Training Curriculum:
Responding to Sexual Abuse of Inmates in Custody:
Addressing the Needs of Men, Women and Gender Non-Conforming Populations

Module 7:
Gender and Victimization

The Project on Addressing Prison Rape
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Objectives

Explore gender-influenced socialization, communication styles and behaviors of men, women and gender non-conforming individuals

Explore past abuse histories & implications for institutional victimization

Discuss vulnerable victims and implications

Identify staff characteristics and behavior that contributes to inmate 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
WOMEN

- 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
Previously Victimized

Often have:

- A history of **early** victimization - family, neighborhood, school
- Exposure to aggression, dominance, and control
- Distorted view of self and relationships
- Merged concepts of love and aggression
Abuse Histories: Men

- 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
Abuse Histories: Men

• 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: Men

- Feel shame and denial
- Felt (or were) unheard and unrecognized as abuse victims
- Guard feelings to mask vulnerability
- Are acutely aware of prison code and their ranking inside
- Fear that if they come forward they will be seen as gay (if male perpetrator)
Abuse Histories: Women

- 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 institutional or inpatient settings
- Abuse begins in childhood; continues into adulthood with intimate partners and strangers
Abuse Histories: Women

- Sexual molestation increases risk for delinquency, addiction, offending, 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 or to help
Implications: Women

- 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 (including calls & visits)
Implications: Women

Faced with sexual assault 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
Previously Victimized Individuals

Often have:

- Deep mistrust & 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
Prison Procedures = Prior Abuse Experiences

- Bodily/body cavity searches
- Observed, enforced nudity
- Must obey orders; right to escalate penalties
- Personal effects, living space searches
- 24-hour vulnerability and 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 avoid 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
VULNERABLE POPULATIONS
Preparation Before You Need It!

• Understand who the vulnerable victims are

• Understand how vulnerable victims can impact the investigative process

• Identify tools which will allow you to best deal with 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 Victims

- Previously victimized
- Limited language ability
- Developmentally disabled
- Mentally ill
- Hearing Impaired
- Untreated Addicts
- Gender non-conforming
- Juveniles
Developmentally Disabled

- Wants to please people in authority
- Relies on authority figures for solution
- Watches for clues from interviewer; wants to be friends; wants to please
- Real memory gaps
- Short attention span
- Quick to take blame
Developmentally Disabled

- 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 a certified sign language interpreter (ADA)
- 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
Persons 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 Addicts

- 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
- 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

- Only ask questions that are absolutely necessary regarding gender
- Use identifiers the interviewee prefers
  - Gender identity is a person’s sense of their own gender, communicated to others by their gender expression
- 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
Juveniles

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

- Know that peer relationships are their first priority

- Remember that intimacy and sexuality develop slowly; their views of sex and use of terms may be different from an adult’s

- 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 inmates, 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 offenders and understanding their complexity
- Tendency to victimize; prior abuse histories
- Inadequate supervision
- Familiarity/over-identification with inmates
- Problems in personal life contributing to onset
- Personal vulnerability to manipulation or intimidation by inmate
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