



MISSOURI
PRISONER NARRATIVES

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Correcting without Connecting

Tashana L., an African American in her thirties, who serves an eighteen-year sentence. In 2015, when she first wrote to us, she was housed at the Woman's Eastern Reception, Diagnostic and Correctional Center, WERDCC in Vandalia Missouri. Her sad story gives testimony to the importance and necessity of a Trauma Informed approach within the Missouri state prisons.

In 2015 Tashana's mother, who represented her daughter's entire support network and sole link to the outside world, passed away. Eyewitness accounts reported that Tashana was sitting alone with her mother's portrait in her hands, talking to the photo, when a correctional officer approached her and snatched the picture from her hands. Tashana attempted to retrieve the photo - the only connection she had left to her mother. Officials claim she struck the officer. The fact that it then took several officers to subdue the only 5'2" tall woman indicates the depth of her emotional pain and despair.

A sensitive approach to the trauma of loss from the correctional staff could have avoided the conflict and, in consequence, many months of unnecessary suffering in total isolation for Tashana, but this was not the case.

Instead, Tashana was assigned to administrative segregation, and in addition to that, was charged with assaulting of an officer.

Studies have indicated that women entering the correctional system represent a population at high risk for mental health problems. Post-traumatic stress disorder (PTSD) and depression appear to be some of the most common. Tashana would have benefitted greatly from what is known as *Trauma Informed care*. A Trauma-informed approach recognizes and treats the entire person, cognizant of their particular situation and environment. It must be gender-specific and strives to discover coping mechanisms and treatment avenues, both of which can significantly reduce conflict, self-harm and violence.

Because of their proximity to the prisoners, correctional officers should be able—and expected!—to judge nuances and identify triggers, instead of exacerbating distress. Utilizing a trauma-informed approach provides the potential to stabilize a situation before it escalates.

This raises the question: What intrapersonal skills are currently required of a corrections officer? Does their training develop the skills necessary to interface

with prisoners suffering from trauma or mental illness? Are they able to recognize the symptoms of PTSD and make informed decisions?

Below is the list of necessary duties required for a typical correctional officer for the MDOC.

- Maintains **security** in buildings, towers and other posts of an adult correctional facility; intervenes during emergencies or altercations and gains physical control of offenders.
- Supervises **movement** of offenders inside and outside the correctional facility; conducts periodic counts of offenders and searches offenders and their living quarters for contraband.
- **Escorts** and/or **transports** offenders to predetermined locations.
- **Supervises** offenders in housing units and during the performance of work activities and recreational and religious activities; conducts **inspections** for health and safety hazards.
- Prepares and submits **reports on offender violations** of divisional or correctional facility rules, unusual offender behaviors, observed mechanical deficiencies, and security breaches or failures.
- **Discusses minor adjustment problems with offenders; refers** serious problems to proper correctional facility staff and promotes rehabilitation by attempting to **modify offender's social attitudes**, discouraging undesirable behaviors, and encouraging worthwhile activities.
- **Supervises visits** with offenders; **searches** visitors, offenders, buildings, and grounds for contraband.
- **Performs work in accordance with established rules, regulations, post orders, and specific instructions;** receives general administrative direction.
- Performs other related work as assigned.

As we can see, a correctional officer's duties are not focused on fostering human relationships but are primarily concerned with the control and mass storage of humans.

The correctional officer, who confiscated Tashana's photo of her mother, should instead have immediately referred her to Mental Health Services for grief counseling and support, avoiding the inhumane solitary confinement of a person suffering from trauma. Because of this, Tashana spent a total of ten months in ad seg while "under investigation." She related her experience in a letter received in early 2018 as "an out of body experience."

I'm writing you in regards of a letter you've written on my behalf of my mother death in 2015. You stated that you spoken to the senator about my mental state due to my mother's death and you also mention

that you will go to the needed person so that charges won't be pressed against me. Audrain County issued a warrant against me for assault against an officer of the DOC.

*Let me bring you up to speed of what I remember. I did ten months in the hole. **Six months I didn't exist and the last four months I was trying to collect of everything that happened. It was a totally out of body experience.***

My purpose for writing you is so that you can assist me with this matter. I greatly appreciate your time and concern. Please write me back."

Tashana's story raises the question: why is the safety and well-being of millions of incarcerated people, many of them seriously ill, overseen by individuals who lack the necessary skills or will to relate to them humanely?

Had the officer been trained to de-escalate instead of confronting Tashana that day, her secondary traumas, such as solitary confinement and subsequent criminal charges for assault would have been avoided. It could have prevented unnecessary suffering.

Implementing Trauma-informed principles in a correctional environment not known for its human values would require an entirely new philosophical approach. This would require compassion and building trust and mutual respect as necessary features of rehabilitation. A system framed in hopelessness and suffering will never rehabilitate.