

1           MR. SANNITI: Yes. Well, I'd like to say that you  
2 saved the best for last, and I have about 40 minutes of  
3 testimony here to read, so -- no, I was joking.

4           I'm a juvenile justice practitioner, and I've  
5 managed juvenile detention and correctional centers in Ohio,  
6 Florida, Georgia and in Maryland. Prison rape and sexual  
7 violence is, within our nation's detention centers and  
8 correctional facilities, is an issue that faces every  
9 correctional administrator. Youth-on-youth assaults, sexual  
10 violence and suicide are not stand-alone issues. Sometimes  
11 an assault is a result of a youth attempting to have a  
12 sexual relationship with another inmate. Suicide may be a  
13 result from a youth's feeling of vulnerability and his being  
14 unable to protect himself from a larger sexual predator. He  
15 may see suicide as his only way out. I have read many, many  
16 incident reports in my capacity as a facility administrator,  
17 and sexual misconduct has been cited as a cause in many of  
18 the incident reports.

19           There is no one specific program that will address  
20 the reduction of sexual misconduct. There are many actions  
21 that we can take, actions we can take immediately, that  
22 would reduce the number of sexual misconducts and violence  
23 within our facilities. We can ensure that a curriculum and  
24 required training is in place for all staff who work with  
25 youth, and this curriculum and training would guide the

1 direct care workers through the steps to be taken when  
2 specific to sexual misconduct and how to report sexual  
3 misconduct.

4           We need to ensure that proper staffing ratios are  
5 maintained. Detention centers should maintain a staffing  
6 ratio of one-to-six in their high risk units and  
7 one-to-eight staff-youth ratios in their general population  
8 units. We should also maintain a one-to-seven or  
9 one-to-five relief factor. Having a relief factor is  
10 critical to ensure coverage so staff can attend trainings  
11 when vacancies occur and staff want to take training or  
12 vacation time. Remember, floor coverage will always take  
13 precedence over training. So, if you're a facility  
14 administrator, your first priority is to make sure your  
15 staffing ratios are correct, and you will many times pull  
16 people from training or simply won't let them attend in  
17 order to cover your ratios.

18           Overcrowding impacts all aspects of a center's  
19 operation. Overcrowding is a cancer to any facility, and  
20 you will see an increase in sexual violence when you have an  
21 overcrowded facility. Overcrowding, again, affects every  
22 aspect of a facility's operation and it destroys your  
23 housing classification system.

24           We must ensure that juvenile detention centers are  
25 used to house only the highest risk youth. We must avoid

1 using detention as a sanction program for probation.  
2 Centers must utilize a housing classification tool which  
3 employs a risk custody housing instrument which is important  
4 to ensure that youth are placed in the appropriate housing  
5 units. When the facility design permits, having a medically  
6 fragile/protective custody unit is also recommended.

7           Facilities should have shift briefings or roll  
8 calls. The shift briefing or roll call is an important  
9 means to communicate any information to staff. We need to  
10 utilize cameras more in many of our facilities to assist in  
11 the supervision or observation of what's occurring on the  
12 housing units, and a Detex as the Commission mentioned, or a  
13 tour guard system in order to ensure that room checks are  
14 being conducted in accordance to policy.

15           Staff and counselors need to be assigned to the  
16 housing units in a unit management format and not a shift  
17 management format. A unit management format allows the  
18 staff to develop relationships with the youth and -- the  
19 counselors develop relationships with youth so the children  
20 feel more comfortable in reporting sexual misconduct, their  
21 fears, their concerns, to staff.

22           We need to develop a quality assurance process  
23 which includes the development of trend data analysis  
24 reports. These trend data analysis reports are generated  
25 each month from your incident reports and your grievance

1 reports, so each month that information is compiled into  
2 what we call a trend data analysis report which lets you  
3 know what events occur on what shifts and any kind of  
4 patterns that are developing.

5           We need to invest in our front line supervisors,  
6 and for just general explanation, I'm talking about our  
7 sergeants, what one may call a sergeant or a lieutenant.  
8 These front line supervisors are the ones that really run  
9 the facility and set the normative culture within the  
10 facility. In the evenings, on holidays and weekends, it's  
11 the lieutenants and the sergeants that are interacting with  
12 the youth and really setting the normative culture within  
13 the facility.

14           I have found that many juvenile detention centers  
15 are being used to house non-violent, low-risk offenders. At  
16 any given day in the United States the majority of offenders  
17 in our detention centers are misdemeanants who do not pose a  
18 significant threat to public safety. We know that younger,  
19 non-violent offenders are more likely to be victims of  
20 sexual violence.

21           Too often our nation's detention centers are used  
22 as, again, as I said, probation sanction programs, not for  
23 high-risk aggressive youth, but there are strategies in  
24 place and strategies and programs that are have been and are  
25 being implemented throughout the United States. The Annie

1 E. Casey Foundation's Juvenile Detention Initiative Program  
2 has developed -- has proven to be effective in ensuring that  
3 only the highest risk offenders are in detention, while less  
4 serious offenders are placed in the community. Structured  
5 decision-making has guided the Casey sites in structuring  
6 detention continuums while not sacrificing public safety.

7           Even with all we do to try to ensure for the  
8 safety of our juvenile population, suicides and sexual  
9 violence do occur, and it's a very unfortunate and tragic  
10 thing, especially if you have one of these happen while  
11 you're the superintendent.

12           The admission orientation process, I feel, is one  
13 of the most critical steps in ensuring youth safety, the  
14 protection -- youth safety, the protection of youth rights,  
15 and the establishment of behavior expectations. Admission  
16 units are very busy places. For example, in Atlanta,  
17 Georgia, at the Metro Detention Center, it's certainly not  
18 unusual to have 30 youth admitted a day, 30 youth released,  
19 another 30 kids coming in and out going to various court  
20 appointments and coming back from court. The detention  
21 staff as these kids come in know little or nothing about the  
22 children as they receive them into the facility. A key to  
23 reducing the potential for suicide and sexual assault is to  
24 have an admission orientation process which reinforces to  
25 the juvenile that he or she will be safe while in the

1 institution. It enables the staff to collect important  
2 information and to perform key mental health, substance  
3 abuse and medical screenings, the use of a structured  
4 classification instrument that assess the risk of the  
5 juvenile and places that youth into a housing unit that  
6 corresponds to their level of aggressiveness.

7           An orientation unit allows the staff the  
8 opportunity to explain to the youth the center's rules, the  
9 disciplinary process, the student rights process, the  
10 grievance policy, and how to report child abuse. It allows  
11 the juvenile again to be introduced into the facility's  
12 normative culture and to know what their expected behavior  
13 is. And, again, it helps -- it gives the staff time to  
14 identify mental health, medical and substance abuse issues  
15 that the child may have.

16           I'd like to conclude by saying that well run  
17 facilities that are well staffed and are operating within  
18 their rated bed capacity have fewer incidences of violence,  
19 suicide and sexual assaults than overcrowded, poorly  
20 staffed, poorly managed facilities. By adopting just  
21 standard best practices we can ensure the safety of our  
22 youth and staff in our facilities.

23           Thank you.

24           CHAIRMAN WALTON: Thank you very much.

25           I'm confident that the representations about