Specialized Training: Investigating Sexual Abuse in Correctional Settings
Notification of Curriculum Utilization
December 2013

The enclosed Specialized Training: Investigating Sexual Abuse in Correctional Settings curriculum was developed by The Moss Group, Inc. (TMG) as part of contract deliverables for the National PREA Resource Center (PRC), a cooperative agreement between the National Council on Crime and Delinquency (NCCD) and the Bureau of Justice Assistance (BJA). The PREA standards served as the basis for the curriculum’s content and development with the goal of the Specialized Training: Investigating Sexual Abuse in Correctional Settings curriculum to satisfy specific PREA standard requirements.

It is recommended that the Specialized Training: Investigating Sexual Abuse in Correctional Settings curriculum be reviewed in its entirety before choosing which modules to use. Any alterations to the original materials must be acknowledged during their presentation or requires removal of the PRC and TMG logos.

BJA is currently undergoing a comprehensive review of the enclosed curriculum for official approval at which point the BJA logo may be added.

Note: Utilization of the enclosed curriculum, either in part or whole, does not guarantee that an auditor will find a facility “meets standard”. Rather, an auditor will take into consideration the curriculum used as part of their overall determination of compliance.
Module 4: Trauma and Victim Responses: Considerations for the Investigative Process

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1. Understand the short and long term impact of trauma on victims
2. Identify how trauma can affect a victim’s cooperation in an investigation.
3. Learn how an investigator can facilitate a victim’s willingness to cooperate with an investigation.
What Does Being “Trauma Informed” Mean?

Being trauma-informed is being sensitive to the impact of trauma, and to the needs of people suffering from trauma.

SOURCE: Pamela S. Hyde, Administrator, Substance Abuse and Mental Health Services Administration
Why Does Trauma Matter?

- Serious, short- and long-term impacts on mental and physical health
- Impacts reporting and interactions with investigators.
- A high percentage of inmates/residents have experienced trauma in their lives prior to incarceration

*Investigators working in corrections need to be aware of the impact of trauma on the current mental and physical health of trauma survivors to be able to understand and work with them safely and effectively.*
Why Does Trauma Matter?
Trauma has been proven to have significant and very real effects on the victims and their brain functioning

- Disrupts the stress-hormone system that is regulated by the brain
- Stays “stuck” in the brain’s subconscious (limbic system, brain stem, etc.) where they are inaccessible by the conscious areas (frontal lobe, etc.)
- Can result in Post Traumatic Stress Disorder
Neurobiology of Trauma

Limbic

Frontal Lobe

Brain stem
Trauma and the Brain

- Frontal lobe: seat of conscious memory, chronological information
- Limbic system: controls emotion, fear response, sensory memories
- Brain stem: controls instinctive reactions (fight/flight/freeze)
Limbic System

- Controls the senses, emotions
- Includes amygdala, hippocampus
- During a traumatic event, amygdala might depress hippocampus function and make an individual unable to remember all or part of the events
- Traumatized individuals might be more able to answer sensory questions than ones about the specific events:
  - What did you see?
  - What did you hear?
  - What did you taste?
  - NOT: What happened?
Frontal Lobe

- Responsible for conscious memory and verbal skills
- Helps an individual put events in order
  » Takes time after a traumatic event – may make the interviewee unable to recall events accurately soon after trauma
- During trauma this can become dissociated from the rest of the brain, preventing a victim from remembering or preventing them from speaking about their memories
Victims of trauma may have incomplete or imperfect memories of the events surrounding their trauma, or may only recall events with time.

“Cognitive interviewing” – focusing first on the sensory experience (touch, taste, smell, hearing) can help an interviewee to remember.

Recalling traumatic events may re-trigger the emotional parts of the brain and force the victim to relive aspects of the trauma. Be sensitive to this during the interview process.
A trigger is something that sets off an action, process, or series of events (such as fear, panic, upset, agitation) because a trauma survivor experiences a traumatic memory.

**Why is it important to understand triggers?**

- To understand why an inmate/resident may respond in a certain way to your appearance / demeanor / actions and, if possible, avoid that response.
- To better reconstruct the events that occurred during an alleged incident of sexual abuse.

**SOURCE:** “Creating Trauma Informed Systems of Care for Human Service Settings: What is Trauma and Why Must We Address It?”
by Joan Gillece, PhD
PERCENTAGE OF INMATES REPORTING CHILDHOOD PHYSICAL ABUSE
FEMALE VS. MALE

Source: Patterns of Victimization Among Male and Female Inmates: Evidence of an Enduring Legacy, Violence and Victims, 2009
By: Wolff, Nancy; Shi, Jing; Siegel, Jane A.
PERCENTAGE OF INMATES REPORTING
CHILDHOOD SEXUAL ABUSE
FEMALE VS. MALE

Source: Patterns of Victimization Among Male and Female Inmates: Evidence of an Enduring Legacy, Violence and Victims, 2009
By: Wolff, Nancy; Shi, Jing; Siegel, Jane A.
Incidents of sexual abuse are destructive, catastrophic, life-changing events. While each victim responds uniquely, victims are likely to experience problems that are:

- physical
- emotional
- cognitive
- psychological
- social
- sexual

Impact of Sexual Abuse

What you may see from the victim -- within hours of abuse:

**Being very expressive:**
- Appearing hysterical and/or verbalizing feelings of sadness or anger.
- Displaying a range of feelings, including crying, sobbing, smiling, restlessness, tenseness, & joking.
- Appearing distraught or anxious; expressing rage or hostility against those attempting to care for them.

**Remaining controlled, numb, in shock & disbelief:**
- Masking or hiding feelings behind a calm, composed, or subdued effect.
- Presenting themselves in a flat affect, quiet, reserved manner.
- Having difficulties expressing themselves.

Impact of Sexual Abuse

What you may see from the victim – short-term:

- **Phobias** -- preoccupation with personal safety, reluctance to leave room/home, fear of being alone, withdrawal from activities or relationships

  - *Mood swings* -- happy to angry, anxiety, sense of helplessness, irritability or outburst of anger, difficulty concentrating, crying frequently

  - *Hyper vigilance*, exaggerated startle reactions.

- **Denial** -- efforts to deny abuse took place and/or minimize impact, avoiding thoughts or activities associated with trauma.

- **Hesitation** in forming new relationships.

- **Flashbacks** -- intense psychological or physiological distress at exposure to cues associated with the traumatic event.

Impact of Sexual Abuse

Victims may negatively cope with their victimization in the long-term by:

- Dulling their senses with substances.
- Acting out their pain by re-victimizing others within the correctional institution or in the community.
- Being self-destructive.
- Displaying anger towards the offender, legal system, family/friends.
- Displaying hyper vigilance to danger.
- Being fearful of new & risky situations.
- Experience sexual dysfunction, engaging in sexual behavior, but with decreased or increased enjoyment and arousal.
- Engaging in sexually promiscuous and/or aggressive behavior.

Remember – you may encounter victims at all stages depending on when they came forward to report the abuse!

Incarcerated sexual abuse victims:
  • May experience repetitive assaults by multiple assailants over a period of time.

This may lead to:
  • Ongoing physical and psychological trauma,
  • A more debilitating form of PTSD.

Incarcerated victims may also experience:
  • A loss of social status, and
  • Increased vulnerability within the jail or prison,
  • Additional feelings of betrayal, alienation and violation, which increases pain and suffering in cases of staff sexual misconduct.

SOURCE: A Guide to An Effective Medical Response to Prisoner Sexual Violence
{Monograph for Colorado Department of Public Safety – Dumond & Dumond, 2007}
In addition to the previously discussed symptoms, male victims

• May experience erection and orgasm during anal rape due to the pressure on the prostate, which compounds the trauma and exacerbates self-blame.
• Often experience concern about their masculinity, competence and security, which increases their humiliation and suffering.
• Often manifest a more “controlled” response, which may lead authorities to conclude the events did not occur or to minimize its impact.

SOURCE: A Guide to An Effective Medical Response to Prisoner Sexual Violence
{Monograph for Colorado Department of Public Safety – Dumond & Dumond, 2007}
In addition to the previously discussed symptoms, incarcerated female victims:

- Have a much higher rate of physical and sexual victimization during childhood, adolescence and prior to their incarceration, resulting in increased vulnerability to PTSD.
- Have histories of abuse and submission reinforce feelings of inadequacy, despair and unworthiness.
- May experience compounded expectations of betrayal and anger resulting from incest victimization during childhood in cases of staff sexual misconduct.

What does this mean for investigations?

• Understanding the background, history, and the potential for ongoing trauma and mental health issues will allow investigators to:
  » Better understand inmates’/residents’ actions, reactions and interpretations of events.
  » Better reconstruct inmates’/residents’ actions and reactions.
  » Positively impact the healing process of inmates/residents who have recently experienced trauma through sexual abuse.
Do no harm in your interactions with victims.

- Be aware of your power to cause a “second injury,” through:
  - Perceived rejection/disbelief
  - Perceived indifference, or lack of support
  - Projections (conscious or unconscious) of blame on the victim

- Be aware of your power to discourage reporting and cooperation, which may result in:
  - A loss of crucial information in a case,
  - A decrease in facility safety, and
  - Increased agency liability.

Be aware of reasons victim reporting is often delayed:

- Fear, guilt, shame.
- Assumption of agency disbelief.
- Expectations that they will be placed in protective custody, segregation, or transferred.
- Fear of being labeled a “homo” or “punk” or “snitch.”
- Fear of further victimization.
- Idea that inmates/residents cannot be “real” victims or that inmate/resident victims deserve their fate.

Do NOT make assumptions around a report’s validity exclusively based on how long ago the alleged incident occurred or the reasons an alleged victim gives for delaying the report.

Demeanor:

• Correction culture tends to encourage a “tradition of toughness” approach; recognize that certain culture and practices can be re-traumatizing. Stay calm and emphasize a listening role when discussing sensitive issues with survivors.

• Sexual abuse victims suffer from disempowerment. Consider steps you can take re: your body language, tone of voice, uniform, etc. to create a more comfortable environment for the inmate.

SOURCE: “Creating Trauma Informed Systems of Care for Human Service Settings: What is Trauma and Why Must We Address It?” by Joan Gillece, PhD
“In Their Own Words,” Maine Trauma Advisory Group Report, 1997
Implications: How to be Trauma Informed

Language:
• Emphasize collaboration rather than compliance. Trying to pressure the alleged victim into talking will only delay the investigation.
• Be aware of the implications of what you ask: 
  What happened to you? vs. What’s wrong with you?
• Don’t condescend to the victim:
  » “Nobody can hurt you now.”
  » “Trust me.”

SOURCE: “Creating Trauma Informed Systems of Care for Human Service Settings: What is Trauma and Why Must We Address It?” by Joan Gillece, PhD
“In Their Own Words,” Maine Trauma Advisory Group Report, 1997
Implications: How to be Trauma Informed

Location:

- Incarcerated victims of sexual abuse can face potentially dangerous consequences if their victimization becomes general knowledge – labeling the victim can be catastrophic.
- Providing privacy to alleged victims during the interview process will create a more comfortable environment in which the inmate/resident may be more likely to share important information with the investigator.

Consider how your choice of interview locations may impact the quality of your interview.

Implications: How to be Trauma Informed

Response:
Understand unexpected/irrational behavior as adaptive rather than seeing it as intentionally provocative:

- Rage
- Repetition-compulsion
- Self-injury

Remind yourself that these behaviors result from trauma; Traumatized adults respond to their trauma history in the present.

Don’t take things personally.

SOURCE: “Creating Trauma Informed Systems of Care for Human Service Settings: What is Trauma and Why Must We Address It?” by Joan Gillece, PhD “In Their Own Words,” Maine Trauma Advisory Group Report, 1997
An investigator could trigger an inmate/resident simply by looking like a past attacker. Visual triggers include:

- Sex
- Height
- Race
- Hair color
- Mannerisms

How should this knowledge impact investigations?

*SOURCE: Trauma Addictions Mental Health and Recovery (TAMAR) Treatment Manual and Modules*
Implications: How to be Trauma Informed

1. Recognize the existence and impact of trauma.
2. Do no harm in your interactions with victims.
3. Work intentionally to incorporate your knowledge of the existence and impact of trauma into your investigation techniques.
Questions?