The Nexus of Jail Culture, Operational Practices and Trauma-Informed Care

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Key Definitions

Culture

• Sum of the members of an organization’s attitudes, beliefs, values, and norms.

Operational Practice

• The policy and procedure guiding practices designed to support facility infrastructure, safety and security.
Relationship of Culture and Operational Practice

Operational Practices

Cultural Expectations
Organizing Principles

Trauma-Informed Care

- Realization of the widespread impact of trauma, understanding of paths for healing, recognition of symptoms of trauma, and integration of knowledge about trauma into policy, procedure, practices and settings.

Gender Responsive Practices

- Gender responsiveness has been defined by Bloom and Covington (2000, p.11) as “creating an environment . . . that reflects an understanding of the realities of women’s lives and addresses the issues of the women...”
Relationship of Culture and Operational Practice

OPERATIONAL PRACTICES

For example, Mechanism to Report Sexual Abuse

CULTURAL EXPECTATIONS

For example, Duty to Report

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Understanding Trauma
Important Things to Remember about Trauma

- Not what’s wrong with you but what happened to you.

- Symptoms are adaptations.

- Violence causes trauma and...trauma causes violence.
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)
The Three E’s

- **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
Key Trauma Findings: Relationship of Childhood Trauma to Adult Health

Adverse Childhood Experiences (ACE) have serious health consequences

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

(Felitti et al., 1998)
Trauma’s Impact: The ACE Study

Effects of Child Maltreatment on Health

Prevalence of Diseases per # of Adverse Childhood Experiences

- Ischemic heart disease
- Stroke
- Chronic bronchitis or emphysema
- Diabetes
- Ever had hepatitis or jaundice

Legend:
- 0 ACE
- 1ACE
- 2 ACE’S
- 3 ACE’S
- 4 or more ACE’S
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)
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
Why consider trauma when working with justice-involved women?

- One of the most common experiences shared by women.
- Research, 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
  - explains many of the behaviors women display during community supervision and incarceration (i.e. rule violations, “acting out”, violent episodes, “failure” in treatment).
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, and

- some of the basic processes in corrections can function as significant trauma triggers for women.
Why consider trauma?

- The lack of trauma-informed practices has negative consequences and compromises women’s 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).
What to Pay Attention to in Institutional Environments

- Creating and supporting safe and stable interactions (between staff, staff-inmates, between inmates)

- Environmental cues that can facilitate safety and stability

- Potential triggers that can exacerbate trauma symptoms

*The environment can either cue safety or trigger memories of and reactions to traumatic experiences*
Enhancing Operational Practices so they Don’t Cause Further Trauma

<table>
<thead>
<tr>
<th>Apply Trauma-informed Principles...</th>
<th>...to Key Decision Points</th>
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</thead>
<tbody>
<tr>
<td>Safety</td>
<td>Intake/admission</td>
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<tr>
<td>Trust</td>
<td>Screening</td>
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<tr>
<td>Choice</td>
<td>Assessment</td>
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<td>Collaboration</td>
<td>Case management</td>
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<td>Empowerment</td>
<td>Treatment</td>
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<td>Interpersonal interactions</td>
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<td>Programming</td>
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<td>Medical services/mental health</td>
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<td></td>
<td>Discipline and sanctions</td>
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<td>Discharge</td>
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</tbody>
</table>
Examples of Trauma-Informed Approaches

- Queens Specialty court
- Brooklyn Specialty court
- Hawaii Women's DOC
- Framingham Women’s DOC
- Rhode Island Women's DOC
- PREA
## Results of Implementing a Trauma-Informed Approach in One Facility

<table>
<thead>
<tr>
<th>Type</th>
<th>2011</th>
<th>2012</th>
<th>Frequency Change</th>
<th>% Change</th>
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<tbody>
<tr>
<td>Inmate-on-staff assaults</td>
<td>65</td>
<td>25</td>
<td>-40</td>
<td>-62%</td>
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<tr>
<td>Inmate-on-inmate assaults</td>
<td>112</td>
<td>51</td>
<td>-61</td>
<td>-54%</td>
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<tr>
<td>Inmate-on-inmate fights</td>
<td>129</td>
<td>70</td>
<td>-59</td>
<td>-46%</td>
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<td>Segregation placements</td>
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<td>748</td>
<td>-218</td>
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<tr>
<td>Disciplinary reports</td>
<td>5830</td>
<td>5470</td>
<td>-360</td>
<td>-6%</td>
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<td>Suicide attempts</td>
<td>30</td>
<td>12</td>
<td>-18</td>
<td>-60%</td>
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<td>One-on-one mental health watches</td>
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<td>98</td>
<td>-49</td>
<td>-33%</td>
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<tr>
<td>Petitions for psychiatric evaluation</td>
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<td>37</td>
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<td>-16%</td>
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<td>Crisis contacts</td>
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<td>1316</td>
<td>-220</td>
<td>-14%</td>
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<td>Self-injury incidents</td>
<td>114</td>
<td>99</td>
<td>-15</td>
<td>-13%</td>
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</tbody>
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Source: Bissonnette (2013).
“I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.”

~ Maya Angelou
A key question and challenge

How can we apply what we are learning about trauma and its impact (and the benefits of trauma-informed approaches) to jail settings?
Institutional Culture and Safety
Women's Correctional Safety Scales

Perceived Housing Unit Culture

Perceived Staff Concern About Inmate Safety

Perceived Inmate Fear to Report Violence or Misconduct

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Cultural Elements That Detract from Safety and Reporting

- High-level of code of silence
- Allowing staff to resign or ignoring abusive behaviors
- Only trusting staff’s word not inmate’s
- Lack of understanding of investigations
- Lack of management tools to address the issues
Cultural Elements That Detract from Safety and Reporting

- Lack of understanding of state laws prohibiting staff sexual misconduct
- Poor policy language
- Sexualized work environment
- Little discussion on prevention, detection, response and sanctioning with regard to sexual abuse, harassment or general misconduct
Critical Facility Culture Issues through the Lens of Gender and Trauma-Informed Practice
Discipline
Implications of the Research for Discipline and Sanctions

- **Prevention and Balance**
  - Create a correctional culture and disciplinary system that are oriented to prevention and balance

- **Relationships and Empowerment**
  - Define staff as “change agents” who can facilitate relational safety and inmate growth

- **Gender and Trauma**
  - Make routine procedures (operational practice) gender responsive and trauma-informed, including those related to discipline
Implications of the Research
Discipline and Sanctions

- **Staff Training and Support**
  - Provide training and skills development opportunities to staff regarding gender, culture and trauma-informed approaches
  - Provide information and support to staff regarding corrections stress and secondary trauma
Demonstration of Research Implications: Common Scenarios

- Overcorrection
- Assumptions about Connection
Prison Rape Elimination Act (PREA)
Implementation: PREA, Culture, Gender and Trauma-Informed Care

“The success of the PREA standards in combating sexual abuse in confinement facilities will depend on effective agency and facility leadership, and the development of an agency culture that prioritizes efforts to combat sexual abuse. Effective leadership and culture cannot, of course, be directly mandated by rule. Yet implementation of the standards will help foster a change in culture by institutionalizing policies and practices that bring these concerns to the fore.”

– United States Department of Justice Final Rule
PREA Standards

Gender Responsive Implications
Gender Responsive Implications: Examples of standards benefiting from gender and trauma-informed approaches

§ 115.13 Supervision and Monitoring
§ 115.15 Limits to Cross-Gender Viewing and Searches
§ 115.21 Evidence Protocol and Forensic Medical Examinations
§ 115.31 Employee Training
§ 115.33 Inmate Education
§ 115.34 Specialized Training: Investigations
Gender Responsive Implications: Examples of standards benefiting from gender and trauma-informed approaches

§ 115.35 Specialized Training: Medical and Mental Health Care
§ 115.41 Screening for Risk of Victimization and Abusiveness
§ 115.51 Inmate reporting
§ 115.53 Inmate Access to Outside Confidential Support Services
§ 115.61 Staff and Agency Reporting Duties
Gender Responsive Implications: Examples of standards benefiting from gender and trauma-informed approaches

§ 115.64 Staff First Responder Duties
§ 115.71 Criminal and Administrative Agency Investigations
§ 115.78 Disciplinary Sanctions for Inmates
§ 115.82 Access to Emergency Medical and Mental Health Services
§ 115.83 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers
§ 115.87 Data Collection
Use of Restraints
Use of Restraints on Pregnant Women

“The use of restraints with pregnant women in jails and prisons may re-traumatize women inmates whom we know are likely to have histories of physical, sexual and emotional victimization and may be more mentally and physically vulnerable during pregnancy.”

Alyssa Benedict
Influencing Factors for a Successful Model of Gender and Trauma-Informed Practice
**Barriers**
- Jail overcrowding
- Cultural collisions
- Staff training and skill development
- Pressure of daily operations
- Location
- Staffing

**Strengths**
- Strong leadership
- Research and models exist to support
- Positive outcomes for women and staff
- Enhanced cultures of safety for women and staff
Presentation References