

Creating trauma-informed correctional care in the US

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Rates of Post Traumatic Stress Disorder and exposure to violence among incarcerated males and females in United States are exponentially higher than rates among the general population, yet detoxification from substances, the pervasive authoritative presence, and sensory and environmental trauma triggers can pose a threat to individuals and institutional stability during incarceration. The authors have explored the unique challenges and promises of Trauma Informed Correctional Care and suggest strategies for administrative support, staff development, programming and relevant clinical approaches. Trauma informed care demonstrates promise in increasing offender responsiveness to evidence-based cognitive behavioural programming that reduces criminal risk factors and in supporting integrated programming for offenders with substance abuse and co-occurring disorders. Incorporating trauma recovery principles into correctional environments requires an understanding of criminal justice priorities, workforce development and specific approaches to screening assessment and programming that unify the goals of clinical and security staff.

Trauma-informed care is a relatively recent development in the corrective services treatment plan. It has as primary goals accurate identification of trauma and related symptoms, training of all staff to be aware of the impact of trauma, minimising re-traumatisation, and a fundamental 'do no harm' approach that is sensitive to how institutions may inadvertently re-enact traumatic dynamics.

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Trauma Informed Correctional Care is the application of trauma-informed care for correctional settings in particular, which have their own unique challenges, strengths, culture and needs. Prisons are challenging settings for trauma informed care. Prisons are designed to house perpetrators not victims. Inmates arrive shackled and are crammed into overcrowded housing units; the lights are on, loud speakers blaze without warning, and privacy is severely limited. Security staff focus on maintaining order and must assume each inmate is potentially violent. The correctional environment is full of unavoidable triggers such as pat downs and strip searches, frequent discipline from authority figures and restricted movement. This is likely to increase trauma-related behaviours and symptoms that can be difficult for prison staff to manage.

Yet, if trauma-informed principles are introduced, all staff can play a major role in minimising triggers, stabilising offenders, reducing critical incidents, de-escalating situations, and avoiding restraint, seclusion or other measures that may repeat aspects of past abuse.

In addition to general trauma-informed principles, clinical staff can provide trauma-specific therapies, actual counselling models and curricula designed to promote trauma recovery. There is recognition that staff and inmate relationships are the day-to-day fabric for both trauma recovery and re-traumatisation. Clinical interventions for inmates need to be relevant to the environmental culture and relationships that incarcerated trauma survivors must navigate on a daily basis. The most successful interventions in prisons have goals that are congruent with the primary duties of correctional staff: public safety, safety of inmates in custody, rehabilitation, and staff and institutional security.

Correctional officers tend to respect experience rather than research. The most effective tool for developing in-service training is to ensure that seasoned correctional officers take the lead roles. Despite limited resources, fears for their own safety, vicarious trauma, and conflict between enforcement responsibilities and compassion, many officers have developed effective approaches. It is important to reinforce staff intuition and compassion and to recognise and build on strategies that have been successful, before introducing new information and skills. Shift commanders and chiefs of security should assist with training content and be visible in role-plays and demonstrations. Training that highlights stress management, self-care and remedies for burnout tends to engage more experienced staff.

It is important to recognise gender differences in how much attention is given to trauma. Trauma is far more likely to be addressed in female than in male inmates in corrections institutions. In male facilities, correctional officers must deal with large numbers of violent offenders.

For females, trauma is typically related to childhood sexual abuse, and they are more likely to develop PTSD when exposed to violence. There are often repeated exposures to sexual and violent victimisation beginning in childhood. This is often followed by internalising self-harm, eating disorders, addiction and avoidance. Trauma-affected females are more likely to receive mental health treatment than substance abuse treatment and treatment needs to emphasise empowerment, emotion regulation and safety.

For males, trauma typically involves witnessing violence. However, though more likely to be exposed to violence, they are less likely to develop PTSD as a result. They may be exposed to violence from strangers and sexual abuse from outside the family. As a consequence they are inclined to externalise violence, embark on substance abuse, and turn to crime. They are likely to be given substance abuse treatment rather than mental health treatment, and effective treatment needs to emphasise feelings, relationships and empathy.

As correctional policy shifts its focus to decreasing recidivism, the advantages of evidence-based counselling approaches are becoming more apparent to prison administrators. The use of present-focused cognitive-behavioural and coping skills treatments with strong educational components has helped stabilise inmates with PTSD and substance abuse problems. These approaches tend to be compatible with the correctional culture of responsibility, consistency, accountability and behavioural change, and are relevant to a range of trauma impacts.

There is sometimes great reluctance to open the trauma 'can of worms' in prison, given the prison environment and limited clinical resources available. Yet trauma-informed correctional care and staff training can go a long way toward creating an environment conducive to rehabilitation, and staff and institutional safety. Trauma-informed principles are helpful regardless of whether the institution makes trauma-specific clinical interventions available to inmates. However trauma-specific interventions have been found to be more powerful than trauma-informed intervention, and thus making both available is likely to result in greater success in prison settings. It is important to remember that prison staff have legal responsibility for the medical care of inmates and must provide appropriate treatment including mental health services. The use of Trauma Informed Correctional Care can provide a contextual foundation for providing effective in-prison help in increasing pro-social coping skills, creating a calm and safe prison environment, reducing adverse events, and aiding staff morale, all of which can lead to better offender rehabilitation outcomes.

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