

Infusing a Trauma Informed Care Approach in Women's Correctional Facilities

Marci L. MacKenzie, PhD, LCSW

Mechele Jennings Morris, PhD

Rutgers University Behavioral HealthCare

University Correctional HealthCare

DISCLOSURE

Drs. Mackenzie and Morris have no actual or potential conflict of interest in relation to this program/presentation

What do we know about justice involved women?

- An estimated 90% of women in prison experienced some form of interpersonal or sexual violence in their lives (Commonwealth of MA, 2005; Women in Prison Project, 2006)
- **State Prison:** 57.6% of women reported past physical or sexual abuse compared to 16.1% of men
- **County Jails:** 47.6% of women reported past abuse, compared to 12.9% of men (www.bjs.gov/content/pub/pdf/parip.pdf)



- More than a 3rd of women in state prisons or jails reported being physically or sexually abused before age 18
- For incarcerated women rates of sexual victimization are highest in childhood (Blackburn, et.al., 2008)
- Higher rates of trauma and earlier age of onset are associated with increased violence and victimization in prison (Komarovskaya, 2009)

What do we know about justice involved women?

- *Sexual assault for women is lower in prison than on college campuses* (Beck & Harrison, 2010)

Prison = 4.4% VS College = 20-25%

- Some women feel safer in prison than on the street (violent partners, dealers, sex work, homelessness)
- While trauma is nearly universal experience among women who use public health systems (MH, substance abuse, social services) survivors are not likely to seek treatment for trauma itself or its ramifications
 - Prisons and jails are unlikely to support trauma-informed care approach

HOWEVER

- A **757% ↑** in women behind bars from 1977 to 2004

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- **↑** popularity of Trauma Informed Care practices across treatment settings

UNAVOIDABLE TRIGGERS IN PRISON

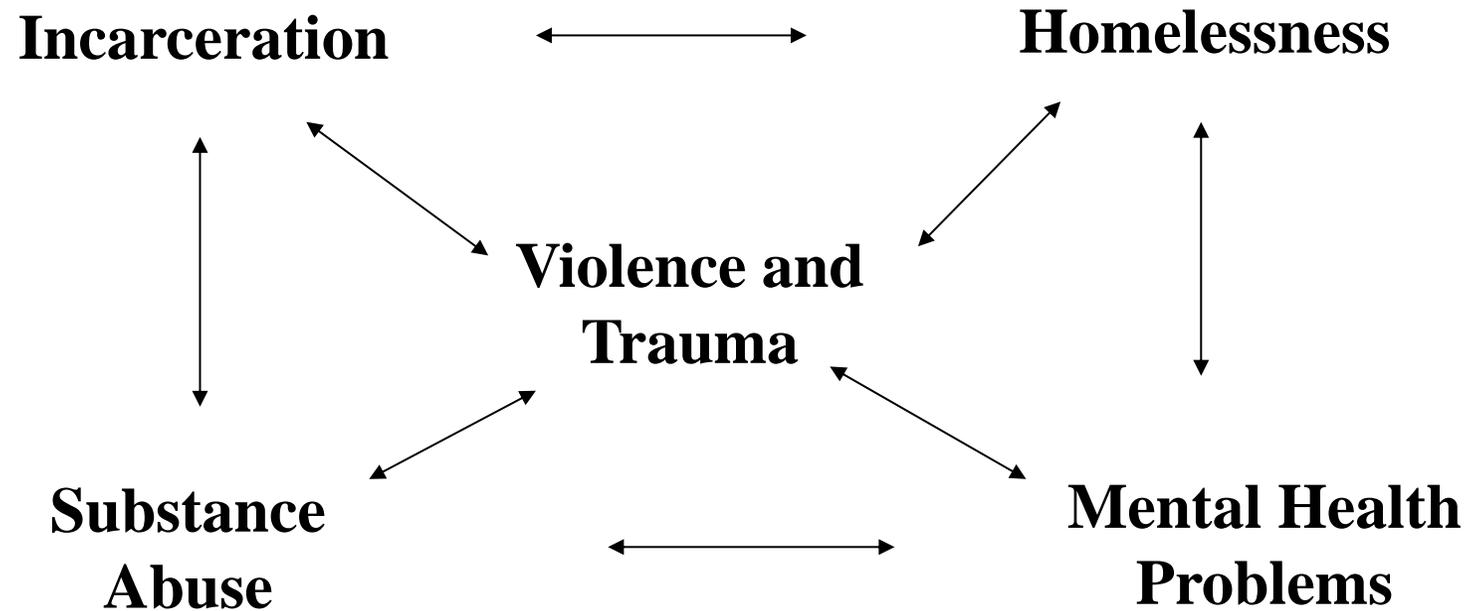
- Lack of privacy
 - Observed during most private moments (dressing, showering, etc.) often by men without female officers present
- Loss of identity
- Limited or no sense of control
- Searches/Pat Downs
- Authoritative practices, uniforms, communication
- Protection of vulnerable inmates can result in isolation (PREA impact on transgendered inmates)



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RETRUAMITIZATION

A REPETITIVE CYCLE OF RISK



BENEFITS OF A TICC APPROACH

- Trauma Recovery principles share some common ground with correctional practices:
 - Highly structured environments that focus on safety
 - Predictable and consistent limits
 - Incentives and boundaries (similar to goals in CBT)
 - Fair, firm and consistent treatment
- Improved Clinical Outcomes
 - Better engagement in treatment
 - Less reactive/improved coping strategies
 - Decreased depression, anxiety
 - Improved interpersonal relationships (COs, peers, family)
 - Fewer crisis placements, suicides, use of restraints

BENEFITS (CONT.)

➤ Decreased Fiscal Burden

- Lower staff and patient injuries and associated medical costs
- Reduced reliance on costly closed custody units/stabilization units
- Reduction in recidivism and potential impact to other care systems (e.g. foster care)
- Improved staff satisfaction with less turnover

➤ Cultural Shifts

- Safety and security are also missions for TICC
- Reduced conflict between inmates, custody, and staff
 - Diffuses the POWER dynamic
- Treatment not Punishment: Punitive action alone is least effective method for reducing future criminal behavior (Landenberger & Lipsey, 2005)
- Better understanding of differences in trauma responses between male and female offenders
- Break the cycle of “institutional trauma”—management by crisis

Manifestations & Treatment Recommendations



“When you incarcerate a woman, you incarcerate her whole family.”

“Years later my mother committed suicide.

I grieved & struggled with my feelings about her life & death.

It was to my mom’s oldest sister that I broke my promise of silence & she revealed a secret of her own.

Grandpa had molested Mommy too.

That’s the puzzle piece that’s lost for good...the one buried with my mother.

She’d known who he was, what he was capable of.

She’d been his victim too.

How could Mom have stood at the window and watched me walk hand-in-hand with Grandpa?

I’m tired now, sick of puzzles & memories.

My grandfather is long dead, my mother too.

*And I’m in prison for having taken the life of my husband,
the man who molested my granddaughter, the child of my child”*

Barbara Parsons Lane

TRAUMA IMPACT ON BRAIN & BODY

- ▶ Overwhelms the stress response
- ▶ Survivors easily triggered or chronically “stuck” in the stress response
- ▶ Triggers in jail/prison
 - ▶ Loud voices, slammed doors, confinement, strip search, unknown people in close quarters, cell extractions
 - ▶ Leads to the same feelings & reactions as the Traumatic event

“Hollering went on all day long & arguments broke into fights that sent the COs running. Because I was a battered woman with emotional scars, these conditions were like triggers back to my worst days.”

STUCK IN THE EXTREME

- ▶ Constantly & often unconsciously scanning the environment
- ▶ Interpret all events & interactions as potentially unsafe & threatening
 - ▶ Strip searches
 - ▶ Constant relocation
 - ▶ Supervised by male staff (showering, dressing, etc.)
- ▶ Dry throat, increased heart rate
- ▶ Compensate with substance abuse, defiance, negative behaviors
 - ▶ Bullying, arguing, fighting, self-harming, refusing direction, withdrawing, overeating
- ▶ Can't feel safe, can't relax

**“A powerful sadness was closing in.
I began to ask myself how I could survive...
or if I even wanted to.”**

CREATING A MORE TRAUMA INFORMED CULTURE

- ▶ Institutional buy-in
- ▶ Education of ALL staff in contact with inmate population
 - ▶ Intake/Classification
 - ▶ Case management/planning
 - ▶ General staff interactions
- ▶ Educate the inmates (victims & perpetrators often one and the same)



SPECIFICS

- ▶ **Intake/Classification:** Assess for past & recent Trauma, current symptoms/responses, let inmate choose seat in a defined space, explain how the process will unfold, who will have access to personal information, review rules emphasizing physical, emotional & sexual safety
- ▶ **Case Planning/Management:** Get inmate input in determination of goals & respect their choices, focus on collaboration, have a clear agenda, discuss confidentiality & limitations, reference inmate's strengths, utilize motivational interviewing
- ▶ **Staff-Inmate Interactions:** Facilitate productive & safe interactions, acknowledge strengths & accomplishments routinely, be aware of tone in conversations, use posture & body proximity that convey safety & support vs control



SPECIFICS



Sanctions & discipline

- ▶ Use trauma informed de-escalation techniques (even/respectful tone, use inmate name, short encouraging phrases)
- ▶ Encourage coping that has worked in the past
- ▶ If permissible introduce sensory boxes (contain comfort items used in de-escalation & relaxation (i.e. stress balls, mini bean bags, etc.))
- ▶ Consider restrictive housing only as a last resort
- ▶ After a crisis has occurred talk about what happened
 - ▶ Move forward without grudges or judgement

SPECIFICS

Programming & Treatment

- ▶ In group tx include expectations around emotional safety & confidentiality
- ▶ Define tx options...don't force disclosure of or tx of trauma
- ▶ Maintain consistency of clinicians to cultivate trust
- ▶ Support programs that allow inmates to connect & bond with their children
- ▶ Define coping strategies inmates can develop to help with challenges inside the institution and outside in the community



ACTION STEPS FOR A TRAUMA INFORMED CULTURE

- ▶ **Commit to Trauma Informed Practice:** Develop Position Statement with staff & inmates (survey, focus groups,) discuss how to make it part of day-to-day operations
- ▶ **Support & Train Staff:** Leadership takes the lead, build concrete skills, be open to hearing strengths & weaknesses, acknowledge secondary Trauma & address it
- ▶ **Adopt Trauma Informed Language/Communication:** Communicate using words that promote safety & respect (using Mr. & Ms. vs last names, call D Unit “Discover”)

ACTION STEPS FOR A TRAUMA INFORMED CULTURE

Review & update existing procedures

- ▶ Consider gender, culture, Trauma & their intersection (cell searches & extraction), visits, restricted housing, restraints, hygiene
 - ▶ Address...touch, confidentiality, Trauma disclosure, PREA, submitting grievances, suggestions/ideas, same vs single sex supervision, self harm
- ▶ Maintain goal of safety/security without increasing further Trauma
- ▶ Procedures should include how to respond to a female inmate if triggered during a routine procedure

ACTION STEPS FOR A TRAUMA INFORMED CULTURE

Implement New TI Operational Practices

- ▶ **Unit meetings:** Create a community, safety, stability & respect
- ▶ **Check-ins or Debriefing Sessions:** Acknowledge events & reassure inmates of their safety, get MH support when needed
- ▶ **Prepare for New Arrivals:** Discuss with current inmates & prepare new person for entry
- ▶ **Discipline & Sanctions:** Alternatives to restrictive housing
- ▶ **Professionalism & Respect at all times:** Builds respect, trust, reduces agitation & resistance



WHY INVEST TIME & ENERGY ON TRAUMA INFORMED CARE?

HURT PEOPLE, HURT PEOPLE.

RESULTS SHOWED DECREASES IN...

- ▶ Inmate on staff & Inmate on inmate assaults
 - ▶ Reduced use of force
- ▶ Restrictive Housing placements
- ▶ Disciplinary sanctions
- ▶ Suicide attempts
- ▶ 1:1 MH watches
- ▶ Crisis contacts
- ▶ Self injury incidents

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