AFTERNOON SESSION

HOW DOES OUR NATION CONFRONT PRISON RAPE:

THE MEDICAL, EMOTIONAL AND MENTAL HEALTH

QUESTIONS

COMISSIONER FELLNER: I wanted to explore a little more best practices. It's also evident from the testimony that's been given and that Bob Dumond's research that he's done as well, that there are all too many facilities that don't provide good aftercare, and I don't believe do anything with regard to prevention. But I wondered if you, apart from the fact that this goes to -- which gets high marks for a lot of things, if you could point to either any individual facilities or individual states which seem to have -- either be trying out or institutionalized successful models either for prevention or for treatment. And I would like to focus here on prisoner sexual abuse as opposed to staff sexual abuse if we may.

MR. DUMOND: I'm familiar with some states, and let me just share, the problem with Massachusetts, of which I'm now a representative, they've had since the early '90s an existing

relationship with the Beth Israel Hospital, whereby any individual who has been sexually assaulted within the Department of Corrections, gets referred to the Beth Israel Hospital rape crisis intervention program for a forensic examination and also for the beginning of both the medical and mental health interventions and prophylaxis.

And that was s process that was instituted well before this issue became a national model. The advantage to that is that it provides prisoners a way to get their medical needs, to get the medical healthcare that's necessary, and also to collect the forensic evidence if there's going to be some ongoing prosecution. So certainly that's one model that, you know, institutions and the Departments of Corrections may want to consider.

In terms of identifying either someone within -- like in our state where it's a smaller state, we can identify just one agency.

COMISSIONER FELLNER: Then I just want to elaborate on that issue.

MR. DUMOND: Sure.

COMISSIONER FELLNER: Mental health treatment acute care or is it just --

MR. DUMOND: It's only acute care that's really come about. Now, again, in our state the medical and mental healthcare is provided in a partnership with a University of Massachusetts medical school, so it's a community-based state partner, but it is still outside of the Department of Corrections. Again, the kind of services that may be necessary and that are appropriate, are not always available, and are not always provided in as timely a fashion.

And, in part, that's because of the vast numbers of people that have to be addressed. And I think one of the goals that I would like to suggest as a commission, is that we make individuals who have been sexually victimized, that that be a category of treatment that must be followed up both short term, intermediate, and long term. An error where, again, it's an economic error of using services wisely and judiciously, that certainly is a category that should be addressed ongoing.

And they should receive funding and use

it on -- and even while -- there is a model actually in the state of Texas for individuals with chronic disabilities. That model could certainly be applied for victims of sexual assault. In the state of Texas, if you have a chronic disability, there is a case management approach, and someone is actually seen on an ongoing basis for 17 months to determine what the level of their services are, what their needs are.

So I think, again, using a case management approach of individuals who have been sexual victimized would be a model to certainly try to implore.

COMISSIONER FELLNER: And in the case management approaches that you're familiar with in Texas and Massachusetts -- well, not Massachusetts, is housing taken into consideration as a classification? I mean we have referred to testimony about simply being back and staying in general population once you've been victimized, you're at more risk than you do before. Do you know of any good practices where you can do that, to address that particular problem?

MR. DUMOND: I would submit to you that there are several options to consider. One of the unfortunate events that occurs when a person has been victimized, traditionally, if a person has been victimized, they've been automatically put into protective custody. And that's, again, out of -- understanding that once you've been victimized, you're more vulnerable.

However, it has also been the case that some survivors, victim survivors have indicated that they feel doubly punished as a result of that intervention. That now not only have they been victimized, but now they're not going to be able to get out, they're going to in a cell 23 hours a day. They're not going to have programs and services available to them. So that, in a sense, is a double punishment.

Certainly some victim survivors have suggested that they be given a voice within to make that decision. To make sure that when this has occurred, that the institution, the classification folks, really ask them, well, where do you want to be. One of the other things, and this is something

that I've experienced at least in the past and not presently, but there are sometimes when people -- when this incident gets brought to the attention of correctional administrators, those individuals are brought to the secure housing facility. Unfortunately, if it's a small facility, the person who is the victim and the person who is aggressor, could be in the same special housing unit, which could actually exacerbate and complicate the experience of those victims. They're not only victimized, they're now going to be taunted over a period of time until they're moved.

So, clearly again, one needs to identify where that person is. Again, if it's possible, get them to a facility to do the forensic -- you know, the acute care and then medical and mental health, and then provide a housing situation that's going to be supportive to them in both the short-term and in the long-term.

The other thing to consider, and it goes back to Commissioner Smith's question in terms of the services and the external groups coming in, I would submit and support the use of external victim

service folks if there is going to be a prosecution. And having victim service folks come into the institution and provide ongoing services as well as the mental health because that's really, again, a key part. And when I worked in the district attorney's office in Essex County, these cases were extraordinarily -- of prosecutors. They could take up to two and a half, three years. J.

So that means over the course of the person's incarceration experience, they're not only experiences the psychological trauma, but now they're waiting for the core process to take place, which could be very cumbersome. So we really need to build in a mechanism to get victim services on an ongoing basis as well.

COMISSIONER FELLNER: Thank you.