

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

The enclosed Responding to Sexual Abuse of Youth in Custody: Addressing the Needs of Boys, Girls, and Gender Nonconforming Youth curriculum was developed by the Project on Addressing Prison Rape at American University, Washington College of Law 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 Prison Rape Elimination Act (PREA) standards served as the basis for the curriculum's content and development with the goal of the Responding to Sexual Abuse of Youth in Custody: Addressing the Needs of Boys, Girls, and Gender Nonconforming Youth curriculum being to satisfy specific PREA standard requirements.

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.

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

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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 10: Medical and Mental Health of Victims in Custody

**The Project on Addressing Prison Rape
February 2014**

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Objectives

- Review applicable PREA standards for health care
- Identify medical health service needs for boys and girls
- Review SART evaluation and evidence collection
- Discuss how victimization may affect the juvenile justice environment
- Identify needed mental health interventions for victims of sexual abuse in juvenile justice
- Recommend agencies regarding necessary mental health interventions



115.382: Access to emergency medical and mental health services

(a) Resident victims of sexual abuse shall receive **timely, unimpeded access to emergency medical treatment and crisis intervention services**, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

(b) If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, **security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362** and shall immediately notify the appropriate medical and mental health practitioners.



115.382: Access to emergency medical and mental health services

(c) Resident victims of sexual abuse while incarcerated **shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis**, in accordance with **professionally accepted standards of care**, where medically appropriate.

(d) **Treatment services shall be provided** to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.



115.383: Ongoing medical and mental health care for sexual abuse victims and abusers

(a) The facility shall **offer medical and mental health evaluation** and, as appropriate, treatment to **all residents** who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

(b) The **evaluation and treatment of such victims** shall include, as appropriate, **follow-up services, treatment plans**, and, when necessary, **referrals for continued care** following their transfer to, or placement **in, other facilities**, or their **release** from custody.

(c) The facility shall provide such victims with **medical and mental health services consistent with the community level of care**.



115.383: Ongoing medical and mental health care for sexual abuse victims and abusers

(d) Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

(e) If pregnancy results from the conduct described in paragraph (d) of this section, such **victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.**

(f) Resident victims of sexual abuse while incarcerated shall be offered **tests for sexually transmitted infections** as medically appropriate.



115.383: Ongoing medical and mental health care for sexual abuse victims and abusers

(g) Treatment services shall be provided to the victim **without financial cost** and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

(h) The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.





Medical Health Care and Evidence Collection



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115.321: Evidence protocol and forensic medical examinations

(a) To the extent the agency is responsible for investigating allegations of sexual abuse; the agency shall **follow a uniform evidence protocol** that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

(b) The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, **shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,"** or similarly comprehensive and authoritative protocols developed after 2011.



115.321: Evidence protocol and forensic medical examinations

(c) The agency shall offer all victims of sexual abuse **access to forensic medical examinations**, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by **other qualified medical practitioners**. The agency shall document its efforts to provide SAFEs or SANEs



Role of Health Care Provider

Confidentiality

Reporting

Dual Purpose Services

- Patient Centered
- Criminal Justice

Security and Safety



Immediate Medical Concerns

Primary Survey

- Identifiable bruises
- Scrapes
- Cuts
- Broken bones

Secondary Survey

- Internal bleeding
- Head Trauma
- Shock
- Genital Trauma



Multidisciplinary Process

Utilizing a multidisciplinary team offers expertise from:

- First responders
- Sexual assault forensic examiners
- Law enforcement representatives
- Victims and advocates
- Prosecutors
- Forensic photographers



Sexual Assault Response Teams (SART)

Sexual Assault Response Teams

- Comprehensive response to victims of sexual assault
- Multidisciplinary
- Coordination
- Information sharing

Crisis intervention counseling

- Mental health
- Victim services
- Informed of rights under relevant federal /state crime victims' rights laws

Special Needs



Sexual Assault Nurse Examiner (SANE)

Sexual Assault Nurse Examiners

- History
- Evaluation and documentation of event
- Physical Exam
- Body Maps

Diagnostic Testing

Treatment

- Prophylactic treatment for STI's
- Body Fluid Exposure Protocol



SANE

Evidence Collection

- Consent to evaluate and treat
- Consent to release medical information and forensic evidence
- Clothing collection
- Collection of head and pubic hairs
- Oral swabs for victim DNA or perpetrator DNA
- Vaginal/rectal swabs and smears

Chain of Custody



Confidentiality Considerations for Medical and Mental Health Staff

Guidance on reporting obligations

- HIPPA
- Health Insurance Portability and Accountability Act of 1996
- State Laws
- Health Organizations Professional Codes of Ethics
- Correctional Institution Policies and Procedures



Confidentiality Considerations for Medical and Mental Health Staff

Confidentiality is not applicable when there is **potential** for harm to the victim or others

Communicable diseases must be reported according to applicable laws

May need to be modified to further protect the victim, or other innocent parties



Implications for Public Health

Spread of infectious disease

- HIV/AIDS
- Hepatitis
- Syphilis
- Gonorrhea
- Chlamydia

Increased health care costs for medical and mental health



Dual Purpose of the Forensic Exam: Patient Centered

- Evaluate and treat injuries
- Conduct prompt examinations
- Provide support and counseling
- Prophylaxis against STD's
- Assess women for pregnancy risk and discuss options
- Provide medical / mental health follow-up



Dual Purpose of the Forensic Exam: Criminal Justice

- Obtain a history of the assault
- Document exam findings
- Properly collect, handle, and analyze data
- Interpret and analyze findings (post-exam)
- Present findings and provide expert opinion related to exam/evidence



Patient-Centered Care

- Ensures patient privacy
- Provides a safe environment and acknowledges safety concerns
- Accommodates victims request for family or friend to be with them
- Respects patient's request for providers of a specific gender
- Integrates exam procedures
- Involves victim services and law enforcement



Components of Forensic Medical Exam

Consents

Sexual assault history

- Standardized forms

Physical exam:

- Body maps
- Standardized colposcopy

Treatment plan:

- Prophylactic treatment for STI
- Post-coital contraception
- Medical and mental health follow-up



Forensic Evidence Collection

Forensic evidence collection is challenging

Technological advances contribute to documentation of objective findings

Prosecution rests on objective data



Timing of Evidence Collection

Examine patient ASAP to minimize the loss of evidence

120 hr. limit for obtaining forensic evidence

- Not absolute

May collect up to 5-7 days following assault



Evidence Kits

Evidence kits should contain:

- Instruction checklist
- Forms
- Materials for collecting and preserving evidence



Evidence Collection

- Collect the evidence from patients as guided by the forensic history, physical exam, and evidence collection kit instructions
- Reduce potential contamination
- Distinguish patient's DNA from suspect's DNA



Evidence Collection

- Oral swabs
- Swabs obtained from anal, cervix, and vaginal areas
- Body fluids found on other areas
- Pubic and head hairs
- Debris
- Toxicology specimens



Preservation of Evidence

Follow jurisdictional policies

- Drying
- Packaging
- Labeling
- Sealing
- Secure storage sites
- Law enforcement should transfer evidence to crime laboratory

MAINTAIN CHAIN OF CUSTODY



Treatment

Follow CDC recommendations for treatment of:

- Syphilis
- Chlamydia
- Gonorrhea
- Trichomonas
- Bacterial Vaginosis
- Hepatitis B
- HIV post-exposure therapy



Long Term Health Care Issues

- HIV/AIDS
- Hepatitis B and / or C
- STI
- Pregnancy
- Suicidal thoughts / actions
- PTSD



Follow Up Examinations

- Detect new infections
- Complete hepatitis B immunizations
- Complete counseling and treatment for other STI's
- Opportunity to monitor compliance with previous treatments
- Repeat Syphilis, HIV 6 weeks and 3 months



Special Concerns in a Juvenile Justice Setting

- Age gap when abuse involves two youth
- Does reporting deter youth from seeking help?
- What happens when reporting does more harm than good?



Impact of Sexual Assault

On Youth:

- STI's
- HIV/AIDS
- Hepatitis B and / or C
- Substance Abuse
- Suicide
- Post traumatic syndrome
- May become perpetrators to regain control



Impact of Sexual Assault

On Staff:

- Display of unmanageable anger or hostility by youth
- Secondary trauma
- Communicable disease transmission
- Guilt
- Powerless/helpless



Immediate and Ongoing Mental Health Care



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115.381: Medical and mental health screenings; history of sexual abuse

(a) If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, **whether it occurred in an institutional setting or in the community**, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

(b) If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.



115.381: Medical and mental health screenings; history of sexual abuse

(c) Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

(d) Medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.



Sexual Victimization: Mental Health Concerns

People who suffer sexual abuse are:

- 3 times more likely to suffer from depression.
- 6 times more likely to suffer from post-traumatic stress disorder.
- 13 times more likely to abuse alcohol.
- 26 times more likely to abuse drugs.
- 4 times more likely to contemplate suicide.

Common Reactions to Sexual Assault: Feelings

Emotional shock:

- I don't I feel anything?

Disbelief:

- I can't believe this happened to me.

Shame:

- I feel dirty.

Guilt:

- Could I have done something to stop it? If only I had . . .

Powerlessness:

- I feel out of control

Denial:

- It wasn't really rape. Nothing happened.



Common Reactions to Sexual Assault: Feelings

Anger:

- I want to kill that person

Fear:

- I keep having bad dreams

Depression:

- I feel so hopeless. Maybe I'd be better off dead.

Triggers:

- I smelled her perfume

Anxiety:

- I am constantly looking over my shoulder

Helplessness:

- Will I feel like myself ever again?



Common Reactions to Sexual Assault: Behaviors

Expressive:

- Crying, yelling, shaking, being angry, swearing, etc. Anger may be directed at friends, family.

Calm:

- May behave extremely composed, controlled or unaffected.

Withdrawn:

- May shrink inside herself; provide one word answers or none at all; offering no information without being prodded. Refusal to socialize

Lack of sleep:

- Survivor may have difficulty sleeping or have nightmares of being chased or attacked.



Common Reactions to Sexual Assault: Behaviors

- Flashbacks
- Changing eating habits
- Lack of concentration or energy
- Rape Trauma Syndrome or Post-traumatic Stress Disorder.



Rape Trauma Syndrome (RTS)

A common reaction to a rape or sexual assault-- to an unnatural or extreme event

Four Phases

- Acute Crisis Phase
- Outward Adjustment Phase
- Integration Phase
- Reactivation



Acute Crisis Phase

Occurs right after the assault

Physical Reactions

- Change in sleep patterns, change of appetite, poor concentration, acting withdrawn, jumpy

Emotional Reactions

- Depression, guilt, anger, anxiety, fear

Behavioral Reactions

- Acting out, change in hygiene, refuse to change room, harm to self, suicidal thoughts



Outward Adjustment Phase

Survivors feel a need to get back to normal

Grooming and eating returns to normal but sleeping remains irregular

Survivor tries to regain control



Integration Phase

The survivors idea of who they were before the assault and after become one and the survivor accepts the assault

Takes months or years to achieve



Reactivation of Crisis

Can happen at any time and during any of the phases

Reactivation mirrors the acute phase

Can be triggered by sights, smells, sounds, situations or memories



RTS in Juvenile Justice Settings

Repeated sexual assault situations

No control over environment

Continuous contact with assaulter

Triggers may cause anger or violent reactions



Impact of Victimization in the Juvenile Justice Settings: Boys

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

Report past abuse associated with violent crime

Defend against feelings associated with victimization (shame, stigma)



Impact of Victimization in the Juvenile Justice Settings: Boys

May question sexual identity and preference

Feel the best defense is a good offense

May imitate their aggressors

Acutely aware of the 'code' and their ranking



Impact of Victimization in the Juvenile Justice Settings: Girls

At risk for unhealthy relationships with authority figures, based on perceptions of their power to harm

Difficulty adjusting to coercive, restrictive environments

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

Concern with how reporting may interrupt relationships



Impact of Victimization in the Juvenile Justice Settings: Girls

Vulnerable to abusive authority figures

Faced with sexual assault situations:

- May not understand it is possible to refuse
- May lack perception of a “right” to refuse
- May believe it’s always dangerous to refuse



The Impact of Being in Detention and Being a Survivor

More likely to experience physical trauma

Systemic infliction of psychological trauma

Retaliation and/or retribution

Lack of autonomy and safety

General distrust

- Staff, reporting structure, investigation, prosecution



The Impact of Being in Detention and Being a Survivor

- Feelings of disorientation and anxiousness may make people unable to follow rules
- Sharing or talking about feelings may be a safety risk for a youth
- Isolation may be a relief but it could also cause further trauma
- Increased anger may cause acting out
- Complex nature of “consent” can lead to self-blame
- Multiple traumas exacerbate symptoms



Mental Health: Necessary Interventions

Community Rape Crisis Centers

Companion Services

- A rape crisis counselor to be with you during the SANE exam and at court appearances
- Some communities have rape crisis counselors that will meet residents at the hospital and act as advocates during SANE Exams

Short or long-term counseling (group or individual)



Mental Health: Necessary Interventions

Safety Planning

Self- Defense

24- hour Hotlines

Mental Health evaluation

Group counseling (in some situations)



Recommendations

Build relationships with community partners

Lobby state and local legislative bodies for funding for victim centered care

- VAWA 2013

Ongoing training for youth and staff– ongoing

Victim-centered approach to allegations

Provide cross training for community crisis providers on your environment

