National Resource Center on Justice Involved Women

Using Trauma-Informed Practices to Enhance Safety and Security in Women's Correctional Facilities

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Introduction

One of the most common experiences shared by women in correctional facilities is a history of trauma, which for many can be extensive.[1] Research from multiple disciplines has shown that the effects of trauma can be significant and long lasting. We now know that trauma often plays a role in the onset of women's criminal behavior, is often linked to substance abuse and mental health challenges, and that trauma may explain some of the behaviors women offenders display while incarcerated (e.g.. rule violations, violent episodes, "failure" in treatment, "manipulation").

Taking Universal Precautions

Experts recommend that all systems (e.g., medical, mental health, corrections) be trauma-informed and that professionals in these systems adopt "universal precautions" when working with individuals. Universal precautions means that we assume a trauma history is present with all individuals we interact with (and that we interact with them in a trauma-informed manner).

What is Trauma and What Causes It?

"Trauma is trauma, no matter what caused it." - Peter Levine

Trauma has multiple causes. In addition to interpersonal violence, trauma can result from emotional neglect, sexual or physical assault, accidents, war, illness, medical intervention, the death of loved ones, natural disasters, and many other types of events.

Trauma is created when an individual is exposed directly or indirectly to an overwhelming event/experience that involves a threat to one's physical, emotional and/or psychological safety. Overwhelming events can be physical or psychological.

The experience of trauma may be sudden or dramatic, or the result of gradual and unrelenting violations. Sometimes, an individual is not even aware that she has been experiencing trauma until weeks, months, or even years have passed (Emerson & Hopper, 2011).

In the wake of significant research on trauma and the interventions required to address it, a number of correctional agencies have made efforts to increase the use of trauma-based services and curricula (e.g., psycho-educational groups). However, fewer efforts have focused on implementing "universal precautions"[2] or building a more integrated, multi-modal trauma-informed culture in correctional facilities to both meet the goals of corrections and maximize the success of trauma-based interventions. The literature on trauma offers corrections professionals with common definitions, guiding

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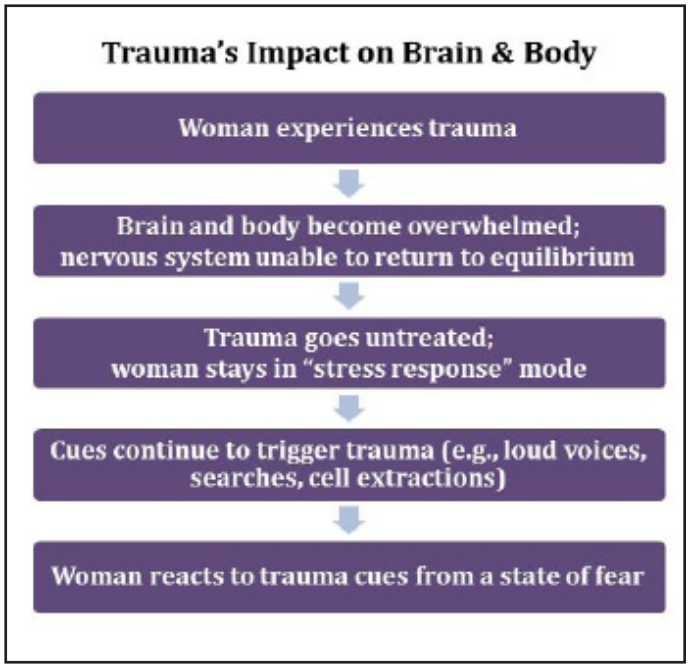
principles, and examples of trauma-informed practices that can be adopted and tailored for use in their facilities. This document provides a brief overview of trauma and its effects on women offenders, and specifically defines trauma-informed practices for women's correctional facilities.[3] It also provides key actions that facility administrators, managers, and staff can take to better align their operational practices with the research on trauma and to create a more trauma-informed facility culture.

What Do We Know About the Experience of Trauma Among Women Inmates ?

First, there is an extremely high prevalence of trauma among women inmates: justice-involved women report extraordinarily high rates of traumatic experiences that exceed the rates reported by women in the general population—including childhood sexual abuse, sexual assault, and intimate partner violence.[4] This fact remains true for women in institutions, with some studies noting rates of trauma histories among women inmates as high as 90%.[5]

Second, the research on trauma shows that the effects of traumatic experiences continue well after the event(s). Trauma survivors experience psychological and physiological repercussions that are rooted in the brain's response to trauma. In fact, experts assert that trauma is, by definition, neurobiological.[6] Typically, when we experience a threat, the brain and body work together to effectively respond. The brain cues the sympathetic nervous system, which stimulates a host of physiological and hormonal events that are designed to keep us safe (i.e., the flight response): our heart rate and blood pressure increase; we become more alert in our senses; our muscles become tense; our digestive system shuts down; blood is diverted to the limbs and other areas of the body where it is most needed in that moment. These physiological changes are designed to keep us safe in the face of a threat. Once the stressor or threat is no longer present, the body's parasympathetic nervous system is activated, allowing us to "rest and digest." While the human body is designed to handle many stressful events, traumatic events like childhood neglect and sexual assault can overwhelm the human stress response. Trauma research, including brain scan data, shows that many survivors are easily triggered into or chronically "stuck" in the body's stress response.



Because they are stuck in a state of extreme stress and self-protection, it is difficult for survivors to be present in the here and now.[7] Due to their histories of often multiple traumatic experiences, many women inmates are in a constant state of fight or flight—a self-protective mechanism that is hard wired in all human beings. This state, and all the physiological changes that accompany it, becomes the norm and it is perpetually activated. This can cause significant psychological and physiological stress; trauma survivors are constantly, and often unconsciously, scanning their environment for a threat or interpreting all events and interactions as potentially unsafe and threatening. They have great difficulty regaining a sense of safety and regulation (i.e., relaxation).[8] Returning to a state of equilibrium in body and mind is challenging for all trauma survivors; for women living in correctional facilities, it can be extraordinarily difficult.

What Does This Mean for Women's Institutions?

Given the prevalence of trauma among women inmates and the realities of its effects, some women's correctional facilities[9] have begun to create a more trauma-informed culture. In a trauma-informed culture:

1. Staff understand trauma's pervasive effects on the brain and body,
2. Innovative programs are introduced to educate women on the effects of trauma and help them cope with its effects, and
3. Operational practices are specifically structured to help women manage difficult symptoms so they can safely engage in institutional programs and services.

> Becoming trauma-informed as an institution means…
>
> changing those operational practices that can cause further trauma to women.

Trauma survivors often carry sensations of constant threat (e.g., dry throat, increased heart rate) and will do anything to make these sensations go away.[10] Drug use, self-harm, defiance, and other negative behaviors exhibited by women inmates may be better understood as trauma survival behaviors that alleviate deep sensory distress, rather than a blatant disregard for institutional rules. Common correctional routines and practices can worsen or alleviate the sensory distress that accompanies trauma. For women inmates, attempts to neutralize, escape, or protect can take many forms: bullying another inmate, forming inmate families, withdrawing from certain activities, nurturing with food, and countless other behaviors. In the absence of alternatives and living in a climate of fear, these behaviors offer a sense of control and provide psychological and physiological relief.

For institutions, becoming trauma-informed means modifying operational practices that can cause further trauma to women inmates. For instance:

- The conduct of strip searches by staff for contraband may re-traumatize women who have been sexually abused in the past.[11]
- Transitioning inmates from one place to another in a facility appears to be an innocuous procedure; yet, for women inmates who are trauma survivors, transitions can be significant triggers.
- Being supervised by male staff during sensitive times (i.e., showering, dressing/undressing) not only creates basic human discomfort, but can be extremely traumatic for women who have been abused by men.

> Trauma survivors need to have physical and sensory experiences that help them to "unlock their bodies, activate effective fight/flight responses, tolerate their sensations, befriend their inner experiences, and cultivate new action patterns."
>
> - Emerson & Hopper, 2011

Various events and routines that occur day-to-day in women's facilities can easily be perceived as threatening (e.g., banging of doors, loud voices, unfamiliar persons, having to talk with someone who is unfamiliar, strip searches, cell extractions, segregation). These events and routines are often experienced as "triggers" and make it very difficult for the nervous system to reset itself; therefore, women in institutions often live day-to-day in an unnecessarily heightened state of stress. For example, a woman inmate who has survived childhood sexual abuse is likely to have developed finely tuned neurophysiological patterns to help keep her safe by allowing her to respond to the perception of any cues that were present during her abuse. If she experiences one or more of these cues, she will experience the same cascade of neurochemicals that were triggered during the actual event.[12] This reaction is automatic, often unconscious and governed by the brain's fear-response system. Many women inmates are intensely on guard; their primary (instinctual) brain

is constantly scanning for threat or opportunity; and they are frequently feeling and acting from fear. Responding to the research on trauma and taking specific steps toward becoming more trauma-informed can help correctional professionals create safer and more secure facilities. Trauma-informed environments facilitate psychological and physiological regulation; inmates who feel safe in their environment are less likely to be triggered into self-protective responses that complicate facility operations.

> A **trigger** is an internal or external experience that is a reminder of one or more traumatic events.
>
> When a trigger is present, an individual's mind and body respond as if the threat is actually present.

What Are The Benefits of Creating a More Trauma-Informed Institutional Culture?

Research on the neurobiology of trauma has also led to new understandings on the nature of recovery and healing. Just as exposure to trauma affects an individual's neurobiological response system, trauma-informed interactions with others can create healing at the neurobiological level.[13] Human beings literally regulate each other's biological states.[14] In women's facilities, how staff interact with women inmates can either create more psychological and physiological stability or cause more dysregulation and instability. Staff can literally alleviate women inmates' distress, increase their ability to meaningfully engage in services, and set the stage for recovery from traumatic events just by changing their interactions and operational practices with women. Facilities that have begun to take steps toward creating a more trauma-informed culture report:

- Improvements in inmates' ability to fall and stay asleep at night
- Improved attendance and participation in programs and services
- Decreases in disciplinary infractions
- Decreases in conflicts between inmates

For example, under the leadership of Superintendent Lynn Bissonnette, the Massachusetts Correctional Institution at Framingham has begun to implement trauma-informed strategies (such as training all staff on trauma-informed approaches, implementing a peer support program for the women, and opening an Intensive Treatment Unit for inmates on mental health watch or crisis intervention) with promising results: Between 2011 and 2012, there was a notable decrease in inmate-on-staff and inmate-on-inmate assaults, the use of segregation, suicide attempts, and the need for mental health watches (see chart on the following page).

Creating A Trauma-informed Culture in Women's Correctional Institutions

Principles of Trauma-Informed Practice

The broad principles of trauma-informed practice offered by Fallot and Harris[15] have become the standard and suggest that we offer justice-involved women opportunities to experience safety, trust, choice, collaboration and empowerment. Although these principles are frequently cited when defining trauma-informed care, there has been less discussion on how to implement them in facility settings. When these characteristics are present in facilities, they are often confined to one-on-one counseling, case management, or treatment group processes. Broadening trauma-informed practices to the larger institutional culture for women inmates requires that leadership and staff work together to put these principles into practice at the primary inmate contact points as noted on page 6.

While on the surface these principles may appear incompatible with the correctional practices that are designed to assure institutional safety and security, research and experience demonstrate that they are

Frequency of Incidents in 2011 and 2012

Type	2011	2012	Frequency Change	% Change
Inmate-on-staff assaults	65	25	-40	-62%
Inmate-on-inmate assaults	112	51	-61	-54%
Inmate-on-inmate fights	129	70	-59	-46%
Segregation placements	966	748	-218	-23%
Disciplinary reports	5830	5470	-360	-6%
Suicide attempts	30	12	-18	-60%
One-on-one mental health watches	147	98	-49	-33%
Petitions for psychiatric evaluation	44	37	-7	-16%
Crisis contacts	1536	1316	-220	-14%
Self-injury incidents	114	99	-15	-13%

Source: Bissonnette, 2013.

essential to addressing trauma effectively, and can actually help to enhance institutional safety and security. Consider the following:

- Miller and Najavits[16] point out that institutional values such as running a highly structured and safe environment, offering consistent limits, incentives, and boundaries, and administering fair, swift, and certain consequences for behaviors are the very features that provide "the type of stability trauma survivors need to learn new information and skills that promote trauma recovery."
- Emerging data from MCI Framingham, the Rhode Island Department of Corrections Women's Facilities, and others suggest that implementing trauma-informed practices in institutional

Trauma-informed Practice Principles	Primary Inmate Contact Points
Safety Trust Choice Collaboration Empowerment	Intake/Admissions and Screening Assessment and Classification Case Planning and Management Staff-Inmate Interactions Sanctions and Discipline Programming and Treatment Medical Services Mental Health Services Discharge, Transition, and Reentry

settings can enhance efforts to achieve safety and security (as measured by reductions in inmate-inmate assaults, inmate-staff confrontations, disciplinary sanctions, and the use of force).[17]

When basic correctional processes such as intake and discipline do not reflect trauma-informed principles, they can be experienced as additional traumatic events by women inmates. This additional trauma can increase their already high level of psychological and physiological stress, and increase the number and seriousness of coping and survival behaviors that complicate management and supervision (e.g., arguing, fighting, self-harming, refusing staff direction). Importantly, trauma-informed practice does not replace accountability; it is still important to hold women accountable for their behavior whenever necessary—the key is to do so while being trauma informed. What those who have begun this work are finding, however, is that actively creating a trauma-informed correctional environment reduces unsafe inmate behaviors. When women inmates feel safe and secure in their environment—and are given opportunities to exercise choices and work with staff toward personal goals—their behavior becomes more stable and their engagement in services improves.

Opportunities for Implementing Trauma-Informed Practices in Correctional Settings

Corrections professionals can maintain safer and more secure environments by integrating trauma-informed principles throughout their institutions, helping inmates manage their trauma symptoms, and cultivating important skills for success within and outside of facilities. Trauma-informed practice cannot be confined to clinical sessions or groups; all institutional staff have a role in creating a psychologically and physically safe institutional environment. The table on the following pages offers specific examples of how several key contact points within a facility can be enhanced according to the principles of trauma-informed practice.

Eight Action Steps for Building A Trauma-Informed Facility Culture

Some specific actions that correctional professionals can take to become more trauma-informed are provided in the sections below. Action Step #1, "Make a Commitment to Trauma-Informed Practice," provides an important foundation for the remaining steps. While the order in which Action Steps are discussed suggests a possible sequence, they can be implemented in any order given an institution's unique population profile, staffing pattern, fiscal and political realities, and other important variables. Taken together, these steps can help build an integrated trauma-informed facility culture.

Creating a trauma-informed culture requires a multi-modal approach where trauma-informed practice permeates all levels of institutional practice.

Opportunities for Implementing Trauma-Informed Practice in Women's Facilities	
Contact Point	**Trauma-Informed Practices** **(Apply principles of safety, trust, choice, collaboration and empowerment)**
Intake/ Admissions and Screening	✓ Let inmates choose where to sit in a defined, safe and secure intake/admission space ✓ Let inmates know what you will be asking, why and who will have access to the information ✓ Review the facility rules and expectations, emphasizing physical, emotional, and sexual safety, and the policies that support all three ✓ Train intake staff to recognize and respond to trauma symptoms
Assessment and Classification	✓ Train assessment and classification staff to use a trauma-informed approach when conducting assessments and recognize trauma symptoms ✓ Let inmates know what you will be asking, why, and who will have access to the information ✓ Assess for past and recent trauma as well as current trauma symptoms/responses ✓ Utilize information about inmates' past trauma in classification decisions
Case Planning and Management	✓ Define case management goals with inmates; offer options and respect the choices inmates make about goals and case management targets ✓ Work in a spirit of collaboration with the woman ✓ Ensure case management sessions have a clear agenda ✓ Actively define and discuss confidentiality with inmates, including its limitations ✓ Provide inmates with copies of their case plans and help her develop a plan for keeping them safe from other inmates or staff ✓ Refer to the inmate's strengths ✓ Utilize Motivational Interviewing skills
Staff-Inmate Interactions	✓ Facilitate productive and safe interactions between inmates as part of unit meetings, recreation, and other activities ✓ Celebrate inmate strengths and accomplishments as part of routine interactions ✓ Use a tone of voice and pace of speaking that encourages stability and physiological regulation (i.e., relaxation) ✓ Use postures and body proximity that convey safety and support (versus control) ✓ Utilize Motivational Interviewing skills

Sanctions and Discipline	✓ Use trauma-informed de-escalation techniques (e.g., maintain an even and respectful tone, use inmates' names, use short encouraging phrases) ✓ Where safety and security permits, introduce sensory boxes (boxes that contain comfort items that can be used for de-escalation and relaxation such as squishy balls, mini bean bags, soft plastic balls) ✓ Use segregation and restraints as a last resort ✓ Talk about what happened with inmates after a restraint has occurred
Programming and Treatment	✓ Develop group agreements with inmates for all group work, including expectations around emotional safety and confidentiality ✓ Define treatment options with inmates; do not force treatment of trauma or disclosure of trauma ✓ Assure that substance abuse programs recognize the impact of trauma on substance dependence ✓ Do not begin any type of trauma treatment while inmates are incarcerated if there is not sufficient time to work with issues that arise ✓ Maintain provider consistency so inmates can cultivate trust ✓ Ensure treatment plans define coping strategies inmates can develop to deal with the challenges of life in and outside of the institution ✓ Implement programs that offer opportunities for inmates to connect with and bond with their children ✓ Screen low risk, low need inmates from interventions designed for high risk/high need inmates
Medical Services	✓ Ensure that inmates are aware of what medications they are on, why, potential side effects, etc. ✓ Encourage inmates to keep a journal where they can track their body's response to the medications they are on and share observations, concerns, and ideas with providers ✓ Utilize same-sex practitioners where possible and offer chaperons during OB/GYYN visits when same sex practitioners cannot be provided ✓ Uphold privacy as part of all medical practices ✓ Ensure that all medical visits adopt a basic trauma-informed protocol (e.g., the goals of the visit are explained first, inmates are invited to ask questions or raise concerns before beginning and during any medical procedures, inmates have a voice in what procedures take place and how they take place) ✓ Implement protocols that maximize early bonding opportunities between mothers and infants ✓ Empower inmates with knowledge by offering classes and workshops on basic anatomy and physiology, the mind-body connection, etc.

Mental Health Services	✓ Complement utilization of psychotropic medications with interventions that give inmates the opportunity to develop brain-body regulation skills such as mindfulness-based stress reduction (MBSR)[18], yoga, biofeedback, and various somatically-based therapies/ interventions ✓ Empower inmates with knowledge by offering classes and workshops on mental health and wellness and that describe the links between trauma, substance abuse, and mental health ✓ Adopt strength-based language (e.g., providers should talk with inmates about survival behaviors and patterns versus impaired function and maladaptive coping) ✓ Establish protocols that are designed to support inmates during times of grief and loss, including immediately following visits with loved ones, transitions, etc.
Discharge, Transition and Reentry	✓ Begin discharge planning as soon as possible after admission so that release does not become another traumatic event in inmates' lives ✓ Address how inmates can deal with trauma symptoms upon release as part of the discharge plan ✓ Facilitate inmate contact with individuals and organizations with whom she will be working upon release ✓ Ensure that inmates have a written, specific, individualized Community Safety Plan (including the names and numbers of organizations they can call when needed); ideally, this plan is informed by the Personal Safety Plan that is initially developed at intake ✓ Conduct departure rituals that honor and encourage inmates as they move on to a new phase in their lives

Everything we do and how we do it can be designed either to literally cue safety and stability at the level of the nervous system or to create more dysregulation, disengagement and unsafe coping mechanisms that compromise institutional safety and security. Institutional enhancement requires an intentional effort to translate research into practice in a way that is both practical and realistic.

Action Step #1: Make a Commitment to Trauma-Informed Practice

First, acknowledge that being trauma-informed is important. Consider the development of a Position Statement on Trauma-Informed Practice. Engage staff and inmates in the development of the Position Statement:

- Conduct focus groups with staff and inmates to gain their input (see sample questions in the text box on the next page).
- Administer surveys to staff and inmates to gain their input. You need not start from scratch: there are some excellent surveys that can be used to gauge staff and inmate perspectives on trauma-informed practice and their experiences within the facility.[19]
- Solicit information about institutional experiences from staff, inmates, and providers individually in informal settings (e.g., during staff meetings, facility walk-throughs, during breaks).
- Assign a small work group to draft a Position Statement based on the feedback received.
- Solicit further input (e.g., from an inmate council, medical and mental health staff) where

necessary/desired and develop a final Position Statement on Trauma-Informed Practice.

- Once developed, disseminate the Position Statement throughout the facility and discuss with staff and inmates the steps they can take to make the statement a reality as part of day-to-day practice.

Questions to Ask Staff and Inmates to Develop a Position Statement on Trauma-Informed Practice

1. What operational practices make you feel safe?
2. What operational practices make you feel unsafe?
3. How would you describe the interactions between staff and inmates?
4. How would you describe the interactions between inmates and other inmates?

Action Step #2: Support and Train Staff in their Efforts to be More Trauma-Informed

Staff are the backbone of any institution's successful operation, yet many report feeling unprepared for the complexities of day-to-day work with women inmates and the various behaviors they exhibit, including those that are linked to trauma.[20] Providing staff with the support and skills they need to do their jobs effectively is essential. Training and access to resources can help staff deal with the inherent challenges associated with working day-to-day with women inmates who are trauma survivors.[21] It is particularly critical to assist staff in balancing their responsibilities to act in a trauma-informed manner, while still holding women accountable for any negative behavior. Four types of staff support are particularly important to consider:

- **Training:** Staff training is one of the most widely cited actions that leadership can take to enhance facility services and outcomes. Consider making training on trauma-informed practices as well as other skill-based training a core training requirement for all staff.[22] Training modules focused on building concrete staff skills when working with women trauma survivors is especially important.
- **Coaching and Mentoring:** Managers and supervisors can play an important role in supporting and reinforcing staff in trauma-informed practices on a daily basis. For example, are staff members given opportunities to practice new skills and succeed? Are there opportunities for managers and supervisors to observe staff-inmate interactions and provide feedback, coaching, and mentoring?
- **Professional and Personal Support:** Facility leadership can cultivate a trauma- free environment for staff by maintaining regular communication, offering regular formal supervisions, making expectations clear, and not only communicating changes in institutional policy and practice, but obtaining staff input beforehand. Staff members who feel safe and

Essential Training Elements on Trauma

- ✓ Explain the benefits of trauma-informed approaches: reduced use of mental health units, reduced use of restraints, reduced number of critical incidents, more effective behavior management, increased job satisfaction, less staff burnout/turnover, etc.
- ✓ Present basic information on trauma: what trauma is and how it affects the brain and body, trauma-related symptoms/behaviors, gender and culturally specific coping mechanisms, ways to facilitate inmate safety and stability.
- ✓ Demonstrate skills: show staff how to talk inmates through pat downs and searches, and respond to inmates' disclosures of trauma respectfully and effectively.
- ✓ Include sufficient skill practice/rehearsal: use role plays, practice de-escalation techniques, practice how to identify and maintain professional boundaries.
- ✓ Reinforce and build on strategies that staff have used successfully in the past.

Adapted from Miller & Najavits, 2012.

supported are more likely to offer safety and support to inmates. Conversely, staff can support managers by communicating strengths and challenges, and making a commitment to institutional improvement.

- **Attending to Secondary Trauma:** Seeing intense inmate behaviors and hearing traumatic stories can take a toll on staff; secondary, or vicarious trauma, is not uncommon for professionals working in a correctional environment. For example, when staff are repeatedly exposed to horrific stories of trauma and/or the behaviors that inmates display as a result, they may feel the effects of trauma as well. Employee Assistance Protocols (EAPs) are intended to help employees deal with personal challenges that might adversely impact their work performance, health, and well-being. EAPs generally include short-term counseling and referral services for employees and their families. Services can be added to EAPs that make staff more aware of the effects of secondary trauma and offer coping skills onsite or via referral. Importantly, supporting each staff member's ability to cope with things like secondary trauma and burnout should not occur once there is a problem, but be offered as an essential aspect of staff development. Onsite services (e.g., Mindfulness-based Stress Reduction (MBSR)[23], relaxation skills training) and linkages to local organizations let staff know that self-care is important and that the institutional leadership values staff and the hard work they do every day.

Action Step #3: Adopt Trauma-Informed Language/Communication and Terms

One of the simplest changes corrections professionals can make to create a more trauma-informed culture is to make adjustments to 1) how they communicate with one another and inmates and 2) the words and phrases they use, particularly those used to describe and carry out operational practices. How staff and inmates refer to people, spaces, things, and processes can create or detract from a safe culture:

Examples of Trauma-informed Language for Women's Correctional Facilities

Instead of:	Consider:
Referring to inmates by their last names such as Smith	Referring to them with respect such as Ms. Smith
Referring to staff by last names	Referring to them with respect such as Sergeant Smith
Saying "cells"	Saying "rooms"
Saying "blocks" or "walks"	Saying "pods" or "wings"
Saying "shake down"	Saying "safety check"
Saying "lug her"	Saying "take her to a secure area" or "document an infraction"

- Use trauma-informed language to communicate with other staff and inmates.[24]
- When possible, avoid words and phrases that convey control and power; replace them with terms that promote safety and respect. For example, in one facility where pods were labeled with letters (e.g., "D Pod"), staff worked with the inmates to use positive references for the pods (e.g., "D Pod" was referred to as "Discover"). When staff communicated on their radios during important operational times, like checks, they referred to the pod letters as usual; however, the expanded names became part of the institutional jargon and created a different tone in the culture. The table above suggests some traditional words and phrases and possible alternatives.

- Consider forming a work group or committee charged with identifying the current language used and provide recommendations for more trauma-informed phrases and terms.
- If new language is agreed upon, take steps to inform staff and inmates about new expectations and ensure that staff and inmates are using the new language on a daily basis, even when dealing with difficult or stressful situations.

Action Step #4: Create a Trauma-Informed Physical Plant

While significant physical plant rehabilitation projects are often not possible, there are several ways to maximize a facility's physical space to become more trauma-informed:

- Identify areas of the facility that promote or function as barriers to physical and emotional safety. Facility leadership may wish to ask for feedback from staff and inmates on this topic.
- Where possible, eliminate any features of the physical plant that compromise inmate safety and/or that can invoke anxiety and fear (e.g., install privacy walls, ensure all doors are marked). Add procedures and features that maximize staff supervision (e.g., install cameras to eliminate blind spots).

Tips for Creating a Trauma-Informed Physical Plant

- Install privacy walls in sensitive areas such as showers.
- Ensure that there are protocols for changing, hygiene, and toileting and other sensitive activities that balance inmate privacy and supervision requirements.
- Identify spaces clearly (i.e., do not have unmarked closed doors).
- Attend to basic comforts such as adequate lighting and appropriate heating and cooling.
- Display positive messages and images.
- Post visual materials that reinforce desired values, skills, and expectations.

- Create visual spaces within the facility that offer positive messages and images, and cue inmates to rules, expectations, and skills using positive prompts and language. Soliciting ideas from inmates and staff about how to enhance the space is not only an empowering process in itself, but it can yield ideas to help create a space that encourages calm (i.e., physiological regulation) versus unrest (i.e., physiological dysregulation). Consider posting:
  - Brief descriptions of important self-regulation/relaxation skills
  - Acknowledgements of staff and inmates
  - Safety information
  - Beautiful artwork (including inmate pieces)
  - Values that account for gender and culture
  - Positive, gender inclusive and culturally/ethnically diverse images
  - Encouraging words, phrases, and images
  - Positively stated rules and expectations
  - Reminders to maintain "inside" voices to keep noise levels down

Action Step #5: Make Existing Institutional Procedures More Trauma-Informed

One of the most important actions correctional professionals can take to implement trauma-informed practices is to review existing procedures and make thoughtful adjustments to the ways in which they are carried out. Analyzing routine procedures through a lens that accounts for gender, culture, trauma, and their intersection is important, and often does not require a significant change in practice. The following procedures are ones likely to be significant trauma triggers for women inmates and are essential to review and enhance:

- Detox
- Searches (including strip and body cavity searches) and pat downs
- Cell searches and extractions
- Visits/contact with family and key supports
- Segregation

- Restraints and pat downs
- Nighttime routines
- Opposite sex supervision
- Hygiene (including showering, toileting, changing, and other personal care activities)

Additionally, it is essential that trauma-informed policies and procedures exist to address the following:

- Touch
- Confidentiality
- Trauma disclosure
- Prison Rape Elimination Act
- Submitting/filing grievances or suggestions/ideas
- Same versus single-sex supervision
- Self-harm

The following are some suggested steps facility leadership can take to begin revising policies/ procedures that may impact women inmates who have experienced trauma:

- Analyze the procedures that are most likely to be significant trauma triggers for women in your institution.
- Consider how each can be completed in a more trauma-informed manner. Consider soliciting and analyzing feedback from staff and inmates about current procedures.
- Wherever possible, replace old procedures with new ones that can achieve the same goal for safety/security without causing further trauma to women inmates. Include in the procedure how staff can respond to a woman inmate if she becomes triggered during a routine procedure (whether the procedure is trauma-informed or not).

Tips for Making Institutional Procedures Trauma-Informed

The following tips can be used to make most procedures more trauma-informed:

- Tell the inmate what procedure/ activity needs to take place and why (e.g., where to sit during assessment).
- Briefly describe what the procedure entails. If there are different ways the procedure can be done safely; allow the inmate to inform you of her preference.
- Reassure the inmate that you will conduct the procedure in a way that maximizes her safety and comfort.
- Invite the inmate 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 and using verbal cues along the way (i.e., "Now I am going to place the items from your purse onto the table").
- Let the inmate know that the procedure has been completed.
- Ask her how she is doing.
- Thank her for her cooperation.
- Inform her of the next activity.

Action Step #6: Implement New Trauma-Informed Operational Practices

Creating a trauma-informed correctional environment may also require establishing new routines that have thus far been underutilized in corrections. The following trauma-informed activities or practices: 1) increase psychological safety, 2) promote physiological/ sensory stabilization, 3) create opportunities for staff to effectively monitor and respond to inmate dynamics, and 4) prevent a wide range of problematic inmate behaviors:

Achieving the Trauma-Informed Principles Through a Unit Meeting	
Principle	**How it is Achieved**
Safety	Inmates are offered information.
Trust	Staff set a positive tone and convey genuine respect and support.
Choice	Opportunity to ask inmates their opinions and ideas about day-to-day life in the facility. (e.g., Does something need to be fixed on the unit? Can toys be brought in during visits with children?)
Collaboration	Unit meetings offer an opportunity for staff-inmate and inmate-inmate collaboration. Coming together as a community is itself a collaborative exercise.
Empowerment	Opportunity to reinforce existing skills and teach new ones. For example, staff can take a few minutes to have inmates' practice relaxation breathing.

- **Unit Meetings:** Bringing inmates together regularly is a great way to create a climate of community, safety, stability, and respect. Properly facilitated, unit meetings are an opportunity to: set a positive tone; provide information (e.g., about the schedule, new programs being offered); reinforce the facility mission, rules, values, and expectations; and celebrate successes. They are a great way to bring the principles of trauma-informed practices "to life" within the parameters of corrections. Consider the examples in the chart above.
- **Inmate Check-ins or Debrief Sessions:** Taking the time to check-in with an inmate outside of a problem or crisis situation can contribute to safety and stability at the individual level—which translates into safety and stability in the facility. Staff may take a few minutes to check-in with an inmate about how she is doing and allow her to ask questions. Inmate check-ins can serve as an important monitoring tool, giving staff a sense of which inmates are struggling and need additional support (e.g., a referral to mental health or medical), and what dynamics may be happening among the inmates that are problematic.
- **Population Debriefs:** Taking the time to debrief with inmates as a large group after a difficult incident is also important. So many situations can function as triggers, from a power outage to a fight between inmates. Taking even a few minutes to acknowledge what happened, reassure inmates that they are safe, and identify inmates who may need support is an important trauma-informed strategy.
- **Preparing for a New Inmate:** New admissions to the facility or unit can create a great deal of fear and instability. For the new inmate, she may be entering a facility environment where she feels threatened. For existing inmates, knowing that a new person is entering their space can be equally threatening.
  - To prepare the existing inmates for a new arrival and create stability in the inmate culture, convene the entire group and make a general announcement. Staff can say to current inmates, "A new person will be joining

us in a few minutes. Some of you may recall what it was like when you first arrived. Let's welcome her while staying mindful of the rules and expectations that keep this unit community safe. If anyone has any concerns please let a staff member know." Reassuring statements are also helpful such as, "The staff continue to be committed to making this a place where inmates are safe and can identify their strengths and learn new skills."
    - To prepare the new inmate for her entry, ask her how she feels about entering the unit community and what would make her transition easier. The first 12 hours after admission are extremely important in terms of establishing basic safety and comfort. Orientation—even if it is a brief one that will be followed later in the day or week by a more comprehensive version—is important.
- **Shift Change Process:** During shift changes, remind staff of expectations for interactions with inmates (e.g., use of trauma-informed language, de-escalating techniques should an incident occur). The use of a consistent shift change process—across all shifts—can contribute to more consistent operational practice (i.e., applying the program schedule, communicating schedule changes, transitioning inmates, monitoring for safety, disciplining).
- **Discipline and Sanctions:** There are a number of changes that staff can take to make their responses to inmate behaviors more trauma-informed, while still holding inmates accountable for their actions.[25] For example:
    - View acts of defiance as acts of coping and survival. An inmate who is yelling at a peer may be trying to cope with feelings of intense fear. Understanding this makes it easier for staff to convey support while holding inmates accountable.
    - When an inmate is becoming agitated, cue her to use relaxation and grounding skills, rather than immediately writing her up. This approach encourages the inmate to self-manage without diminishing the leadership and authority of staff.
    - Coordinate responses with mental health, especially around refusal behaviors that are typically linked to past trauma such as refusing to cooperate with a strip search, complete hygiene activities, come out of a cell, etc.
    - Develop alternatives to segregation, implement segregation reduction protocols, and design productive activities for inmates while in segregation (e.g., action planning with mental health, therapeutic journaling) to reduce its negative impact (i.e., causing further trauma to the inmate).
    - Convey consistent professionalism and respect for inmates, especially while facilitating disciplinary responses. This creates trust and reduces inmate agitation and resistance. For example, if an inmate needs to be escorted to a time out space, staff can use calming/grounding and encouraging words and phrases versus statements that are judging and shaming.

Action Step #7: Introduce Strategies to Help Inmates Manage Difficult Trauma Symptoms

As part of becoming a more trauma-informed facility, staff roles can be expanded to include expectations and behaviors that are geared toward creating a trauma-informed environment. In fact, trauma-informed practice is best viewed as a staff core competency and an essential component of facility safety and security. Corrections professionals can reinforce effective coping skills among inmates and introduce new ones as part of daily institutional practice. As stated previously, the quality of interactions between staff and women inmates can either facilitate a process of calming/self-regulation or contribute to more fear and anxiety—and the thoughts, feelings, and behaviors that result. The following are some strategies that staff can employ to help women inmates cope with and reduce the difficult state of hyper arousal or sensory distress that results from trauma. [26]

- Use trauma-informed curricula that are empowerment-based, skills-based, and have shown positive outcomes with women offenders.[27] "Resourcing" or helping inmates to prepare for individual and group work that addresses trauma can also be important (i.e., through psycho-education, clinical interventions, and processes).
- Implement activities and practices that will allow inmates to experience psychological and physiological grounding in the here and now. For example, offer somatically-based groups and activities (those that address how trauma lives in the body) that encourage self-awareness and regulation.[28] Research suggests that somatic-based modalities are essential trauma interventions, important adjunctive treatments for PTSD, and complementary to cognitively-based approaches.
- Incorporate grounding experiences and skills practice during important procedures such as at orientation, court appearances, and visits (e.g., orienting to time and space, inviting an inmate to notice and slow/deepen her breath, offering and exploring skills to manage difficult sensory experiences). Staff members can role model grounding and skills use, prompting and facilitating mini practice sessions with inmates. Staff should employ these approaches only after they have been properly trained to use them with trauma survivors. For example, survivors should never be told to take a deep breath.[29]
- Implement trauma-informed procedures that can offer support to inmates at high risk times such as intake, after the loss of a loved one, after a serious institutional event/critical incident, etc.
- Reinforce inmates' use of grounding and self-awareness and regulation skills at unit meetings, and reinforce successes at the individual and group levels.
- Support staff to adopt basic strategies to help inmates self-regulate as part of their management and supervision of inmates.

Action Step #8: Build a Safe, Trauma-Informed Community with Inmates

Everything we do and how we do it can cue safety and stability at the level of the nervous system.

Having a large number of trauma survivors in one facility—each with her own set of triggers and survival strategies—can be extremely challenging. To mitigate the negative effects of this arrangement, leadership and staff can proactively create a community that promotes inmate stability and, in turn, institutional safety and security. Consider the following:

- Develop facility/unit specific mission, values, and expectations as a community; include values that are relevant for survivors such as respect, voice, privacy, and physical and psychological safety.[30]
- Offer inmates opportunities to impact their environment by establishing an inmate council and soliciting their input and ideas regularly as part of institutional practice.
- Use cues to create safety and stability at the nervous system level such as calming lighting, colors, and sounds (e.g., music); avoid traditional cues such as yelling orders and using demanding language.
- Encourage inmate-inmate interactions that create safety and stability at the nervous system level (e.g., teaching inmates nonviolent communication) and engage them in purposeful team building activities. Reduce down time (when problems are more likely to occur with inmates due to boredom, etc.) and replace it with productive activities such as expressive arts such as drawing/sketching and writing.
- Implement the Prison Rape Elimination Act (PREA) standards. PREA supports the elimination, reduction, and prevention of sexual abuse and sexual harassment within corrections systems. In passing PREA, Congress noted that the nation was "largely unaware of the epidemic character

of prison rape and the day-to-day horror experienced by victimized inmates".[31] The legislation established a National Prison Rape Elimination Commission (NPREC) that created "national standards for enhancing the detection, prevention, reduction, and punishment of prison rape."[32]

- Create standards for staff-inmate interactions that are specifically designed to create stability such as Motivational Interviewing, collaborative problem solving, relational language, and trauma-informed and nonviolent communication.

Conclusion

A variety of women inmate behaviors are now being understood in the context of their traumatic histories. Refusing to follow orders, tampering with institutional property, making threats to staff and peers, and "manipulation" are but a few examples of behaviors that may occur as a result of past trauma. While it is easy to assume that trauma is a past event, research clearly shows that its effects are very much present tense. Many of the behaviors women inmates display are best understood as ways of coping with trauma symptoms and triggers in a correctional environment—rather than reflecting deliberate misconduct. These behaviors not only create a barrier to individual growth and recovery for inmates who will eventually leave prison, but they also create safety and security problems for facility staff.[33]

Being trauma-informed in corrections requires that we take trauma into account in every aspect of facility life—by: examining the language we use, the rules, and how they are reinforced; training staff on ways to appropriately respond to behaviors exhibited by inmates; avoiding re-traumatizing practices; teaching inmates skills to address their trauma; and supporting inmates when they have been triggered.[34] It also requires that we design (or redesign) policies and practices to create psychological and physical safety among women inmates. While implementing trauma-informed practices in an institutional setting is challenging, taking incremental steps toward building an integrated, multi-modal trauma-informed culture, can increase inmate stability, promote engagement, recovery and rehabilitation, and enhance institutional safety for staff and inmates alike.

Endnotes

[1] Institute for Health and Recovery, 2012, 2011; Browne, Miller & Maguin, 1999; Owen et al., 2008.
[2] See Hodas, 2006; Almazar, No Date.
[3] Although this brief focuses on women facilities, its broad principles and actions steps may be applicable to male facilities as well.
[4] Lynch, Fritch & Heath, 2012.
[5] Wright, et al., 2012; Bloom, Owen & Covington, 2005.
[6] Levine, 1997.
[7] Emerson & Hopper, 2011; Cloitre, 2009; Cloitre et al., 2009; van der Kolk, 2005.
[8] Ibid.
[9] Rhode Island and Massachusetts provide two examples. See Bissonnette, 2013 and National Center for Trauma- Informed Care, 2011 for more information.
[10] van der Kolk, 2012.
[11] See Stathopoulos et al., 2012. Furthermore, some research studies suggest that the detection rate of contraband resulting from strip searches is exceedingly low.
[12] Lisak, 2002.
[13] Cozolino, 2006; Siegel, 2008.
[14] Cozolino, 2006; DeVries, et al., 2003.
[15] See Fallot & Harris, 2006; Harris & Fallot, 2001.
[16] Miller & Najavits, 2012, p. 3.
[17] Bissonnette, 2013; National Center for Trauma-informed Care, 2011.
[18] See www.umassmed.edu/cfm/stress/index.aspx.
[19] See Institute for Health and Recovery's *Developing Trauma-Informed Organizations Toolkit*, www.healthrecovery.org
[20] Miller & Najavits, 2012.
[21] See Institute for Health and Recovery, 2011; Gillece, Wise, & Turner, 2011.
[22] It should be noted that to most effectively utilize training on trauma-informed care, staff will benefit from other skill-based training such as Motivational Interviewing, collaborative problem solving, relational language, and trauma-informed and nonviolent communication.
[23] See www.umassmed.edu/cfm/stress/index.aspx.
[24] See www.cjinvolvedwomen.org/sites/all/documents/Using%20the%20Relational%20Language%20Skill%20Steps%202007f.pdf.
[25] Readers should refer to the Gender Informed Discipline and Sanctions Policy Toolkit for Women Inmates (NRCJIW, Forthcoming) for more information on creating gender-responsive and trauma-informed discipline and sanctions policies.
[26] While beyond the scope of this paper, self-care strategies for staff are also important to reduce levels of vicarious trauma or staff burnout. For resources on this topic, see: Headington Institute: http://headington-institute.org/, Desert Waters Correctional Outreach: http://desertwaters.com/, and Sandra Bloom: The Sanctuary Model: http://sanctuaryweb.com/
[27] Some curricula that have been specifically designed for women and address trauma include, but are not limited to: Moving On, Seeking Safety, the Trauma Recovery and Empowerment Model (TREM), Helping Women Recover, and Beyond Trauma. Two curricula that can be adapted for use with women include Dialectical Behavioral Therapy (DBT) and Trauma Affect Regulation: Guide for Education and Therapy (TARGET).
[28] Examples of somatically-based activities are Mindfulness-Based Stress Reduction (MBSR), biofeedback and Trauma Sensitive Yoga (TSY). All are grounded in nervous system work and are qualitatively different than cognitively based approaches.

[29] Benedict, 2013.
[30] Benedict, 2013.
[31] (42 U.S.C. 15601/12). See http://www.ojp.usdoj.gov/programs/pdfs/prea_executive_summary.pdf
[32] The reader is referred to the PREA Standards Toolkit for Jails: http://www.ncdsv.org/images/TMG-CIPP_ImplementingThePREAToolkitForJails_8-8-2012.pdf
[33] Miller & Najavits, 2012.
[34] National Center for Trauma Informed Care, 2011.

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