

# Trauma-informed work with people in contact with the criminal justice system



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**CLINKS**  
Supporting the voluntary sector  
working in the criminal justice system

## About the author



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### Cover photo

A prison officer chats with a prisoner at HMP Styal, Cheshire  
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# Introduction

Growing interest in the UK in the impact of psychological trauma on the behaviour, health and well-being of individuals, families, and communities has led to the concept of trauma-informed practice finding its way into national justice policy including the Female Offender Strategy for England and Wales.

The word trauma comes from the Greek word for wound: it seems timely in the midst of a global pandemic with the horrific killing of George Floyd and the Black Lives Matter movement bringing the trauma and exploitation of slavery, imperialism and systemic and structural racism to the fore, to consider what evidence there is for trauma-informed practice and specifically work with those in the justice system. Given how new the idea of trauma-informed practice is to our justice system in the UK, the evidence base is small and more research is definitely needed.

## What is trauma?

Trauma is defined as exposure to actual or threatened death, serious injury or sexual violence, or other deeply distressing events, and its negative impact on important areas of functioning. It is both an event and a particular response to an event and can involve direct experience, witnessing, hearing about and involvement in the event, as well as collective or public trauma as a result of structural inequalities and injustices. A trauma-informed approach acknowledges that trauma affects all of us and includes a wide range of events and experiences.

## Impact

Experiencing traumatic events has deep and far-reaching effects. The links between childhood adversity, trauma and involvement in crime and the justice system are well evidenced. The connection is substantiated by the Adverse Childhood Experiences (ACE) Study (Felliti, 1998) designed to examine the childhood origins of many adult physical and behavioural health problems. Those with four or more adverse childhood experiences (ACEs) are significantly more likely to be a victim of violence; perpetrator of violence; and be incarcerated during their lifetime. Experience of prolonged stress in childhood can disrupt healthy brain development and lead to risk-taking and offending in adulthood.

People who have experienced trauma may experience symptoms of anxiety and anger and have reactions to 'triggers' that remind them of their initial traumas and losses which then influence their behaviour and



responses. Understanding the impact of trauma and 'triggers' is particularly important in the justice system when people's freedom is at stake. Dr Stephanie Covington (2012) identifies four common behaviours:

- **Retreat:** may include individuals isolating, disassociating, and may lead to mental health problems such as depression and anxiety
- **Self-harming:** includes substance misuse and eating disorders as well as physical self-harm
- **Harming others:** aggression, violence, rage and making threats
- **Physical health issues:** can include experiences of health issues such as disease, autoimmune disorders and obesity.

These are all familiar outcomes to anyone working in the criminal justice system and it is well known and documented how unsafe and re/traumatising our prisons can be. It is this increased awareness that has led to a move towards systems and organisations, including prisons becoming more aware of the effects of trauma, moving to become trauma-informed, trauma responsive, and trauma specific; and to HMPPS commissioning the One Small Thing Becoming Trauma Informed (BTI) Initiative in both women's prisons and high security prisons.

## Individuals and systems

Becoming trauma-informed is about putting human experiences, behaviours and needs first and creating safer, healing environments that aim to reduce and prevent trauma and avoid traumatising and triggering trauma. In the US it is an approach that is promoted strongly by the countrywide Substance Abuse and Mental Health Services Administration (SAMHSA) which identifies 'the need to address trauma as fundamental to mitigate the risk of mental and substance use disorders and chronic physical diseases'.

There are five core values of trauma-informed services that have been developed by Harris and Falot (2001) and Covington (2012):

- 1 **Safety:** eye contact, consistency, explanations, and following procedure to report abuse
- 2 **Trustworthiness:** following through; model trust; maintaining appropriate boundaries
- 3 **Choice:** emphasising the individual's choice and control; providing informed consent
- 4 **Collaboration:** allowing the individual to have solicited input in their rehabilitation and recovery journey
- 5 **Empowerment:** teaching skills and providing tasks where individuals can succeed.



Becoming trauma-informed is always a journey and experts describe a range of stages which can be summarised as:

- **Trauma informed:** 'what we know' – the knowledge about adversity and trauma and its effects on individuals, communities, and society
- **Trauma responsive:** 'what we do' – creation of an environment for healing and recovery
- **Trauma specific:** 'what services we provide' – providing actual therapeutic approaches that focus on trauma to help healing and recovery.

A criminal justice system provides appropriate service when it incorporates all three levels.

## Justice system responses

The overall aim is to create a safer environment with more effective services and reduced stress. Trauma-informed practice is one of the only initiatives designed to challenge the culture of the justice system and the prison service with the aim of improving the support for prisoners and staff. Unfortunately, standard practices – such as searches, seclusion, and restraint – traumatise or retraumatise many. Prison can be traumatising in itself, and the racism and discrimination that are characteristic of the criminal justice system as well as its male-centric nature can be even more traumatising for some groups of people.

In order to place prisoner care and rehabilitation at the heart, the trauma-informed culture shift begins at the top of the prison managerial hierarchy, becomes embedded within staff practices and support systems, and then it can be fed down to the prisoners and the support services available to them.

The experiences of male and female prisoner populations differ immensely – risks are affected by gender. Young, female and male children are at relatively equal risk from family members and people they know. In adolescence, boys are at risk if they are gay, from a black, Asian or ethnic minority background, or involved in serious youth violence. As they age, males are more likely to be harmed by enemies or strangers. For an adolescent girl or adult woman, the primary risk is in her relationship with an intimate partner. This may account for the higher rate of mental health problems among women: it is more confusing and distressing to have the person who is supposed to love and care for you do harm to you than it is to be harmed by someone who dislikes you or is a stranger.

This reiterates the importance of maintaining a gender-sensitive trauma-informed approach.

Over the last five years a number of organisations have been working with English and Welsh prisons and probation providers to introduce and embed this approach.



## Evidence

The prison environment makes a trauma-informed approach difficult, and calls for leadership and understanding of the challenges of co-existing with the operational priority within prisons to maintain order and discipline and not to ameliorate and treat trauma. Dr Vicky Jervis (2019) identifies some barriers in prisons including resources and states that positively identifying them can help.

The benefits of such a transformation however are compelling. Prisons that have implemented trauma-informed services have experienced substantial decreases in institutional violence. There is evidence from the USA, to show that this approach is working to improve safety. The Massachusetts Correctional Institution at Framingham began implementing trauma-informed models in July 2006 resulting in a decrease in inmate-on-staff and inmate-on-inmate assaults, the use of segregation, suicide attempts, and the need for mental health watches. Benedict (2014) found that self-harm, assaults and suicide attempts had all fallen substantially.

This is of particular significance given the reduction in levels of safety within the UK prison service.

In the UK evidence is emerging of the impact of trauma-informed care with the first UK evaluation (Petrillo et al., 2019) into the Healing Trauma Intervention in women's prisons in England as part of the wider One Small Thing Becoming Trauma Informed Initiative. The results of this evaluation suggest that it is effective in helping women and has a positive impact on the well-being of those who complete the programme. The research shows that in-keeping with the findings of evaluations in the USA the women in this evaluation reported significant reductions in symptoms of depression, anxiety, psychological distress, PTSD, and trauma-related problems after completing the intervention. Data from the focus groups suggests the women did experience improved feelings of social connectedness and that Healing Trauma had taught them to cope with a range of stressors and reflects the core values of trauma-informed practice; safety, trustworthiness, choice, collaboration, and empowerment.

Research by Dr Alexandria Bradley (2017) remains the only UK-based inquiry to take a trauma-informed approach that explores the needs and narratives of both staff and prisoners, the pain of imprisonment and the implementation of trauma-informed practice. The study shows that change is possible despite the challenges in the system and that it has real potential to address some of the issues with safety and disempowerment across the prison service.

## Conclusion

Although the UK evidence-base about the efficacy and outcomes of trauma-informed practice and organisational change in the justice system is limited, we can be increasingly confident that, within a context of leaders' commitment to wider cultural change, the approach does improve the experiences of staff and service users – particularly in custodial settings. It is important to reflect that the approach challenges linear thinking and 'hard outcomes' because it focuses on kindness and person-centredness in a way that most initiatives don't.

Creating a trauma-informed organisation within a prison, or other detention facility is a unique challenge, requiring visionary leadership to facilitate transformation and long-term commitment particularly in the review and revisioning of policies and practices so that they support a trauma-responsive environment.

When staff members understand the connections between past trauma and current behaviour, it helps custodial settings become safer, staff jobs become easier and less challenging, and programming become more effective.

The integration of trauma-informed services, a trauma-responsive organisational approach, and trauma-specific interventions has the potential to improve rehabilitation outcomes and reduce adverse events. Trauma-informed services can help to minimise the risk of re-traumatisation and promote a culture of safety for all involved. The prison service has been hard hit by the impact of Covid-19 with existing programmes and initiatives suspended for a significant period time – trauma-informed approaches could be critical in assisting recovery and healing.



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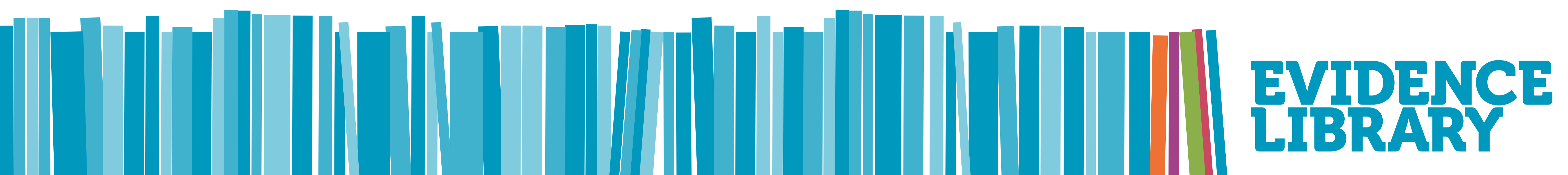
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This article forms part of a series from Clinks, created to develop a far-reaching and accessible evidence base covering the most common types of activity undertaken within the criminal justice system. There are two main aims of this online series:

- 1 To increase the extent to which the voluntary sector bases its services on the available evidence base
- 2 To encourage commissioners to award contracts to organisations delivering an evidence-based approach.

Each article has been written by a leading academic with particular expertise on the topic in question. The topics are selected by Clinks' members as areas of priority interest. Clinks intends to build a comprehensive directory of the best evidence available across a wide range of criminal justice topics within the next three years (2020-2023). The online evidence base is co-ordinated by Russell Webster on behalf of Clinks.

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