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Women in Prisons

By Robert Kravitz, President AlturaSolutions

Published: 04/05/2010



When the general public thinks about prisons, typically what comes to mind are overcrowded facilities, high walls with barbed wire. They also typically picture an all-male population, with most inmates covered in tattoos.

The picture fewer see is that of women's prisons.

It is true that the number of women in prison is very small in proportion to the overall prison population. Although the statistics can vary, approximately 2.5 million people are incarcerated in U.S. prisons and jails. Of these, according to a study conducted by the Institute on

Women and Criminal Justice (IWCJ) in 2006, the number of women in prison is approximately 105,000.

Also of note, the same study reports that the female population in prison has risen an astonishing 757 percent from 1977 to 2005. Most experts believe the massive increase is the result of tougher sentencing laws and a record numbers of drug offenders. Whatever the reason, it leaves the United States with the distinction of having the largest prison population and the highest rate of incarceration in the world.

Because the female prison population is growing so rapidly, prison administrators are taking a closer look at the conditions and the needs of women in prison, specifically those that can negatively impact their health. What administrators are realizing is that although many of these issues and conditions are similar to those found in all-male prison facilities, female prisoners do have special needs that must be recognized and addressed.

How They Are Different

Numerous studies have addressed the issues of women in prisons, including their special health needs and how they differ from women's prisons. Two of the most notable and extensive studies were published in 2009 making their findings extremely useful.

The first, from the World Health Organization (WHO), is entitled *Women's Health in Prisons: Correcting Gender Inequity in Prison Health* and involved women's prisons in Europe as well as the United States. The other is *Mothers, Infants and Imprisonment: A National Look at Prison Nurseries and Community-Based Alternatives*, published by the IWCJ. This study focused almost entirely on U.S. female prison facilities.

Although some issues and findings do vary, the similarities of the two studies as well as their recommendations mirror each other in many areas. Among the findings regarding both U.S. and European female prison facilities are these:

- The majority of women are in prison for nonviolent crimes, either property or drug related. As a result, they tend to serve shorter sentences, resulting in greater turnover for prison administrators.
- The prevalence of mental illness in prisons is much higher for women than men and is infrequently addressed. Women in prison are also more likely to harm themselves than men.
- Although this is less a factor in the United States, where there are approximately 170 women's state prisons, in the other countries studied there were few women's prisons. This means women may be incarcerated far from family and friends.
- The number of women giving birth in prisons has jumped significantly, and not all prison facilities are equipped or prepared to handle a growing baby population. In fact, only nine states in the United States have prison nursery programs in operation or under development.
- It is not uncommon for women in prison to discover that they are both pregnant and HIV infected.
- Most U.S. facilities allow newborn babies to stay with their mothers from 12 to 18 months.
- There is a much greater need for more adequate nutrition and exercise for female prisoners, especially those who are pregnant; there is also a greater need for more thorough hygiene and cleanliness standards throughout the facility.

Recommendations

Both studies provide a number of recommendations for improving prison facilities for women. Interestingly, the first recommendation of both studies involves what is termed "human rights." The studies indicate that human rights should be the "underpinning," according to the WHO report, of all policies and conditions for women in prisons.

They both also recommend that prison be viewed as a last resort after all alternatives are found either unavailable or unsuitable. This is especially true of pregnant prisoners or those who have young children. Another similarity is their discussion of health service programs, including mental health programs. Both believe these must be amplified considerably, especially when babies or children are involved.

As to babies born in prison, both reports say women's prisons must have proper care facilities available for these women and that prison administrators and staff should understand the special needs of these women. When dealing with children in general, the IWCI report says "the best interest of the children must be the main determining factor" as to whether a woman is imprisoned or another form of sanction is used, where they are imprisoned, and for how long.

Regarding the need for more thorough hygiene and cleanliness standards, prison facilities need to reevaluate how their facilities are maintained, what types of products and equipment are used, and what can be more effective. For instance, the Wisconsin Secure Program Facility (WSPF), Boscobel, Wisconsin, switched from conventional cleaning methods—mops, buckets, sprayers, and cleaning clothes—to spray-and-vac machines, commonly known as no-touch cleaning systems. The key reason for the change was to minimize or eliminate the growing number of MRSA cases at the correctional facilities.

Addressing These Recommendations

Although many problems remain and many of the recommendations of both studies have yet to be addressed or are very slowly being examined, the WHO study ends with some positive findings regarding their recommendations. The report states more court systems are looking for alternatives to custody and there is “much more effort [by the court and prison systems] in assessing and managing women in other custodial settings, especially if they have committed a non-violent or relatively minor crime.”

As far as implementing these recommendations, an unfortunate yet significant issue must be noted. Although the studies were published in 2009, research and preparation began before the economic downturn occurred and its impact on state and federal funding for prisons could be determined. Right now, many states are considering closing prisons, both men’s and women’s, which will likely impact any improvements.

The only exception may be the adoption of new cleaning methods such as those discussed earlier. This is because of the health risks involved in housing a growing population, especially a female population, in increasingly overcrowded prison facilities. Additionally, newer cleaning systems such as the spray-and-vac system have proven to improve worker productivity, which can be a cost savings.

Editors Note: Corrections.com author, Robert Kravitz, is president of AlturaSolutions Communications and is a writer for the professional cleaning, building, healthcare, and educational industries. He may be reached at info@alturasolutions.com

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Anabolic Steroids

By The National Institute on Drug Abuse

Published: 02/08/2010



What Are Anabolic Steroids?

Anabolic steroids are synthetic substances related to the male sex hormones, called androgens. They have a number of physiological effects, most notably an anabolic effect that promotes the growth of skeletal muscle and androgenic effects that foster the development of male sexual characteristics. Although the proper term for these compounds is anabolic-androgenic steroids, they commonly are called anabolic steroids. Anabolic steroids are legally available only by prescription in the United States. Doctors use these drugs to treat delayed puberty, impotence, and body wasting in patients with AIDS

and other diseases. Abused steroids most often are obtained from clandestine laboratories, smuggled, or illegally diverted.

What Is the Scope of Steroid Abuse?

Steroid abuse is higher among males than females but is growing most rapidly among young women. An estimated 2.5 percent of 8th - graders, 3.5 percent of 10th - graders and 4.0 percent of 12th - graders have taken anabolic steroids at least once in their lives, according to the 2002 Monitoring the Future study, a NIDA-funded survey of drug abuse among adolescents. These figures represent increases since 1991 of approximately 75 percent among 8th - graders and over 50 percent among 10th - graders and 12th - graders.

Why Do People Abuse Anabolic Steroids?

Abuse of anabolic steroids is motivated in most cases by a desire to build muscles, reduce body fat, and improve sports performance. Abuse is estimated to be very high among competitive bodybuilders and may also be widespread among other athletes. Some men who abuse steroids perceive their own bodies to be small and weak, even if they are large and muscular. Some women who abuse these drugs think they look obese or flabby, even though they are actually lean and muscular.

How Are Anabolic Steroids Used?

Anabolic steroids are taken orally as tablets or capsules, by injection into muscles, or as gels or creams that are rubbed into the skin. Doses taken by abusers can be up to 100 times greater than doses used for treating medical conditions.

Anabolic steroids often are taken in combination in a practice called "stacking," in which the abuser mixes oral and/or injectable types of anabolic steroids. Steroid abusers often also "pyramid" stacked compounds in cycles of 6 to 12 weeks, meaning that they gradually increase doses then slowly decrease them to zero. The belief that these practices produce bigger muscles and allow the body to adjust to and recuperate from high doses of steroids has not been substantiated scientifically.

What are the Potential Health Consequences of Steroid Abuse?

Health consequences associated with anabolic steroid abuse include:

- Hormonal system disruptions. Reduced sperm production, shrinking of the testicles, impotence, and irreversible breast enlargement in boys and men. Decreased body fat and breast size, deepening of the voice, growth of excessive body hair, loss of scalp hair, and clitoral enlargement in girls and women.
- Musculoskeletal system effects. Premature and permanent termination of growth among adolescents of both sexes.
- Cardiovascular diseases. Heart attacks and strokes.
- Liver diseases. Potentially fatal cysts and cancer.
- Skin diseases. Acne and cysts.
- Infections. In injecting steroid abusers, HIV/AIDS, hepatitis B and C, and infective endocarditis, a potentially fatal inflammation of the inner lining of the heart.
- Behavioral effects. Increased aggressive behavior, particularly when high doses are taken. Depression, mood swings, fatigue, restlessness, loss of appetite, and reduced sex drive when steroid abuse is stopped.

Are Anabolic Steroids Addictive?

It is possible that some steroid abusers may become addicted to the drugs, as evidenced by their continuing to take steroids in spite of physical problems, negative effects on social relations, or nervousness and irritability. Also, they spend large amounts of time and money obtaining the drugs and experience withdrawal symptoms such as mood swings, fatigue, restlessness, loss of appetite, insomnia, reduced sex drive, and the desire to take more steroids. The most dangerous of the withdrawal symptoms is depression, because it sometimes leads to suicide attempts. Untreated, some depressive symptoms associated with anabolic steroid withdrawal have been known to persist for a year or more after the abuser stops taking the drugs.

What Can Be Done to Prevent Steroid Abuse?

Early attempts to prevent steroid abuse concentrated on drug testing and on educating students about the drugs' adverse effects. A few school districts test for abuse of illicit drugs, including steroids, and studies are currently under way to determine whether such testing reduces drug abuse.

Research has shown that there is an effective program for preventing steroid abuse among players on high school sports teams. In the ATLAS program, developed for male football players, coaches and team leaders

discuss the potential effects of anabolic steroids and other illicit drugs on immediate sports performance, and they teach how to refuse offers of drugs. They also discuss how strength training and proper nutrition can help adolescents build their bodies without the use of steroids. Later, special trainers teach the players proper weightlifting techniques. An ongoing series of studies has shown that this multi-component, team-centered approach reduces new steroid abuse by 50 percent. A program designed for adolescent girls on sports teams, patterned after the program designed for boys, is currently being tested.

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Identify and Counter Bad Mentors

By *Joe Bouchard*

Published: 02/08/2010



As sure as the sun will rise in the East, analysis and skepticism are two traits that become enhanced through experience in corrections. We learn to scrutinize as a matter of vocational survival. With enough practice, we not only see the exposed tip of the iceberg; we can also visualize the huge bulk beneath the surface. Things are not always as they appear.

Unfortunately, not all mentors are what they appear to be. Sadly, we encounter ulterior motives and complex factors that place the mentee in hands of a bad mentor.

Just like using a lever to move a boulder, mentors provide tools to perform

seemingly insurmountable tasks. In the ideal state, mentors are the coaches that we need to learn and grow as professionals. The right measure of instruction and confidence building will eventually turn the student into a future mentor.

Is it so important to consider the effect of bad mentors? The role of the coach is sometimes assumed by those wishing to use the position for self gain. Whether the anti-mentor knows it or not, there is danger in advice given for the wrong reasons.

There are many possible hazards of this behavior. For example, mentees can become vengeful and cynical once they learn that they are tools of an unscrupulous coach. These antagonisms between staff may erupt in full view of prisoners. The set-up always introduces perilous elements into any facility.

Also, bossy mentors do not develop and grow as professionals while they manage their petty fiefdom. These sorts do not live up to their potentials. The mentees will suffer under this regime. Novices are really helpless and need to rely on honest teachers. Unfortunately, some anti-mentors know this and take advantage of trust and innocence.

There are two types of mentors – proactive and reactive. These can be further subdivided. But those in both categories care more about their professional survival, not the larger perspective. Specific motivations may be different, but the results are always the same: bad mentoring takes place.

Proactive mentors actively seek pupils. Of course, the best proactive mentor is able to look at a person's progress and give the right amount of balanced instruction. However, there are those with ulterior motives. They are self-serving types looking to build a career on the backs of others. They are also capable of using mentoring as a means to destroy the reputation of others.

Saboteurs will throw a wrench into the works for a variety of reasons. They will purposely give bad advice and use mentee as tool. For example, they may mislead a new person because he was not their choice candidate for the job. Or the new candidate may be sanctioned by the saboteur's sworn enemy. Sometimes the saboteur may have a malicious grudge not related to anything in particular. This is a case of wanton malice.

Raptor (Glory Grabber) – The primary goal of the Raptor is to get the maximum amount of acclaim from the lowest level of exertion. This person is very likely to volunteer for a committee only to fluff their resume. They would rather have served on ten failed committees than one successful one. Eventually, they become very conspicuous and lose their good reputation once word is out of their minimal efforts. But until then, raptors can inflict allot of damage. When raptors become anti-mentors, they claim the successes of their pupils as their own.

Reactive Mentors typically stand out either through their obvious confidence or on the recommendations of others. But, not all reactive mentors are good leaders. Here are three of them:

Assigned / apathetic – they want nothing to do with the assignment. After all, they did not ask for the duty. In the spirit of not making waves, though, they go through the motions and help minimally.

Pretenders – when advice is sought, they act as though they know everything. They are basically inept or, at best, mediocre. But they are too afraid to say that they do not know. Many mentees approach Pretenders because they seem knowledgeable and approachable. New employees cling to comfort, and the Pretender may resemble someone familiar outside of work.

Maverick Mentors are charismatic and capable but they do not adhere to policy and procedures. Mentees come to them, falling into a cult of personality. Maverick mentors have little vested interest in running with the chain of command, uniformity, or convention. They imprint a veiled contempt onto their students.

There are many strategies to counter the menace of the anti-mentor in its various forms.

- Design official mentor training for your facility.
- Place confidence in mentee when warranted.
- Ask mentors if you can help instruct.
- Give good mentors room to tutor.
- Assign multiple part-time mentors tone student for a variety of perspectives.
- Mentor the mentor. Apply peer counseling as necessary.

Mentors hold the future of corrections. They serve as models of behavior that is so crucial to establish early in any career. First impressions mean allot. The eager student will take the lead of the teacher and emulate attitudes and actions, listening to all advice.

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Verbalization De-escalation Grid

By *Tracy E. Barnhart*

Published: 02/08/2010



You should always attempt to gain voluntary compliance through selected verbal strategies. However, your personal safety is the highest priority. Your initial verbalization to an aggressive individual should be to slow down the conflict event. Attempt to calm the individual and give them clear directions and attempt to explain your actions if the event allows. Redirect the individual's anger to the past. Utilize **L.E.A.P.S. (Listen, Empathize, Ask, Paraphrase, Summarize)** **“We can work this out,” “We can come up with a solution,” “John, stop and think about how this will turn out later.”** Do not challenge them, do not insult them, and do

not deny that the situation may go bad.

Verbal pacing techniques, Sensory: **“I sense you are angry”** Visual: **“I see that you need help”** Auditory: **“I hear what you are saying”** Utilize questioning to get the individual talking so that you can fully understand why they are angry. Do not take the situation personally and continuously look for verbal and non-verbal body cues to assault. Watch bystanders and friends.

Verbal directions should now progress into informing the individual of their limited options and that they need to comply with your orders. It is important that the individual fully understand what you want them to do so it is not an issue later. The individual needs to fully understand the ramifications and consequences for their actions. **“It is important that you understand this so listen carefully and let me say it again...”** Never get emotionally involved in the event or allow them to draw you into their drama. The use of profanities will bring down your professional image and allow witnesses to interject that you were the aggressor. Remain calm and slow down your rate of speech and lower the volume at which you are speaking. Make the individual strain to hear you speak so that they unknowingly settle down. **“John, this problem is not going away, right now it is a small problem that could get larger”** Use a win/Win solution even though it is not exactly what they want. Remain alert, as the individual will be in a flight or fight mentality. The individual will have three options in their mind 1) Fight, 2) Flee, 3) Submit. Take away bystanders.

At this point you have attempted to verbally de-escalate the individual as well as educate the witnesses that you were calm, non-aggressive and attempted to verbally talk the individual into voluntary compliance. You have made the individual aware of their options, ramifications of their actions, and consequences for same. **“I have**

no other choice but to... and if you don't ..." **"Is there anything that I can say or do, to get you to comply?"** You have thrown down the verbal gauntlet and left the peaceable option for compliance totally in their hands. Depending on their emotional or chemical state they will understand your authority. At this point they will voice their true intentions and let you know exactly what you will have to do to gain compliance. **"You need to comply now or we will take the necessary actions to gain your compliance."** Officers at this point need to show their collective intentions to utilize force to gain compliance. As you are closing the gap you will be backing the individual into a corner and initiated the fight response.

Understand that many individuals may not want to be talked into submission and will require you to forcefully apply your orders. Touching the individual will immediately result in their true intentions. Placing your hands on a shoulder or arm to escort the individual will be the pivotal moment in the encounter. You need to feel the tensing of their muscles in resistance to your escort. Physical intervention should not be a ruse or just an empty threat. After reasonable verbal strategies have been attempted physical intervention needs to follow. The escort must be professional, slow and controlled. Continue verbalization and complement the individual upon compliance. They may be just verbally resistant to show bystanders that they did not comply without a fight. If resistance occurs immediately and rapidly take the individual to the ground. Do not allow the individual to gain an advantage and fully understand that resistance is futile. Continue to verbalize to them what they need to do in order to stop the restraint. **"Get down on the ground!" "John, Stop Resisting!" "Place your hands behind your back!" "It's over now John, Just Relax!"**

Initial Combative Individuals Verbalization

- Individual visibly agitated
- Individual slow to respond to verbalization
- individual remained silent
- You are there lawfully
- Your orders are lawful and reasonable
- Individual using profanities
- Individual target glancing
- Individual looking around
- Isolated setting

Advanced Officers Verbalization

Aggression Heightens

- You have made your commands clear and direct
- You have gave rational options Win/Win
- You have advised of ramifications and consequences
- You are not emotionally charged or angry
- You have not utilized profanities and remained professional
- Attempt to isolate the individual from highly charged bystanders

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Comments:

1. **Nonprophet** on 02/13/2010:
this sounds a lot like Verbal Judo to me....

2. **mgmajala1** on 02/10/2010:
This is a very good article. I agree with everything that have said. I totally agree that the individual should have limited options and comply with the orders that are given. This involves not only inmates but also with children. They need to know who is boss, which means they may not want to comply but they have to. I also loved the utilization of L.E.A.P.S Very good! Not taking thing personal is very important. This can lead to situations becoming very stressful.

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Ethical Leadership - Part 2

By *Mike Raneses*

Published: 02/08/2010



Part 2: Making it Practical

In our last article ([part I](#)), we discussed that ethical leadership is needed at all levels of an organization, and that the responsibility for leadership is placed not only on those in designated leadership positions, but that all staff are leaders and share the responsibility for ethical leadership and the ethical climate of their organization. This week, we will present a few ethical decision making models that we trust will prove useful both at the organizational and personal levels.

CDCR Model

The first model we will present was developed several years ago by a team of managers from the California Department of Corrections and Rehabilitation (CDCR) as a project for the Leadership Institute of CDCR. This model presents factors these managers felt important to consider in making work-related decisions in their agency:

- Is it the truth?
- Is it in conflict with our Values Statement?
- Does it benefit public trust?
- If it were subject to public scrutiny, would it harm CDCR?
- Is it an appropriate use of taxpayer dollars?
- Is it equitable to all?
- Does it conflict with rules and regulations?
- Would you be willing to testify to your actions in a public hearing?

Our lives are filled with decision-making opportunities that involve ethical choices. Most of these decisions do not involve much thought; we simply make our decisions based on our innate sense of right and wrong, good and bad. But some decisions that involve ethical choices are not as easy to make, especially those that involve decisions in what may be referred to as the “Gray Area,” an area of uncertainty, and are not so simply made.

Especially challenging are those ethical decisions that involve choices between positive values, for example, honesty and loyalty. Most would agree that the values of honesty and loyalty are positive attributes to be sought after and upheld. But sometimes these values are in conflict, causing the decision maker an ethical dilemma. Here are two other decision-making models that you may find useful, especially in personal decision making:

Two-Fold Test of Ethics

Personal Test

The first aspect of this model is the Personal Test. How does the decision you are about to make “feel” to you? As you ponder the decision, how does your proposed course of action sit in your mind and heart? Or, perhaps more graphically, how does it make you feel in your “gut?”

Public Test

The second aspect of this model is the Public Test. How would you feel if the decision you are about to make, or the behavior you are about to engage in, was “sunshined” or subject to public scrutiny for all to see? How would you feel if your decision were published in your local newspaper, or if your family knew of the decision?

Some would argue that the Two-Fold Test of Ethics is simplistic. Perhaps, but it can prove useful if utilized to sort out ethical dilemmas

Blanchard-Peale Model

According to Kenneth Blanchard and Norman Vincent Peale, authors of “The Power of Ethical Management”, there are three questions you should ask yourself whenever you are faced with an ethical dilemma.

Is it legal?

In other words, will you be violating any criminal laws, civil laws or organizational policies by engaging in this activity?

Is it balanced?

Is it fair to all parties concerned both in the short-term as well as the long-term? Is this a win-win situation for those directly as well as indirectly involved?

Is it right?

Most of us know the difference between right and wrong, but when push comes to shove, how does this decision make you feel about yourself? Are you proud of yourself for making this decision? Would you like others to know you made the decision you did?

Most of the time, when dealing with "gray decisions," just one of these questions is not enough. But by taking the time to reflect on all three, you will often times find that the answer becomes very clear.

While these models can be helpful in simplifying the complexity of ethical decision-making, ethicist Michael Josephson, simplifies ethical decision making even further. According to Josephson, the first component of ethical decision-making is discerning the right thing to do, but the second component, the commitment to do the right thing, is admittedly more challenging. But, as Josephson says concerning making good ethical decisions, “If it were easy, everyone would be doing it.”

In the end it’s up to us.

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“Making Ethical Decisions,” Michael Josephson, 1992, The Josephson Institute, Los Angeles, CA

Mike Raneses is a 40-year criminal justice veteran with service as a Deputy Sheriff, Probation Officer, and most currently as a Parole Agent with the California Department of Corrections & Rehabilitation. He resides in Tustin, CA with his wife Ruth where they lead Corrections Staff Fellowship, an organization designed to help staff maintain their faith and values while walking “The Toughest Beat in the Nation.”

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