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Trauma Among Criminal Justice Involved Populations

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Trauma Among Criminal Justice Involved Populations

Individuals in the prison system have widely experienced some type of trauma within their lifetime.¹ Approximately 65% to 70% of incarcerated women reported being physically abused, and 55% to 59% reported experiencing some type of sexual abuse or molestation.² The numbers are higher for women with documented substance abuse issues.³ Additionally, a large number of incarcerated women have experienced some type of abuse or neglect during their childhood. Men also report histories of trauma. One in six state male inmates have reported experiencing some type of physical or sexual abuse before the age of 18 years old, and many more have witnessed some type of intimate partner violence.⁴ Emotional abuse, particularly abandonment, is also prevalent among incarcerated men. Over one-quarter of incarcerated men reported being abandoned during childhood or adolescence, diminishing to less than one-fifth (18%) in adulthood.⁵ Trauma can have a significant impact on a person in terms of physical, emotional, and mental development. Unfortunately, trauma that occurs in childhood increases an individual's risk for behaving aggressively and participating in criminal behavior and violence in adulthood.⁶ Therefore, trauma is very important when considering criminal justice involved individuals.

More research on the prison population, especially in terms of trauma, supports a call to provide additional interventions to individuals while in the system.⁷ This is especially key for males as there has not been as much research on trauma in men compared to the female prison population.⁸ However, it is vital to look at trauma in men because as of 2012, there were 1,410,191 incarcerated males compared to 101,289 female offenders in federal and state correctional institutions.⁹

¹ Bonnie Carlson and Michael Shafer, "Traumatic Histories and Stressful Life Events of Incarcerated Parents: Childhood and Adult Trauma Histories," *The Prison Journal* 90, no. 4 (2010): 475-493. doi: 10.1177/0032885510382224

² Carlson and Shafer, "Traumatic Histories and Stressful Life Events of Incarcerated Parents: Childhood and Adult Trauma Histories," 475-493.

³ Barbara Wallace, LaToya Conner, and Pricilla Dass-Brailsford, "Integrated Trauma Treatment in Correctional Health Care and Community-Based Treatment Upon Reentry," *Journal of Correctional Health Care* 17, no. 4 (2011): 333.

⁴ Nancy Wolff and Jing Shi, "Childhood and Adult Trauma Experiences of Incarcerated Persons and Their Relationship to Adult Behavior Health Problems and Treatment," *International Journal of Environmental Research and Public Health* 9, no. 5 (2012): 1908-1926. doi: 10.3390/ijerph9051908

⁵ Torria Morgan Van Buren, Tanya Lyn Yacynych Stock, Ted Lester Wunderlich, and Bonnie-Jean Thurston-Snoha, "Incarcerated Men and Trauma: Treatment Gap," *American Jails*, 28, no. 5 (2014). Retrieved from <http://www.readperiodicals.com/201411/3554415841.html>

⁶ Carlson and Shafer, "Traumatic Histories and Stressful Life Events of Incarcerated Parents: Childhood and Adult Trauma Histories," 475-493.

⁷ Carlson and Shafer, "Traumatic Histories and Stressful Life Events of Incarcerated Parents: Childhood and Adult Trauma Histories," 475-493.

⁸ Carlson and Shafer, "Traumatic Histories and Stressful Life Events of Incarcerated Parents: Childhood and Adult Trauma Histories," 475-493.

⁹ U.S. Department of Justice, Bureau of Justice Statistics, "Prisoners in 2012: trends in Admissions and Releases, 1991-2012," (2014). Retrieved from <http://www.bjs.gov/content/pub/pdf/p12tar9112.pdf>

Therefore, this paper will provide an overview of trauma and its effects among current and formerly incarcerated individuals. There is a great need for research on trauma within this vulnerable population and additional interventions to help individuals through these experiences.

Types of Trauma

The American Psychological Association defines trauma as “an emotional response to a terrible event like an accident, rape or natural disaster”¹⁰. There are three main types of trauma that individuals can experience during their lifetime:

- Acute: Results from a single incident, like a car accident.
- Chronic: Trauma that happens over a period time, such as abuse or domestic violence.
- Complex: Results from exposure to multiple traumatic events like abuse and homelessness.¹¹

Post-Traumatic Stress Disorder (PTSD)

PTSD is a reaction to traumatic events that involved physical harm or the threat of physical harm. The person who develops PTSD may have been the one who was harmed, the harm may have happened to a loved one, or the person may have witnessed a harmful event that happened to loved ones or strangers.¹² PTSD symptoms may worsen with incarceration, as going to prison could create complex trauma in a person’s life.¹³

Although men experience traumatic events more often than women do, women are more likely to develop PTSD symptoms about a broader range of traumatic events. Men are more likely to witness harm done to others and nonsexual trauma, while women experience harm done to them. In one study, 75% of men and 1 woman admitted to witnessing a traumatic event in the last 12 months.¹⁴ Gender socialization, cognitive perceptions and demonstration of symptoms are some of the reasons that men and women experience PTSD differently.

Symptoms of Trauma

- Sleep difficulties and dreams experiencing repeated images of the trauma,
- Poor concentration
- Hypervigilance and outbursts of anger
- Avoidance of situations associated with the trauma.
- Substance/alcohol abuse and other behavioral disorders

¹⁰ American Psychological Association, “Trauma” (2015). Retrieved from <http://www.apa.org/topics/trauma/>

¹¹ Missouri Department of Mental Health, “Trauma,” (2015). Retrieved from <http://dmh.mo.gov/stopandplay/providers/trauma.html>

¹² National Institute of Mental Health, “What is Post-Traumatic Stress Disorder (PTSD)”, retrieved from <http://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml>.

¹³ Barbara Wallace, Latoya Conner, and Priscilla Dass-Brailsford, “Integrated Trauma Treatment in Correctional Health Care and Community-Based Treatment upon Reentry,” *Journal of Correctional Health*, 17, no. 4 (2011): 329. doi: 10.1177/1078345811413091

¹⁴ Torria Morgan Van Buren, Tanya Lyn Yacynych Stock, Ted Lester Wunderlich, and Bonnie-Jean Thurston-Snoha, “Incarcerated Men and Trauma: Treatment Gap,” *American Jails*, 28, no. 5 (2014). Retrieved from <http://www.readperiodicals.com/201411/3554415841.html>

Effects of Incarceration

Incarceration can result in prisoners who are also trauma survivors re-experiencing the traumatic event. However, all individuals are at risk of developing the following behaviors because of incarceration:

- *Dependency on Institutional Organizations and Contingencies* results in the inability to make personal decisions and to set goals.
- *Hypervigilance, Interpersonal Distrust and Suspicion* results in distress of others, heightened and unrealistic sense of danger; promotes isolation.
- *Emotional Over-Control, Alienation and Psychological Distancing* results in the inability to express healthy emotions effectively.
- *Incorporation of Exploitative Norms of Prison Culture* results in adapting prison behaviors to post prison life.
- *Diminished Sense of Self-Worth and Personal Value* results in loss of essential privacy rights and power over ordinary qualities of their being.

Evidence Informed Treatments

Trauma Informed Care

- A setting is trauma informed if it realizes the widespread impact of trauma, recognizes the signs and symptoms, responds by changing policy and practice and resists doing further damage by understanding root causes of behavior.¹⁵
- According to the Substance Abuse and Mental Health Services Administration (SAMHSA), the Six Key Principles of a Trauma-Informed Approach:¹⁶
 - Safety
 - Trustworthiness and Transparency
 - Peer Support
 - Collaboration and Mutuality
 - Empowerment, Voice, and Choice
 - Cultural, Historical, and Gender Issues
- A “trauma informed approach” is not a program model to be implemented and then monitored by a reliability checklist. Instead, it is a profound shift in knowledge, attitude and skills that continues to deepen and unfold over time.¹⁷
- Differences in experiences and mindsets among men and women can be addressed by developing gender sensitive trauma intervention.¹⁸

¹⁵ Andrea Blanch, David Shern and Sarah Steverman, “Toxic Stress, Behavioral Health, and the Next Major Era in Public Health,” *Mental Health America* (2014). Retrieved from <http://www.mentalhealthamerica.net/sites/default/files/Toxic%20Stress%20Final.pdf>

¹⁶ Substance Abuse and Mental Health Services Administration (SAMHSA), “Trauma-Informed Approach and Trauma-Specific Interventions,” (2014). Retrieved from <http://qocri3zgw3918amdk1xadmx1.wpengine.netdna-cdn.com/wp-content/uploads/2014/08/Trauma-Informed-Approach-and-Trauma-Specific-Interventions1.pdf>

¹⁷ Andrea Blanch, “Trauma-Informed Approaches: An Implementation Continuum,” (2014). Retrieved from <http://qocri3zgw3918amdk1xadmx1.wpengine.netdna-cdn.com/wp-content/uploads/2014/08/Trauma-Continuum1.pdf>

¹⁸ Nancy Wolff, Jessica Huening, Jing Shi, and B. Christopher Frueth, “Trauma Exposure and Posttraumatic Stress Disorder among Incarcerated Men,” *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 91, no. 4 (2014): 707-719. doi:10.1007/s11524-014-9871-x

Trauma Counseling inside the Institution

- Many institutions do not offer mental health services or treatment to inmates during their sentences.¹⁹ Researchers agree that a trauma-informed approach to caring for prison inmates will more fully address inmates' needs, thereby reducing potential mental or physical harm to both inmates and staff, and ultimately reducing liability and costs to institutions.²⁰
- Maschi's study of older incarcerated adults encouraged prisons to provide trauma and PTSD treatment, including strategies that reinforce social support, provide coping strategies, and rebuild self-efficacy.²¹
- John Colligan, clinical director of Farmington Correctional Center, indicated via telephone interview that Missouri does not currently offer trauma-specific counseling in any standardized fashion, but is part of a larger substance abuse or mental health program. Three big challenges:
 - The lack of qualified personnel
 - The lack of an indefinite amount of time spent with the offenders (due to offenders being released on parole or completing their sentences), noting "The worst thing you can do [with trauma counseling] is to start and stop".
 - Counseling in institutions takes place in group settings which could expose offenders to re-victimization by offenders using knowledge of their trauma as a weapon or for personal gain.

Barriers to Treatment

Some of the barriers to discussing trauma are indicative of the types of trauma endured by survivors.

- *Living Environment*
 - Wyatt and Newcomb found that the more closely an individual is related to the perpetrator the less likely they are to disclose to a trusting individual.²²
 - Cultural issues may deter individuals to disclose abuse due to the fear of negative attitudes in the community.²³
 - Individuals living in violent communities are conditioned not to speak about their past trauma. However, research shows that they need to speak about their experiences to move forward.²⁴
- *Gender*
 - Males do not disclose due to a greater risk of stigmatization as a male admitting being a victim, the inherent contradiction that "sexual exploitation of boys by

¹⁹ Roger H. Peters and Harry K. Wexler, "Center for Substance Abuse Treatment. Substance Abuse Treatment for Adults in the Criminal Justice System. Treatment Improvement Protocol (TIP)," *Substance Abuse and Mental Health Services Administration*. Series 44. DHHS Publication No. (SMA) 05-4056 (2005): 27.

²⁰ Niki Miller and Lisa Najavits, "Creating Trauma-Informed Correctional Care: a Balance of Goals and Environment," *European Journal of Psychotraumatology* 3 (2012): 3.

²¹ Tina Maschi, Deborah Viola, and Keith Morgan, "Unraveling Trauma and Stress, Coping Resources, and Mental Well-Being Among Older Adults in Prison: Empirical Evidence Linking Theory and Practice," *The Gerontologist* 10 (2013): 9.

²² Alaggia, 456.

²³ Alaggia, 457.

²⁴ Wendy Kliewer, S. Lepore, D. Oskin, & P. Johnson, "The Role of Social and Cognitive Processes in Children's Adjustment to Community Violence," *Journal of Consulting and Clinical Psychology*, 66, no. 1 (1998): 199-209.

older women is viewed as desirable”, and abuse by a same-sex perpetrator calls into question the victim’s sexuality.²⁵

- A person’s gender identity and sexual orientation likely plays a role into reporting trauma among the LGBT community.²⁶
- *Childhood Sexual Abuse*
 - These victims endure sexual trauma throughout the course of their childhood and adolescence without receiving important support or necessary interventions because they do not disclose.²⁷
 - Disclosure can “sometimes stop the progression of victimization, alleviate stress and associated symptoms...” while “in contrast, investigations of disclosure involving victimization and abuse reveal that telling may lead to negative consequences.”²⁸
- *Domestic Violence*
 - Internal: perceived as a private marital problem, maintaining the family, contradictions of their view of their role as a “good” wife, normalizing as victims have observed similar incidents with other family members, ideals that the behaviors would change, and combined factors likes financial dependence.
 - External: limited knowledge of resources, lack of confidence in getting help and perceiving the perpetrator is in need of the counseling to change their behavior, and lack of empathy and support from outside sources.²⁹

Conclusion

Current research supports the expansions of policies and protocols to better serve individuals involved in the criminal justice system. Examples include the Prison Rape Elimination Act (PREA), which supports the disclosure of sexual assaults on adults within correctional institutions.³⁰ Other protocols include the creation of safe space within organizations that support trauma victims

The impact of trauma needs to be considered when working with justice-involved adults before, during, and after incarceration. Community, government, and social organizations should consider trauma informed care interventions and treatments to help formerly incarcerated individuals overcome the barriers of traumatic experiences and reenter society.

²⁵ Alaggia, 457.

²⁶ Jody Marksamer and Harper Jean Tobin, “Standing with LGBT Prisoners: An Advocate’s Guide to Ending Abuse and Combating Imprisonment,” *National Center for Transgender Equality*, (2014). Retrieved from http://transequality.org/sites/default/files/docs/resources/JailPrisons_Resource_FINAL.pdf

²⁷ Ramona Alaggia, “Disclosing the Trauma of Child Sexual Abuse: A Gender Analysis,” *Journal of Loss and Trauma*, 10 (2005): 453-470.

²⁸ Alaggia, 455-457.

²⁹ Sajaratulnisah Othman, C. Goddard, & L. Pitman, “Victims’ Barriers to Discussing Domestic Violence in Clinical Consultations: A Qualitative Enquiry,” *Journal of Interpersonal Violence*, 29, no. 8 (2013): 1497-1513.

³⁰ Prison Rape Elimination Act. (2003). <http://www.gpo.gov/fdsys/pkg/PLAW-108publ79/pdf/PLAW-108publ79.pdf>

COMMUNITY RESOURCES

ALIVE (Alternatives to Living in Violent Environments)*, (314) 993-7080 www.alivestl.org

The mission of ALIVE is to provide counseling, emergency sanctuary and other critical services to adults and children impacted by domestic abuse, as well as to increase awareness in order to create a supportive community. Services include counseling, emergency transportation, court advocacy, a children's treatment program, and community education and outreach.

BJC Behavioral Health, (314) 729-4004, www.bjcbehavioralhealth.org

BJC Behavioral Health provides and coordinates an array of mental health services for citizens residing in St. Louis City, St. Louis County, and the counties of St. Francois, Iron and Washington, Missouri. Services are based on ongoing assessments and may include in-home services, clinical case management, individual, group and family therapy, psychiatric medication services, among other offerings.

Center for Survivors of Torture and War Trauma, (314) 533-4114, www.stlcenterforsurvivors.org

Center for Survivors of Torture and War Trauma seeks to facilitate the recovery process for refugee and immigrant individuals and families who have survived torture and war, and to help them transcend the suffering and move toward healing and self-empowerment. The Center achieves this through holistic mental health services.

Center for Women in Transition, (314) 771-5207, www.cwitstl.org

The Center assists women in the criminal justice system in making a successful transition to their families and communities through practicing and promoting restorative justice.

Project Re-Connect

Project Re-Connect is a collaboration between Center for Women in Transition, Provident, Criminal Justice Ministry and Employment Connection, funded by the City of St. Louis. A case manager is paired with each participant who meets the following criteria: (1) currently St. Louis City resident or was a St. Louis City resident prior to incarceration; and (2) is being released to St. Louis City or has recently (within 12 months) been released from custody and/or supervision of the Missouri Department of Corrections; and (3) has completed sentence and is not under continuing supervision from the Missouri Department of Corrections.

Crider Center, (636) 332-6000, www.cridercenter.org

Crider Center forms partnerships in the community with other local agencies and governmental entities to not only take care of physical and behavioral health needs, but to also ensure that people have adequate and healthy nourishment, housing, and the skills that they need to achieve their fullest potential. Crider Center provides support from preventive programs for at-risk youth to family dental care

Criminal Justice Ministry, (314) 652-8062, www.cjmstlouis.org

Criminal Justice Ministry improves the safety and well-being of individuals affected by crime and the criminal justice system, their families and their communities in the Greater St. Louis area

through person-to-person assistance rooted in Jesus Christ's message of love, reconciliation and hope.

Release to Rent for Veterans (R2RV)

Release to Rent for Veterans provides up to one year of supportive housing for eligible veterans with records.

Crime Victims Advocacy Center, (314) 652-3623, www.supportvictims.org

Crime Victims Advocacy Center (CVAC) provides services necessary to help victims of crime throughout the metropolitan St. Louis area (and other areas as requested) reconstruct their lives following the trauma of victimization. Services include, but are not limited to: crisis intervention, counseling, advocacy, criminal justice guidance, and help for domestic violence victims filing for and obtaining orders of protection.

Employment Connection, (314) 333-5627, www.employmentstl.org

Employment Connection's Back to Health, Back to Work program, a collaboration with the Saint Louis University Psychological Services Center, empowers unemployed St. Louis Area residents with undiagnosed or untreated behavioral health disorders to achieve sustainable progress toward recovery and self-sufficiency. The program provides job readiness training and placement assistance in conjunction with trauma-informed counseling and behavioral health treatment onsite.

Options for Justice, (314) 721-6161, www.stldd.org

Options for Justice is a nonprofit organization serving individuals with developmental disabilities in St. Louis City who are at risk to become or who are involved with the criminal justice system. Advocacy is provided on behalf of the individual as a means of identifying appropriate and effective alternatives for someone with developmental disabilities within the justice system from the initial point of system entry through sentencing, probation, parole, and release.

Provident*, (314) 533-8200, www.providentstl.org

Provident seeks to help individuals and families *to a brighter future* through counseling, crisis intervention and community outreach. Provident provides a 24-hour crisis hotline to support those in need of support. Counseling for youth and after-school programs are among the services provided to the community.

RAVEN, (314) 289-8000, www.ravenstl.org

RAVEN is dedicated to domestic violence intervention and prevention in St. Louis, Missouri. Our mission is to foster peaceful relationships, families, and communities by increasing self-awareness, challenging abuse and control, teaching alternative behaviors, and promoting personal responsibility. Programs include violence education for the community, non-violence education groups, and violence prevention groups for youth.

Redevelopment Opportunities for Women (ROW), (314) 588-8300, www.row-stl.org

ROW's mission is to empower low-income women and their families to build safety, skills, economic security, and hope for the future. ROW has carried out its mission through a variety of programs that create a foundation where women are able to develop the necessary skills and

abilities to begin to take control of their lives. ROW supports women through its Economic Action Program, Family Strengths Program, Family Literacy Program, Safety and Security through Housing First Program, and Multilingual Access Project. ROW recently merged with Better Family Life.

Safe Connections*, (314) 646-7500, www.safeconnections.org

Safe Connections works to prevent and end domestic and sexual violence while helping survivors reclaim their lives. Services in prevention education, crisis intervention and counseling make a big difference for families and the health of our community. Safe Connections provides programming support for both adult and youth groups impacted by domestic and sexual violence.

St. Louis Veterans Legal Project, (314) 657-1651, <https://www.stlouis-mo.gov/government/departments/human-services/veterans-affairs/>

St. Louis Veterans Legal Project is part of the Department of Human Services, and supports legal issues that present a barrier to a veteran's ability to obtain employment, housing, or other benefits. Advice provided for issues pertaining to child support and divorce. No felonies. Those interested in services require an agency referral.

UMSL Center for Trauma Recovery, (314) 516-6738, <http://www.umsl.edu/divisions/artscience/psychology/ctr>

The Center for Trauma Recovery (CTR) is a multi-disciplinary center of the University of Missouri-St. Louis whose purpose is to foster Research, Graduate and Undergraduate Education, and Service (by way of a specialized Trauma Clinic) in the areas of trauma and victimization. A few long-term objectives of the Research Center includes expand trauma-related research; facilitate interdepartmental communication, teaching, and research efforts with fellowships; establish a certification program for trauma counselors; and to continue to develop a colloquium series with both campus and external scholars.

Women's Safe House, (314) 772-4535, www.twsh.org

The Women's Safe House provides safe shelter and supportive services to battered women and their dependent children, and empowers women to make informed choices about their futures. Services include meals, clothing, and personal care items to make them feel at home. As soon as a woman is ready, she attends group and individual counseling sessions, and has access to case management, medical assessment and treatment provided through a partnership with Grace Hill, children's programming, legal advocacy, financial literacy workshops, and a variety of other classes and workshops. The Women's Safe House also offers a Children's Program, an Aftercare Program, and a Community Education Program.

***Denotes 24-hour crisis hotline available.**