SEXYAL OFFENDER UPDATE:  
SEXUAL VICTIMIZATION IN PRISON

Lorraine R. Reitzel, Ph.D.

In the course of their clinical duties, correctional psychologists might be asked to identify inmates who are at increased risk for sexual victimization, as well as inmates who are likely to perpetrate sexual offenses against peers in prison. As prior research has indicated that sexual assault in prison is linked to violent, nonsexual institutional misconduct and the transmission of disease (cf. Cotton & Groth, 1982, as cited in Hensley, Koscheski, & Tewksbury, 2005), correctional psychologists assisting with this process are helping custodial staff to maintain the secure and orderly running of the institution, as well as actively working to prevent sexual victimization.

Although there are at present no empirically supported measures known to the author that are used to predict victimization in prison, the research literature has helped to identify the prevalence of sexual threats and sexual assaults in some prison settings, institutional factors that might contribute to sexual violence in prison, and personal and demographic characteristics of victims and victimizers. Knowledge of these associated factors may help the correctional psychologist in assessing which inmates are more vulnerable to sexual assault, although any inmate can be the target of sexual aggression (Dumond, 2000).

In general, previous research has cited the prevalence of prison rape as falling between less than 1% (Nacci & Kane, 1983, as cited in Struckman-Johnson & Struckman-Johnson, 2000) and 14% (Wooden & Parker, 1982, as cited in Struckman-Johnson & Struckman-Johnson, 2000) of the samples of prisoners assessed. Reported incidence rates of sexual coercion or threats have been much higher, ranging in the literature from 10% (Struckman-Johnson, Struckman-Johnson, Rucker, Bumby, & Donaldson, 1996, as cited in Struckman-Johnson & Struckman-Johnson, 2000) to 33% (Nacci & Kane, 1983, as cited in Struckman-Johnson & Struckman-Johnson, 2000).

Interestingly, research indicates that both inmates and staff members estimate that sexual coercion and rape in prison are more prevalent than has been found empirically (Struckman-Johnson & Struckman-Johnson, 2000). For example, one study of 101 inmates found that although 60% had not heard of a rape and 88% had not witnessed a rape in the year previous to the study, 68% of the sample believed rape occurred at a frequency of once a month or more (Saum, Surratt, Inciardi, & Bennett, 1995). In some studies, staff estimates of rape were closer to actual reported rates than inmate estimates (Struckman-Johnson & Struckman-Johnson, 2000), but the reverse trend has also been reported (Nacci & Kane, 1983, as cited in Eigenberg 2000).

Struckman-Johnson and Struckman-Johnson (2000) speculated that some of the variability in reported rates of inmate rape and sexual coercion was due to variable institutional factors, such as prison security level, and also varying definitions of sexual coercion between studies in the literature. These researchers sought to establish representative rates of sexual coercion and rape in prisons by using a standard research protocol in seven prison facilities of assorted security levels (Struckman-Johnson & Struckman-Johnson, 2000). Results indicated that, between the seven prison facilities, reported rates of pressured or forced sexual

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# AMERICAN ASSOCIATION FOR CORRECTIONAL & FORENSIC PSYCHOLOGY

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activity varied between 4% and 21% of the prisoners sampled, and reported rates of rape varied between 0% and 11% (Struckman-Johnson & Struckman-Johnson, 2000), which fall into the estimated ranges of these events as presented in earlier research. However, Struckman-Johnson and Struckman-Johnson (2000) identified that higher sexual coercion and rape rates were associated with facilities with a “large population size, racial conflict, barracks housing, inadequate security, and a high percentage of inmates incarcerated for a crime against persons” (p. 379). Other studies have supported that “larger prison systems with more crowded inmate populations with greater ethnic diversity” are associated with greater risk for inmate coerced sexual activity (Struckman-Johnson et al., 1996, as cited in Dumond, 2000).

Personal and demographic characteristics of victims and victimizers have also been identified in the literature. Of their sample of 142 maximum-security inmates, Hensley and colleagues (2005) found that 18% of inmates reported being sexually threatened in prison, with about half of these men (i.e., 8.5% of the total sample) reporting that they had been raped. With both sexual threats and rapes, these events first occurred within an average of 2 months after the inception of the victims’ incarceration, suggesting that the initial period of incarceration is an at-risk time for sexual coercion. Other studies have supported that victims reported an assault or threat of an assault within the initial month of incarceration (Nacci & Kane, 1984, as cited in Hensley et al., 2005), or within the first 5 months of incarceration (Hensley, Tewksbury, & Castle, 2003). Sexual orientation may also be a risk factor for sexual assault. In the Hensley et al. (2005) sample, those who endorsed a non-heterosexual sexual orientation, both before incarceration and during incarceration, were disproportionately represented in the portion of the sample who were sexual victimized as compared to the total sample. Authors speculated that inmate perpetrators perceived a bisexual or homosexual orientation as a weakness, and that those with a non-heterosexual sexual orientation were at increased risk for being targeted for sexual violence in prison. This potential risk factor has also been found in previous literature (cf. Nacci & Kane, 1984; Wooden & Parker, 1982, as cited in Hensley et al., 2005).

Another factor related to sexual assault in prison that has been identified in the literature concerns race. Referred to as “one of the most strongly established correlates of prison sexual assaults” (Hensley et al., 2005, p. 669), literature of previous decades identified that interracial sexual assaults are frequent, and that comparatively, Caucasian men tend to be the victims of sexual assault whereas African-American men tend to be the perpetrators of sexual assault (see Hensley & Tewksbury, 2002, for a review of studies). In more recent literature, Caucasian males are disproportionately represented among sexual assault or coercion victims as compared to the total sample of inmates surveyed (Hensley et al., 2003, 2005; Struckman-Johnson & Struckman-Johnson, 2000; Struckman-Johnson et al., 1996, as cited in Hensley et al., 2005), whereas African-American males are underrepresented in victim groups as their
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presence in the total sample might suggest (Hensley et al., 2003). Recent studies have also found that inmates surveyed who reported being victims of sexual coercion or assault identified African-American males as the perpetrators more often than Caucasian males (Hensley et al., 2003; Struckman-Johnson & Struckman-Johnson, 2000). However, as with all research in this area, results must be interpreted considering the methodological weaknesses inherent in this type of literature, as explicated in Saum et al. (1995; e.g., self-selected respondents, possible under-reporting of sexual crimes).

Other demographics associated with sexual victimization in prison include being young (defined as under 30 years of age in some studies; found in multiple studies as reviewed in Hensley et al., 2005), attractive (see Hensley et al., 2005 review), of small stature or build, mentally ill or developmentally disabled, convicted of sexual crimes, not well-liked by staff or peers, or a prison “snitch” (see Dumond, 2000, for review of studies). At least one study found that the majority of inmates who had been sexually threatened by peers were only threatened one time (Hensley et al., 2003), although other research suggests that a prior sexual assault creates vulnerability for future sexual assault (as reviewed in Dumond, 2000, see also Struckman-Johnson et al., 1996). This might suggest that if a sexual advance or threat by a peer is handled “successfully” (i.e., avoidance of victimization), there is some likelihood that the inmate will not be targeted for future threats or actions. Alternatively, the “unsuccessful” handling of threats or actions may result in the appearance of weakness or vulnerability that might increase the likelihood of future victimization.

As with other areas of risk assessment, perhaps one of the best predictors of future behavior is the occurrence of such behavior in the past. As applied to this area, this suggests that inmates who were known to sexually victimize peers in prison previously would be at increased risk to engage in this behavior in the future. Likewise, as indicated earlier, those who have been previously victimized may also be at particular risk for future victimization. Thus, the importance of thorough custodial investigations of reported sexual victimizations, as well as adequate documentation and communication of such to mental health staff, becomes an imperative part of the risk assessment process.

There have been a number of ways that researchers have suggested correctional systems handle sexual activity within prison walls, from educating inmates about strategies to deal with unwanted sexual advances or sexual aggression (Eigenberg, 2000) to distributing condoms to inmates (Saum et al., 1995). However, some research indicates that custodial staff remain divided about whether they should talk to inmates about potential sexual victimization or reasons why they should not engage in consensual sexual activities with other inmates (Eigenberg, 2000). Further, although “consensual” sex between prisoners may be quite common, with reported rates of up to 65% in one sample (Wooden & Parker, 1982, as cited in Hensley, Struckman-Johnson, & Eigenberg, 2000), it is important to note that apparently consensual sex may actually be coerced sex (Eigenberg, 2000; Hensley & Tewksbury, 2002; Saum et al., 1995). For example, an inmate may agree to engage in sexual activity with another inmate in exchange for protection in order to prevent victimization by multiple others.

Although risk assessment in this area is not formulaic and standardized, there may be some things that correctional clinicians can do to help prevent sexual victimization in prison. As any inmate can potentially be the target of sexual aggression from peers, correctional clinicians can help to educate all inmates about sexual assault and victimization through admission and orientation programs for all newly admitted inmates, and also make them aware of the dangers of engaging in sexual activity while in prison. Further, they can also make inmates aware of how to report sexual victimization, observed or experienced, and discuss the procedures that would be followed if victimization were reported, keeping

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in mind that victim privacy or observer confidentiality are likely to be important issues in this discussion. Correctional clinicians can also initiate training of custodial staff about issues of sexual activity and sexual victimization in prison, and have a system in place for staff to refer suspected victims or perpetrators to mental health staff for evaluation and treatment.

As correctional researchers and clinicians attempting to predict sexual aggression in prison against peers, we are crippled by the lack of an on-point actuarial assessment measure, low base rates of assault, and methodological shortcomings in the extant literature base. Moreover, research on the characteristics of victims of sexual coercion in prison is comparatively more prevalent than that available on the perpetrators of sexual violence against peers in prison. However, we may be called upon to assess inmates for their risk of victimization or perpetration and make recommendations to custodial staff nonetheless, especially as prison systems adopt and incorporate sexual assault victimization and prevention policies. It is important for clinicians to avoid the misuse of actuarial instruments designed to predict sexual assault in the community when predicting sexual assault against peers in prison setting, as they were not designed or normed for this setting. It is also inherent that correctional clinicians recognize the limitations of their clinical judgment when it comes to prediction, and to include appropriate caveats in any assessment of risk that their job requirements call upon them to conduct. Finally, clinicians must be mindful that any recommendations provided to custodial staff be well-considered. For example, although one study found that barracks-style housing was associated with more sexual victimization (Struckman-Johnson & Struckman-Johnson, 2000), clinicians should be cautious in providing recommendations for housing based on this finding, as barracks-style housing may afford more or less custodial supervision depending on the particular prison. That is, some of the "risk" factors for victimization mentioned above need to be replicated to assure reliability, direct and unmediated causal attributions, applicability to diverse prison settings, and direct translation into recommendations. However, all of these areas present important opportunities for future research that would be directly relevant to applied correctional practice. In the meantime, clinicians should seek to work with custodial staff in the prevention of sexual victimization within the bounds of ethical and responsible practice.

REFERENCES


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CANADIAN CORNER
ANNUAL CPA CONVENTION COMPETES WITH MONTREAL GRAND PRIX

J. Stephen Wormith, Ph.D.

The Annual Convention of the Canadian Psychological Association (CPA) was held this year in Montreal, one of Canada's most interesting cities. More than 1600 psychologists competed with thousands of race car fans from around the world for hotel rooms, restaurants and sidewalk space as the conference occurred concurrently with the Montreal Formula One Grand Prix. In spite of the congestion, it was a great time, with wonderful French cuisine and exotic cars everywhere. Oh yes, and there were also the people. We were delighted to see some of our American colleagues, including Steve Norton (Minnesota), Bob Morgan (Texas) and Tom Powell (Vermont), on the Criminal Justice Psychology (CJP) Section's agenda.

This year was one of the better years for criminal justice content both in terms of quantity and quality. There was not a single time slot during the 3-day conference when there was not at least one criminal justice symposium and often there were more. A complete listing of the conference abstracts may be found in Canadian Psychology/Psychologie canadienne, 2005, 46 (2a).

Denis Méthé was the Section's invited speaker at this year's conference. Mr. Méthé is the Deputy Commissioner, Québec Region, for the Correctional Service of Canada (CSC) and was filling in for Commissioner Lucie McClung, who had to bow out. He spoke of the many challenges facing the organization in this day and age, from the changing complexion of the offender population, to legal developments, human resource issues, and the more specific challenges of psychologists working in the system. The psychologist's role as an agent of client change was highlighted. A brief question-and-answer period followed and it quickly became apparent that the whole presentation could have been in this format. In particular, there was plenty of interest in the issue of research in CSC and how that organization might ease the administrative difficulties and delays for students and external researchers interested in conducting prison/offender-based research.

Various presentations and symposia, their presenters or session chairs, and affiliations (for those who might want more details), are as follows; Who Stole the Cookies? Deception and its Deception in Psychopaths, Adelle Forth, Chair (Carleton University); Let's Get Down to Details: Some Examples of Specialized Offender Assessment, J. Stephen Wormith, Chair (University of Saskatchewan); Trials and Tribulations: Psychology in the Courtroom, Thomas Dalby (University of Calgary); Determining the Casual Status of Risk Markers, Vernon Quinsey (Queens University); Criminal Justice Therapy, Jeremy Mills, Chair (Correctional Services of Canada); Recent Contributions to the Assessment and Treatment of Sexual Offenders, R. Karl Hanson, Chair (Public Safety and Emergency Preparedness Canada); Presenting Violence in Relationships: Psychological Science Addressing Complex Social Issues, David Wolfe (CAMH/University of Toronto); Offender Assessment Instruments: A Cross-Cultural Examination, David Simourd (Carleton University); Conduite Avec Les Capacités Affaiblies Par L'Alcool Et Les Drogues: Législation, Comportements, Interventions Individuelles Et Pistes De Recherche, Marie Claude Ouimet, Chair (Université de Montréal); Harnessing Social-Cognitive Theory to Break the Influence of Antisocial Peers, Robert Morgan, Chair (Texas Tech University); Evolutionary Psychology in Forensic Research, Meghan Provost, Chair (Queens' University); Bulling Among Prisoners: Attitude Toward Prisoners, A Study Conducted Among Pakistani Prison Guards, Muhammed Tahir (Balochistan University); and Memory and Psychology in Forensic Context,

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Kristine Peace, Chair (Dalhousie University).

There was also the usual array of poster session, by my count, a total of 55. What was particularly noticeable was the number of posters (n = 21), mostly by students, from Carleton University in Ottawa. That campus's recent influx of criminal justice and forensic faculty is beginning to pay off and the existence of their program has become very apparent through their number of participants at the CPA Conference. So it was no surprise that the annual student award was won by Shevaun Corey from Carleton University for her poster on geographic profiling. Her abstract is reprinted below. Anyone interested in learning more about this study may contact Shevaun at the following address: shevauncorey@rogers.com

The Effect of Task Complexity on Predictive Accuracy in a Geographic Profiling Task
Shevaun Corey¹, Craig Bennell¹, Paul J. Taylor², & Brent Snook¹
Carleton University, Ontario, Canada¹; University of Liverpool, UK²; Memorial University, Newfoundland, Canada³

This study examined the effect that task complexity has on predictive accuracy in a geographic profiling task (i.e., predicting where offenders live based on where they have committed their crimes). Police officers were exposed to maps depicting 3, 5, or 7 crimes that were either blank or displayed topographic information and were asked to mark an X where they predicted each offender lived. Participants were randomly divided into three conditions - either an untrained group or one of two groups presented with training in the form of simple decision-making heuristics that have been shown to improve geographic profiling predictions. After the training phase, participants were presented with another set of maps on which to make predictions. The distance between the predicted and actual home location was calculated for each map across the groups, before and after the training phase. These error distances were also compared to a profiling system called CrimeStat. Results suggest that, regardless of the level of task complexity, participants exposed to a training phase showed a significant improvement in predictive accuracy. In addition, consistent with past research, the accuracy of the trained groups did not differ significantly from CrimeStat.

This year the Career Achievement Award was bestowed on Dr. Vern Quinsey, Queens' University. During his illustrious career, Vern made important theoretical and research contributions to a diverse range of forensic issues including phallometric assessment, mentally disordered offender treatment, violence risk assessment (although most of you will associate his contribution in this area with the development of the Violence Risk Appraisal Guide (VRAG), one should never forget his even more important psychiatrist vs. teacher prediction study and the application of evolutionary psychology to antisocial behavior. Doctor Dorothy Cotton, CSC, received the Significant Achievement Award in recognition with her important work with policing agencies across Canada. In addition, criminal justice psychologists, David Nussbaum and Yvette Theriauld were made Fellows of the Canadian Psychological Association at this year's CPA awards ceremony. David is Past Chair of the Criminal Justice Psychology Section and has been a strong voice for the use of empirically based approaches in Ontario's forensic mental health system. Yvette has been particularly active in the provision of psychological services in New Brunswick and has served as an external advisor to senior administration in the CSC. Both have worked tirelessly for correctional psychology in their respective jurisdictions.

The annual Section Business Meeting took place in some interesting discussions about the future directions of the Section, which was reflected in an

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expanded Section Executive. A number of Directors-at-Large were added to accommodate the Section’s interest in representing more that the corrections arm of the criminal justice system. They include Dorothy Cotton and Craig Bennell (Police), Joanna Pozzulo (Courts), Andrew Starzomski (Training), as well as Andrew Harris, Guy Bourgon and your humble scribe as the self-appointed historian. Jeremy Mills succeeds Daryl Kroner as the Section Chair and Karl Hanson remains in the position as Secretary-Treasurer. Tanya Rugge and Chantel Langevin succeed Jeremy Mills as Co-Editors of Crime Scene, the Section newsletter, which is still available to AACFP members, and Joseph Camilleri retains his duties as Student Representative to the Section. With these developments, the Section extends its special thanks to Daryl for his work over the last 4 years as Section Chair, to Jeremy who brought the newsletter into a state of respectability, and to David Nussbaum, who served dutifully as Section Chair and Past Chair for many years.

The executive has also tasked the incoming chair to examine ways by which the Section might become more responsive to the increasing number of media requests that are coming to the Criminal Justice Psychology Section. The emergence of some particularly celebrated cases in Canada recently, although lacking the same kind of celebrity status of certain U.S. cases, has a lead to a barrage of media inquiries for forensic expertise and the Section has not established the kind of mechanism that is required to accommodate the short turnaround time typically required by the media.

For those of you who are unaware, your humble scribe has assumed another important criminal justice psychology duty over the years, namely, host of the CIP Section’s Annual Wine Tasting event. This year’s celebration was perhaps the most successful, at least in terms of bottles consumed. Without question, the highlight was a fine bottle of ice wine (a specialty for which Canada has become recognized as the world leader), tenderly prepared and aged by your friendly vintner, and used to toast our good friend Vern Quinsey for his Career Achievement Award. So anyone who is considering attending next year’s conference in Calgary, Alberta, please keep this important social event in mind. Just bring a copy of The Correctional Psychologist to gain admission, receive preferential VIP treatment, and sample of our finest vintage.

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Suicide is a leading cause of death among those incarcerated in prisons and jails both in the United States and Canada (Bland, Newman, Dyck, & Orr, 1990; Green, Andre, Kendall, Looman, & Polvi, 1992; Hayes, 1995; Hayes & Rowan, 1988). Hayes (1995) has identified six key components of a comprehensive suicide prevention plan: a suicide prevention policy, staff training, intake screening/assessment, housing, levels of supervision, intervention, and administrative review. Important to screening and assessment is the reliable and systematic method of measuring these risk factors. Risk factors associated with suicidal behavior include depression (Emery, Steer, & Beck, 1981; Lester & Beck, 1977), hopelessness (Beck, Brown, & Steer, 1989; Holden & Kroner, 2003), suicidal ideation (Fawcett et al., 1990), and prior suicide attempts (Cole, 1988; Dexter & Towl, 1995). These risk factors are measured by the Depression Hopelessness and Suicide Screening Form (DHS; Milis & Kroner, 2002).

The Depression Hopelessness and Suicide Screening Form is a 39-item instrument developed to screen for depression, hopelessness, and suicide risk factors. The DHS is comprised of a Depression scale (17 items), a Hopelessness scale (10 items), and a Critical Item Checklist (12 items). All items are answered in a 2 category true/false format. The Critical Item Checklist was included in the DHS to provide clinicians with information on historical suicide risk factors and current ideation of suicide (see Table 1). Three summary measures can be obtained from the Critical Item Checklist. The Historical Indicator is comprised of five items that asked about previous suicide/self-harm behavior and serious thoughts of suicide (items 16, 20, 28, 32, and 34). The Cognitive Indicator is comprised of two items (Items 12 and 24) that are intended to measure cognitively permissive of suicide as a behavioral option. The final indicator, the Ideation Indicator is comprised of three items (Items 36, 38, & 39). Both items 36 and 39 directly relate to current ideation and item 38 is of sufficient clinical significance that any endorsement of the item would warrant follow-up. This brief report summarizes a series of studies that have examined the validity of the DHS.

**Table 1**

Critical Item Checklist

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<td>4.</td>
<td>I have been diagnosed as being depressed by a psychiatrist or psychologist in the past.</td>
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<tr>
<td>8.</td>
<td>I have close friends or family members who have killed themselves.</td>
</tr>
<tr>
<td>12.</td>
<td>Suicide is not an option for me. (-)</td>
</tr>
<tr>
<td>16.</td>
<td>I have had serious thoughts of suicide in the past.</td>
</tr>
<tr>
<td>20.</td>
<td>I have intentionally hurt myself.</td>
</tr>
<tr>
<td>24.</td>
<td>If circumstances get too bad, suicide is always an option.</td>
</tr>
<tr>
<td>28.</td>
<td>In the past my suicidal thoughts have led to a suicide attempt.</td>
</tr>
<tr>
<td>32.</td>
<td>I have attempted suicide more than once in the past.</td>
</tr>
<tr>
<td>34.</td>
<td>I have attempted suicide in the past 2 years.</td>
</tr>
<tr>
<td>36.</td>
<td>I have recently had thoughts of hurting myself.</td>
</tr>
<tr>
<td>38.</td>
<td>Life is not worth living.</td>
</tr>
<tr>
<td>39.</td>
<td>I have a plan to hurt myself.</td>
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Internal consistency as represented by Cronbach's alpha were found to be within acceptable limits within both offender (DHS Depression = .87 & DHS Hopelessness = .76) and student samples (DHS Depression = .86 & DHS Hopelessness = .84). The 27 items from the DHS Depression and Hopelessness scales were analyzed using a confirmatory factor analysis procedure (Mills & Kroner, 2004). A two factor solution yielded better fits of the data according to Tucker and Lewis (1973) [.66 vs. .69, Tucker-Lewis index] and Bentler (1990) [.71 vs. .74, comparative fit index]. A subsequent factor analysis was undertaken on a separate sample to assess the dimensionality of each of the two scales (Continued on page 14)
individually (DHS Depression and DHS Hopelessness). The intercorrelations among the items for each scale were analyzed with principal component analysis (Jackson, 1991). For both scales the first eigenvalue was large relative to the rest and from the second eigenvalue onwards there is a gradual decline. Cattell’s (1966) scree test would seem to indicate that there is only one significant dimension underlying both scales. As a final assessment of the number of dimensions to retain, Velicer’s (1976) minimum average partial test (MAP) confirmed the findings. Together, the results indicate that the DHS is best represented by two independent factors and these two factors are unidimensional.

Among offenders, construct validity of the DHS scales was supported by strong correlations with measures of depressed affect \( r = .65 \) and hopelessness \( r = .68 \) derived from Jackson’s (1989) Basic Personality Inventory. Also the DHS Depression scale was found to be strongly correlated with the Beck Depression Inventory (Beck & Steer, 1987; \( r = .77 \)) and the DHS Hopelessness scale was strongly correlated with the Beck Hopelessness Scale (Beck & Steer, 1988; \( r = .70 \)). Convergent and divergent validity was evidenced when the DHS was shown to be more strongly related to other measures of negative affect such as anxiety \( r = .48 \) and self-depreciation \( r = .66 \) than test taking style (denial, \( r = .32 \)). Additionally, the DHS scales demonstrated discriminant validity between measures of psychiatric symptoms (DHS Depression \( r = .52 \) & DHS Hopelessness \( r = .43 \)), social alienation (DHS Depression \( r = .53 \) & DHS Hopelessness \( r = .38 \)), and depression (DHS Depression \( r = .70 \) & DHS Hopelessness \( r = .60 \)) (Holden, 1996).

A strong negative correlation was found between the DHS and emotional intelligence \( r = -.61 \); Hemmati, Mills, & Kroner, 2004) as measured by the Bar-On EQ-i (Bar-On, 1997). The EQ-i is a 133-item questionnaire with a 5-point Likert-response scale. Responses to each item range from 1, very seldom or not true of me to 5, very often or true of me for positively or negatively-keyed items. The scales and subscales are Intrapersonal Intelligence: emotional self-awareness, assertiveness, self-regard, self-actualization, independence; Interpersonal Intelligence: empathy, interpersonal relationships, social responsibility; Adaptability: problem solving, reality testing, flexibility; Stress Management: stress tolerance, impulse control; General Mood: happiness, optimism. Higher scores indicate a higher level of emotional intelligence. The relationship of the DHS with the EQ-I subscales are shown in Table 2 and is data originally published by Hemmati, Mills and Kroner (2004) in the journal *Personality and Interpersonal Differences.*

<table>
<thead>
<tr>
<th>Scale</th>
<th>DHS Total</th>
<th>DHS Depression</th>
<th>DHS Hopelessness</th>
</tr>
</thead>
<tbody>
<tr>
<td>EQ-i Total</td>
<td>-.61</td>
<td>-.59</td>
<td>-.47</td>
</tr>
<tr>
<td>Intrapersonal</td>
<td>-.57</td>
<td>-.54</td>
<td>-.43</td>
</tr>
<tr>
<td>Interpersonal</td>
<td>-.50</td>
<td>-.46</td>
<td>-.36</td>
</tr>
<tr>
<td>Adaptability</td>
<td>-.61</td>
<td>-.57</td>
<td>-.43</td>
</tr>
<tr>
<td>Stress Mgmt</td>
<td>-.50</td>
<td>-.50</td>
<td>-.41</td>
</tr>
<tr>
<td>General Mood</td>
<td>-.61</td>
<td>-.60</td>
<td>-.51</td>
</tr>
</tbody>
</table>

*Note: All correlations between the EQ-i, EQ-i scales, and DHS scales are significant at the \( p < .01 \) level.*

Other research has shown the DHS to be comparable to the suicide history information collected during an intake interview (Mills & Kroner, 2005). The DHS was used in a sample of 101 male offenders to predict generalized psychological distress defined as a significant elevation on any 3 of the 4 domains of Depression, Anxiety, Hypochondriasis, and Self-Depreciation. In this
THE DEPRESSION HOPELESSNESS AND SUICIDE SCREENING FORM
(Continued from page 14)

analysis, the DHS Total score was used. A cutoff score of 8 and above resulted in a sensitivity score of 100%, a specificity score of 95% and a percent correctly classified score of 95%. Therefore, for male offenders scoring 8 or above on the DHS, we recommend an interview to determine the extent of the distress and to plot a course of intervention.

The DHS has also demonstrated some generalizability to a university student sample (Mills, Saunders, & Forth, 2003). In this sample, the DHS Depression scale was strongly related ($r = .82$) to the BDI-II and the DHS Hopelessness scale was strongly related ($r = .75$) to the Beck Hopelessness Scale. Discriminant validity was evidenced in the relationship of the DHS scales with the Holden Psychological Screening Inventory and the Psychache Scale as shown in Table 3.

![Table 3](image)

<table>
<thead>
<tr>
<th></th>
<th>HPSI</th>
<th>Phys Soc Depr</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHS Depression</td>
<td>.48</td>
<td>.25 .63</td>
</tr>
<tr>
<td>DHS Hopelessness</td>
<td>.50</td>
<td>.25 .60</td>
</tr>
</tbody>
</table>

*Note: All correlations $p < .05$.
DHS = Depression Hopelessness and Suicide Screening Form; HPSI = Holden Psychological Screening Inventory. Psych = Psychiatric Symptoms, Social = Antisocial Symptoms, Depr = Depression.

Criterion validity has been evidenced in the relationship of the DHS with information taken from file review and offender interview. The DHS scales were significantly related to concurrent validity information derived from institutional files (history of depression, history of psychiatric intervention) and an intake interview conducted by security staff (recent psychiatric/psychological intervention, number of prior suicide attempts). Table 4 contains the correlation coefficients between the DHS and information gathered from file review and interview. This data was originally reported in a Mills and Kroner (2004) paper published in Psychological Services.

![Table 4](image)

<table>
<thead>
<tr>
<th>Scale</th>
<th>DHS Total</th>
<th>DHS Depression</th>
<th>DHS Hopelessness</th>
</tr>
</thead>
<tbody>
<tr>
<td>File Review</td>
<td>.18*</td>
<td>.16*</td>
<td>.16*</td>
</tr>
<tr>
<td>History of Depression</td>
<td>.33***</td>
<td>.33***</td>
<td>.23**</td>
</tr>
<tr>
<td>Intervention</td>
<td>.41***</td>
<td>.42***</td>
<td>.26**</td>
</tr>
<tr>
<td>History of Psychological Intervention</td>
<td>.22***</td>
<td>.21**</td>
<td>.16*</td>
</tr>
<tr>
<td>Number of Prior Suicide Attempts</td>
<td>.24**</td>
<td>.22**</td>
<td>.21**</td>
</tr>
</tbody>
</table>

*Note: 8p<.05, **p<.04, ***p<.001

Overall, the psychometric properties of the DHS support its use to screen for depression, hopelessness, and suicide risk factors within offender populations. Very early results suggest that the DHS may be useful among student populations and research is currently underway to more fully assess this potential. Our own clinical experience with the DHS has been favorable. We often employ it as an initial screen when any offender has been referred to us out of concern for past or current suicide related behaviors or if an offender is showing signs of emotional or mental 

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THE DEPRESSION HOPELESSNESS AND SUICIDE SCREENING FORM

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distress. Although we have not formally studied the test-retest performance of the DHS, it use as a dynamic measure among our offender clients has been shown to reflect the offender’s functioning as observed clinically.

We are interested in sharing our positive findings with our colleagues in the field of correctional and forensic psychology and have made the DHS available free of charge to anyone who is interested in examining its potential for use within their practice. If you are interested please contact Dr. Jeremy Mills by email millsjf@scs-scic.gc.ca or by post c/o Psychology Department, Bath Institution, PO Box 1500, Bath, Ontario, Canada K0H 1G0. The DHS comes with a user guide, scoring key, and profile sheet and is available on CD in pdf format. We are working with a colleague to produce a computer-based, administration-scoring-interpretation program and hope to have it available in the near future. We are also open to hearing from colleagues wishing to collaborate on further research using the DHS.

REFERENCES


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THE DEPRESSION HOPELESSNESS AND SUICIDE SCREENING FORM
(Continued from page 14)


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Anne M. Bartol 
Castleton State College

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Application Date ____________________________

(Check preferred mailing address)

Home: _______________________________________

Institution: __________________________________

Phone: _______________________________________

Computer Attainment

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Work Experience

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List three major areas of interest:

____________________________________

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