

AFTERNOON SESSION

HOW DOES OUR NATION CONFRONT PRISON RAPE:

THE MEDICAL, EMOTIONAL AND MENTAL HEALTH

QUESTIONS

THE CHAIRMAN: And our next witness will be  
Mr. Robert Dumond. Thank you.

MR. DUMOND: Good afternoon, Mr.  
Chairman, Commissioners, appointed guests, fellow  
panelists, ladies and gentlemen. I'd like to thank  
the commission for the opportunity to testify  
today, but, in addition, I'd also like to thank the  
congressional sponsors whom we heard from this  
morning, the congress, and the president for their  
swift and unanimous decision to pass this historic  
legislation and to implement the commission. I  
would also especially like to thank the courageous  
survivors and family members who testified about  
today about their experiences in a most compelling  
way.

Prison sexual assault has been called the  
most serious and devastating of non-lethal offenses  
which occur in corrections because of the profound  
impact that it has upon its victims and upon

society. It includes a whole host of sexually coercive behaviors, including sexual harassment, sexual extortion, and sexual assault which can involve inmates and/or staff as perpetrators.

Aggressors employ a number of tactics to coerce their individual inmates and victims. They use entrapment, pressure tactics, and physical force accompanied by psychological manipulation to control their victims. These crimes have been shown to destabilize the safety and security of America's jails and prisons by encouraging prison homicides, violence against staff and other inmates, and also insurrections and riots.

The same operating principles which affect crime in the community operate in jails and prisons. Predators look for means, opportunity and vulnerability, selecting targets who are least able to defend themselves, and who also may be less believed or believable. We know certain inmates appear to be at increased risk, and this is true for both male and female prisoners; the young and the inexperienced, first-time offenders, and those with mental illness and/or developmental

disabilities. In addition, certain male prisoners are at an increased risk. Those who are physically small and weak, those who are homosexual, trans-gendered, or who appear overly feminine, those who are not gang affiliated, those who are snitches who have violated the inmate code, and those who have been previously sexually assaulted.

When victims are from a suspect class displaying characteristics that make them loathsome or unsympathetic, they may not be able to guard the necessary support from both correctional staff and from the community. All victims of sexual assault may experience a catastrophic life-changing event which may affect them physically, emotionally, cognitively, psychologically, socially and sexually. Even one event may precipitate a lifetime of pain and suffering with both immediate, short-term and long-term effects which can be severe.

As we've heard from Ms. Turner, these include posttraumatic stress disorder and rape trauma syndrome, anxiety, depression, exacerbation of preexisting psychiatric disorders, and suicidal

feelings. The inmate, the intimate and complex nature of coercive sexuality itself, also may contribute to personal feelings of guilt, shame humiliation and despair within victims. We also know that the degree and severity of these conditions will vary from victim to victim, but will be certainly exacerbated by certain conditions such as previous physical and/or sexual victimization, preexisting mental disorders, and circumstances of long-term ongoing abuse and torture.

Long-term, victims may negatively cover their victimizations by dulling their senses with substances. They may act out their pain by revictimizing others both within the correctional institution and in the community. They may become self-destructive. They may become sexually promiscuous, sexual avoidance, and/or aggressive. Some prisoners, especially those who face circumstances of unrelenting, repeated sexual victimization, may view suicide as the only viable option out of the intolerable circumstances in which they find themselves.

Suicide is far more likely among victims of sexual violence, and is one of the leading causes of death in America's correctional institutions. Unfortunately, we currently do not know how many prisoners have attempted or completed suicide as a result of sexual violence. In jails and prisons, we do know that the effects of sexual victimization may be even more debilitating due to the unique structure of incarceration that increases the impact upon its victims. Those victims are often more physically assaulted during attacks, they may experience repetitive assaults by multiple assailants over a period of time.

As a result, victims may experience ongoing psychological trauma, terror, helplessness, and fear as the physical and sexual abuse continues. The very fact of having been victimized sexually may increase their vulnerability within the prison or jail community. In cases of staff sexual misconduct, victims additionally feel the ultimate betrayal and alienation by experiencing violation by those with the duty and responsibility of ensuring for their safety and security.

Most victims, as we've heard unanimously, do not report their victimizations to correctional authorities for a whole host of reasons. And as a result, may not receive the much needed therapeutic prophylaxis and treatment, both medical and mental health. Inmates additionally face the double blind which adds to the burden of their victimization, and may increase their confusion and despair. Whatever they choose to do, whether it's going to protect the custody, whether it's staying in population, whether it's reporting, whether it's not reporting, may create a no-win situation which profoundly affects how their lives are going to be inside of the incarcerated setting.

As we've heard most aptly from Ms. Turner, there are gender and age differences in the impact of prisoner sexual violence. Incarcerated women have a much higher rate of physical and sexual victimization during childhood and adolescence and prior to their incarceration, which exacerbates the impact during incarceration and compromises their coping and recovery. Their histories of abuse and submission reinforce their

feelings of inadequacy, despair, and they also may become pregnant as a result of their victimization.

For men, sexual assault devalues two primary areas of male identity; sexuality and aggression. Concerns about their masculinity and competence increases their humiliation and suffering. Many men also manifest a more controlled response to their victimization which may lead authorities to conclude that the events did not occur or that -- minimize the impact upon their individual victims.

Juveniles also face the crisis of identity, knowing where one fits into society. Sexuality is a never powerful force in the life of developing teens. As a result of sexual victimization, there may be considerable confusion about their gender identity, and they may feel intense guilt, shame, and likely to blame themselves for their victimization.

Comprehensive services must be initiated as soon as possible after the event, and must address the immediate short-term and long-term issues sustained throughout the prisoner's

incarceration, and into the community upon release. These interventions must use current, sound mental health technologies. Unfortunately, we know that the state of correctional mental health has been found to be inconsistent, deficient, and inadequate to meet the needs of those who require such mental health services.

Jails and prisons in the United States have become the de facto psychiatric facilities of the 21st century, with more individuals with mental illness being housed in correctional facilities than in the public and private psychological facilities combined. Services must be delivered in a manner consistent with community standards using enough qualified staff, and employing the same, if not greater care, in meeting the complex needs of some of our most challenging citizens.

Responding to prisoner sexual violence is a moral and ethical imperative, but it's also one that is clearly a matter of society's self interest. We have heard most of America's prisoners, in fact, will return to community life after being incarcerated. Our failure to

effectively manage their difficulties will be ultimately born by society itself. The Prison Rape Elimination Act and the National Prison Rape Elimination Commission are poised to confront a significant problem that is long ignored. Corrections can and must together, with its community partners, respond with the vision of leadership to the problem of prisoner sexual violence.

I look forward to joining this effort of creating safer and humane corrections. For too long, many prisoners, often those who have been most vulnerable, have silently endured these crimes. We have the technology and the means to address this issue. Now with your help, we will implement substantive remedies. My heartfelt thanks to your time and commitment to these issues.

THE CHAIRMAN: Thank you.