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NCCCD | National Council on
Crime & Delinquency



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

Prof. Brenda V. Smith

April 23, 2013

Presented by: The Project on Addressing Prison Rape
in collaboration with the
National PREA Resource Center

Welcome and Agenda for Webinar

PRESENTERS:

Prof. Brenda V. Smith, Director
Project on Addressing Prison Rape

AGENDA:

- 2:00 p.m. – 2:15 p.m. Welcome and Conventions
- 2:15 p.m. – 3:15 p.m. PowerPoint and Discussion
- 3:15 p.m. – 3:30 p.m. Questions



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Information about the PRC

PRC was established through a cooperative agreement between the Bureau of Justice Assistance and the National Council on Crime and Delinquency. The mission of the PRC is to assist adult prisons and jails, juvenile facilities, lockups, community corrections, and tribal facilities in their efforts to eliminate sexual abuse by increasing their capacity for prevention, detection, monitoring, responses to incidents, and services to victims and their families.

The information provided in the webinar is the viewpoint of The Project on Addressing Prison Rape and does not necessarily represent the opinion of the Bureau of Justice Assistance, the Department of Justice, or the PREA Resource Center.



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Conventions

The conventions for this webinar are:

- Your microphone should be on mute.
- If you are joining us by phone and Internet please be sure the telephone button is checked under the audio section of the webinar tool box.
- If you are joining only by phone you are on mute—you will not be able to ask questions, but if you email your question to jyarussi@wcl.american.edu we can address it.
- If you have a question during the webinar, use the chat box feature to send your question to Jaime Yarussi (listed as WCL Organizer).
- If you have technology issues, call Caleb Bess at 202-274-4403.

If your question is not answered during the webinar, we will respond after the session.

We will prioritize pre-submitted questions during the webinar and post them along with the webinar archive.



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Objectives of Webinar

- Begin to tease out what gender responsive approaches addressing custodial sexual abuse looks like for girls, boys, and gender non-conforming youth
- Review the applicable PREA standards for responding to sexual abuse in custody and their gender impacts
- Review the dynamics of custodial sexual abuse of girls, boys, and gender non-conforming populations
- Identify components of institutional culture and their impact on sexual abuse of youth in custody



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“Gender Responsive” ?

- When people hear “gender responsive strategies” they generally think about strategies that respond to the needs of girls and women
- When we use the term “gender non-conforming” it is the umbrella term for individuals including lesbian, gay, bisexual, transgender, and intersex youth whose gender expression may be different from their biological sex.



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Vectors of Correctional Sexual Abuse: Gender, Sexuality and Sexualized Environments

- Punishment, including institutional punishment, has always been gendered
- Institutional settings have always struggled with issues of punishment and abuse, including sexual abuse
- Late nineteenth century most youths were tried and punished as adults
- Transformed to more rehabilitative system
- 1980 and 1990s high recidivism rates as evidence that rehabilitation was a failure – moved to more punitive policies
- Gradual shift in past decade to focusing on adolescent development



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BJS Data: Juveniles

Administrative survey collections: Juveniles

- 2004 (reported with adult numbers)
 - http://www.wcl.american.edu/endsilence/documents/BeckandHughes_BJSReport2004.pdf?rd=1
- 2005-6
 - <http://www.wcl.american.edu/endsilence/documents/sexviolencejuvenilecorrauth2005-6.pdf?rd=1>

Victim self reports: Juveniles

- 2008-9
 - <http://www.wcl.american.edu/endsilence/documents/SexualVictimizationinJuvenileFacilitiesReportedbyYouth2008-9.pdf?rd=1>



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BJS FINDINGS: Sexual Victimization Reported by Juvenile Correctional Authorities, 2005-6

Correctional Authorities reported more than 2,000 allegations of sexual violence reported each year in juvenile facilities totaling 4072 allegations for 2005 and 2006

- The estimated total number of allegations for the nation was
 - 2,047 in 2005 (16.7%)
 - 2,025 in 2006 (16.8%)

About 1 in 5 allegations of sexual violence was substantiated



Sexual Victimization Reported by Juvenile Correctional Authorities (2005-6) Youth on Youth Sexual Abuse

Type of Contact	%	Number
Non-consensual sexual acts	36%	1451
Abusive Sexual Contacts	21%	861



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Sexual Victimization Reported by Juvenile Correctional Authorities (2005-6) Staff on Youth Sexual Abuse

	%	Number
Staff sexual abuse	32%	1314
Staff sexual harassment	11%	446



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BJS Findings: Sexual Victimization Reported by Youth, 2008-9

12% of adjudicated youth reported 1 or more incidents of sexual victimization (in the past 12 months or since admission, if less than 12 months)

Approximately 95% of all youth reporting staff sexual misconduct said they were victimized by female staff

- 92% were males reporting activity with female staff
- 2.5% were males reporting sexual activity with both male and female staff



Sexual Victimization Reported by Youth (2008-9)

	%
% of youth reporting sexual victimization	12%
% of youth reporting youth on youth sexual victimization	2.6%
% of youth reporting staff on youth sexual victimization	10.3%



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Sexual Victimization Reported by Youth (2008-9)

	% of youth reporting youth on youth sexual victimization	% of youth reporting staff on youth sexual victimization
Housing males only	2.0%	11.3%
Housing females only	11.0%	5.0%
Housing both males and females	3.0%	7.6%



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Applicable PREA Standards

115.315: Limits to cross-gender viewing and searches

115.321: Evidence protocol and forensic medical examinations.

115.331: Employee training

115.333: Resident education

115.341: Obtaining information from residents

115.342: Placement of residents in housing, bed, program, education and work assignments



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Applicable PREA Standards

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

115.382: Access to emergency medical and mental health services

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



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PREA Standards

115.315: Limits to cross-gender viewing and searches

(a) The facility **shall not conduct cross-gender strip searches or cross-gender visual body cavity searches** (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

(b) The agency **shall not conduct cross-gender pat-down searches** except in exigent circumstances.

(c) The facility shall **document and justify** all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.



PREA Standards

115.315: Limits to cross-gender viewing and searches

(d) The facility **shall implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks.** Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.



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PREA Standards

115.315: Limits to cross-gender viewing and searches

(e) The facility **shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status.** If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

(f) The agency **shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner,** and in the least intrusive manner possible, consistent with security needs.



PREA Standards

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 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.



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PREA Standards

115.321: Evidence protocol and forensic medical examinations.

(c) The agency shall offer all residents who experience 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.



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PREA Standards

115.321: Evidence protocol and forensic medical examinations.

(d) The agency **shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member.** Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.



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PREA Standards

115.321: Evidence protocol and forensic medical examinations.

(e) **As requested by the victim**, the victim advocate, qualified agency staff member, or qualified community-based organization staff member **shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals**



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PREA Standards

115.331: Employee training

(a) The agency shall train all employees who may have contact with residents on:

- (1) Its zero-tolerance policy for sexual abuse and sexual harassment;
- (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- (3) Residents' right to be free from sexual abuse and sexual harassment;
- (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;
- (6) The common reactions of juvenile victims of sexual abuse and sexual harassment;
- (7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;



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PREA Standards

115.331: Employee training

- (8) How to avoid inappropriate relationships with residents;
- (9) How to **communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents**; and
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
- (11) Relevant laws regarding the applicable age of consent.

(b) Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and to **the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.**



PREA Standards

115.331: Employee training

(c) All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

(d) The agency shall document, through employee signature or electronic verification, that employees understand the training they have received.



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PREA Standards

115.333 Resident Education

(a) During the intake process, **residents shall receive information explaining, in an age appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.**

(b) **Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.**

(c) Current residents who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility.



PREA Standards

115.333 Resident Education

(d) The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.

(e) The agency shall maintain documentation of resident participation in these education sessions.

(f) In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.



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PREA Standards

115.341: Obtaining Information from Residents

- (a) Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.
- (b) Such assessments shall be conducted using an objective screening instrument.
- (c) At a minimum, the agency shall attempt to ascertain information about:
- (1) Prior sexual victimization or abusiveness;**
 - (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse;**
 - (3) Current charges and offense history;
 - (4) Age;
 - (5) Level of emotional and cognitive development;
 - (6) Physical size and stature;



PREA Standards

115.341: Obtaining Information from Residents

- (7) Mental illness or mental disabilities;
- (8) Intellectual or developmental disabilities;
- (9) Physical disabilities;
- (10) The resident's own perception of vulnerability; and
- (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

(d) This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.

(e) The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.



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PREA Standards

115.342: Placement of residents in housing, bed, program, education and work assignments

(a) The agency shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.

(b) **Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged.** During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.



PREA Standards

115.342: Placement of residents in housing, bed, program, education and work assignments

(c) **Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.**

(d) In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

(e) Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.



PREA Standards

115.342: Placement of residents in housing, bed, program, education and work assignments

(f) **A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.**

(g) **Transgender and intersex residents shall be given the opportunity to shower separately from other residents.**

(h) If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document:

- (1) The basis for the facility's concern for the resident's safety; and
- (2) The reason why no alternative means of separation can be arranged.

(i) Every 30 days, the facility shall afford each resident described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population.



PREA Standards

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.**



PREA Standards

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.



PREA Standards

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, 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.



PREA Standards

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.**

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



PREA Standards

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

(e) If pregnancy results from conduct specified 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.

(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** NATIONAL **PREA** RESOURCE **CENTER** mental health practitioners.



Gender Responsive Strategies

Gender-influenced Socialization, Communication Styles, & Behaviors: Boys

- 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



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Gender-influenced Socialization, Communication Styles, & Behaviors: 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



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Gender-influenced Socialization, Communication Styles, & Behaviors: Gender Non-Conforming

May have communication styles opposite to their gender presentation

May have gender-influenced behaviors that are the opposite of what staff would expect



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Abuse Histories: Boys

- History of abuse by parents or guardians
- Involvement in subsequent childhood or adolescent aggression & delinquency
- Connection between sexual/ physical victimization & aggressive & self-destructive behavior
- Report past abuse associated with violent crime
- Defend against feelings associated with victimization (shame, stigma)



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Abuse Histories: Boys

- Victimization experience falls outside gender role of being strong & in control
- May have fears about sexual identity & preference
- Feel the best defense is a good offense
- May imitate their aggressors
- May show up in bullying or victimization of those perceived as weak



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Implications: Boys

- Feel shame & denial
- Felt (or were) unheard & unrecognized as abuse victims
- Guard feelings to mask vulnerability
- Fear that if they come forward they will be seen as homosexual (if abused by another male)
- Often do not define sex with women in authority as abusive



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Abuse Histories: Girls

- History of abuse by parents/guardians; other family; friends of family
- Involvement in subsequent childhood or adolescent delinquency & substance abuse
- Often have prior history of abuse in institutional or inpatient settings from staff and other youth
- Abuse begins in childhood; continues into adulthood with intimate partners & strangers



Abuse Histories: Girls

- Sexual molestation increases risk for delinquency, addiction, offending, & 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 or to help



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Implications: Girls

- Difficulty adjusting to coercive, invasive, restrictive environments
- Lack of right to privacy, cell searches, bodily searches may replicate past abuse. Constant triggers
- Vulnerable to abusive authority figures
- Concern with how reporting may interrupt relationships (incl. calls & visits)



Implications: Girls

- Faced with Sexual Abuse Situations
 - May not understand it is possible 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



Additional Concerns of Gender Non-Conforming Youth

- Use of isolation for protection
- Pairing for protection
- Not reporting due to fear of retaliation
- Being marked as a victim
- Suicide risk
- Physical violence/ partner violence
- Disbelief that they are being abused
- Trans-phobic attitudes of staff or other youth
- Cross-sex supervision



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Additional Concerns of Gender Non-Conforming Youth

- Improper classification and housing
 - Classification by biology not gender
- Stigmatization
 - Perception that they are asking for abuse
 - Perception that they are going to perpetrate abuse
- Victimization
- Isolation



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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)
- Feelings of disorientation and anxiousness may make people unable to follow rules



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The Impact of Being in Detention and Being a Survivor

- Sharing or talking about feelings may be a safety risk for an inmate
- 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



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Why this is Important in the Juvenile Justice Context

If an individual has a concerning history of being victimized

- he or she may be suffering from posttraumatic stress symptoms or rape trauma syndrome
- may present with sleep disturbance
- may refuse to shower
- adopt other oppositional behaviors to keep safe

When an individual has a concerning history or is at risk as a perpetrator

- take action to make all staff aware of the risk
- take steps to ensure that he or she is not given time or opportunity to act out against another



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Continuum of Sexual Activity Involving Juveniles in Detention

Staff on Youth Sanctions

Criminal

- Prosecution
- Sex Offender Registration

Civil Litigation

- Inmate
- State
- Federal government

Administrative

- Warning
- Loss of job
- Loss of License

Forced

Against offender's will or with violence or threat of violence

Coerced

Under threat of negative outcome

Strategic

In exchange for highly valued items

"Non-Coerced"

Solicited by offender or engaged in willingly by offender without promise, benefit or threat

Criminal - or - Administrative

Youth on Youth Sanctions



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Generalizations About Who Potential Victims Are

- Very young
- Inexperienced with the criminal justice system/ new to detention
- Weak
- Disabled (mentally, physically, etc.)
- History of victimization
- Sex offenders
- Sexual minorities (LGBTI)
- Racial and ethnic minorities within the custodial setting



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Generalizations About Who Potential Predators Are

- Likely to be older youth
- In detention for longer periods of time often on multiple occasions in multiple settings
- In detention for more violent offenses
- Physically aggressive
- Manipulative
- Gang affiliation



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Why Girls May Engage in Sexual Activity in Custody

- Inappropriate sexualization
- Sex defined as “love” or as a commodity
- Boundary issues
- Challenges in defining domestic violence
- Fears about disclosure & reporting
- PTSD and re-traumatization
- Crisis and long-term treatment issue
- Trauma remains untreated and cycle continues
- History of previous confinement and/ or longer sentences
- Higher levels of aggression



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Why Boys May Engage in Sexual Activity

- Curiosity
- Want/ need
- Companionship
- Favors or benefits
- Protection
- Force



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Why Gender Non-Conforming Youth May Engage in Sexual Activity

- Sex defined as “love” or as a commodity
- Boundary issues
- Fears about disclosure & reporting
- Long criminal justice history
- Want/ need
- Favors or benefits
- Protection
- Force



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Adolescent Development

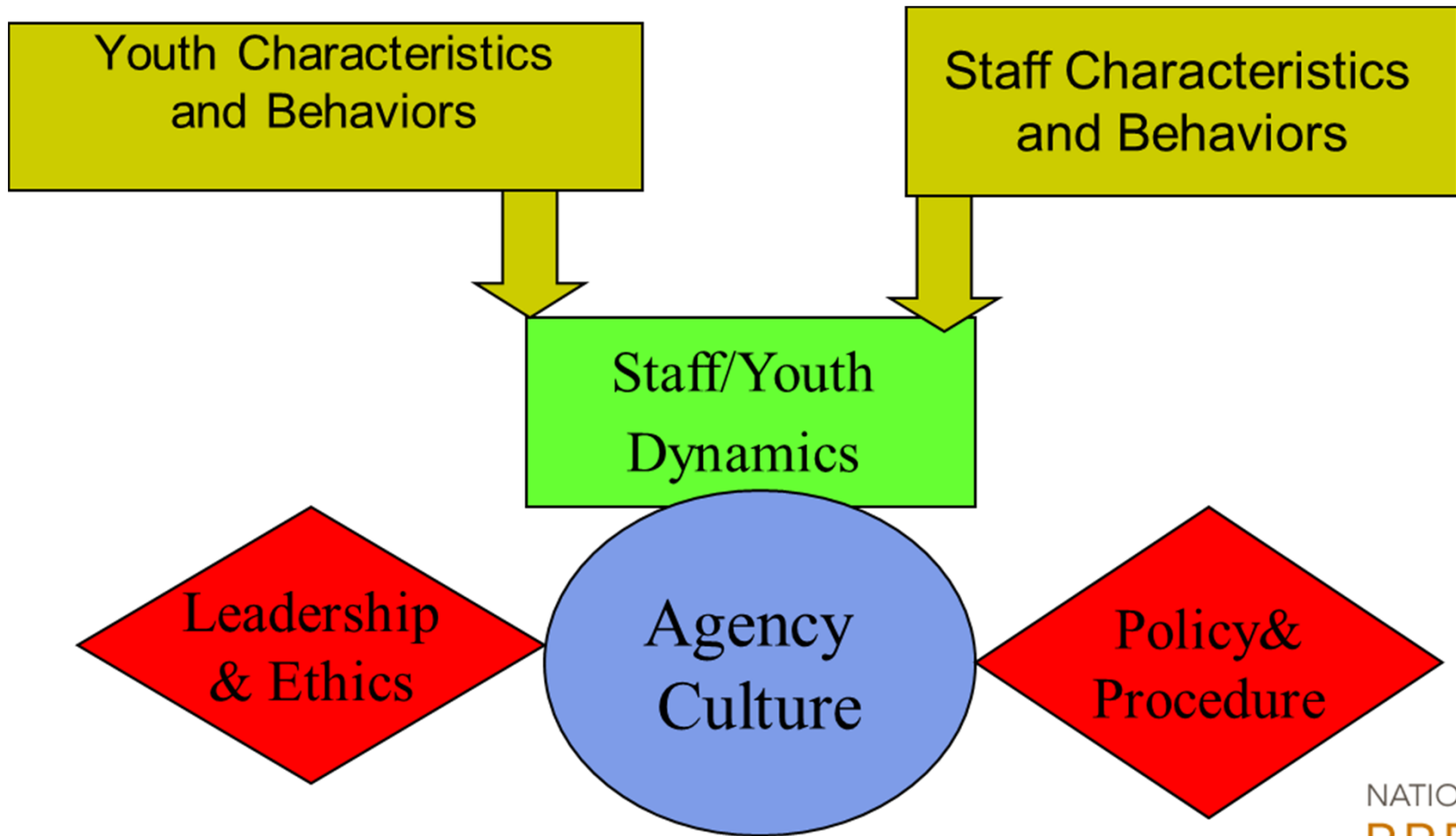
- Can have kids at many different ages in your care
- Each is developing and at different stages
 - Emotional
 - Cognitive
 - Physical
 - Sexual development
 - Important to acknowledge that and act accordingly
 - Youth will experiment sexually -- not all of it is abusive
 - Have to understand and adjust for that



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The Impact of Culture



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Why is Understanding Culture Important?

- Provides a context for behaviors of staff and youth
- Attitudes and conduct are shaped by the culture
- Addressing the problem in a systematic way is about cultural change
 - Involves shifting the existing norms
- Culture change is the challenge for leadership



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Gender Responsive Strategies for Addressing Abuse of Youth in Custody

- Follow the standards
 - Limitations on cross gender searches and viewing
 - Medical and mental health intervention
 - Strong reporting mechanisms
 - Appropriate supervision [1:8 during the day and 1:16 overnight]
 - Strong grievance policies
 - Access to outside reporting mechanisms



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Gender Responsive Strategies for Addressing Abuse of Youth in Custody

- Integrate strong knowledge of adolescent development into your programs and practices
 - Staff, contractors and volunteers
 - Youth
- Educate and Train staff, youth, contractors and volunteers
 - Have frank conversations about the profiles of youth in your care and the implications for their behavior especially with regard to sexual behavior
 - Don't make assumptions about how little or how much kids know or what their experiences have been
 - Same for staff
 - Develop language and facility to ask appropriate questions to assess past victimization and risk of aggressiveness and develop appropriate response for each



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Resources

- Investigating Staff Sexual Abuse of Offenders
<http://www.wcl.american.edu/endsilence/training.cfm>
- Sexual Abuse of Youth in Custody
http://www.wcl.american.edu/endsilence/juvenile_training.cfm
- Responding to Inmate on Inmate Sexual Abuse [forthcoming]
<http://www.wcl.american.edu/endsilence/training.cfm>
- Breaking the Code of Silence: Correctional Officers' Handbook on Identifying and Addressing Sexual Misconduct
<http://www.wcl.american.edu/endsilence/handbooks.cfm>
- Lesbian, Gay, Bisexual, Transgender and Intersex Offenders resource page available at: <http://nicic.gov/LGBTI>
- Annotated Bibliography of resources available at:
<http://nicic.gov/Library/026518>



Resources

- Video Broadcast: LGBTI Populations–Their Safety, Your Responsibility
November 7, 2012.
<http://nicic.gov/Library/026763>
- Smith, Brenda V. et. al. Policy Review and Development Guide: Lesbian, Gay, Bisexual, Transgender and Intersex Persons in Custodial Settings (forthcoming) white paper available at:
<http://www.wcl.american.edu/endsilence/webinars.cfm>
- NY Times parenting Blog: How Should We Talk to Boys About Sexual Abuse?
<http://parenting.blogs.nytimes.com/2012/06/12/how-should-we-talk-to-boys-about-sexual-abuse/>
- Resource sites for men and boys
 - <http://1in6.org> and <http://www.malesurvivor.org/>



Evaluation and Follow-up

We would like your feedback!

- An evaluation survey is posted at:
<http://www.surveygizmo.com/s3/1230208/Responding-to-Sexual-Abuse-of-Inmates-in-Custody-Addressing-the-Needs-of-Boys-Girls-and-Gender-Non-Conforming-Youth-April-2013>
- Surveys should be completed by
Friday, May 10, 2013 at 5:00 p.m. EDT.

A follow-up email will be sent immediately following this webinar. That email will include the link for the evaluation survey as well as a link to the recording and PowerPoint for this session.

If you watched this webinar in a group, please forward the link for evaluation to the whole group.



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Contact Information

For more information about the **National PREA Resource Center**:
www.prearesourcecenter.org; or ask questions at info@prearesourcecenter.org

Michela Bowman
PRC Co-Director
mbowman@nccdglobal.org

Jenni Trovillion
PRC Co-Director
jtrovillion@nccdglobal.org

Tara Graham
Sr. Program Specialist
tgraham@nccdglobal.org

For more information about **The Project on Addressing Prison Rape**:
www.wcl.american.edu/endsilence; or ask questions at endsilence@wcl.american.edu

Prof. Brenda V. Smith
Director
bvsmith@wcl.american.edu

Jaime M. Yarussi
Assistant Director
jyarussi@wcl.american.edu

Melissa C. Loomis
Research Fellow
mloomis@wcl.american.edu

Follow us on Facebook: <http://www.facebook.com/pages/EndSilence/152413528195301>
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