

National Resource Center

on Justice Involved Women

Jail Tip #4: Manage Women's Complex Behaviors

Marilyn Van Dieten, Orbis Partners

The number of women entering jails has increased dramatically, as has the severity of problematic symptoms, behaviors, and issues with which they present. Advances in research strongly suggest that early victimization and trauma play a significant role in the development of, and women's reliance on, complex behaviors and reactions. For instance, women who have experienced adverse childhood events¹ are significantly more likely to experience medical, economic, social, and behavioral problems in adulthood.^{2,3} In addition, there is a strong link between trauma, mental health, and substance abuse indicators, and these frequently co-occur.⁴ Factors that can elevate risk for the emergence of challenging behaviors and reactions include:^{5,6,7}

- *Multiple experiences of trauma.* Researchers have discovered that multiple or prolonged experiences of trauma have a cumulative impact and often contribute to more profound and long-lasting impacts than single incidents.
- *Perpetrator and type of trauma.* Typically, trauma that is intentionally inflicted by a caregiver or someone in a position of trust is more disturbing than events caused by a natural disaster. Similarly, traumatic events that include sexual and physical abuse and that are perceived as life-threatening have a more prolonged and devastating impact on the individual.
- *Lack of healthy coping strategies.* Generally, the younger the victim, the fewer the personal resources available. The presence of previous psychological problems and a family history of mental health issues may also impact a woman's ability to cope with traumatic events.
- *Lack of support.* The individual is at increased risk if she does not feel supported after the event or when a disclosure is made.

This tip sheet introduces a series of intervention strategies that can be used to work safely and effectively with justice involved women who present with complex and challenging behaviors.

Complex Behaviors Displayed by Justice Involved Women

Symptoms, behaviors, and issues commonly expressed by justice involved women with a history of adverse childhood events are presented below. Any one of these behaviors and reactions can have a negative impact on the women who engage in them. They can also jeopardize the safety and well-being of others in

Drawing on the emerging neuroscience and trauma research, Benedict, King, and Van Dieten have developed a two-phase communication model called Creating Regulation and Resiliency (CR/2) to augment staff training initiatives in trauma informed care. The CR/2 model contains practical skills that can be used by staff to work effectively with justice involved women who engage in complex behaviors and reactions.

This tip sheet is one in a series.
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the facility—both women inmates and staff. Most experts agree that a trauma history is not the cause of all problems nor should it be viewed as an excuse by women to engage in dangerous and disruptive behaviors. However, awareness of the impact of trauma and our response can have a dramatic effect on a woman’s ability to react to stress in the moment and to resolve or recover from these experiences over time.⁸

Common Symptoms, Behaviors, and Reactions Displayed by Women with a History of Adverse Childhood Events

- Stuck on “high”: hyper-aroused and hyper-vigilant (always looking over their shoulder)
- Struggle with self-regulation (e.g., cannot calm themselves or self-soothe; have racing and repetitive thoughts; describe feeling out of control and “revved up” or anxious, etc.)
- Unable to sleep
- Frequent reports of somatic symptoms, including stomach aches, body pains, etc.
- Easily startled or “set off”
- Have difficulty with impulse control or the ability to think through consequences before acting
- Behavior is chaotic and can be unpredictable, oppositional, volatile, and extreme
- React defensively and aggressively in response to perceived blame or attack; alternately, may at times be over-controlled, rigid, and unusually compliant
- Hypo-mobilized or withdrawing and shutting down
- When faced with extreme stress, may “dissociate”; at these times, may seem “spacey,” detached, distant, or out of touch with reality
- More likely to engage in high risk behaviors, such as self-harm, and aggression
- May turn to alcohol and substance use
- Difficulty forming healthy relationships; may engage in unsafe sexual practices
- Set boundaries; express wants and needs
- Argumentative, demanding, work to influence staff behavior
- Difficulty reading social cues and understanding another person’s perspective
- Difficulty trusting others and reaching out for help
- Constantly seeking help and attention
- Suspicious, cautious, exhibit signs of paranoia
- Movement between hyper- and hypo-mobilized

Action Steps Jail Leadership and Staff Can Take to Address Complex Behaviors and Reactions

One of the greatest challenges faced by staff in a facility setting is to implement the principles of trauma informed care in the moment. A brief description of strategies and essential skills excerpted from the Creating Regulation and Resiliency (CR/2) model⁹ is presented below.

1. Create regulation.

Many women who engage in complex behaviors and reactions are in “survival mode.” This means that until they are regulated, they will have difficulty following direction and engaging in problem solving. Use HEAR strategies to create regulation (see Exhibit 1).

2. Build resilience.

During this phase, women transform problems and concerns into opportunities for growth and change. Use REPA(I)R strategies to build resilience (see Exhibit 2).

3. Respond to disclosure.

An important outcome of using trauma informed approaches is an environment that is safer for both staff and women. Once women feel safe, they are also more likely to self-disclose past and current experiences of trauma. When this occurs, respond using the following guidelines:

Exhibit 1. HEAR Strategies to Create Regulation

Strategies	Essential Skills
H old On	<ul style="list-style-type: none"> • PAUSE: Consider how to best secure the area to ensure the personal safety of self and others. When possible, remove the woman from the setting and take her to a quiet place. Be mindful of your own reactions to her behavior. Notice your thoughts, feelings, and bodily sensations, and learn to regulate your emotions. • ANTICIPATE: Before responding, consider individual circumstances that might be contributing to her behavior.
E licit	<ul style="list-style-type: none"> • SHARE: Share with her your observations about her behavior. • CLARIFY: Use open-ended questions to clarify the context of her behavior (e.g., uncover the chain of events leading to the behavior—who, what, where, and when).
A cknowledge	<ul style="list-style-type: none"> • REFLECT: Use reflections to acknowledge your understanding of her thoughts and feelings.
R eview	<ul style="list-style-type: none"> • SUMMARIZE: Demonstrate your understanding of the situation by summarizing her major concerns and interests. • INVITE: When time permits, support autonomy by giving her the opportunity to proceed to the next step: building resilience.

Exhibit 2. REPA(I)R Strategies to Build Resilience

Strategies	Essential Skills
R eject	<ul style="list-style-type: none"> • ACKNOWLEDGE INTERESTS: Briefly review the woman's concerns and/or interests expressed earlier. • CLARIFY PARAMETERS: Clarify agency or facility policy, rules, and realities to set the parameters for problem solving.
E xplore	<ul style="list-style-type: none"> • OPTIONS: Begin the problem solving process by working with her to generate options. Invite her to pick the best one.
P lan	<ul style="list-style-type: none"> • SET A PERSONAL GOAL: Work with her to transform options into goals and to identify action steps.
A ffirm Individual Strengths	<ul style="list-style-type: none"> • REINFORCE: Comment on her individual strengths (that you noted during the interaction) and on any efforts made to self-regulate and build resilience.
R eview	<ul style="list-style-type: none"> • SUMMARIZE: Briefly review the highlights of the interaction. • STRENGTHEN HER COMMITMENT to practice the new behavior.

- Many staff worry that if a woman discloses a traumatic experience, they will say the wrong thing and make the situation worse. You will not make the situation worse if your response is nonjudgmental and if it acknowledges the woman's feelings. For example, if a woman says, "Every time I go to bed, I think about my boyfriend and what he did to me," you might say, "It sounds like you are going through a hard time; that makes sense, given what you've gone through."
- If it is not your role or responsibility and/or you have not been trained to deal with trauma, honor the woman's courage for disclosing to you and then offer her the option to speak with someone who has the necessary expertise. For example, you might say, "What you shared is important, and I thank you for sharing this with me. That took a lot of courage. I am happy to listen; however, I am wondering if you would be interested in seeing a staff member who has training in this area."
- It can be difficult at times not to respond with shock, pity, or sympathy—particularly when the woman has related a story demonstrating tremendous human cruelty. Try not to minimize the impact of a traumatic event, and convey an attitude of hope and optimism. You might say, "You have been through a lot, but you are also showing great strength when you [insert healthy behavior or strategy] to cope with this."

- If your agency asks women about traumatic experiences as a routine part of a screening or intake assessment, be mindful that this can elicit painful memories. Try asking women about their past without encouraging them to describe the events in detail.
- If a woman is displaying complex behaviors and reactions, refrain from asking her about past trauma. Rather, invite her to explore what she is currently experiencing. For example, you might ask, “Can you talk a bit about what you are thinking and feeling right now so that I can understand how to be helpful? How long have you felt this way?” Just asking about the feeling and impacts of trauma can encourage positive change. For example, you might say, “It sounds like what you experienced in the past has really stayed with you. What support would be helpful to you right now?”

4. Provide counseling/support/treatment options.

Whenever possible, survivors should be given treatment options with respect to the type and format of intervention. Work with colleagues to:

- Build relationships with local service providers to learn what they offer, and facilitate referrals as appropriate
- Summarize available resources on mental health, medical support, victim advocacy, and legal services in an information package with a complete list of contacts, and ensure that this is updated regularly
- Be aware of evidence-based and promising therapeutic options to treat trauma (at the present time, phased treatment initially conceptualized by Herman (1992) is still considered the gold standard)¹⁰
- Learn more about gender responsive group intervention programs that have been developed specifically for justice involved women.¹¹

This document is one in a series of tip sheets developed by the NRCJIW to facilitate the implementation of gender informed approaches in jail settings. These tip sheets were developed based on recommendations from the Women in Jails Summit held in October 2014. For additional resources on this topic or to access additional tip sheets, visit <http://cjinvolvedwomen.org/jail-tip-sheets/>.

Notes

1. For additional information, see the Adverse Childhood Experiences (ACE) Study: www.acestudy.org.
2. Felitti, V. J. (2002). The relationship of adverse childhood experiences to adult health: Turning gold into lead. *The Permanente Journal*, 6(1), 44–47. Retrieved from <http://www.thepermanentejournal.org/files/Winter2002/goldtolead.pdf>
3. Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., ... Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14, 245–258. [http://dx.doi.org/10.1016/s0749-3797\(98\)00017-8](http://dx.doi.org/10.1016/s0749-3797(98)00017-8)
4. Co-occurring disorders are typically identified when a person has one or more chronic mental health indicators, as well as one or more disorders relating to alcohol or substance abuse. See: Lynch, S. M., DeHart, D. D., Belknap, J., & Green, B. L. (2012, September). Women’s pathways to jail: The roles & intersections of serious mental illness & trauma. Retrieved from Bureau of Justice Assistance website: https://www.bja.gov/Publications/Women_Pathways_to_Jail.pdf
5. Briere, J. (1992). *Child abuse trauma: Theory and treatment of the lasting effects*. Thousand Oaks, CA: Sage.
6. Felitti, 2002.
7. Blanch, A. K., & Shern, D. L. (2011). Implementing the “new” germ theory for the public’s health: A call to action. Retrieved from Manitoba Trauma Information and Education Centre website: <http://trauma-informed.ca/wp-content/uploads/2013/04/MHA-Germ-Theory-Paper.pdf>
8. Tillman, S., Bryant-Davis, T., Smith, K., & Marks, A., (2010, April). Shattering silence: Exploring barriers to disclosure for African American sexual assault survivors. *Trauma, Violence, & Abuse*, 11, 59–70. <http://dx.doi.org/10.1177/1524838010363717>
9. Benedict, A., King, E., & Van Dietsen, M. (2014). *Creating regulation and resiliency (CR/2): A practitioner’s guide to working with justice involved women and girls*. Available from <http://www.coreassociatesllc.org> and <http://orbispartners.com/programs/cr2/>
10. Herman, J. (1992). *Trauma and recovery*. New York, NY: Basic Books.
11. See NRCJIW’s Programs for Justice Involved Women with Cognitive Behavioral Components, available at <http://cjinvolvedwomen.org/treatment-interventions-and-services/>.

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