Name: Anonymous Anonymous
Title:
Organization or Agency:
Topic: Meeting Date Not Listed
NA

Testimony:

Correction Advisory Committee:

I'm currently incarcerated which means I see, experience, and fight to survive the effects of trauma everyday. One of the most common misconceptions about trauma and incarceration is that it's a one way street. That trauma can precede incarceration but not cause it. I don't dispute that incarceration is the consequence of breaching our social contract, I do however, contend this breach is never the whole story. Those of us referred to as the "offenders" are often offending because of untreated trauma. And I know first hand once we're incarcerated the reciprocal relationship between prison and trauma are inextricably conflated.

Make no mistake: the incarceration is extremely traumatizing. Incarcerated people are forced to live in a hyper-vigilant state knowing anything can "pop off" at any time. The feared danger comes from both directions, peers and staff. Conflict between residents is not like "must see TV", it's much more human than that.

In a woman's facility most disputes among the residents arise because of perceived threats to relationships. The majority of the population here are survivors of sexual assault and\or domestic violence. Lack of treatment leaves them devoid of any interpersonal skills. Healthy relationships are a foreign language because love, violence, and trauma are braided together in a very tempestuous and destructive way. Here, physical violence translates to "I love you." I cannot count the number of "fights" I've seen erupt over pseudo "domestic" relationships.

The correctional officers also keep us in this very damaging state. Some are unaware, others intentional. Male officers will often flip their handcuffs or jingle their keys around when touring the unit--a signal to women that a man is " on the tier." For us, because these items are used when taking us to segregation or worse--the mental health unit (mhu)--it's an automatic cortisol surge that takes twenty minutes to recover from. Daily, the threat of random and overused full cavity strip searches, the unannounced room searches where contraband is not only found, it has sometimes been planted, and the use of segregation as punishment for subjective infractions, are all business as usual.The bottom line is we NEVER feel safe. The residual, and most often untreated and self medicated trauma we entered the facility with, in prison, becomes exacerbated.

Worse still is the response from staff when we are experiencing the effects of trauma. I've avoided ever going to (mhu) in large part because of the horror stories I've heard. Instead I struggle silently and white knuckle my way through everything. It's exhausting. Others have not been so fortunate. This is Jayla's story.

Involuntarily placed in mhu for suicide watch consisted of a strip search and being fitted with a flimsy paper gown that tore a little each time she moved. Placed in a barren cell chilled to near freezing temperatures, the room contained nothing but a platform equipped with apparatus to apply restraints. A stainless steel toilet/sink combo. A drain. And bugs. Lots of them. Aside from two rough body-odor infused poor excuse for blankets, she wasn't permitted to have any item in her possession, not a bra, a toothbrush, eyeglasses, a book, nothing. She was menstruating and wasn't allowed to have a tampon or a sanitary napkin, or a pair of panties for that matter. The only options: to bleed down her leg, to dab at the blood with the allotted four squares of toilet paper, or to sit and drip on the metal toilet. All of which

would be witnessed by the male officer seated at her door. Through the large plexiglass observation window, he'd also watch her pace, sob, sleep and defecate. The light, which could only be operated from outside the locked cell, was on 24 hours a day. There were foreign and terrifying sounds and smells--all of which overloaded her senses.

Fast forward, she was no longer on suicide watch and now a multipurpose worker on the compound. She recounts, "One day the captain of mhu asked me to come to the unit to paint the doors. Arriving with my paints and brushes I was prepared to work. But as I approached the first door, I froze. I couldn't breathe. My palms broke out into a sweat. The sound of my beating heart drowned out all else. I felt woozy. I was having a full blown panic attack. This, after having been discharged from the unit a decade earlier." Needless to say, she hid her trauma response for fear it would send her back to mhu. Jayla's experience is not isolated, sadly it's very common here.

To be fair, Corrections does have a policy to assess "offenders" upon arrival, however, because the population continually increases, proficiency inevitably decreases. Everyone receives a ten minute intake interview by a social worker to determine any "emergency" mental or physical needs. If none are determined it can take up to thirty days to be seen by a psychologist for what we refer to here as " a drive-by diagnosis. ".At which time the preferred course of action is chemical treatment. You are prescribed any number of cost effective over person effective drugs. If you are on medication your assigned social worker is required to see you once a month for fifteen minutes. That's the extent of your therapy. No trauma treatment!

All this happens in an environment designed to dehumanize its charges. There is mold everywhere, including the showers which the inmates are instructed to paint over preceding tours of inspection. There is no ventilation: the ducts go years without being cleaned. Everything is hard: plastic chairs, concrete floors, and steel beds. As a long term inmate all of this has led to serious physical impairments. Prison truly is a place of slow death, mentally and physically.