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The Boston Anarchist Black Cross functions as the defensive arm of local anarchist struggles. We work to forge an organized support network for local activists in need and for folks behind bars. We seek the total abolition of prisons and work on projects in support of this cause.

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Invisibility of Women Prisoner Resistance

by Victoria Law

Introduction

Between 1990 and 2000, the rate of female incarceration increased 108%.¹ Despite the fact that the number of women incarcerated is increasing more rapidly than that of men, interest in women prisoners' organizing around their conditions of confinement remains much lower than that of their male counterparts.

Why the cloak of invisibility? Like their outside counterparts, women in prison are perceived as passive. Such neglect leads to the definition of prison issues as masculine and male-dominated, dismissing both distinctly female concerns (i.e. the scarcity of sanitary hygiene products, the lack of medical care specifically for women, especially prenatal care, threats of sexual abuse by guards, etc.) and any actions, which women take to address and overcome these concerns. Thus, researchers and scholars do not search out acts of defiance among the growing female prison population.² Furthermore, while male prisoners have well known examples of figures like George Jackson, and instances like the Attica uprising among other well-publicized cases of prisoner activism, women have limited resources and well known people or events that are relevant to them.

On the 28th of August 1974, inmates at Bedford Hills, an all women's prison, protested the beating of a fellow inmate by holding seven staff members hostage for two-and-a-half hours. However, "The August Rebellion" is virtually unknown today. All male state troopers and (male) guards from men's prisons were called to suppress the uprising. Twenty-five women were injured and twenty-four others were transferred to Matteawan Complex for the Criminally Insane without the required commitment hearings.³ This event was virtually ignored because it lasted only two-and-a-half hours, and no one was killed. The story was relegated to a paragraph buried in the back pages of *The New York Times*. The "August Rebellion" is seen as less significant than the Attica Rebellion. The women at Bedford Hills also did not have any opportunity to contact media, big-name supporters and politicians, whereas as the men incarcerated at Attica were able to gain public attention. The "August Rebellion" is easily overlooked by those seeking information on prisoner protests and disruptions.

Similarly, women in a California prison held a "Christmas riot" in 1975 to protest the cancellation of family holiday visits and holiday packages, inmates gathered in the yard, broke windows, made noise and burned Christmas trees in a "solidarity" bonfire. Once again, because there were no blatant acts of violence, this was not considered a major act of disturbance. This act is overlooked by anyone researching prison disturbances.⁴

Women prisoners face different circumstances during their incarceration and, thus, have different priorities and ways of challenging their conditions than their male counterparts.⁵ Mainstream ideas about prisoners are gendered masculine: the term "prisoner" usually calls forth an image of a young, black man convicted of a violent crime such as rape or murder. Politicians seeking votes, as well as media seeking specific audiences play on this representation, whipping the public into hysteria to get tougher on crime and build more prisons. The stereotype of the male felon, makes invisible the growing number of women imprisoned under the various mandatory

Attica uprising. However, this, like the "Christmas riot" and the August Rebellion have been largely ignored by historians and academics.

²² Morash et al. 8.

²³ Harris, Jean. *Stranger in Two Worlds*. New York: MacMillan Publishing Company, 1986. 286.

²⁴ Boudin, Kathy. "The Children's Center Programs of Bedford Hills Correctional Facility." *Maternal Ties: A Selection of Programs for Female Offenders*. Cynthia L. Blinn, ed. Lanham, MD: American Correctional Association, 1997. 68.

²⁵ Boudin, 84.

²⁶ Letter from Kebby Warner. Dated 29 April 2001.

²⁷ Human Rights Watch Women's Project. *All Too Familiar: Sexual Abuse of Women in U.S. State Prisons*. Washington, DC: Human Rights Watch, 1996.

²⁸ Letter from Barrilee Bannister. Dated 21 June 2001.

²⁹ Ibid.

³⁰ Thaxton, Rob. "Red, White and Blue Fascism." *Chain Reaction* #5. 6-7

³¹ Letter from Dawn Amos. Dated 28 September 2001.

³² "Defend the Lives of Women in Prison." *Prison News Service*, #51. May/June 1995. 2.

³³ Human Rights Watch. 232. As of 1999, the suit was still unresolved. However, the Michigan legislature approved legislation that year that would remove all of its prisoners from the state's civil rights and disabilities laws. The legislation would apply retroactively, thus eliminating the lawsuit, brought under the Civil Rights Act. See "Attacking Prisoners' Rights." *The New York Times*. 21 December 1999. A30.

³⁴ Thaxton, Rob. "Red, White and Blue Fascism." *Chain Reaction* #5. 6-7.

³⁵ Heinlein, Gary. "Prison Sex Could Draw Prison Term." *The Detroit News*. 11 October 1999.

³⁶ Pens, Dan. "Bag'm, Tag'm and Bury'm: Wisconsin Prisoners Dying for Health Care." *Prison Legal News* vol. 12, #2. Feb 2001. 1-2.

¹⁰ The Women of the ACE Program of the Bedford Hills Correctional Facility. *Breaking the Walls of Silence: AIDS and Women in a New York State Maximum-Security Prison*. Woodstock, NY: The Overlook Press, 1998. 23.

¹¹ Women in Prison Project of the Correctional Association of New York. "Women Prisoners and HIV." Cites Laura Manuschak's *HIV in Prisons and Jails*, 1999. Bureau of Justice Statistics. July 2001, revised 25 October 2001.

¹² ACE, 41-44.

¹³ ACE, 54.

¹⁴ ACE, 66-67.

¹⁵ *The Fire Inside*. (Newsletter of the California Coalition for Women Prisoners) #4. May 1997.

¹⁶ *Shumate v. Wilson* was the class-action lawsuit filed by inmates at the Central California Women's Facility and the California Institution for Women against the state, alleging that those with cancer, heart disease and other serious illnesses were being denied medical care and that the prisons' medical staff failed to protect the confidentiality of inmates with HIV and AIDS. In August 1997, the California Department of Corrections agreed to a settlement in which untrained prison employees would be barred from making judgments about inmates' medical care, the prisons would ensure medicines without undue lapses or delays, and medical staff would offer preventive care, including pelvic and breast exams, pap smears and mammograms. See California Agrees to Settle Inmates' HIV Privacy Claims. "*AIDS Policy and Law*," Prisons, Vol. 12, #17. 19 September 1997. On 31 July 2000, in light of evidence of tampering with medical files in preparation for the assessors' visits, the Department of Health Services' reports citing CCWF's failure to comply with regulations, and the CDC's failure to retest prisoners who had received fraudulent lab results, the plaintiffs' attorneys submitted a motion to reopen discovery in the case. The motion was denied by Judge Shubb and the case was dismissed in August 2000. (See "Strategies for Change: Litigation." <<http://www.prisonerswithchildren.org/litigation.htm>>)

¹⁷ Greenfeld and Snell, 8.

¹⁸ Henriques, Zelma Weston. *Imprisoned Mothers and Their Children: A Descriptive And Analytical Study*. Lanham, MD: University Press of America. 1982. 132.

¹⁹ Women in Prison Project of the Correctional Association of New York. "The Effects of Imprisonment on Families." 3.

²⁰ Morash, Merry. Bynum, Timothy S. Koons, Barbara A. "Women Offenders: Programming Needs and Promising Approaches." U.S. Department of Justice. National Institute of Justice. Research in Brief. August 1998. 1.

²¹ This is not to say that women prisoners never employ tactics of disruption. In 1971, women at Alderson Prison staged a four-day work stoppage in solidarity with the

sentencing laws passed within the past few decades. Because women do not fit the media stereotype, the public does not see them and are not then aware of the disturbing paradoxes of prisoners as mothers, as women with reproductive rights and abilities, and as women in general.

Medical Care

One pressing issue for women prisoners is the lack of, or poor medical care within prison. While all prisoners face poor medical care, prison administrations often ignore or neglect the particular health care needs of women prisoners. That the majority of lawsuits filed by or on behalf of women in prison are for inadequate medical services testifies to the importance women prisoners place on health care and treatment.⁵ Not only are the particular health care needs of women ignored or dismissed, but health care in general is often inadequate or life-threatening.

Even prison wardens agree that several of the particular needs of pregnant women, including adequate resources to take care of false labors, premature births and miscarriages, "have yet to be dealt with in any of the facilities."⁶ Pregnant women are not provided with the proper diets or vitamin supplements, given the opportunity to exercise or taught breathing and birthing techniques. Kebby Warner, who entered prison while pregnant, recounted, "We ain't even taught breathing exercises. The only extra food I had was three snacks a day, which would consist of cereal, cheese and graham crackers or lunch meat sandwiches. [All of the food here is] high in starch and carbs, no fresh vegetables, nothing."⁷

Pregnancy is not the only female specific medical concern ignored by prison officials. Prevention, screening, diagnosis, care, pain alleviation and rehabilitation for breast cancer are virtually non-existent in prisons. In 1998, a study at an unnamed Southern prison found that seventy percent of the women who should have had mammograms under standard medical protocol had not been tested. Although many of the women were at high risk because of family histories, they were not provided with a clinical breast exam, information or basic education on self-examination upon admittance.⁸

However women have been active about trying to change their medical neglect within the prison system. The most successful and well-known prisoner-initiated project organized around health care is the AIDS Counseling and Education Project (ACE) at Bedford Hills. AIDS is the leading cause of death among U.S. prisoners, being five to ten times more prevalent in prison than in the outside society.⁹ In 1999, the New York State Department of Health found that the rate of HIV infection among women entering the New York State Correctional Facilities was nearly twice that of their male counterparts.¹⁰ More than ten years earlier, in 1987, women at the maximum-security Bedford Hills Correctional Facility in New York, recognized the need for AIDS counseling and, motivated by watching their friends die of AIDS and by the social ostracism and fear of people with AIDS, started ACE.¹¹

The founders of ACE hoped to educate and counsel their fellow inmates about HIV/AIDS as well as help care for women with AIDS in the prison infirmary. The fear

that the one-to-one peer counseling sessions would lead to inmate organizing and the staff's own ignorance and fear of HIV/AIDS led to staff harassment and interference. Educators from the Montefiore Hospital conducting sessions were banned from the facility for suggesting that the Department of Correctional Services lift its ban on dental dams and condoms.¹² A year after its formation, ACE members were prohibited from meeting at its regular time, to use the meeting room, give educational presentations or to refer to themselves as "counselors."¹³

Despite these attacks, the members of ACE not only managed to implement and continue their program, but also received a grant for a quarter of a million dollars from the AIDS Institute. In 1998, they wrote and published a book detailing the group's history and its positive impact on women with AIDS as a guide for other prison AIDS programs.

Women have also worked individually and without the auspices of administrative approval to change their health care. Until her recent death, California prisoner Charisse Shumate worked with her fellow inmates with sickle-cell anemia to understand the disease and the necessary treatments.¹⁴ She also advocated the right to compassionate release for any prisoner with less than a year to live and was the lead plaintiff in the class-action lawsuit *Shumate v. Wilson*.¹⁶

Just as scholars and researchers have ignored women's organizing around HIV/AIDS, they have also ignored the struggles of individual women for adequate health services and support. The works of ACE, Charisse Shumate and other women may not be as immediate or dramatic as a work strike or a boycott, but they nonetheless address crucial issues facing women in prison. These actions also contradict the notion that women do not and cannot network and organize to change their conditions.

Children

Separation from children is another major issue for women inmates. In 1998, more than a quarter million children under the age of eighteen had a mother behind bars.¹⁷ These numbers should warrant that *all* women's prisons have family and parenting programs available. However, such is not the case. Inmate mothers, many of whom were single heads of their households prior to incarceration, are left on their own to navigate the rocky path of maintaining contact and custody of their children.

Women prisoners are viewed as incapable of being good mothers and thus not automatically deserving of the same respect and treatment accorded to mothers on the outside. While this may be the case in some instances, such a sweeping generalization ignores the fact that many inmate mothers were single heads of households, the sole provider for their children and may have been forced to rely on illegal means to support and protect their family. Prison and social service authorities rely on the notion that inmate mothers are somehow unfit and unworthy to legitimize over-reaching policies regarding the children of imprisoned parents. A 1978 directive of the Department of Social Services specified that it can refuse imprisoned parents visits with their children placed in foster care if it believes that visits will hurt the children.¹⁸

¹ Beck, Allen J. and Harrison, Paige M. "Prisoners in 2000." U.S. Department of Justice. Bureau of Justice Statistics: August 2000. 1. This increase is due, for the most part, to the mandatory sentencing laws. First-time offenses, which would have been treated as misdemeanors, mandated treatment or dismissed altogether now warrant harsh sentences. New York's Rockefeller Drug Laws stipulates a sentence of fifteen years to life for anyone convicted of selling two ounces or possessing four ounces of a narcotic. No regard is made to circumstances or (lack of) prior history. The results? In 1973, when the Drug Laws were enacted, four hundred women were imprisoned in New York State. As of January 1, 2001, there were 3,133. Over fifty percent had been convicted of a drug offense and one in five were convicted solely of possession. (Women in Prison Project of the Correctional Association of New York. "The Effects of Imprisonment on Families." Cites New York State Department of Correctional Services' *The Hub System: Profiles of Inmates Undercustody on January 1, 2001*.) According to the Sentencing Project, the number of women imprisoned nationwide for drug offenses rose 888 percent from 1986 to 1996. ("Drug Laws Putting Too Many Women in Prison, Reform Group Says."

<<http://www.cnn.com/2000/US/01/29/women.prison/>>

² Radical scholar Nancy Kurshan, in acknowledging the lack of documentation around women prisoners' activism, argues, "We do not believe that is because resistance does not occur, but rather because those in charge of documenting history have a stake in burying this herstory. Such a herstory would challenge the patriarchal ideology that insists that women are, by nature, passive and docile." She then cites instances of resistance and rebellion in women's prisons from the Civil War period to the 1970s.

³ Diaz-Cotto, Juanita. *Gender, Ethnicity, and the State: Latina and Latino Prison Politics*. Albany, NY: State University of New York Press, 1996.324-5.

⁴Faith, Karlene. *Unruly Women: The Politics and Confinement of Resistance*. Vancouver: Press Gang Publishers, 1993. 235.

⁵ One issue particular to female inmates is the distribution of sanitary napkins. For instance, in New York State prisons, each inmate is allocated a set number of napkins per year. Because of the scarce supply, many women are forced to reuse and share them. (Human Rights Watch Women's Project. *All Too Familiar: Sexual Abuse of Women in U.S. State Prisons*. Washington, DC: Human Rights Watch, 1996. Cites interview with Rhea S. Mallet, The Correctional Association of New York. 30 January 1996.)

⁶Belknap, Joanne. "Programming and Health Care Accessibility for Incarcerated Women." *States of Confinement: Policing, Detention and Prisons*. Joy James, ed. New York: St. Martin's Press, 2000. 112.

⁷ Boudouris, James. PhD. *Parents in Prison: Addressing the Needs of Families*. Lanham, MD: American Correctional Association, 1996. 11.

⁸ Letter from Kebby Warner. Dated 29 April 2002.

⁹ Cooper, Cynthia. "A Cancer Grows." *The Nation*. 6 May 2002. <<http://www.thenation.com>>

women prisoners throughout their respective states in their charges and demands dismisses the assumption that there is no sense of solidarity among women in prison. Gaining media attention goes hand in hand with filing lawsuits. While prison abuse remains behind closed doors and out of the public eye, policymakers, legislators and the courts remain reluctant to interfere in the daily operations and conditions of prisons. Barrilee Bannister and the other 77 women transferred to Florence were removed from the abusive all-male prison only after their plight caught the media's attention. Prior to that, those who complained about the guards' sexual assaults were placed in segregation units, had good time taken away and were sometimes monetarily fined while their attackers suffered no consequences.³⁴ In Michigan, lawmakers began to consider harsher penalties against prison staff who have "sexual contact" with an inmate only after prisoner lawsuits drew embarrassing publicity to the state.³⁵ In Wisconsin, an anonymous female prisoner telephone call to the *Milwaukee Journal Sentinel* to report the medical neglect leading to an inmate's death led to the suspension of the two nurses who initially ignored the woman's requests for help and then bungled their eventual response, leaving her to die. The call and story also led to the paper's own investigation into medical neglect within the state's prison system. Their findings led to a series of articles about the inadequate and often life-threatening medical care in Wisconsin prisons, prompting state lawmakers to introduce legislation requiring better-trained medical staff, improved medical record-keeping and the creation of an independent panel of outside medical experts to review prison deaths.³⁶

Conclusion

Women prisoners are even more overlooked by mainstream society than their male counterparts. They have not passively accepted their conditions. Women inmates have both individually and collectively struggled to improve their health care, abolish sexual abuse, maintain contact with their children and further their education. These actions are often ignored or dismissed by those studying the prison-industrial complex, prisoner rights activists and outside feminists, making documentation and research all the more important in giving women inmates a voice in the discourse.

In 1997, the Federal Adoption and Safe Families Act (AFSA) was enacted, reducing the time in which children may remain in foster care before parental rights are terminated. Under this act, if an incarcerated parent does not have contact with his or her child for six months, he or she can be charged with "abandonment" and lose parental rights. If the child is in foster care for fifteen of the last twenty-two months, the state can terminate parental rights. Once these rights are terminated, parents have no legal relationship to their children and are not permitted to have any contact with them.¹⁹

In 1998, over two-thirds of all women prisoners had children under the age of eighteen, and, among them, only twenty-five percent said that their children were living with the father. In contrast, ninety percent of male prisoners with children under the age of eighteen said that their children were living with their mothers.²⁰ Thus keeping family together is not an issue that must be addressed by many of the male prisoner activists.

Maintaining parental ties has not been won through prisoner boycotts, work stoppages or hunger strikes, tools traditionally used by male inmates to challenge their conditions.²¹ Rather, women who want family maintenance programs must negotiate and cooperate with their prison administrations.

One example of such a program is the Children's Center at the Bedford Hills Correctional Facility in New York. The Center houses a nursery where inmates are allowed to live with their infants for the child's first year as well as a program helping new parents "learn to be mothers." The Center is administered by the Brooklyn Diocese of Catholic Charities and funded by the state's Department of Correctional Services although it is staffed by inmates.²² Under the Center's auspices, inmates, recognizing the need for supportive programs for mothers, organized two parenting courses for Bedford's inmates--one on infancy for new mothers and pregnant prisoners and the other, a ten-week course called "Parenting Through Films," with each week devoted to a new subject on growth and care for children.²³ These were the prison's first courses both organized and taught exclusively by inmates. Out of the Children's Center also came more policies and political change. Until 1983, children of prisoners placed in the New York State foster care system did not have the legal right to visit their parents in prison. Inmates at Bedford Hills who had been unable to have their children visit them because of this formed the Foster Care Committee which, with the help of outside advocates, led to new legislation giving prisoners with children in foster care the same rights and responsibilities as parents who are not incarcerated, as well as the right to monthly visits provided that the prison was not too far away.²⁴ In addition, inmates involved in the Children's Center published a foster care handbook for women prisoners whose children had been placed in the foster care system.

The success of the Children's Center did not go unnoticed by the more reform-oriented penal authorities: Modeled on the Children's Center, a similar nursery at the Taconic Correctional Facility opened in 1990 with twenty-three inmate mothers.²⁵

Women who give birth while incarcerated not only face the trauma of immediate

separation from their newborns but also administrative and social service pressure to relinquish their new child. The case of Kebby Warner, a pregnant woman imprisoned in Michigan for a bad check, illustrates the institutional belief that inmates cannot and should not retain custody, or even contact, with their children.

Warner, after having been misdiagnosed as having the stomach flu during her first month in prison, was informed that she was pregnant. Luckily, Warner's parents agreed to take care of the baby while she was incarcerated. After the birth of Helen, Warner refused to passively accept the prison requirement that separates mother and newborn after only one day. She protested by refusing to eat and thus won two more days in the hospital with her child. When the guards finally managed to separate them and bring her back to prison, she was told that if she had wanted to have children, she should have stayed out of prison. This remark sums up the prevailing view of inmate mothers.

With the death of her father, came another loss: her mother, unwilling to care for a half-black baby alone, gave Helen to the foster care system, thus starting the clock for the Federal Adoption and Safe Families Act. When her daughter was two years old, a judge terminated Warner's parental rights on the grounds that she "neglected and abused my child due to the length of my incarceration." When she started to appeal this decision, her caseworker and the Family Independence Agency threatened to place Helen with a new foster family who would adopt her immediately, thus permanently sealing her file and preventing Warner from ever being able to find her. Under this pressure, Warner finally signed an affidavit relinquishing her rights as a parent.

This loss inspired Warner to speak out and organize against the prison-industrial complex's policy of breaking up families: she is currently forming a support organization for incarcerated parents. The organization she envisions "will stand at the courthouse and protest the kidnapping of a child that deserves to know who her mother/father is."²⁶ Although the prison-industrial complex negatively impacts families and severs family ties in an attempt to break the individual inmate, women both collectively and individually resist such efforts.

Sexual Abuse

A far greater problem for incarcerated women is the sexual aggression of male corrections officers. In 1996, international human rights group Human Rights Watch released *All Too Familiar*, a report documenting sexual abuse of women prisoners throughout the United States. The report, reflecting two-and-a-half years of research, found that sexual assaults, abuse and rape of women prisoners by male correctional employees were common and that women who complained incurred write-ups, loss of "good time" accrued toward an early parole, and/or prolonged periods in disciplinary segregation.²⁷

In the case of Barrilee Bannister, sentenced under Oregon's mandatory sentencing law, she and seventy-eight other women were sent to a privatized, all-male prison in Arizona run by the Corrections Corporation of America (CCA). The approximately 1300 mile move completely cut the women off from family, friends and others whose outside support could have prevented their abuse. Only weeks after the women's

arrival, some were visited by a captain, who shared marijuana with them. He left it with them and then returned with other officers who announced that they were searching the cell for contraband. They promised that if the women performed a strip tease, they would not search the cell. "Two of the girls started stripping and the rest of us got pulled into it," Bannister recalled. "From that day on, the officers would bring marijuana in, or other stuff we were not suppose[d] to have, and the prisoners would perform [strip] dances." From there, the guards became more aggressive, raping several of the women. Bannister reported that she was not given food for four days until she agreed to perform oral sex on a guard.²⁸

Once out of segregation, Bannister called outside friends and told them her story. They, in turn, informed the media. The media attention led to the return of some of the women to Oregon, where they filed a federal suit, resulting in a public apology, a promise of stricter rules concerning sexual abuse, and the reimbursement of attorney's fees.²⁹ The negative publicity also led to the suspension and dismissal of three dozen CCA staff members.³⁰

Bannister's story is unusual only in that the women themselves were able to organize *and* obtain sufficient outside support to stop their abuse. Women inmates who have been assaulted by prison staff usually lack the outside support services which male prisoners may turn to. For instance, male inmates raped by other inmates can band together to ward off sexual aggression (as in the case of Men Against Sexism, a group of gay and bisexual inmates who protected weaker inmates from rape and physically punished the prison's sexual predators) and turn to outside groups such as Stop Prisoner Rape (started by an ex-inmate who was himself raped in prison). Women raped by prison staff, on the other hand, face not only administrative harassment and retaliation for complaining but also a lack of support services outside the reach of the prison administration. Dawn Amos, herself having experienced sexual misconduct, stated that when two women were physically and sexually abused, they were transferred to a facility in Denver while the offending officer remained, unreprimanded, on the job. In her own case, the District Attorney has yet to press charges against the offending officer. "I'm still in the middle of trying to find an attorney to take my case," she stated.³¹ This absence of a support network, both inside and out, not only mirrors but magnifies the general lack of support for rape victims.

Grievances, Lawsuits, and the Power of the Media

Women's struggles to change their conditions often lie in filing grievances and lawsuits rather than physically challenging or confronting prison officials. In 1995, women at Central California Women's Facility at Chowchilla and at the California Institution for Women at Frontera filed *Shumate v. Wilson*, a class-action lawsuit against the state demanding an immediate improvement to the life-threatening medical care given to *all* women prisoners of the state.³² On 27 March 1996, seven women prisoners in Michigan filed a class-action lawsuit on behalf of *all* women incarcerated in Michigan, charging the state's Department of Corrections with sexual assault, sexual harassment, violations of privacy, and physical threats and assaults.³³ That both suits included