

GENDER DIFFERENCES/ INMATE ABUSE HISTORIES

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Objectives

- Explore gender influenced socialization, communication styles & behaviors amongst men, women and sexual minorities
- Explore link between historical abuse and institutional victimization
- Identify potential circumstances and gender influences that contributes to staff misconduct
- Implications for investigations of sexual misconduct

MEN

- Guard information and innermost thoughts and feelings, conceal vulnerability
- Emphasis on suppression of emotional distress, reluctant to ask for help
- Less verbal, more aggressive, competitive, less emotional
- Identity based on defining self with a focus on independence, self-sufficiency and autonomy
- More able to express anger, less able to express fear, anxiety, sadness
- Portrayed as autonomous, tough, in control

WOMEN

- Value sharing and relating with others
- Emphasis on relationships, rapport building, bonding, intimacy, closeness, inclined to ask for help
- More verbal, less competitive, more emotional expression
- Identity based on defining self in relation to others with a focus on connectedness and interdependence
- More able to express feelings, weaknesses, vulnerability and emotional distress
- Portrayed as caretakers, empathizers, emotionally expressive

MEN: Abuse Histories

- Males indicated being mistreated mostly as children
- More than half of male offenders reporting a history of abuse had been abused by parents or guardians; although men are more likely than women to be abused in childhood by someone outside of the family
- Males are less likely to report abuse or seek help
- Reported past abuse associated with violent crime
 - 61% of male state prisoners reporting abuse were serving a sentence for a violent offense, compared to 46% of those reporting no past mistreatment
- Literature suggests there is a connection between sexual/physical assault victimization and aggressive/self-destructive behavior in men

MEN: Abuse Histories

- Men defend against feelings associated with victimization (loss of control, shame, stigma) by being in a constant state of anger, rage and or aggression
- The experience of sexual victimization may be even more stigmatizing for men than for women because these victimization experiences fall so far outside of the proscribed male gender role.
- Males may question sexual identify and sexual preference more than women as a result of sexual victimization
- Many male survivors feel that they should have been able to stop the assault or are at fault because they became aroused.

Implications for Investigations

- Men often feel intense shame, denial, embarrassment as a result of sexual victimization
- Men feel as though they are unheard and unrecognized as abuse victims and may require reassurance that their claims are taken seriously
- Interviewer may need to solicit details
- Avoid interpreting the male victim's calmness or composure as evidence that a sexual assault did or did not occur; men often behave stoically and guarded to mask feelings of vulnerability
- Be careful not to appear condescending or patronizing
- Informal prison “code” or “hierarchy”/the ranking of prisoners by their fighting ability and manliness"
- Some survivors fear that once they come forward, they will be seen as homosexual

Female Inmate

- Leave home at an early age, early pregnancies, lack of education resulting in diminished work skills and increased child-rearing responsibilities
- More familial responsibilities than the average male offender entering prison; two-thirds are single mothers
- Less likely to have committed violent offenses and more likely to have been convicted of crimes involving drugs or property; property crimes are often motivated by poverty and/or addiction

WOMEN: Abuse Histories

- The majority of female offenders report prior sexual abuse which appears to be an instigator of delinquency, addiction and criminality
- Abuse begins in childhood and continues into adulthood.
- Female inmates reported that they were most often abused by intimates or family members. Almost 91% knew their abuser, 40% of abuse was at the hands of a family member, and 27.2% of abuse at the hands of a parent or guardian. Sixty-one percent of abuse was perpetrated by an intimate.
- Women are more at risk for unhealthy relationships (characterized by abuse, exploitation) with authority figures, particularly men

Implications for Investigations

- Due to the greater presence of traumatic histories, women may have greater difficulty adjusting to coercive, restrictive environments
 - i.e. searches, restraints, isolation procedures can act as triggers to re-traumatize women with histories of abuse
- Vulnerable due to past histories of abuse, particularly by figures in authoritative roles
- Concern about how the investigation may impact or interrupt relationships particularly familial relationships with dependent children
- Fear of retaliation
- Potential for pregnancy

Transgender Inmates

- Most stigmatized and misunderstood of the sexual minorities
- Umbrella term used to describe visibly gender variant people who have gender identities, gender expression or gendered behaviors not traditionally associated with their birth sex; transgender can also mean anyone who transcends the conventional definitions of “male” and “female” and who use a wide variety of terms to self-identify
- Maligned by the informal prison code by staff and inmates
- Assumed to invite sexual misconduct
- Assess your comfort level and familiarity
- Be sensitive of pronouns
- May have experienced demeaning, humiliating treatment and discrimination and assume the same by investigator

Impact of Victimization

- Response is unique and individualized
- Distorted view of normalcy
- Altered development of attitude towards self, sexuality, relationships
- Poor ability to set personal boundaries
- Self- Destructive Behavior Patterns
 - Addiction
 - Promiscuity
 - Powerlessness
 - Lack of self-efficacy
 - More susceptible to re-victimization
- Negative Schemas about the Self
 - Low self-esteem
 - Feelings of inferiority and worthlessness
 - Guilt and Shame
 - Dissociative disorders
- Negative Schemas about others
 - Poor basic trust
 - Feelings of mistrust, betrayal, fear of intimacy
 - “Use or be used”
- Mental Illness

Mental Illness

- Mental disorders include a broad range of impairments of thought, mood, and behavior.
- Axis 1 (Clinical Disorders)
 - Schizophrenia – frightening, complex, difficult and debilitating disease which may include disordered thinking or speech, delusions, hallucinations, inappropriate emotions, confusion and social withdrawal
 - Depression – profound feelings of sadness, helplessness and hopelessness; depressed or irritable mood; diminished interest or pleasure in nearly all activities; feelings of worthlessness; recurrent thoughts of death or suicide
 - Bipolar Disorder – frequently dramatic mood swings from depression to mania; persons in a manic phase can be disruptive, quick to anger, provocative and dangerous
 - Post Traumatic Stress Disorder - the development of a set of symptoms following exposure to an extreme traumatic stressor; may be direct personal experience of an event; actual or threatened injury; witnessing an event that involves death, injury; symptoms involve intense fear, helplessness, or horror; persistent re-experiencing of the traumatic event; avoidance of stimuli associated with the trauma; hyper vigilance

Mental Illness

- Axis 2 (Personality Disorders) – enduring patterns of conduct characterized by deeply ingrained, maladaptive patterns of adjustment to life that causes distress or significant impairment of feelings and behavior; is pervasive and inflexible; serious problems in thinking, feeling, interpersonal relations and impulse control; personality disorders are believed to be caused by life histories such as childhood traumas, neglect; genetic components as well.
 - Anti-social Personality Disorder – a pervasive pattern of disregard for and violation of the rights of others; can often be manipulative, volatile, disruptive and likely to engage in aggressive, impulsive “acting out” behavior which can include assaults on others
 - Borderline Personality Disorder – marked by patterns of instability in interpersonal relationships, self-image and affect; marked impulsivity; often volatile with extreme emotions; are prone to depression and self-mutilation; can be difficult, manipulative and obnoxious. Research suggests that childhood trauma – particularly sexual and physical abuse – is one of the causal factors for the disorder

Mental Illness

- Persons with mental illness are disproportionately represented in correctional institutions, (while 5% of the US population suffers from mental illness, between 8 and 19% of prisoners have significant psychiatric disabilities and another 15-20% will require psychiatric intervention during incarceration).
- The American Psychiatric Association reported estimates that as many as one in five prisoners were seriously mentally ill
- Female inmates report higher rates of mental illness
 - 13% of female inmates are reported to have acute and chronic mental illness (as compared to 7% for males)

Implications for Investigations

- Be prepared for virtually any type of emotional reaction
- Victim may assume the investigation lacks integrity
- Build rapport
- Confidentiality
- Create a quiet, safe setting (inside vs. outside location)
- Genuineness and authenticity
- Active listening
- Paraphrasing, summarizing & clarifying
- Allow adequate response time
- Non-verbal communication
- Use concrete ideas (who, what, when, where, how)
- When possible, avoid investigations involving individuals with whom your objectivity is challenged
- Multiple Interviews
- Debrief
- Interview Teams
- Avoid judging, attacking, condescending, denial
- Avoid offering pity
- Avoid beginning with preconceived outcome
- Truth-finding

Implications of Investigations

- Use vocabulary and sentences that are at the individual's level of cognitive and language development
- Be prepared to deal with feelings of intense fear and terror
- Set limits
- Do not personalize
- Be redundant, thorough, detailed
- Be patient
- Boundary clarification
- Clarify role, goals
- Provide accurate, straightforward information
- Maintain professionalism
- Focus on facts & behavior

Professional Ethics

- “... render professional service ...”
- “... uphold the law with dignity, displaying an awareness of responsibility to offenders ...”
- “... conduct personal life with decorum, neither accepting nor granting favors ...”
- “... recognize my office as a symbol of public faith ...”
– American Probation & Parole Association
- “... expects of its members unfailing honesty, respect for the dignity and individuality of human beings and a commitment to professional and compassionate service.

Potential Staff Issues

- Heavy emotional demands placed daily on staff creates stress
- Burnout – low morale, lack of respect, low pay, managing difficult and demanding inmates, understaffing, overtime, shift work, overcrowding, disillusionment
- Highly unfulfilling private life, substance abuse
- Lack of adequate support from family, neighbors, church members, peers

Potential Staff Issues

- Counseling and treatment responsibilities vs. surveillance and control (role ambiguity)
- Inadequate preparation for supervising offenders and understanding their complexity
- Inadequate supervision
- Familiarity/over-identification with offender
- Problems in personal life contributes to the time of compromise

Potential Staff Issues

- Emotional Transference – emotional loyalties shifting from the institution and peers to the inmate as the period of confinement increases
- Unmet staff needs will be met at the workplace whether by competent management, peer camaraderie, or by manipulation of inmates or manipulation by inmates

Ethics and Professional Boundaries

- Boundaries – limits, which protect the space between the staff person's power and the inmate's vulnerability
 - Role, time, place and space, financial, gifts and service, language boundaries
 - Boundary crossings/Boundary violation
- Dual Relationships – refers to a professional entering into a personal, political, business, romantic, social or otherwise alternative relationship with an offender; often a precursor to sexual misconduct

Zone of Effectiveness

UNDER
INVOLVED

ZONE OF
EFFECTIVENESS

OVER
INVOLVED

Apathetic, Distant,
Dispassionate,
Uncaring, Detached,
Cold, Indifferent

Mutual respect and
understanding,
Clarification of roles,
Professional distance

Boundary Crossings,
Dual Relationships,
Sharing personal
information, Showing
favoritism, Horseplay,
Sexualized
conversations

Motivations of Staff in Sexual Misconduct

SITUATIONAL
Good professional history, erratic course in life, situational breakdown in judgment or control

PSYCHOTIC
Impaired reality, delusions of grandiosity and love

NAÏVE
Difficulty understanding or operating within professional boundaries due to deficit in social judgment

NEEDY
Emotionally dependent, overly involved, not originally driven by sexual needs

THRILL-SEEKER
Risk-taker, desires adventure, enjoys living on the edge

Motivations of Staff in Sexual Misconduct

PREDATOR

Narcissistic, self-centered exploiters, manipulative, gratify own needs, no remorse

BULLY

Intimidation, power, control, domination, victim submission is satisfying

LOVESICK

Believes that they are in love with the inmate; deficiency in judgment confined to one particular inmate

RESCUER

Believe they have special kinds of help that only they can offer to save/guide/help

Consent Myth

- There is no such thing as consensual sex between offender and staff member
 - Power differential and inherently coercive atmosphere in prison
 - Inmates may initiate and engage in sexual misconduct as an erosive, maladaptive coping mechanism to combat negative feelings (emptiness, loneliness, loss, desperation, boredom, helplessness, powerlessness) or to satisfy unmet needs
 - “A means to an end”
 - “By any means necessary”
 - Avoid retaliation
 - “Going along to get along”
 - No real choice or consent

Final Thoughts

- Start Where The Subject Is
- Fairness, Impartiality, Objectivity
- Patience
- Respect
- Know Thyself
 - Culture, Values, Prejudices, Strengths, Weaknesses

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