

Addressing Sexual Abuse of Youth in Custody

# **Module 13: Medical and Mental Health Care**

Developed by the NIC/WCL  
Project under NIC CA  
#06S20GJJ1



# Objectives

- Identify common reactions to sexual abuse
- Identify medical and mental health services needed by and available for youth
- Understand mandatory reporting requirements
- Understand the public health implications of sexual abuse in youth correctional settings



# Trauma Reactions

## Adolescents and Stress

- Physiologically show an increased responsiveness to stressors
- Respond with greater negative affect than children or adults
- Even when referring to the same activities often find them less pleasurable than their parents.
- Higher risk for drug abuse may be tied to elevated stress responsivity.

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# Trauma Reactions

**Each occasion of sexual violence is a trauma incident!**

Common reactions are broken into three categories:

- ❖ Emotional Responses
- ❖ Cognitive Responses
- ❖ Behavioral Responses



# Common Reactions to Sexual Assault: Emotional/Cognitive

- **Emotional shock & disbelief**
- **Shame & sense of stigma**
- **Guilt**
- **Powerlessness**
- **Denial**
- **Disturbance in thought process**



# Common Reactions to Sexual Assault: Emotional/Cognitive

- **Fear**
- **Depression**
- **Anxiety & hypervigilance**
- **Helplessness & Altered world view**
- **Anger**
- **Loss of trust**



# Common Reactions to Sexual Assault: Behavioral

- **Expressive**
- **Calm**
- **Withdrawn**
- **Sleep disturbances**
- **Eating disturbances**



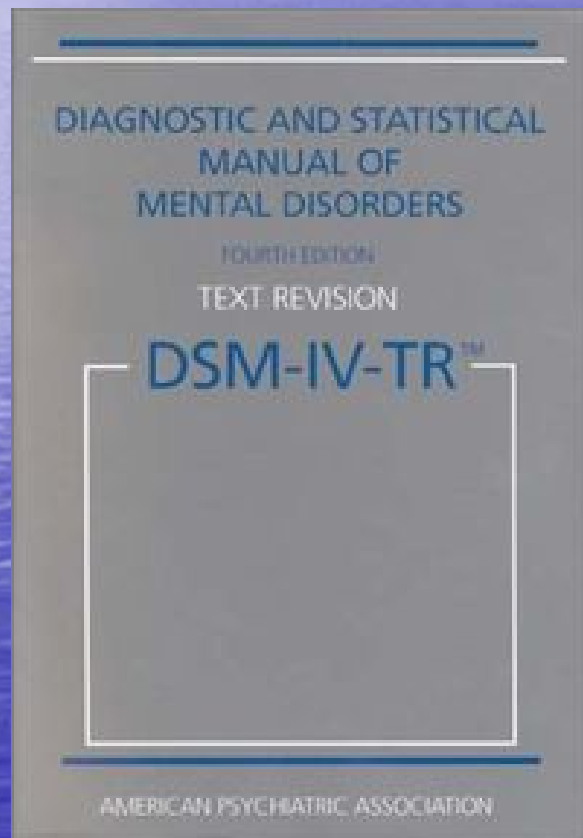
# Common Reactions to Sexual Assault: Behavioral

- **Lack of concentration or energy**
- **Aggressive or self-injurious behavior**
- **Substance abuse**
- **Changes in appearance**
- **Changes in sexual behavior**

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# Trauma Reactions



## Common DSM diagnosis

- Acute Stress Disorder
- Post Traumatic Stress Disorder (PTSD)

## Other Recognized issues

- Complex PTSD\*
- Rape Trauma Syndrome

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# Being a Survivor and Being in Detention

- Little control over things survivors are sensitive to
- Contradiction in culture and rules
- Feelings of disorientation and anxiousness may make youth unable to follow rules
- Sharing or talking about feelings may be a safety risk for a youth



# Being a Survivor and Being in Detention

- 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



# Role of Health Care Providers

- Confidentiality
- Reporting
- Provide services to youth
  - Victim Centered Care
- Providers are part of the correctional team
  - Security and Safety

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# Immediate Medical Concerns

- Bleeding
- Head trauma
- Choking injuries
- Vomiting
- Shock
- Vaginal or anal injuries
- Bruising

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# Long Term Health Care Concerns

- HIV/AIDS
- Hepatitis B/C
- STD's
- Pregnancy
- Suicidal thoughts and/or actions
- Ongoing problems from physical injury



# Sexual Assault Exam (SANE)

- Can be performed within 96 hours of assault
- Consideration should be given to if you are doing it in-house or in a medical facility
- Exam lasts over an hour

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# Sexual Assault Exam (SANE)

- Chain of custody for evidence MUST be followed for it to be valid
- Age of youth- ability to consent to exam



# The Need for SANE Exams in Juvenile Correctional Settings

- Treatment and documentation of injuries
- Treatment and evaluation of other medical issues
- Crisis intervention
- Collection of evidence

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# Sexual Assault Response Teams

- Composed of:
  - Law Enforcement
  - Mental Health/ Rape Crisis Providers
  - Medical Health Provider

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# Sexual Assault Response Teams

- Benefit:
  - Allows a comprehensive response to sexual assault
  - Information sharing while minimizing re-victimizing by asking the survivor to repeat the story multiple times

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# Rape Crisis Centers

- Advocates
  - Some communities have rape crisis counselors that will meet inmates at the hospital and act as advocates during SANE Exams
- Mental Health evaluation
- Group counseling (in some situations)



# Child Advocacy Centers

- Physical Exam Center
- Forensic Interviewing/Evaluation Facilities
- Counseling
- Advocacy

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# Partnering with Local Crisis Centers and Child Advocacy Centers

- PROS

- Specialized training for care of sexual assault victims
- Victims may be more comfortable with a provider outside of the agency
- Ability to provide a wider range of services

- CONS

- Counselors may not be trained in dealing with detained youth or regulations of juvenile correctional environments
- May not agree with or understand policies that may go against ethical codes and beliefs



# Mandated Reporting

- All mandated reporting laws specific to your State must be followed.
- Departmental/Facility reporting policy does not over rule State's mandated reporting laws.
- HIPPA does not preclude the release of information necessary to met mandated reporting of child abuse or neglect.
- Federal substance abuse privacy laws do not preclude the release of information necessary to met mandated reporting of child abuse or neglect.

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# Impact of Sexual Assault

Sexual assault in a juvenile detention facility  
affects youth, staff and society

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# Impact on Youth

- STDs
- Substance Abuse
- Suicide
- RTS
- May become perpetrators to gain control
  - I'm going to get you before you get me



# Impact on Staff

- Unmanageable anger from youth
- Secondary trauma
- Increased hostility or anger
- Feelings of guilt
- Youth acting out aggressively
- Feelings of powerless



# Impact on Society

- Spread of communicable diseases
- Financial burden of treatment
- Survivors may perpetrate in the community
- Substance abuse



# Implications for Public Health

- Spread of infectious diseases
- Increased health care costs – mental and medical health
- Increased violence