

JAIL BULLETIN

Number 66

July, 1990

SPECIAL NEEDS INMATES - PART TWO

FEMALES

Although women in jail are a minority compared to the number of incarcerated men, they are present and there are certain guidelines to keep in mind regarding their management and supervision.

Female inmates are entitled to the same level of rights and privileges as male inmates, even though they may be far fewer in number. This applies to such areas as: meals and special diets; medical and health care; room or cell size; religious services and programs; visitation; phone calls; recreation and exercise; work/study release programs; leisure time activities such as television, radio, and reading materials; group activities, such as Alcoholics Anonymous; and all other aspects of operations. It is simply unacceptable to provide a lesser level of programming in these and other areas of jail operations, just because there are fewer women than men. It may require more creativity and effort to provide comparable programs for women inmates, but a way must be found.

The unique health care needs of female inmates must also be addressed. Jail staff members who supervise female inmates should be trained to recognize and obtain medical help for such potentially-serious gynecological problems as pelvic inflammatory disease (P.I.D.), genital trauma (wound or injury to the genital area), lower genital tract infections such as vaginitis, and possible complications resulting from use of birth control devices. Additionally, pregnant women inmates may experience such problems as miscarriages, tubal ruptures, or eclampsia. An inmate may even go into labor while in jail. Therefore, it is important, during intake screening, to ask every female inmate if she is pregnant or if she has any gynecological problems or conditions that should be addressed, so that advice and care can be obtained as early as possible. All pregnant women should be referred to jail medical staff.

Searches of female inmates (except for simple patdowns) should only be conducted by female officers. Be aware of your state law and/or administrative regulations in this regard.

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ALCOHOL AND DRUG ABUSERS

A high percentage of jail inmates have alcohol or other drug abuse problems. Although alcohol is certainly the most frequently abused drug, others, such as marijuana, cocaine, barbituates, amphetamines, and heroin are also widely abused.

With inmates who have abused alcohol or other drugs, jail staff may have to deal with medical problems, ranging from someone who's sick for a short time because he or she drank too much, to serious and possible life-threatening medical emergencies. Inmates may also experience psychological or behavioral problems, ranging from mild confusion or depression to extremely bizarre and dangerous behavior.

Policies and procedures should govern screening new inmates for alcohol and drug problems, training of staff in recognizing and handling inmates with such problems, managing inmates with special medical issues such as detoxification or alcohol or drug withdrawal, and referring inmates to community service providers.

Routine intake health screening should be performed on all new inmates. If the basic screening indicates that an inmate has an alcohol or drug abuse problem, then it is a good idea to do a more extensive, follow-up screening to get further information and to help decide on what action, if any, to take in regard to the inmate.

All jail staff members should be trained to be observant for indications of possible alcohol or other drug abuse among inmates. General indication of such use include such signs and symptoms as:

- confusion and disorientation;
- inability to stand or walk normally;
- unusual restlessness;
- slurred speech;
- lethargy;
- breathing which is very rapid and/or shallow;
- severe agitation or restlessness;
- dilated or pinpoint pupils;
- feeling of being very hot or very cold;
- sudden collapse;
- track or needle marks on arms or legs;
- tremors;
- excessive irritability.

Jail staff members should also be trained in methods for handling possible alcohol or drug abuse problems. For example, officers should be trained to:

- * Perform screenings (discussed above) thoroughly and effectively. This involves asking questions correctly, documenting information accurately, and making proper dispositions on the basis of the screening.

- * Refuse to accept an inmate, pending medical clearance, if the inmate displays such potentially serious indications as unconsciousness, extremely intoxicated or incapacitated behavior, breathing difficulties, convulsions or seizures, apparent hallucinations, or other indications.
- * Conduct frequent checks on all inmates who seem to be drunk or "high" at admission, but do not otherwise seem to be direct medical risks. Such checks should be done at least every fifteen minutes during the first eight hours to monitor them for illness or deterioration of their condition.
- * Refer all pregnant female inmates suspected of alcohol or drug abuse to jail medical staff for evaluation.
- * Monitor alcohol or drug abusers for signs of possible withdrawal. Alcohol withdrawal, in particular, can be very serious and even life-threatening. Delirium tremors (D.T.'s) are a very serious medical condition which can occur within seventy-two to ninety-six hours after a heavy drinker has stopped drinking. Between five and fifteen percent of people having D.T.'s die. Therefore, it is critical that any inmate who appears to be undergoing D.T.'s is immediately transported to a hospital or emergency clinic.
- * Be familiar with the possible effects of various types of drugs with regard to their medical and psychological effects.
- * Be aware that people on certain drugs can quickly become very violent or dangerous. Officers need to protect themselves as well as inmates.
- * Always carefully document any actions taken with regard to managing alcohol or drug abusers.
- * Be familiar with drug-related jargon, including commonly-used slang terms.

Of course, all training must be well-documented.

Your policies and procedures on medical and health care issues should be developed with the assistance of jail health care staff.

Your policies and procedures should also cover referral of inmates with possible alcohol and/or drug abuse problems to community service providers, including medical and mental health agencies and detoxification facilities. Your policies should include provision for staff referral of inmates, inmate requests to be referred for such programs, documentation, and dispositions of all referrals.

Finally, it is a good idea to offer in-house programs for inmates with alcohol or drug abuse problems, to the greatest extent possible. Such programs can include Alcoholics Anonymous and Narcotics Anonymous and counseling programs. Such programs often are very effective in jails and prisons, because inmates are off the streets and off of their drugs, at least for the time that they are incarcerated, and are potentially more receptive to the messages of the programs. Some inmates, of course, will attend these programs not because they are highly motivated to change their lives but because it is an opportunity to get out of their cells for a while. That should not be a concern to jail staff—at the very least, such a program may plant a seed in the mind of an inmate that may cause a change in his behavior at some later time.

SEX OFFENDERS

Jail inmates accused of or convicted of “sex offenses” can be a management and supervision problem in your jail. This includes such offenses as sexual assault, rape, child molestation, and voyeurism (“peeping toms”).

Child molesters are at the bottom of the inmate hierarchy in jails and prisons. They are often called “short eyes” and other derogatory terms. When other inmates learn that an inmate is a child molester, there is a high likelihood that they will physically abuse him or her. This is particularly true if actual rape of a child has occurred.

Therefore, jail staff must do everything possible to keep other inmates from knowing about the offense. Even more important, staff must do everything possible to protect these inmates from other inmates. This means careful classification—housing inmates in areas where they are most likely to be safe. That might involve segregation for their own protection. It also means careful supervision - checking inmate housing and program areas carefully, at irregular intervals, to be sure that all is well. It also means being aware of the general atmosphere in the jail. All classification decisions and supervision actions should be thoroughly documented.

Inmates accused of or convicted of sexual assaults of adults are also not high on the inmate hierarchy, although they are usually higher on the inmate “hierarchy” than child molesters or assaulters. Yet such individuals are also likely candidates for abuse (physical and/or verbal) by other inmates, and therefore they also need to be carefully classified and supervised.

In addition to protecting inmates who may have been involved in sex offenses, jail staff must also be aware of their emotional condition, including their suicide risk. Such inmates may feel great shame, guilt, or embarrassment about their offenses, and may experience severe emotional crises. For example, some such inmates can become very depressed quickly, or, they may experience keen anxiety over their fate at the hands of the criminal justice system, or fear about what will happen to them in jail and later in prison.

A specific category of inmates that are at high risk are people with status or standing in the community who have been accused or convicted of these sorts of crimes, such as a bank president accused of child molestation. These individuals often experience shame and guilt that is particularly acute because of their community standing. They may feel that their whole world has come crashing down. It is certainly not uncommon for them to experience an acute suicidal crisis while they are in jail.

It is important for all jail staff to be aware of the emotional and mental states of inmates in jail for sex offenses, and to follow procedures to get help for them and to prevent them from harming themselves.

Finally, jail staff must always strive to act professionally with alleged sex offenders, and should not act judgmentally toward them. Despite how staff members may feel about particular inmates and their offenses, it is unprofessional to treat inmates differently based on their offenses.

This issue of the "Jail Bulletin is taken from the Small Jail Resource Manual, Fourth Edition, Rod Miller and Ralph Nichols, Authors, Sponsored by the National Institute of Corrections, U.S. Department of Justice.

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QUIZ

Nebraska Jail Standards require that jail staff receive eighteen (18) hours of in-service training each year. The Jail Bulletin may be used to supplement in-service training if an officer studies the Bulletin, completes the quiz, and this process is documented by the jail administrator for review during annual jail inspection.

SUBJECT: SPECIAL NEEDS INMATES - II NAME _____

NUMBER: 66 DATE _____

1. It is well known that female inmates are entitled to the same level of rights and privileges except for which of the following:
 - a. exercise
 - b. cell size
 - c. special diets
 - d. group activities
 - e. none of the above

2. When a female is being admitted to the jail, routine medical screening is adequate and specific questions concerning female medical conditions are unnecessary.
 TRUE FALSE

3. Jail staff should refuse to accept custody of a person being booked if that person exhibits breathing difficulties, convulsions, seizures, unconsciousness, hallucinations or other potentially serious indications of drug and alcohol abuse.
 TRUE FALSE

4. Jail staff should conduct frequent checks on all inmates who seem to be drunk or high during admission because of the medical risks involved.
 TRUE FALSE

5. Those persons charged with sex offenses against children do not require any special housing or supervision.
 TRUE FALSE

6. It is not uncommon for inmates charged with sex offenses to attempt suicide while in jail.
 TRUE FALSE

CREDIT: 1/2 HOUR CREDIT FOR JAIL INSERVICE TRAINING REQUIREMENT

ANSWER SHEET SHOULD BE RETAINED BY JAIL ADMINISTRATOR OR TRAINING OFFICER

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