

Responding to Sexual Abuse of Youth in Custody: Addressing the Needs of Boys, Girls, and Gender Nonconforming Youth Notification of Curriculum Use April 2014

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It is recommended that the Responding to Sexual Abuse of Youth in Custody: Addressing the Needs of Boys, Girls, and Gender Nonconforming Youth curriculum be reviewed in its entirety before choosing which modules to use. Any alterations to the original materials require either acknowledgement during their presentation or removal of the PRC and Project on Addressing Prison Rape logos.

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Training Curriculum: Responding to Sexual Abuse of Youth in Custody: Addressing the Needs of Boys, Girls and Gender Non-Conforming Youth

Module 7: Gender, Victimization and Vulnerable Youth

The Project on Addressing Prison Rape February 2014

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Objectives

- Identify gender-influenced socialization, communication styles and behaviors of boys, girls and gender non-conforming youth
- Discuss past abuse histories and implications for institutional victimization
- Discuss vulnerable victims and implications
- Identify staff characteristics and behavior that contribute to victimization





Gender-influenced Socialization, Communication Styles, and Behaviors







Guard inner feelings

Emphasis on suppression of emotions considered weak

Identity based on defining self with focus on independence, self-sufficiency, autonomy

Reluctant to ask for help

Non-verbal

Focus on strategy

More able to express anger; less able to express fear, anxiety, sadness



Girls

Emotionally expressive, even if emotions are displaced or reactive

Identity based on defining self in relation to others; survival in inter-dependence

Emphasis on connection

More likely to ask for help

Often verbal; attempt resolution thru speech

More able to express feelings, weaknesses, vulnerability, confusion



Past Victimization Histories:

Implications for Institutional Victimization





Abuse Histories: Boys

History of abuse by parents or guardians

Involvement in subsequent childhood or adolescent aggression and delinquency

Connection between sexual/ physical victimization and aggressive and self-destructive behavior

Report past abuse associated with violent crime

May not recognize sexual abuse by female as 'abusive'



Abuse Histories: Boys

Defend against feelings associated with victimization (shame, stigma)

Victimization experience falls outside gender role of being strong and in control

May have fears about sexual identity and preference

Feel the best defense, is a good offense

May imitate their aggressors





Implications: Boys

Feel shame and denial

Felt (or were) unheard and unrecognized as abuse victims

Guard feelings to mask vulnerability

Are acutely aware of 'code' and their ranking inside

Fear that if they come forward they will be seen as homosexual (if male perpetrator)

Struggle with ideas of masculinity





Abuse Histories: Girls

History of abuse by parents/guardians; other family; friends of family

Involvement in subsequent childhood or adolescent delinquency and substance abuse

Often have prior history of abuse in custodial or inpatient settings

Abuse begins in childhood; continues into adulthood with intimate partners and strangers



Abuse Histories: Girls

Sexual molestation increases risk for delinquency, addiction, and early offending

Report violent crime associated with abusive associates, male partners

May imitate their aggressors

At risk for unhealthy relationships with authority figures, based on perceptions of their power to harm <u>or</u> to help



Implications: Girls

Difficulty adjusting to coercive, invasive, restrictive environments

Lack of right to privacy, room searches, bodily searches may replicate past abuse

Constant triggers

Vulnerable to abusive authority figures

Concern with how reporting may interrupt relationships (including calls and visits)



Implications: Girls

Faced with sexual assault situations

- May not understand it is <u>possible</u> to refuse
- May lack perception of a 'right' to refuse
- May believe it is always dangerous to refuse

Realistic appraisal of

- Retaliation by perpetrator or their friends for non-compliance (especially with staff)
- Lack of safe, non-stigmatizing response options





Previously Victimized Individuals

Often have:

- A history of <u>early</u> victimization family, neighborhood, school
- Exposure to aggression, dominance, and control
- Distorted view of self and relationships
- Merged concepts of love and aggression





Previously Victimized Individuals

- Deep mistrust and sense of danger
- Emotional (and for women, physical) pain
- Post-trauma effects -- depression, anxiety, anger, substance abuse/addiction
- Post-traumatic Stress Disorder (PTSD)
- Past histories of institutional abuse
- Ingrained emphasis on keeping secrets





Mapping: The Neurobiology of Trauma

- Bodily/body cavity searches
- Observed, enforced nudity
- Must obey orders; right to escalate penalties

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- Personal effects, living space searches
- 24-hour vulnerability & lack of privacy
- Restraint, seclusion, confinement
- Control of contact with family
- Use of force, command voice, threats



Potential Victim Responses to Sexual Victimization

Comply, repeat victimization

Pretend it never happened

Seek other affiliations for protection

• other staff; gangs; protective pairing

Withdraw from activities, associations

Take control by deciding sexual activity is/was wanted

• Can't be forced if...



Potential Victim Responses to Sexual Victimization

Commit violation to pull move to segregated housing

Refuse to report to <u>avoid</u> segregated housing

Seek help [where?]

Take anger out on others

Self harm, suicide ideation/attempts





Contributors to Repeat Victimization

Repeated sex with perpetrator(s) facilitated by:

- Danger of retaliation for refusal, reporting
- Responses to sexual assault/rape = numbing, PTSD, fatalism, depression
- Perception of no safe remedies within the facility
- Fear of being put in protective housing, of getting victim status inside, so don't report
- Facility non-identification or non-response





Implications

- Psychological effects
- HIV/STD infections
- Physical injury
- Pregnancy
- Control issues– victims and general population
- Suicide or attempts
- Self-harm
- Staff responsibilities
- Ethical issues
- Reporting- medical and mental health care professionals





Preparation Before You Need It!

Identify who the vulnerable victims are

Discuss how vulnerable victims can impact the investigative process

Identify tools which will allow you to best support these victims during the investigative process

Identify resources that will be helpful to you in managing vulnerable victims; build links to these resources



Especially Vulnerable Youth

- Previously victimized
- Limited language ability
- Developmentally disabled
- Mentally ill
- Hearing Impaired
- Untreated Addicts
- Gender non-conforming
- Very young youth





Developmentally Disabled

Want to please people in authority

Rely on authority figures for solution

Watch for clues from interviewer; wants to be friends; wants to please

Real memory gaps

Short attention span





Developmentally Disabled

Quick to take blame

Allow person to use their own words

Do not ask leading questions

Use concrete ideas (who, what, when, where, how)

Be respectful, let them take their time





Deaf/Hearing Impaired

Use certified sign language interpreter (s) (ADA) appropriate to setting

Consider videotaping (if not re-traumatizing)

Do not use staff if not certified

Ask the interpreter if they are comfortable with the subject matter. If not, make other arrangements





Youth with Mental Illness

Construct an environment where the victim is most likely to feel safe

Remember that those charged with keeping the victim safe were unable to

Have pre-interview safety planning

Be prepared to let the victim walk/pace during the interview if safe

Keep the interview short

Time the interview in terms of the victim's medications and sleep patterns



Recent/Untreated Drug Users

Estimate time since last ingestion of substance(s)

Know medical history and current medications

Expect heightened sense of generalized fear, of defensiveness

Expect lack of trust





Recent/Untreated Drug Users

Expect history of severe prior victimization

Be prepared for attention span/organization problems

Understand that emotional reaction may not be what you expect for the story (lack of match)

Utilize your resources for addiction prevention and recovery programs (certified)



Gender Non-Conforming Youth

Only ask questions that are absolutely necessary regarding gender

Use identifiers the interviewee prefers

 Remember, gender identity is a persons' sense of their own gender, communicated to other's by their gender expression





Gender Non-Conforming Youth

Use gender neutral language (e.g., "partner" instead of girlfriend or boyfriend)

Utilize support groups, advocates, mental health services, as resources

Have an accurate and current base of information for making effective referrals and obtaining critical knowledge





Very Young Youth

Be aware of their perception of the interviewer – an adult, in authority

Know that peer relationships are their 1st priority

Remember that notions of sexuality depend on age an socialization; youth views of sex and use of terms may be different from an adult's





Very Young Youth

Watch for non-verbal communication.

Know that inability to communicate does not equal untruth

Be aware of prior victimization histories

Utilize advocates, outside resources, therapists, etc.





Staff Characteristics that May Contribute to Victimization





Staff Characteristics

Stress from daily heavy emotional demands on staff

Burnout due to

 low morale, lack of respect, low pay, managing difficult and demanding youth, understaffing, overtime, shift work, overcrowding, disillusionment

Highly unfulfilling private life; substance abuse

Lack of normal support networks





Staff Characteristics

Role ambiguities:

 counseling and treatment responsibilities vs. surveillance and control

Inadequate preparation for supervising youth and understanding their complexity

Prior abuse histories





Staff Characteristics

Inadequate supervision

Familiarity/over-identification with youth

Problems in personal life contributing to onset





Summary

- Gender plays important part in risk and response to victimization in institutional settings
- Past victimization and special issues can affect abuse and investigations into abuse
- Agency policies, procedures and practices can increase or decrease impact of victimization



