

AFTERNOON SESSION

HOW DOES OUR NATION CONFRONT PRISON RAPE:

THE MEDICAL, EMOTIONAL AND MENTAL HEALTH

QUESTIONS

COMMISSIONER STRUCKMAN-JOHNSON: First of all, I think you sort of said it, but my one question for you is how likely is it that a male victim of prison rape could get treatment in prison? Male victim because that's where you've worked. But the odds are very low, right?

MR. DUMOND: I think it would depend on the institution and the system. I mean certainly when I was a psychologist for the Department of Corrections, I treated a fair amount of individuals who came to me before their victimization, and I tried to provide the necessary services both short term and long term. Unfortunately, the services may not be available, again, for all victims. And as I alluded to in my earlier testimony earlier, individuals who present -- unless they have an acute crisis, depending on the institution or the system, the mental health worker or counselor or psychologist may only provide acute services and

not long-term services. So that's one of the challenges.

The other thing, I think, you know, the issue of guilt or shame and the revealing of this issue, and I think Ms. Turner's point is extremely well taken, having the courage and the trust to come forward and respond and tell someone about their victimization, I think that is very important. We heard earlier from the survivors, many of them were unwilling to go to individuals or mental health providers, medical providers in the institution out of fear, humiliation, and also out of the belief that they may not get the kind of services that would even support.

And in the case, as we heard, from Ms. Bruntmyer, when Rodney Huland went to the psychologist, the psychologist out and out dismissed him and basically told him that wasn't something to be concerned. So clearly as we currently know, I think the response would be very variable. I would submit that many of the mental health people in incarcerated settings right now, correctional settings, probably do not have the

skills set or have the available knowledge to provide the kind of services that are necessary, but it doesn't mean that they don't have the ability to do that. You certainly can do the training and the proper support that we can get.

COMMISSIONER STRUCKMAN-JOHNSON: You have said there are no data on the suicidal rates and I have some data that are going to be published soon. So today I'll just go ahead and give those figures to you.

Out of over 348 male victims of sexual assault, 37 percent said they have thoughts of suicide as an aftereffect, 19 percent said they actually attempted suicide. And from my counterpart, 11 percent had suicidal -- and 48 percent reported actually --