

AFTERNOON SESSION

HOW DOES OUR NATION CONFRONT PRISON RAPE:

THE MEDICAL, EMOTIONAL AND MENTAL HEALTH

QUESTIONS

THE CHAIRMAN: Thank you, Dr. Potter.

Ms. Turner?

MS. TURNER: I thank the members of the commission for the invitation to testify before you today. My name is Melissa Turner and I am a social worker in mental health and Veteran's Administration. For ten years I've had experience in providing therapeutic services in Washington, D.C. to women involved in the criminal justice system. The principle focus of my social work has been to assist woman in navigating the transition form incarceration and the reentry back into the community. And it was through this kind of work as a therapist and group facilitator for hundreds of women that I first encountered the aftermath of prisoner sexual assault.

In my role as a social work case manager with HIV-infected men, I've also heard of experiences that attest to the devastating impact

of sexual assault on the male victim. My testimony is based on these professional experiences which I hope aids the commission in achieving its goals.

My testimony today will focus on the impact of prison sexual assault on the individual, the family, and the community from the gender perspective. The pathways to define are different for men and women as is the experience of sexual assault, and understanding the context of the sexual assault victim's life, aids in comprehending the impact the incidences have on the lives of the victim.

I'll begin by describing the important characteristics of men and women entering the criminal justice system and highlight the fact that they're -- that many are entering the system with psychosocial and emotional difficulties that are only made worse by prison sexual assault. These issues will additionally complicate reentry.

The trauma of prisoner sexual assault makes the goal of the entry into the community reintegration that much more difficult to achieve.

Whether the assault is prisoner on prisoner or staff on prisoner, the aftermath is intense emotional pain that will pose a major barrier to inmates entering the community and thriving in the community.

Women offenders are disproportionately women of color, often survive on low or no income, are undereducated, unskilled with sporadic employment history. It is common to find that the female offender left home at an early age, experienced early pregnancies which along with a lack of education resulted in diminished work skills and increased child rearing responsibilities.

Women offenders are more likely to have been the primary caretakers of young children at the time of arrest. They are very likely to have been addicted to drugs and to have an exchanging sex for drugs.

Additionally, women are far less likely to be convicted of violent offenses and more likely to have been convicted of crimes involving drugs or property.

Women confront life circumstances that tend to be specific to their gender, such as sexual abuse, sexual assault and domestic violence. In fact, the majority of female offenders report prior sexual abuse. More than half of female offenders reported prior abuse by spouses or a boyfriend and nearly a third by a parent or a guardian.

Women with a history of sexual abuse are more likely than men to report that the abuse continued from childhood years into adulthood. The dynamic of protracted ongoing abuse leaves them in that risk for unhealthy relationships with authority figures in adulthood, particularly with men.

Most correctional institutions have not been proactive in addressing the needs of gender responsive programming, policies, training, or intervention program that meet the needs of the burgeoning number of females in correctional institutions. Many women sexually traumatized by correctional staff are literally forced to reenact previous abuse, victimization and trauma experience in their backgrounds.

One woman I treated was incest by an uncle in childhood. She developed dependency on crack cocaine and have been involved in a series of increasingly more dysfunctional relationships with abusive men. She described to me vulgar verbal degradation by a correctional officer during a five-year sentence for forgery that progressed to rape. She said these words, "I couldn't believe it was happening here in this place. I kept thinking why did he choose me? Was there something about me? Why is it always me? What's wrong with me anyways?"

Finding a job, a home, and reclaiming the role as mother to her two children is more than enough for this woman to tackle upon reentry. Facing the feeling of worthlessness and powerlessness, lack of safety, and feeling unable to protect yourself from harm poses an additional obstacle to successful reentry.

Men are not immune to the ravages of abuse, including sexual trauma. More than half of male offenders report abuse by parents or guardian.

Males indicated being mistreated mostly as children in contrast to women who report ongoing abuse, that it continues through adult hood.

Males are more likely than women to be abused in childhood by someone outside the family. Males are most likely to report abuse or seek help and they question their masculinity, sexual identity and sexual preference more than one women as a result of the abuse.

Men who have been sexually assaulted have a higher incidence of alcohol and drug use. Exposure to sexual trauma could lead to -- taking delinquent behaviors during adolescence.

It has further been shown that the male victims of sexual aggression may act out violently themselves in an effort to avoid further victimization. The imbalance of power between inmates and guards involve the use of direct physical force and indirect force based on the prisoner's total dependency on staff for basic necessities and the staff's ability to permit and withhold privileges.

These are circumstances where inmates and -- there are circumstances -- pardon me -- where inmates initiate and pursue sexual conduct with staff in exchange for favors such as extra food, personal care, choice assignments or to avoid punishment. I would submitted to the commission that consensual sexual contact between inmates and correctional staff does not exist. These are desperate attempts on the part of inmates to gain control in a powerless situation.

It creates unsafe circumstances for other inmates, the community as a whole, and the inmate ultimately is not served by reinforcing efforts to gain control through manipulative dysfunctional means.

Correctional agencies, meaning the administrators and supervisors have an obligation to prepare and supervise staff effectively so that they do not take advantage of inmates' powerlessness and become involved in misconduct. Inmates victimized by sexual misconduct experience systematic repetitive infliction of psychological

trauma and continuation of terror and fear. For the inmates who experience sexual abuse prior to the incarceration, the assaults on their bodies in captive, punitive, prison environments compound the psychological and emotional trauma they are already suffering. The loss of control over one's body and choices ultimately leads to humiliation, hopelessness and rage.

The experience of being a sexual assault survivor can be a pervasive one, a devastating one, with profound physical, emotional, social and spiritual dimensions. The mental health consequences are damaging to the very core of the victim's sense of self.

After a sexual assault, inmates can experience a wide range of reactions. It is extremely important to note that there is no one pattern of response. Some victims respond immediately, others may have delayed reactions, some victims are affected by the assault for a long time, whereas others appear to recover quickly.

Male and females victims both often experience

post-traumatic stress disorder, anxiety, depression, an exasperation of preexisting psychiatric disorders. And many victims report thoughts and attempts of suicide. The traumatic effects of these experiences linger, pervade the thoughts and feelings of victims and make reentry problematic.

Signs and symptoms of PTSD, they continue by the victim in the form of reliving the assault to repeat it, thoughts, memories, nightmares, avoidance of things such as a place that remind the victim of the assault. Anxiety and increased arousal, difficulty sleeping and concentrating are all common experiences.

Major depression is a common reaction in the aftermath of sexual assault. These symptoms include depressed mood, an inability to enjoy things, problems sleeping and eating, problems in concentration, decision making, feelings of guilt, hopelessness and decreased self-esteem.

Many victims of sexual assault report struggling with intense anger following the event.

Although this is a natural reaction to such a violating event, there is research that suggest that prolong intense anger can interfere with the recovery process and further disrupt the victim's life.

Other ramifications of sexual assault I have witnessed and treated is fear of being alone, fear of the dark, a shattered sense of self-worth, a distorted view of what normal is, a limited capacity to trust others, difficulties with personal boundaries.

There are many health problems that including numbing out physically, chronic aches and pains like headaches, stomach aches, back aches, gastrointestinal problems, gynecological disorders, eating disorders, compulsive behaviors and migraines.

Sexual assault has negative ramifications for the family and community. At least 95 percent of all state prisoners will be released from prison at some point. Victims of prisoner sexual assault, be it prisoner on prisoner assault or staff on

prisoner assault are at increased risk of contracting HIV, as been discussed, and other sexually transmitted diseases and consequently transmitting these illnesses to others in the prison and to the society at large.

This is an issue for the victim inmate and also an issue for the staff who are involved in sexual misconduct with inmates. The problem with prisoner sexual assault is even more acute when one recognizes that the psychological ramifications, the psychological aftermath of said victim's experience is not going to go away upon their release from prison. It's not going to go away.

Once back home, prisoner sexual assault victims face multiple challenges trying to find jobs, trying to get housing, maintain recovery from addiction, obtaining medical treatment and forging relationships with their family members. All of these challenges are made more difficult when you consider the additional overwhelming task of confronting and dealing and making an effort to heal from sexual assault.

Victims with a history of substance abuse are at very high risk of relapse into active addiction and this is an antecedent to criminal activity for both men and women, the consequences of which are very devastating for family members and the community.

One client who I had who had been sexually assaulted while serving time for a drug possession described the underlying invisible pain that was driving his self-destructive addiction to heroin. He said these words, "I'll tell you why I use. I use because I'd rather feel numb than scared, panicked and lost."

Substance abuse trauma and mental health are three very critical interrelated issues that must be addressed for men and women to reenter society, regain their role as productive, contributing workers, citizens and family members. Trauma in the form of prisoner sexual assault is a cruel, ravaging event with the capacity to exacerbate and make worse existing problems in coping. It breaks the spirit of the victim and can also even destroy

the will to survive and move on.

We as a society can and must do what is necessary to rid the American jails and prisons of this crime.

THE CHAIRMAN: Thank you very kindly for your time and your attention. Thank you. Thank you, Ms. Turner. I'm sure that the commission members will have questions of both you and Dr. Potter. And our next witness will be Mr. Robert Dumond. Thank you.