



National Resource Center on Justice Involved Women (NRCJIW)

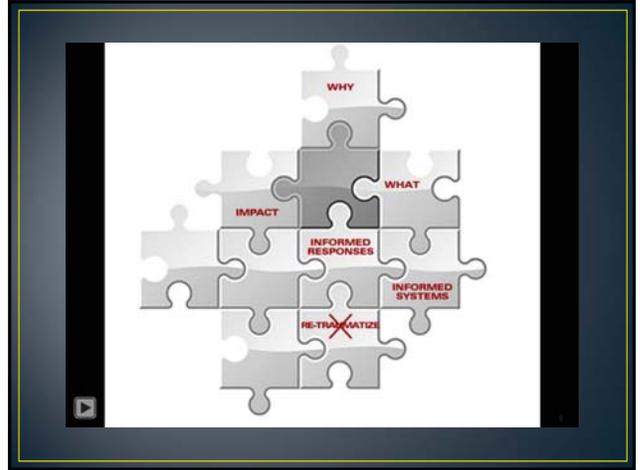
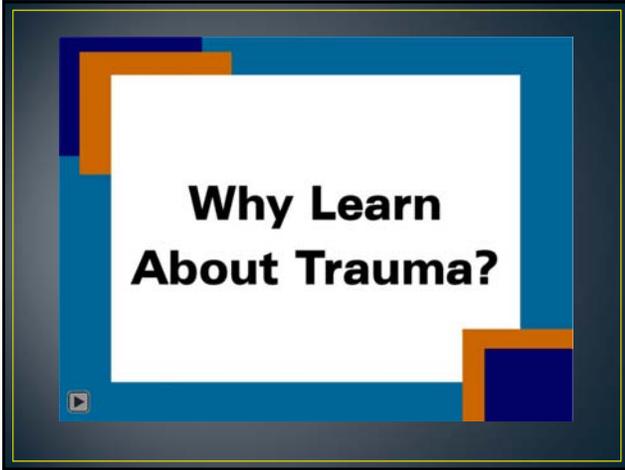
- Funded by the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance in partnership with the National Institute of Corrections.
- **Primary Goal:** *Provide resources and tools to professionals to equip them to be more successful in their work with justice-involved women.*
- 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.

National Resource Center on Justice Involved Women

Essential Components of Trauma-Informed Judicial Practice

SAMHSA's National Center on Trauma-Informed Care
&
SAMHSA's National Gains Center for Behavioral Health & Justice
2013





Trauma in the U.S.A.

- 1 in 3 girls, 1 in 7 boys experience sexual abuse
- 1 in 4 women experience DV
 - 10-20% of children exposed to DV
- 17% adult women experience sexual assault
- 22% of teens witness a shooting
- Over 16,000 homicides each year
 - 7 to 10 closed loved ones each
- High rates poly-victimization

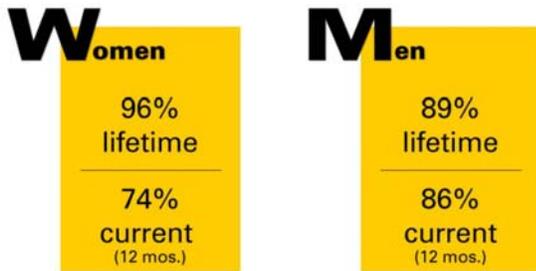
Question

Studies of women offenders in jail show that ____% have a history of trauma.

- a. Between 20 and 40%
- b. Between 40% and 60%
- c. Between 60% and 80%
- d. Over 90%

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Jail Diversion Study



Mental Health Court Study

Abuse (self report)	% Women	% Men
Sexual abuse or rape (prior to age 20)	70	25
Parents hit or threw things at one another	46	27
Parents beat them with belt whip or strap	61	68
Parents hit them with something hard	43	36
Parents beat or really hurt them with their hands	42	36
Parents injured them enough to need medical attention	22	8

Women

67% child physical abuse

34% current (12 mos.)

Men

73% child physical abuse

32% current (12 mos.)

The past is never dead.
It's not even past. William Faulkner



Understanding the Population

Why consider trauma?

- Mental & physical health
- Risk Factor
- Criminal behavior
- Interactions, responses

What happens when we don't?

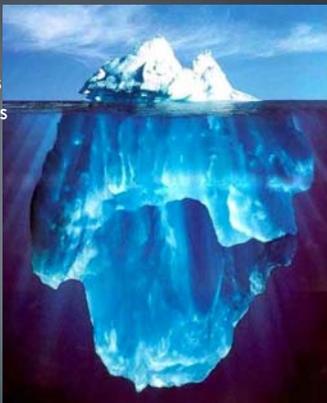
- Poor treatment outcomes
- Relapse
- Increased management problems

THE PARADIGM SHIFT



Cathy S Harris, MSW, LCPW copyright 2011

Drug Abuse
Unsafe Relationships
Mental Illness
Criminal Behavior
Agitation
Aggression
Avoidance



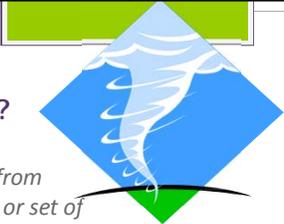
Neglect
Poverty
Sexual Abuse
Beatings
Seeing people stabbed/
shot
Suicide
Homicide

Understanding trauma is not just about acquiring knowledge.

It's about changing the way you view the world.

What Is Trauma?

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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Event

Experience

Effect



Activity
Traumatic Events

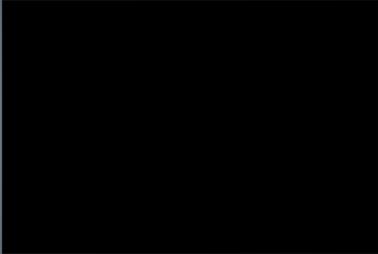
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Traumatic Events

- Physical Abuse
- Natural Disaster
- Combat or Victim of War
- Sexual Abuse
- Witness Violence or Other Traumatic Event
- Historical Trauma



Video: Officer Tully

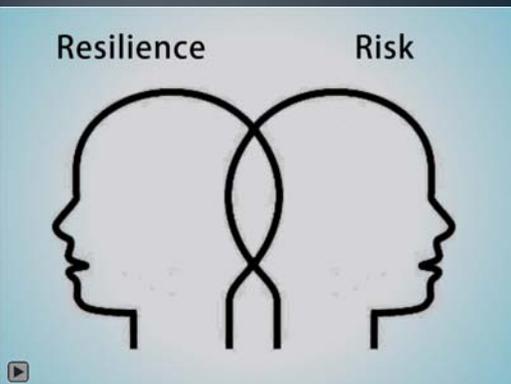


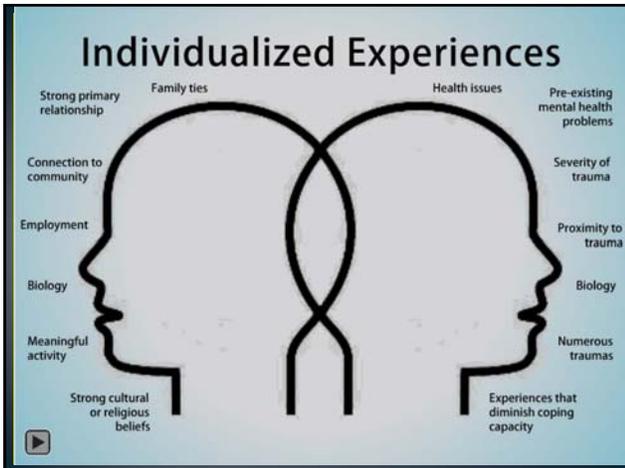
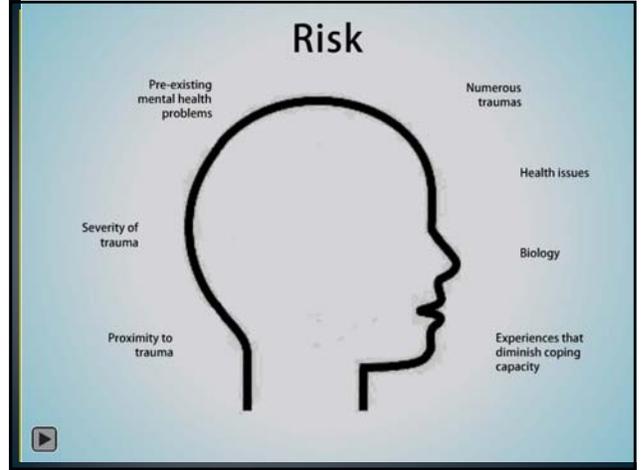
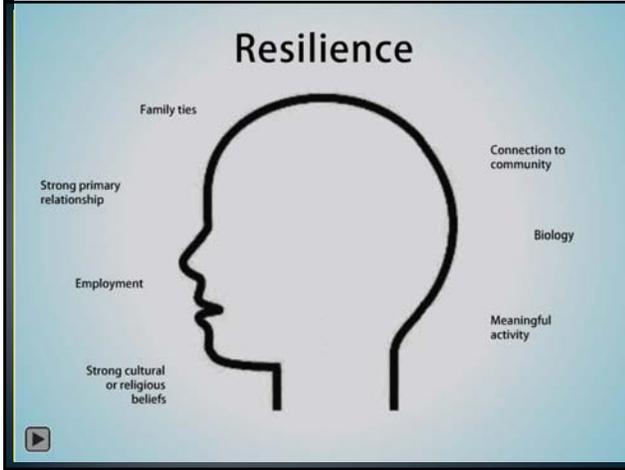
Experienced as:

- Threatening
- Terrifying
- Overwhelming



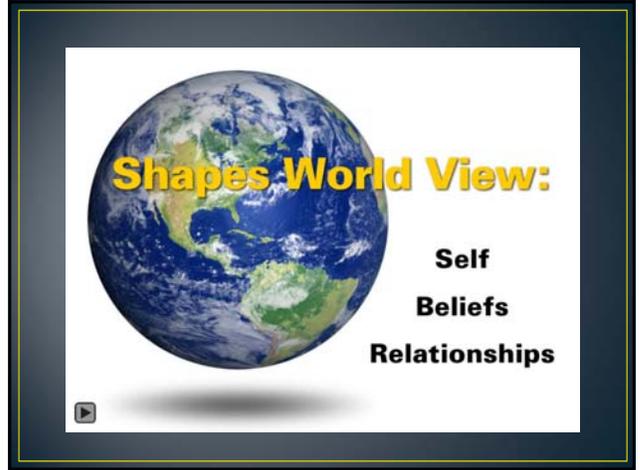
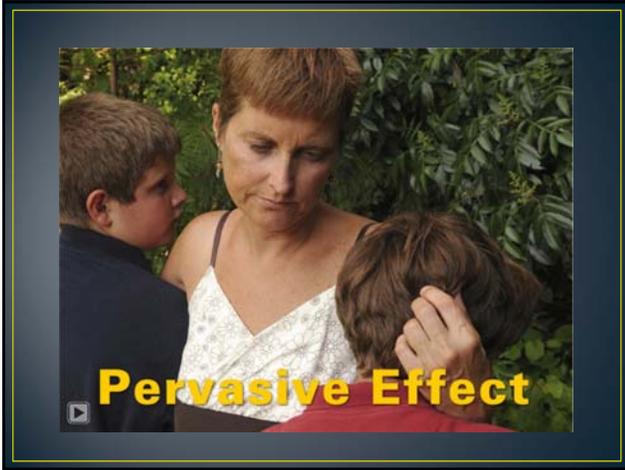
Resilience **Risk**





Video: The Power of Traumatic Events

These individuals talk about experiences in adulthood that led to trauma responses.





EXPERIENCES

Women Report:

- Child sexual abuse
- Child abuse/neglect
- Adult sexual assault



EXPERIENCES

Men Report:

- Physical assault
- Combat
- Accidents
- Weapons
- Witness violence



Women Report:

- Force & threats
- By close family member
- Multiple victimizations

Childhood Sexual Abuse



Men Report:

- Promises & rewards
- By strangers & authority figures

Childhood Sexual Abuse



Women Report:

- Extreme fear
- Self-blame
- Negative self view
- World as dangerous
- Betrayal

Trauma Attributions



Men Report:

- Can't be victims
- Fear of stigma
- "Suck it up"
- Anger
- Desire for revenge

Trauma Attributions

Video: The Cycle of Violence

Excerpt from:
[PULLING PUNCHES](#)

The men in this segment experienced childhood abuse. They report anger addiction and continuing the cycle of violence as adults.

Kinds of experiences

- Beatings
- Torture
- Verbal abuse
- Watching parents fight
- Watching siblings or parent get hit

I was in the mental health system for 14 years before somebody thought to ask me if I'd been hit, kicked, punched, slapped or knocked out. When they asked those kinds of questions, I said "Oh, yeah, sure." But when they asked if I'd been abused, I said "no." It was just my life.

-A Trauma Survivor

Impact of violence

- Beatings were seen as normal; admired
- I became like him/her...I was abusive
- Violence is a cycle that gets repeated in each generation
- Becoming violent is how I survived
- I saw aggression as strength
- Being a tough guy keeps others at a distance...so you can't hurt me
- Fighting gets respect

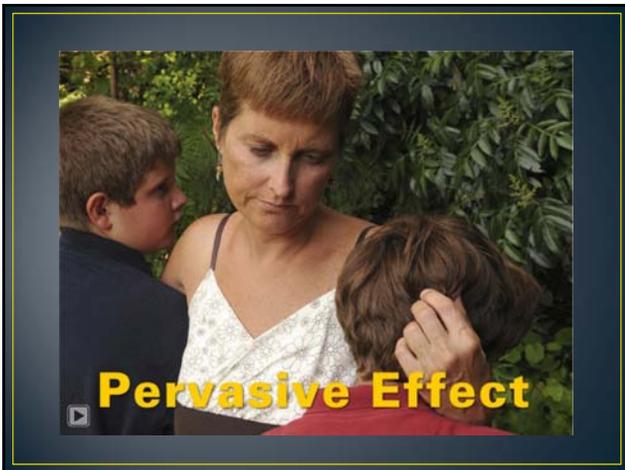
Inmate Code

"You have to establish yourself through violence, and I have. I started lifting weights and assaulting people so other prisoners would leave me alone. It all comes back to respect through fear. Once this type of perspective is ingrained in you, it's hard not to let it come to the forefront of your personality. Meditation and Buddhist practices are helping me rid myself of this "convict mask" that I have kept on for so many years."

Gender Differences

Both women and men experience similar events, but differ in:

- Events reported
- Thinking
- Coping
- Impact
- Culture



What is the Adverse Childhood Experiences (ACE) Study?

- CDC and Kaiser Permanente Collaboration
- Over decade long. 17,000 people involved.
- Looked at effects of adverse childhood experiences over the lifespan.
- Largest study ever done on this subject.

HMO Members in ACE Study

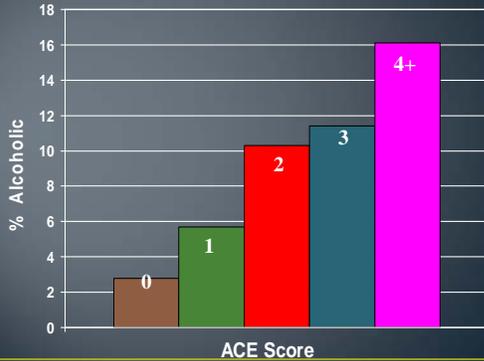
- 80% White, including Hispanic
- 10% Black
- 10% Asian
- About 50% men, 50% women
- 74% had attended college
- 62% age 50 or older

The higher the ACE Score, the greater the likelihood of :

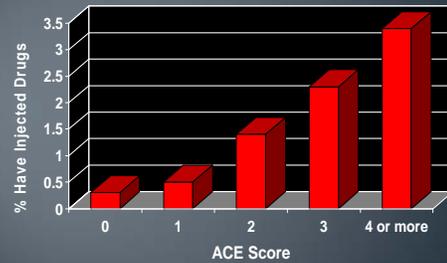
- Severe and persistent emotional problems
- Health risk behaviors
- Serious social problems
- Adult disease and disability
- High health, behavioral health, correctional and social service costs
- Poor life expectancy

For example:

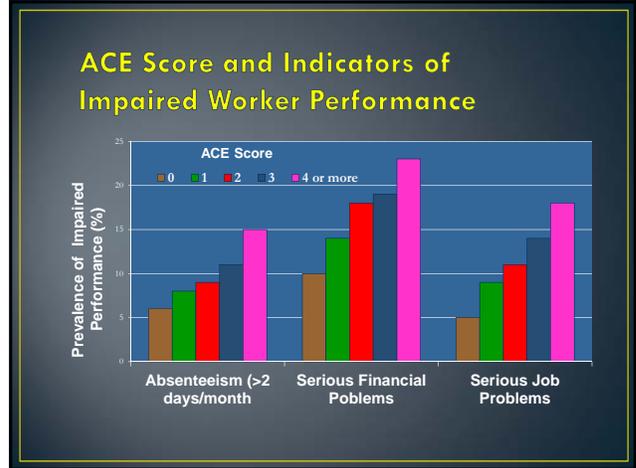
Childhood Experiences and Adult Alcoholism



ACE Score vs. Intravenous Drug Use



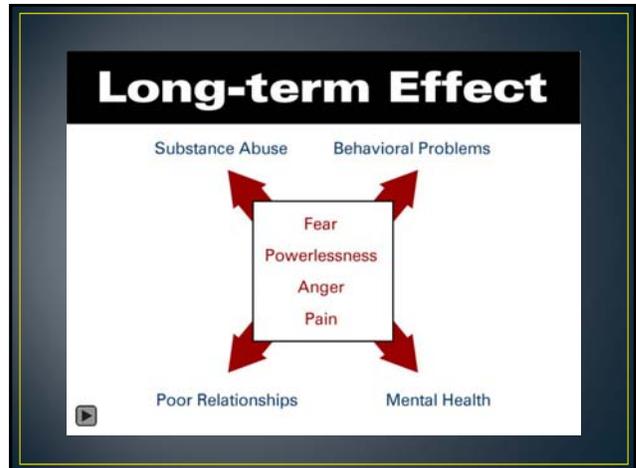
N = 8,022
p < 0.001



Effects of Trauma

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

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Drugs Work

Medicate away the pain of trauma
Medicate feelings

- Fear
- Depression
- Low self-esteem
- Anger

Reduce Anxiety
Alleviate powerlessness, isolation
Escape reality

- Cocaine/crack/meth/ice- dramatically improves confidence, self-worth, makes people feel powerful, euphoric mood
 - Opiates- reduce both physical and emotional pain
 - PCP/Special K- surface anesthesia; dissociation
 - Tranquilizers- Calm
 - Marijuana- Escape
 - Alcohol- anesthetic, calm, confidence
- 





Video: Trauma Effects

Excerpt from:
[WOMEN BEAT THE STREET](#)

The women in this segment talk about traumatic experiences and the long-term effects.

Learning Check

Signs...

- Missed/late to work
- Back to wall
- Distracted; concentration poor
- "Spacing out"
- Easily startled
- Doesn't like people close
- Doesn't like to be touched
- Hyper-vigilance
- Behavioral problems
- Mood fluctuations
- Aggressive/angry
- Suicidal gestures

BEHAVIOR
=
SURVIVAL

Trauma's Effects

- Affects broad aspects life
- Behavior can =
 - Coping
 - Attempts to survive

**Trauma-Informed
Responses**

The 3 R's

- Realizing
- Recognizing
- Responding



- Respect
- Information
- Safety
- Choice

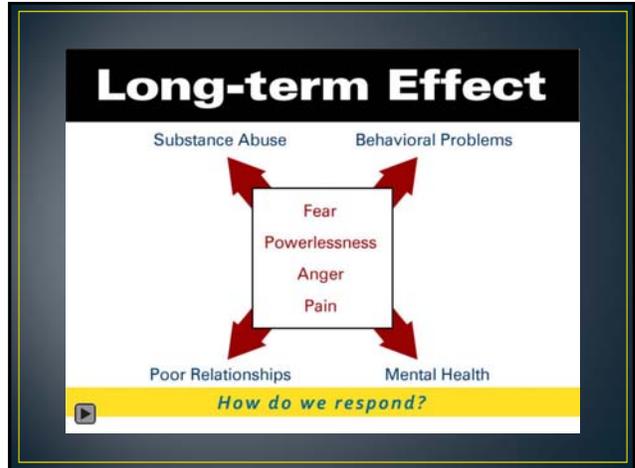
AVOID

Overreacting
Inappropriate use of authority



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.



Responding to Behavior

- Flexible with consequences
- Sensitive to fear
- Patience
- Don't take it personally
- Support/motivate/link to treatment

Universal Assumption of Trauma

Trustworthiness
Respect
Choice

INTERACT

Collaboration
Empowerment

Principles applied.....

Achieving the Trauma-Informed Principles Through an Office Visit

Principle	How it is Achieved
Safety	Offender is offered information
Trust	Staff set a positive tone and convey genuine respect and support
Choice	Opportunity to ask offender her opinions and ideas about day-to-day life (e.g., Are there things that are working well that she would like to build on?)
Collaboration	Together, identify things you/she may want to work on in future meetings.
Empowerment	Opportunity to reinforce existing skills and teach new ones. For example, staff can take a few minutes to practice a breathing exercise.

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APPROACH

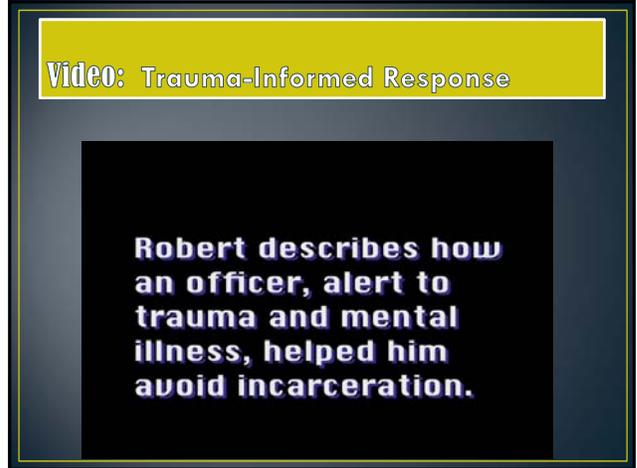


Example: Elements of a Trauma-informed Procedure

- 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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Do you need specialized training to be Trauma-Informed?



It's about asking yourself the right questions.

- Who am I working with?
- What is their story?
- How could the trauma from their past or even current trauma be creating a barrier for helping them change their lives?

We have to ask the right questions.

Trauma-Informed Responses

- Respond
- Interact
- Approach
- Plan

Systems May Re-Traumatize

"The body remembers. Stuffed until an event, a sound, a sight, a touch, a word or a person awakens them."



Triggering Procedures or Situations

- Lack of Control/Powerlessness
- Threat or use of physical force
- Interacting with authority figure
- Loud noises
- Lack of information
- Intrusive or personal questions
- Unfamiliar Surroundings
- Reminders of the past
- Others?

What Hurts?

- When they don't listen
- When they used coercive practices in exchange for my cooperation
- When they treated me the same way every time I had a re-admission
- When I am excluded from the process
- When the different systems I was in, didn't talk to each other
- When I was not treated with dignity or respect

What Helps?

- When I was shown dignity & respect
- When a rapport was established with my helpers
- When they shared the power with me
- When they showed me how to, instead of telling me
- When I was given choices and alternatives

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The importance of relationships:

What Hurts?

- Interactions that are humiliating, harsh, impersonal, disrespectful, critical, demanding, judgmental

What Helps?

- Interactions that express kindness, patience, reassurance, calm, acceptance and listening
- Frequent use of words like please and thank you

The importance of *physical environment*:

What Hurts?

- Congested areas that are noisy
- Poor signage that is confusing
- Uncomfortable furniture
- Separate bathrooms
- Cold non-inviting colors and paintings/posters on the wall

What Helps?

- Office and waiting rooms that are comfortable, calming and offer privacy
- Furniture is clean and comfortable
- No wrong door philosophy: we are all here to help
- Integrated bathrooms (clients/staff)
- Wall coverings, posters are pleasant and convey hopeful, positive message

The importance of *policies and procedures*:

What Hurts?

- Rules that always seem to be broken
- P & P that focus on organizational needs rather than client needs
- Documentation with minimal involvement of clients
- Many hoops to go through before client needs are met
- Language and cultural barriers

What Helps?

- Sensible & fair rules that are clearly explained (focus more on what you CAN do rather than what you CANT do)
- Transparency in documentation & service planning
- Materials & communication in person's language
- Continually seeking feedback from clients about their experience

The importance of *attitudes and beliefs*:

What Hurts?

- Asking questions that convey the idea that there is something *wrong* with the person
- Regarding a person's difficulties only as symptoms of a mental health, substance abuse or medical problem

What Helps?

- Asking questions for the purpose of understanding what harmful events may contribute to current problems
- Recognizing that symptoms may be a persons way of coping with trauma or are adaptations

When someone tells you about substance use,
self-injury, or an eating disorder,
they're not just telling you what's wrong.
They're telling you how they've been surviving.

[@spanishbunny](#)



Trauma-Informed Organization

- Trauma-Informed, Educated & Responsive Workforce
- Services are designed to enhance safety, minimize triggers & prevent re-traumatization
- Relationships between staff and clients are based on shared power and collaboration
- The assumption of a trauma history guides every encounter
- Responses and defense mechanisms are reframed

Who Benefits?

A Trauma-Informed Organization

- Increases safety for all
- Improves the social environment in a way that improves relationships for all
- Improves the quality of services
- Reduces negative encounters and events
- Creates a community of hope, wellness and recovery
- Cares for the caregivers
- Increases success & satisfaction at work
- Promotes organizational wellness
- Improves the bottom line
- Keeps people out of the Criminal Justice System

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Reduced Incident Report Rhode Island WP

Physical Violence	2007	2008	2009
Inmates assaulting inmates	22	9	6
Inmate fights	38	28	4
Inmates assaulting staff	13	4	2
Use of Force	24	10	5

Once our courtroom team participated in trauma training, we questioned all our routine practices. We communicated more respectfully and effectively, and we began to be much more individualized in our approach to each case.
 — Treatment Court Judge

Trauma-Informed Court

- Therapeutic alliance
 - Vivian Brown: 50-60% of outcome rests upon a positive therapeutic alliance
 - Only 1-2% is related to the treatment model or methodology
 - 20 years of adult drug court research indicates #1 incentive for people is their relationship with their judge or PO

In a Trauma-Informed Court

- Take into account the role & impact of trauma & violence in the lives of individuals we serve
- Establish "Safety First" in both physical & emotional areas
- Court practices & requirements are delivered in ways that avoids triggering trauma memories or causing unintentional re-traumatization
- Practices support client control & choice whenever possible
- Court provides clear information about what client can expect

Courtroom Communication

JUDGE'S COMMENT	PERCEPTION OF TRAUMA SURVIVOR	TRAUMA-INFORMED APPROACH
"Your drug screen is dirty."	"I'm dirty. There is something wrong with me."	"Your drug screen shows the presence of drugs."
"Did you take your pills today?"	"I'm a failure. I'm a bad person. No one cares how the drugs make me feel."	"Are the medications your doctor prescribed working well for you?"
"You didn't follow the contract, you're going to jail, we're done with you. There is nothing more we can do."	"I'm hopeless. Why should I care how I behave in jail? They expect trouble anyway."	"Maybe what we've been doing isn't the best way for us to support you. I'm going to ask you not to give up on recovery. We're not going to give up on you."
"I'm sending you for a mental health evaluation."	"I must be crazy. There is something wrong with me that can't be fixed."	"I'd like to refer you to a doctor who can help us better understand how to support you."

What You Do: Court Processes and Procedures

So here I was, in front of this judge, asking for a restraining order against a family member who was also going to show up in that courtroom, and I was actively hearing voices. I was having a very hard time expressing what I needed to say to get the job done. The restraining order was against my grandfather, and the judge was an older man who looked like my grandfather. I couldn't speak. I had to try to articulate something that I was not even able to speak about very well in the first place. And I needed to do it quickly and succinctly.

What the judge did was pretty incredible. He asked me to come forward. It created a sense of privacy. I didn't have to shout across a really busy courtroom. He really helped me in that simple act of asking me to come closer. I was able to do what I needed to do, and he was able to hear what he needed to hear. I had been in the mental health system for 14 years, and this judge changed my life in that one simple act. — Trauma Survivor

Courtroom Procedures

COURTROOM EXPERIENCE	REACTION OF TRAUMA SURVIVOR	TRAUMA-INFORMED APPROACH
A court officer handcuffs a participant without warning to remind him or her to jail because they have not met the requirements of their agreement with the court.	Anxiety about being restrained; fear about what is going to happen.	Tell the court officer and the individual you intend to restrain them. Explain why. Explain what is going to happen and when. (The court officer will walk behind you; you will be handcuffed, etc.)
A judge reminds one individual to jail but not another when they both have done the same thing (e.g., had a positive drug screen) and they are both in the courtroom at the same time.	Concern about fairness; feeling that someone else is getting special treatment.	Explain why you are doing this. For example, "Both Sam and Meredith had positive drug screens. Sam is new to drug court and this is the first time he had a positive screen. We are going to try again to see if the approach we're using can be effective. Meredith has had multiple positive drug screens. I'm reminding her to jail because the approach we've been using here hasn't been effective in supporting her recovery. I wish I had a better choice, and I hope she won't give up on recovery."
Individuals who are heightened and agitated are required to wait before appearing before the judge.	Increased agitation; anxiety; acting out.	Clearly provide scheduling information in the morning so participants know what will be expected of them and when. To the greatest extent possible, prioritize who appears before you and when; those who are especially anxious may have the most trouble waiting and be more likely to act out.
A judge conducts a sidebar conversation with attorneys.	Suspicion, betrayal, shame, fear.	Tell the participant what is happening and why. For example, "We have to discuss some issues related to your case. We just need a minute to do it on the side."
A participant enters a plea but does not appear to be consistent with the evidence, his or her own description of the event, or his or her own best interests.	Memory impairment; confusion about courtroom procedures; inability to process implications of the plea.	Adjourn to allow time for courtroom team to discuss whether and how to accept the plea.

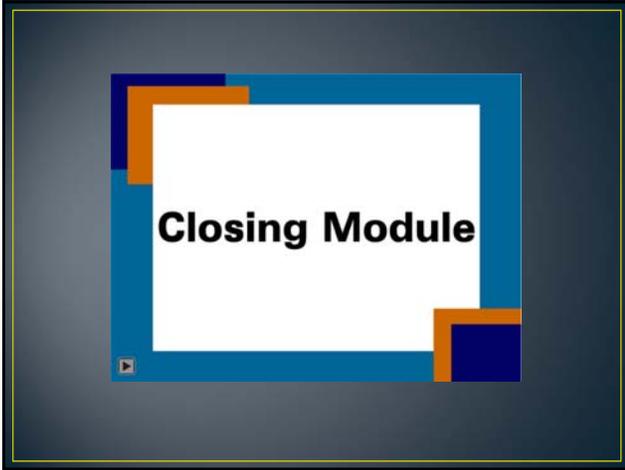
When you go into a court you don't know what's going on because you're terrified. There are guns, they've got you chained up, and you're under the influence. All these things are happening at once.

— Trauma Survivor

DRAFT for review and comment

Courtroom Environment

PHYSICAL ENVIRONMENT	REACTION OF TRAUMA SURVIVOR	TRAUMA-INFORMED APPROACH
The judge sits behind a desk (or bench), and participants sit at a table some distance from the bench.	Feeling separate, isolated; unworthy; afraid.	In some treatment courts, the judge comes out from behind the bench and sits at a table in front.
Participants are required to address the court from their place at the defendant's table.	Fear of authority; inability to communicate clearly; especially if an abuser is in the courtroom.	When practical, ask the participant to come close, speak to them beside or right in front of the bench.
Multiple signs instruct participants about what they are not allowed to do.	Feeling intimidated; lack of respect; uncertainty; treated like a child.	Eliminate all but the most necessary of signs; word those that remain to indicate respect for everyone who reads them.
A court officer jingles handcuffs while standing behind a participant.	Anxiety; inability to pay attention to what the judge is saying; fear.	Eliminate this type of non-verbal interaction, especially if you have no intention of restraining the individual. Tell the court officers not to stand too close. Respect an individual's personal space.
A judge asks a participant to explain her behavior or the impact of abuse without acknowledging the impact of others in the courtroom.	Intimidation or fear of abusers who may be in the courtroom; reluctance to share information in front of family members or others who do not believe them.	Save questions about sensitive issues for when the courtroom is empty or allow the participant to approach the bench. If ongoing abuse or intimidation is suspected, engage those people in activities outside the courtroom while the participant shares her story.



Secondary Trauma

- Over time, professionals working population can begin to change world view
 - World is dangerous
 - People can't be trusted
- Some trauma survival traits may appear:
 - Numbing
 - Disengagement/avoidance
 - Hyper vigilance
 - Emotionality
 - Physical illness
- Recognize Burnout
 - Inability to focus
 - Frequent absence
 - Distance from clients and coworkers
 - Avoidance of supervision

Prevention of Secondary Trauma

- Regular and ongoing supervision by a trauma-informed professional
- Support of coworkers
- Job duties that are not trauma related
- Self care in personal life
 - Good support system
 - Adequate rest
 - Proper nutrition
 - Exercise
 - Hobbies
 - Spiritual practices
- Seek Help before a crisis occurs
 - EAP
 - Private Counseling

TAKE ACTION

- Get the word out!
- Begin networking and making connections
- Examine policies and procedures
- You can make a difference!



TAKE CARE

- Trauma is a difficult topic
- If powerful emotions have been triggered, seek support
- Process with colleagues, supervisor, friend, or mental health professional

For More Information



**SAMHSA'S
GAINS
Center for
Behavioral Health and
Justice Transformation**

<http://gainscenter.samhsa.gov>
GAINS@prainc.com

For More Information

- Center for Effective Public Policy: www.cepp.com
- National Resource Center on Justice Involved Women - www.cjinvolvedwomen.org | Becki Ney: bney@cepp.com | 301-589-9383
- 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>
- CORE Associates, LLC - <http://coreassociates.org/> | coreassociatesllc@comcast.net | 401-837-CORE
- SAMHSA National Center for Trauma-Informed Care - <http://www.samhsa.gov/nctic/> | Joan Gillece: joan.gillece@nasmhpd.org | 703-682-5195

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ACE Study slides are from:

- Robert F. Anda MD at the Center for Disease Control and Prevention (CDC)
- September 2003 Presentation by Vincent Felitti MD "Snowbird Conference" of the Child Trauma Treatment Network of the Intermountain West
- "The Relationship of Adverse Childhood Experiences to Adult Medical Disease, Psychiatric Disorders, and Sexual Behavior: Implications for Healthcare" Book Chapter for "The Hidden Epidemic: The Impact of Early Life Trauma on Health and Disease" Lanius & Vermetten, Ed)

PLEASE FILL OUT THE EVALUATION FORM