside, but how big you are on the inside.

Law enforcement uses the latest technology and weapons to capture felons. Not to take away from law enforcement, but normally there are no more than 1 to 3 felons at a time. Corrections staff usually have an ink pen and most of the time we have to buy it. If we are really lucky we get a radio that works, and have one hundred or more felons to man-age.

Now all over the world corrections staff are suffering, every time we turn around it’s the same for us all. Officers are killed, raped and assaulted.

When you sleep at night you may be assured that corrections staff are working and missing being with their loved ones, so that you and your loved ones are safe from felons that have been locked up.

WAKE UP PEOPLE! Without corrections staff, it would be left up to the National Guard to run prisons and jails, and the inmates would be liable to tear the joint up.
Carrie is passing medications for the morning pill line in a large medium security state prison. One of the inmates shuffles to the window looking tired and ill. She asks the inmate “How are you doing?” as she prepares his prescribed medication and he says he can’t eat or sleep since he got here 3 weeks ago because the others on the unit are so noisy and the food is terrible. Carrie knows both those things to be true but she is concerned about how ill this patient is looking and schedules him for Mental Health Clinic later that afternoon. After completing pill line she lets the mental health nurse know that she is concerned about this patient’s mental state and thinks he should be evaluated for a medical or mental health condition that might be causing his symptoms.

Being incarcerated is a downer in and of itself, but Carrie is wise to have this patient evaluated for something more. There are medical conditions that can lead to lack of appetite and insomnia that need ruled out. In addition, this patient might have a mood disorder.

Mood disorders are alterations in emotions that are expressed as depression, mania or both. They interfere with a person’s life, troubling him or her with severe long-term sadness, agitation, or elation. The accompanying guilt, anger, self-doubt leads to altered life activities and relationships. The primary mood disorders are bipolar disorder and depression.

Few nurses are surprised to find so many incarcerated patients struggling with depression. This mental health diagnosis is common in the general patient population but even more so in the inmate population with 20-30% reporting symptoms of major depression according to a Bureau of Justice report. Like depression, bipolar disorder is common among the inmate patient population with that same report indicating that more than half of interviewed inmates reported symptoms of mania in the last year. So, if you work behind bars, it is likely that you will frequently deal with patients showing symptoms of or being in active treatment for a mood disorder.

Rule Out Medical Conditions First
A constant theme in dealing with mental health disorders is to rule out a medical cause for the symptoms. One study of admissions to a VA psychiatric unit found that about 3% of admissions were incorrect diagnoses of symptoms as mental illness, when in fact the symptoms were actually caused by a medical condition. The top misdiagnosed medical condition in this study was hyperglycemia/diabetes. However many other medical conditions can cause depression-like symptoms such as hypothyroidism, liver disease, and anemia. This study also found that these misdiagnoses had incomplete medical histories. It is especially easy to jump right to a mental illness diagnosis if the patient already has a past history of psychiatric care. Correctional nurses can assist with the accurate diagnosis of a condition by obtaining a full medical history along with thorough documentation of subjective and objective assessment findings.

Rule Out Self-Harm
Another constant theme in dealing with mental health disorders is to consider the likelihood of patient self-harm. Suicide ideations should be considered when a mood disorder is being evaluated. In fact, depression is implicated in more suicides behind bars than any other mental health condition.
Help! I’m Not a Mental Health Nurse—Part 4 (continued from page 8)

Is it Depression or Bipolar Disorder?
If your patient presents with depression symptoms, it could also be the down side of a bipolar disorder. With this condition, the patient has excessive mood swings between periods of high activity, racing thoughts, and poor impulse control (mania) and periods of intense feelings of loss and hopelessness (depression).

It is important, then, to ask a potentially depressed patient about past seasons of manic activity, for example, any of the following: inflated self-esteem or grandiosity, decreased need for sleep, more talkative than usual or pressure to keep talking, racing thoughts, attention easily drawn to unimportant or irrelevant external stimuli, and excessive activity such as unrestrained buying sprees, gambling, or foolish investments.

Anticipate Treatment Options
Effective treatment for mood disorders combines medication and therapy to reduce symptoms and develop responses to the condition that will return the patient to a normal level of function. Here is a handy guide to various mental health medications from the National Institute of Mental Health (NIMH).

Medication. Antidepressants are likely to be prescribed for depression while mood stabilizers are initiated for those with a bipolar condition.

Antidepressants. The most common antidepressant medication categories are tricyclic (TCAs), selective serotonin reuptake inhibitors (SSRIs), and serotonin-norepinephrine reuptake inhibitors (SNRIs). Each have a specific side effect profile but here are common ones for all classes:

- **Slow start:** Most antidepressants have a slow start up for symptom relief – up to 4 weeks. Counsel patients to persevere through the side effects for depression relief. If there is no response in a month, a medication change may be warranted.
- **Dry mouth:** Make sure the patient has access to liquids.
- **Sedation:** If sedation is an issue, consider moving the medication to the last dose of the day. SSRIs and SRIs can cause insomnia. In this case, consider moving the medication to the morning dose.
- **Nausea:** Try to provide medication near meal time if this is an issue.
- **Discontinuation syndrome:** The abrupt discontinuation of most antidepressants can lead to dizziness, lethargy, headache, and nausea. Therefore, there should be adequate bridging of antidepressants at intake and patients new to these medications need instruction on the importance of therapy continuation.

Mood Stabilizers. Lithium is still the most popular mood stabilizing medication for a bipolar disorder, although others in use include atypical antipsychotics such as Olanzapine (Zyprexa), Aripiprazole (Abilify), and Risperidone (Risperdal). Lithium toxicity is a real issue for these patients and can be difficult to manage in a jail or prison. Lithium levels should be closely monitored with at least weekly laboratory work. The medication should be held and the provider contacted for levels of 1.5 mEq/L or above. At these levels the following symptoms may be noted: blurred vision, ringing ears, nausea and vomiting, severe diarrhea, mental confusion.

(Continued on page 10)
Lithium levels of 3.5 can lead to seizures, coma, and cardiovascular collapse, so monitoring lithium levels is vital for patient safety.

**Therapy**

Group and cognitive therapy can be helpful for patients with a mood disorder. Group therapy can provide a supportive environment to gain perspective on the condition while cognitive therapy can help a patient control the thought distortions and expectations that potentiate disordered moods.

The inmate Carrie was concerned about did have an elevated blood glucose and is being worked up for Type II Diabetes. He was evaluated for suicide potential and obtained a low score on the screening. A mood disorder was ruled out by the psychiatrist at his monthly clinic and he was entered into an inmate diabetes support group that was being piloted in the facility.

## Comments about “True Grit”

The first 40-hour Instructor Training for Desert Waters’ new 8-hour course True Grit: Building Resilience in Corrections Professionals, was offered in Cañon City, CO, in October 2018. Here is feedback from the Instructor candidates, published with the writers’ permission.

- This course delivers the answer to the “Now what?” question after CF2F. It builds and strengthens the toolbox for employees working in such high stress environments in a simple yet profound way. True Grit generates bond building discussion with real life application. ~ S. R., Staff Wellness Coordinator

- Amazing course. Very useful and appropriate follow up to CF2F! I would like to see the course steered toward how to apply this material more to the family or home environment as primary and carry over to corrections as secondary. The buy-in on this course should be automatic. Resilience is so important! ~ C. B., Lieutenant

- I’ve learned so much from this course that I called my wife and used what I’ve learned and it improved my life in this short amount of time. I can’t wait to teach this to others. ~ L. W., Lieutenant

- Very well put together, love the concepts and effort put into this program. The amount of time and passion put into these classes for the benefit of corrections staff across the nation is amazing and appreciated. I hope that we do the program justice, as it will benefit thousands and hopefully save many lives. ~ B. O., Staff Development Specialist

- This course will have a profound impact on all correctional staff at both home and work. ~ V. S., Assistant In-service Training Manager

- Love Desert Waters materials, always learn more than expected. Instructors are all down to earth, willing to help, very relatable. Excellent course, very much needed in corrections. ~ S.W., Correctional Counselor

- I can’t begin to express my appreciation. By far the best training I have been through. Your passion and conviction for officers is amazing. ~ C. S., Lieutenant
MANY THANKS!

Thank you for blessing the work of Desert Waters with your contributions!

**Individual donors:** Anonymous donors, TC & Joellen Brown, Jeff & Connie Mueller, Kevin & Robin Rivard, Harold & Carol Severson

**Business donors:** Elizabeth Gamache, LandShark Design, LLC; Janice Graham & Company, P.C.

**Special thanks also go to:** Cindy Baeta, Theresa Barrett, Cathy Bergquist, Joe Bouchard, Bob Bowen, Nicole Brocato, T.C. & Joellen Brown, Meredith Butler, Pamela Burt, John Eggers, Chris Hendry, Laura Hix, Susan Jones, Lorrie Keller, Denny Kae-mingk, Herbert Kaldany, Stacy Lopez, Dustin Maas, Greg Morton, Jeff & Connie Mueller, Brent Parker, Stephanie Rawlings, Beau Riche, Jeff Rude, Sara Sackett, Patti Schniedwind, Lorry Schoenly, Rachel Shelver, Heather Shirley, Eleni Spinari, David Stephens, Marc Stern, Dana Thomas, Terry Thornton, Christine Westbrook

**IN MEMORIAM**

**CO Mark Gaspich**
EOW 10 October 2018
State Correctional Institution, PADOC

**CO Izeyha Carr**
EOW 21 September 2018
Louisville Metro Dept. of Corrections, KY

**CO John Thilgen**
EOW 27 August 2018
Lino Lakes Correctional Facility, MNDOC

**Quote of the Month**

“Anger is an acid that can do more harm to the vessel in which it is stored than to anything on which it is poured.”

~ Mark Twain

**DWCO Disclaimer**

The views and opinions expressed in the *Correctional Oasis* are those of the authors and do not necessarily reflect or represent the views and opinions held by DWCO Board members, staff, and/or volunteers.

DWCO is not responsible for accuracy of statements made by authors. If you have a complaint about something you have read in the *Correctional Oasis*, please contact us.

**DWCO Mission**

To promote the occupational, personal and family well-being of the corrections workforce through the provision of evidence-informed resources, solution, and support.