

1 about a case that we struggled with, the two of us, you
2 know, these kids decompensate, to use the word, the
3 psycho-babble word, they decompensate, they cut themselves,
4 and then there's a need for emergency hospitalization, and
5 we see in juvenile court those cases occurring every day,
6 and the judicial response is we make phone calls to the
7 respective commissioner, whether it's the Department of
8 Social Service or the Department of Mental Health. If you
9 don't have a coherent system for interagency coordination
10 sometimes people are summoned. So, all too often in
11 juvenile court -- I would urge all of you to go to your
12 local juvenile court -- you'll see this sort of ad hoc
13 crisis resolution involving these very, very complicated
14 cases on a daily basis. We need a more -- we need a
15 systemic fix of these crisis cases are not looked in the
16 polarized context are very, very divisive courtroom settings
17 among very, very sensitive family issues.

18 CHAIRMAN WALTON: Thank you for your testimony.
19 If you have additional input you'd like to give to us, we'd
20 be happy to hear from you in writing.

21 Now we'll take five minutes.

22 (Recess.)

23 (Panel Sworn)

24 MR. MURRAY: Good afternoon, I will be timely but
25 thorough in covering my testimony. I appreciate the

1 opportunity to be here today to provide information on a
2 topic that's extremely important to the State of Georgia and
3 to the Department of Juvenile Justice. I'm delighted to
4 share the panel with my good friend Dr. David Roush whom
5 I've known for some time. I respect his knowledge and
6 expertise in juvenile justice. Also Carl Sanniti who much
7 like me has seen juvenile justice from several
8 jurisdictions.

9 Just a very little about me. I've had the
10 opportunity to serve as Commissioner in Georgia fro
11 two-and-one-half years, but I've been in juvenile justice
12 more than 30 years. I've had the opportunity to see
13 juvenile justice, or corrections, I should say, from four
14 different states. Most of my career was spent in the State
15 of Tennessee where I served as a superintendent, an
16 assistant commissioner, worked in a number of leadership
17 roles in that state before moving to the State of Kansas
18 where I served as Commissioner for a six-year period. One
19 of my years has been in the adult Department of Corrections
20 where I worked with the corrections system in Alabama,
21 again, but most of my time was spent in my native state.

22 The Georgia Juvenile Justice system, just a very
23 little about the system in general. It was established in
24 1992. At that time the state passed legislation that
25 separated juvenile justice from the Social Services

1 Departments and made it a freestanding agency. On any given
2 day, the department had responsibility for approximately
3 23,000 cases statewide, 159 counties. Of that 23,000, we
4 incarcerate on an average day only about 2,600 of that
5 number, that's to say about 89 percent of the young people
6 under my supervision are being served at the community level
7 in community-based programs, and I want to touch on that
8 more later.

9 But, again, it's an opportunity for me to be here.
10 Let me first of all commend the authors and the sponsors of
11 PREA, the Prison Rape Elimination Act. It's a further
12 indication to me of a commitment from the national level to
13 safety and the well being of offenders in custody. I think
14 those of us running agencies have a responsibility to ensure
15 the safety in every way, and particularly from rape and
16 sexual assault of the young people in custody and care. The
17 Georgia Department of Juvenile Justice is totally committed
18 to the full and consistent implementation of the PREA
19 guidelines.

20 The State of Georgia, through the Department of
21 Juvenile Justice, operates 22 detention centers. In my
22 State of Georgia, detention is a state-operated function,
23 so, my agency has responsibility for the operation of 22
24 detention centers that are located regionally throughout the
25 state. My department also has responsibility for eight

1 long-term secure facilities for juveniles, with a total of
2 30 facilities. We call the detention centers RYDCs,
3 Regional Youth Detention Centers, which would reflect in the
4 written testimony that you have. All of our detention
5 centers are co-ed with individual secure rooms for youth and
6 separate units for girls and boys. All facilities have
7 perimeter fencing, secure perimeter fencing, hardware secure
8 interior and extensive video cameras in use throughout all
9 of our facilities at this time except two, and plans are
10 underway to install cameras in those two. I'm a strong
11 believer that if we can have a good mix of cameras and staff
12 to watch young people, we can reduce and eliminate any
13 opportunity for rape of a juvenile in custody. The
14 long-term facilities vary from as few as 60 beds to 330
15 beds. The detention centers vary from 30 beds to one as
16 large as 200 beds.

17 The Georgia Department of Juvenile Justice has
18 been under oversight of the Department of Justice since 1998
19 and has made great strides on all issues dealing with
20 protection from harm of youth in secure confinement. At the
21 heart of the reforms that have been in Georgia are controls
22 on staying within the capacity of each center, each
23 facility, extensive policy revision and continual review,
24 increased training of staff and increased staffing.

25 The following information relates to factors that

1 help minimize the incidence of sexual assaults on juveniles
2 in detention centers or in long-term facilities in Georgia.

3 Some of the steps we have taken to make sure that
4 we are being responsible and responsive to this problem, the
5 Georgia Juvenile Justice system takes a proactive,
6 multi-tiered approach to prevent sexual violence in its
7 facilities. Only ten percent, which would be four GJJ
8 secure facilities, have more than 150 beds. We believe that
9 smaller facilities are better managed, better supervised,
10 with the right staff complement, so, we don't construct and
11 don't plan to construct large facilities. The smaller size
12 of these facilities allows staff to better supervise
13 juveniles and be aware of circumstances that may cause
14 incidents to occur.

15 The physical construction of the facilities in
16 Georgia enhances the supervision of juveniles. In our
17 facilities we have single sleeping rooms. Most all
18 juveniles are locked in at night in single-occupancy
19 sleeping rooms. That's to say when they go to bed at night
20 they don't have to be concerned about being attacked by
21 someone else who may be in their room. They're locked in.
22 Within each room we have an intercom system where they can
23 talk to the staff on duty or the staff can monitor their
24 rooms, again, as an added measure of security.

25 In terms of the size of our units, juveniles are

1 arranged in easily controlled, small management groups.
2 Usually the number of juveniles in a unit is 20, no more
3 than 20. We have multiple oversight units arranged so that
4 staff from other units can see each other. Staff providing
5 oversight of small groups can see and are seen at all times
6 by other staff overseeing adjacent groups. We have
7 individual showers. Newer facilities have been designed so
8 that each shower is an individual locked room with access
9 controlled by staff only.

10 We have clear sight lines of vision. Throughout
11 the facilities the movements of all juveniles are visible
12 from the starting point. The facilities have been designed
13 to minimize blind spots and hiding places. Juveniles are
14 not allowed to move about the facility unescorted, nor are
15 staff permitted to utilize line-of-sight supervision. All
16 new facilities are being designed to provide for more
17 security and more oversight.

18 Other steps we've taken in Georgia to minimize and
19 prevent the rape of juveniles in custody is with our locking
20 system. We use high-quality locks which denies access of
21 juveniles to unobserved spaces by minimizing the picking,
22 jamming or breaking of those locks. Locks are so restricted
23 to manual operation with a key only. When a juvenile moves
24 through a door it is always in the presence of an officer,
25 and control and observation are maintained on both sides.

1 As I mentioned earlier, we have invested heavily
2 in cameras. Facilities are under camera observation and
3 also recorded. These cameras are installed where the staff
4 are aware that the camera's in place, the juveniles are
5 aware that the camera's in place. They know that every move
6 they make is being videotaped and recorded, which certainly
7 makes a big difference. Each facility's camera system was
8 individually designed with particular attention paid to
9 blind spots and hiding places. Depending on the facility
10 size, the system currently encompasses up to 96 cameras
11 which operate 24 hours daily.

12 We also have a detech system installed. While in
13 the secure rooms, all juveniles are directly observed at
14 least every 30 minutes. Some juveniles require more
15 frequent observation as ordered by security supervisors,
16 medical staff, mental health staff. The utilization of good
17 lighting is essential to the achievement of many of the
18 points involving observation and oversight listed above.

19 In addition to this, other steps that we've taken
20 during the juvenile waking hours, we maintain a staff ratio
21 of one-to-ten. At night the ratio is one-to-twenty.
22 Medical and mental health staff is available for juveniles
23 seven days per week.

24 Georgia law requires that juvenile corrections
25 officers receive certification from the Peace Officers

1 Training and Training Council within six months of their
2 hire date. We believe in making a heavy investment in
3 training. This certification requires four weeks of
4 training at the Academy for Juvenile Correctional Officers
5 which includes classes in child development, interaction
6 with juveniles, identifying and reporting abuse, and the
7 consequences of abusing juveniles.

8 Our agency policy requires to monitor juveniles in
9 their room every 30 minutes and again every 15 minutes for
10 juveniles requiring additional contact.

11 I think I'm going to conclude at this point,
12 Mr. Chairman. Just, if I may, state that any juvenile
13 reported or believed to have been sexually assaulted in a
14 Georgia system is immediately referred to the on-site health
15 care staff for initial screening and then to a local
16 hospital for examinations. Treatment and collection of
17 forensic evidence is a part of this examination. The
18 security staff are not present in the room when youth is
19 examined; they're close, but they're not in the room. Upon
20 return from the local hospital, the facility director makes
21 a decision regarding housing placement for the alleged
22 victim. The safety, the security and the well being of the
23 victim are primary in these decisions. The juvenile is then
24 referred for a mental health assessment by a Master's level
25 mental health clinician and, if necessary, to the facility

1 psychologist or psychiatrist. The juvenile also receives
2 follow-up from the facility's physician.

3 The State of Georgia, Juvenile Justice, will
4 continue to give priority attention to the safety and
5 protection from harm to include prison rape, certainly to
6 include prison rape as required by PREA. We again commend
7 the author of this Act as well as the work of this
8 Commission.

9 I might close, Mr. Chairman and the Commission,
10 with just a comment. I think one of the best ways that we
11 can prevent rape of juveniles in secure custody is to make a
12 greater effort in screening those juveniles out who really
13 don't need to be in a long-term secure juvenile facility. I
14 think the system, as systems, we have made progress in that
15 arena, but there is room for much improvement. Juveniles
16 who need that level of security certainly need to be placed
17 in a juvenile facility. One of the things we have done in
18 Georgia and that we've learned over the years of being in
19 this business is to make a greater investment in
20 community-based programs. Over the last two years in
21 Georgia we have sought and will continue to do so to make an
22 investment in strengthening our community-based program
23 where 89 percent of my juveniles are being served.
24 Certainly we have invested in our juvenile facilities so
25 that they operate at a high standard. We have implemented

1 what we believe to be best practices. But I have a passion
2 for prevention programs and early intervention. I believe
3 in giving those initiatives more than lip service but
4 actually getting out there and making sure that we have
5 state and local partnerships in place whereby we can divert
6 youngsters from having to come into an institution if he or
7 she really doesn't need that environment. We believe that
8 in Georgia we operate good facilities, but a facility is a
9 facility is a facility, and we think if we can have good
10 community-based programs that keep children out of that
11 system, if they really don't need that level of security, we
12 should do it. We have juvenile judges who are working with
13 us in this arena. Again, in rural areas, we realize the
14 need for more sanctions, more options for juvenile judges so
15 that they don't have to move immediately toward secure
16 custody.

17 Thank you, Mr. Chairman, for your time. I'll be
18 glad to answer my questions after my colleagues present.

19 CHAIRMAN WALTON: Thank you very much, Mr. Murray.
20 Doctor.

21 DR. ROUSH: Judge and members of the Commission,
22 thank you for allowing me to be here. It has been a very
23 eventful day, and I know that I have learned a lot, so I
24 appreciate the opportunity to present some testimony. I'm
25 going to limit my comments to staff sexual misconduct and