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Strategies and Skills for Working Effectively with Justice-Involved Women: Applying a Trauma-Informed Approach

Alyssa Benedict, MPH
Executive Director
CORE Associates

APPA National Training Institute
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NIC BJA
National Institute of Corrections Bureau of Justice Assistance

Who is participating today?

- Community Corrections/Probation and Parole
- Criminal Justice Professionals/Practitioners
- Institutional Corrections/Jails and Prisons
- Victim Advocates
- Law Enforcement
- Community/Treatment Providers
- Faith-based Organizations

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National Resource Center on Justice Involved Women (NRCJIW)

- Funded by the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance in partnership with the National Institute of Corrections.
- Primary Goal: Provide resources and tools to professionals to equip them to be more successful in their work with justice-involved women.**
- Administered by the Center for Effective Public Policy in partnership with Orbis Partners, University of Cincinnati, Women's Prison Association, CORE Associates, The Moss Group and SAMHSA's National Center on Trauma-Informed Care.

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National Resource Center on Justice Involved Women (NRCJIW)

WAYS WE CARRY OUT OUR MISSION:

- Web site:** www.cjinvolvedwomen.org
 - Resources
 - Innovator series
 - Newsletter
- Training events and webinars**
- Technical assistance**
- Documents**
 - Ten Truths that Matter when Working with Justice Involved Women
 - Women Veterans in the Criminal Justice System
 - Trauma-Informed Care for Corrections Professionals
 - Best Practices in the Use of Restraints with Pregnant Women Under Correctional Custody
 - Women Who Perpetrate Violence: Practice Guide

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Why consider trauma?

- One of the most common experiences** shared by women offenders is a history of trauma.
- Research in developmental psychology, neuroscience, feedback from correctional professionals and advocates, and the voices of justice-involved women reveal the **effects of trauma are significant.**
- Trauma often plays a role** in the onset of women's criminal behavior and can explain many of the behaviors women offenders display during community supervision and incarceration (i.e. rule violations, violent episodes, "failure" in treatment).

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Why consider trauma?

- There is an increase in the use of trauma-based services and curricula in corrections (e.g., psycho-educational groups).
- HOWEVER, fewer efforts have focused on implementing "universal precautions"** as endorsed by SAMHSA or building a trauma-informed culture.
- Some of the basic processes in corrections can function as significant **trauma triggers** for females.
- The lack of trauma-informed practices has negative consequences and compromises offender mental health and success.
- Creating a **trauma-informed culture** can contribute to greater institutional safety and security (e.g. through the reduction of violence, misconducts, confrontations) and maximize the success of community corrections.

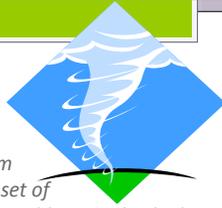
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What is Trauma?

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual's physical, social, emotional, or spiritual well-being.

Draft Definition (SAMSHA, 2012)

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What is Trauma? The Three E's (see Gillece, 2014)

- **Events** and Circumstances
- The individual's **experience** of these events or circumstances helps to determine whether it is a traumatic event.
- The long-lasting adverse **effects** on an individual are the result of the individual's experience of the event or circumstance.

Griffin, 2012

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Traumatic Events/Experiences

- Serious threat to one's life or physical integrity
- Serious threat or harm to one's children, spouse, or other close relatives or friends
- Sudden destruction of one's home or community
- Seeing a person who is or has been seriously injured or killed as a result of an accident or physical violence
- Natural disasters
- Mass interpersonal violence
- Large scale transportation Accidents
- House or other domestic fires
- Motor vehicle accidents
- War/torture
- Partner battery
- Child abuse
- Stranger physical assault
- Rape and sexual assault
- Vicarious trauma

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Consider

What events tend to be traumatic for a woman offender before she enters the system? After?

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Women Offenders and Trauma

"Trauma is trauma no matter what caused it" (Levine)

- Separation from children
- Disconnection from relationships defined as important and supportive
- Pregnancy and childbirth while in the system
- Interactions with [male] staff
- Feeling isolated and/or misunderstood
- Participation in programs that are not gender responsive, culturally competent, trauma-informed

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Why is trauma so destructive?

- There is nothing more isolating than the pain of violation.
- Violation forces victims to question themselves and their world because it destroys their sense of:
 - Trust
 - Control over their lives
 - Safety

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Key Trauma Findings: Relationship of Childhood Trauma to Adult Health

Adverse Childhood Experiences (ACEs) have serious health consequences

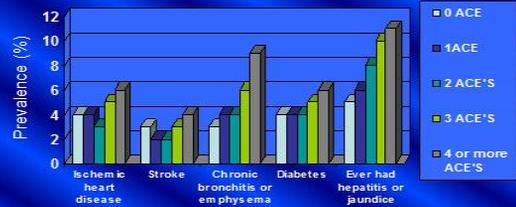
- o Adoption of health risk behaviors as coping mechanisms
 - o eating disorders, smoking, substance abuse, self harm,
- o Severe medical conditions: heart disease, pulmonary disease, liver disease, STDs, GYN cancer
- o Early Death

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Trauma's Impact: The ACE Study

Effects of Child Maltreatment on Health

Prevalence of Diseases per # of Adverse Childhood Experiences



ACE Study

Is drug abuse self-destructive or is it a desperate attempt at self-healing, albeit while accepting a significant future risk?

(Felitti, et al, 1998)

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What are the effects of trauma?

The Human Stress Response

VS

The Trauma-influenced Stress Response

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The Human Stress Response



- o Three broad responses to a real or perceived threat
 - o Fight
 - o Flight
 - o Freeze
- o Rest and digest

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Example



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Then there is a traumatic experience...

- Involves intense, fear, helplessness or horror...(DSM)
- **Unable to evade the threat** that initiated instincts of fight/flight/immobility
- The brain-body becomes so highly activated that automatic stress reactions take over
- Difficult to return to “rest and digest”

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Why We Need the Low Road



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Two Pathways of Fear* (see Lisak)

- *Low road* = fastest; bypasses “thinking brain”
- *High road* = more thorough analysis

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The Trauma-influenced Stress Response



For someone who has experienced trauma,
the **low road to fear can dominate**

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Survival

The ability to avert or live through a threatening event and remember what was learned from that event so that similar situations can be avoided in the future...

-Robert Scaer, MD

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Effects of Trauma

- Psychological
- Neuro-physiological
 - Embedded in the brain-body



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Psychological Effects

- Irritability/anger
- Social withdrawal (detachment)
- Restricted affect
- Nightmares/flashbacks
- Diminished interest
- Loss of self-esteem
- Guilt/shame
- Loss of appetite
- Substance abuse
- Depression
- Numbing
- Apathy
- Difficulty concentrating
- Loss of security/trust
- Impaired memory
- Suicidal ideation
- Embarrassment
- Psychological disorders

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Physiological and Physical Effects

- Pain
- Nausea
- Headaches
- Insomnia
- Panic attacks
- Hyper-arousal
- Injuries
- Vomiting
- Hyper-vigilance
- Startle response
- Persistent anxiety
- Chronic conditions

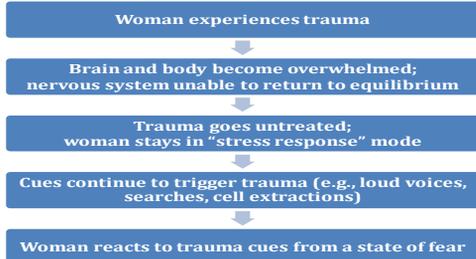
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What else is happening in the brain?

- Trauma alters the production of stress hormones (neuro-hormonal response)
- Stress triggers a pattern of events that disallow cohesive memory

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Justice-Involved Women: Trauma Impacts the Brain



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Examples of How Women Offender Behaviors Might Result from Trauma-Influenced Responses

Perceived Danger (a person or event that may or may not be dangerous)	Trigger (thought and feeling; may or may not be consciously experienced)	Behavior (trauma-influenced response)
Environmental During group, a woman notices that a door in the hallway that is usually closed is now open.	<i>That door is never open. What or who is in there?</i>	During group the woman says, "This group is stupid, I'm leaving."
Relational A woman overhears her PO talking to a colleague about another offender.	<i>What I say may not be kept private.</i>	When the PO starts the risk/need assessment, the woman says, "I'm not telling you anything."
Internal After a family session with her mother a woman has cycling thoughts about the abuse she endured from her father.	<i>I feel agitated and unglued. I can't make it through the night without smoking.</i>	The woman refuses her next drug test. As staff react she escalates and becomes aggressive.

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What Can We Do?

- Exercise “universal precautions” (Hodas, 2005; Gillece, 2010)
- Practice trauma-informed care at the individual and system levels
- Reduce distress
- Facilitate regulation (safety and stability)

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Be Intentional

- Safety
- Trust
- Choice
- Collaboration
- Empowerment

(See Principles of Trauma-informed Care, Harris & Fallot, 2006)

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8 Steps Toward Becoming Trauma-informed

1. Make a commitment to trauma-informed practice
2. Support and train staff
3. Adopt trauma-informed language and communications
4. Create a trauma-informed physical space
5. Revise existing procedures to be more trauma-informed
6. Implement new trauma-informed procedures
7. Implement strategies to help women manage difficult trauma symptoms (one-on-one; group)
8. Build a safe, trauma-informed environment

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Revising Operational Practices that can Cause Further Trauma

Trauma-informed Practice Principles	Primary Institutional Contact Points
Safety	Intake/admission Screening Assessment Case management Treatment Interpersonal interactions Programming Medical services/mental health Discipline and sanctions Discharge
Trust	
Choice	
Collaboration	
Empowerment	

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Revising Operational Practices that can Cause Further Trauma

Trauma-informed Practice Principles	Primary Community Contact Points
Safety	Court appearances Home visits Supervision sessions Assessments Case management sessions Drug screening Interpersonal Interactions Programming Medical Services Mental Health Services
Trust	
Choice	
Collaboration	
Empowerment	

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Consider making routine practices more trauma-informed...

- How might this process/procedure function as a trigger for women offenders?
- How could it be implemented in a more trauma-informed manner?

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Example: Elements of a Trauma-informed Procedure

(Benedict, 2014)

- Tell her what procedure needs to take place and why.
- Briefly describe what the procedure entails (e.g. order of tasks). If there are different ways the procedure can be done safely, offer choices.
- Reassure her that you will conduct the procedure in a way that maximizes her safety and comfort.
- Invite her to ask any questions and answer them (before you begin).
- Let her know that you would like to begin.
- Conduct the procedure with trauma in mind; use verbal cues along the way such as "Now I am going to place the items from your purse onto the table."
- Let her know that the procedure has been completed.
- Ask her how she is doing.
- Thank her for her cooperation.
- Let her know what the next activity is.

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What to Pay Attention to

- Creating safety and stable interactions
 - Environmental cues
 - Potential triggers
- *The environment can either cue safety or trigger memories of and reactions to traumatic experiences

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*Women's traumatic responses can be affected by how others respond to them and the availability of ongoing support and resources; **trauma-informed care in criminal justice environments can provide essential stability for survivors and staff.***

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A Model for Effective Communication

Benedict, King & Van Dielen 2014

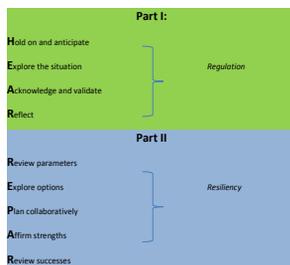
Working with Justice Involved Women:
Creating Regulation and Resilience (CR2)



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Working with Justice Involved Women: Creating Regulation and Resilience (CR2)

Benedict, King & Van Dielen 2014



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Dealing with Disclosure: Techniques for Any Setting

- Safety and security
- Ventilation and validation
- Prediction and preparation

(adapted from the Victim Empowerment Curriculum)

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Safety and Security

"What was sharing that like for you?"

"Have you had the opportunity to share this with anyone else?"

"Sharing any part of your life can be difficult. It takes courage."

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Ventilation and Validation

"It sounds like that was a very painful experience for you."

"It sounds like you are confused by what happened to you."

"It makes sense that you feel that way."

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Prediction and Preparation

"Do you feel safe now?"

"Are your love ones safe now?"

"Have you ever wanted to talk with someone..."

"I'd like to take some time to discuss what you can expect..."

"So you don't feel comfortable on the bus but need to get to..."

"Let's explore your options..."

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Responding to Disclosure: Do's and Don'ts

Do

- Examine your own beliefs about victims & abuse
- Deal with your own trauma
- Listen
- Give choices
- Inform her of relevant policies, laws
- Be aware that what survivors report may only be a small part of what they have experienced
- Stay supportive
- Offer resources

Don't

- Tell survivors they have to talk
- Blame in any way
- Feel sorry for the survivor and look upon her/him as helpless,
- React with disgust, revulsion and anger at what they've been through
- Be judgmental about coping strategies
- Use it as a forum to talk about your own history

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In Group Disclosure

○ H - Honor it

That must have had a real impact on you, it was really brave to share it. I am glad you let us know.

○ E - Explain

This is so important that we want to give you time to talk about it with a staff member.

○ L - Let the group know

It is courageous to let us know about the things that you have been through. We are here to give you support and help you get the support you need.

○ P - Plan

Many of you have dealt with some really difficult things. You may hear others talk about things that were hard for them while you are here. If you ever need to talk about something, please be sure to let us know.

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Also

- For women offenders
 - Support by creating safety, stability
 - Resources, planning, recovery
- For criminal justice professionals
 - Support for personal trauma, burnout, corrections stress and secondary trauma
 - Professional and organizational "self care"

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The Neurobiology of Healing

- The quality of the rapport can profoundly impact outcome
- Safe interactions result in healing at the neurological, physiological and psychological levels
- We have an **innate capacity for healing**
- The same will to survive that created the traumatic response can create a healing response

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"It is the power of being with others that shapes our brains."

(Louis Cozolino, PhD)

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For More Information

Alyssa Benedict, MPH
CORE Associates, LLC - <http://coreassociates.org/> |
coreassociatesllc@comcast.net | 401-837-CORE

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Using Trauma-Informed Practices to Enhance Safety and Security in Women's Correctional Facilities brief available here:
<http://cjinvolvedwomen.org/sites/all/documents/Using-Trauma-Informed-Practices-Apr-14.pdf>

SAMHSA National Center for Trauma-Informed Care
<http://www.samhsa.gov/nctic/>

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