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

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Trauma Reactions

Adolescents and Stress

- Physiologically show an increased responsivity 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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Each occasion of sexual violence is a trauma incident!

Common reactions are broken into three categories:

- Emotional Responses
- Cognitive Responses
- Behavioral Responses

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Common Reactions to Sexual Assault:

Emotional/Cognitive

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

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Common Reactions to Sexual Assault:

Emotional/Cognitive

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

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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- Withdrawn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
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

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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.

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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
Long Term Health Care Concerns

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

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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
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

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Mandated Reporting

- All mandated reporting laws specific to your State must be followed.
- Departmental/Facility reporting policy does not overrule 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

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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

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