

WOMEN, TRAUMA & INCARCERATION

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What they say, how we work.

Why is trauma an important issue?

Experiences of trauma are common among substance-involved women

- In three Canadian studies, over 80% reported histories of trauma
- Numerous U.S. studies have found a high prevalence of trauma
- Research has demonstrated connections between trauma and an array of health issues
- Interconnections with substance use – both as a precipitator and as a risk factor

“trauma is the rule, rather than the exception”



Why is trauma an important issue

Trauma affects the *whole* woman - the impacts can be multiple, broad and diverse:

- Health risk behaviours, coping mechanisms
- Psychological and cognitive adaptations
- Developmental effects
- Illness, disease, and myriad health problems

Trauma has a wake - its impact extends to families, significant others, the community, health care and social systems, and society overall.



Trauma Matters

“Trauma is a public health risk of major proportions... Moreover, it often compounds medical and psychological conditions and injuries.

This information too often goes unrecognized or under-recognized by medical and mental health practitioners. We have a major education, prevention and intervention issue.”

Christine Courtois,
Trauma Talks Conference. Toronto, 2012

Defining Trauma

“Trauma is the sum of *the event, the experience, and the effect.*”

SAMHSA , 2012

Traumatic *experiences* are unique and individual.

It is an *individual's experience* of the event
– not necessarily the event itself –
that is traumatizing.

Defining Trauma

Trauma can be precipitated by a wide range of experiences and events – for example:

*Physical/Sexual/Emotional Abuse,
Neglect, Significant Personal Losses,
Violence, Criminal Justice Involvement,
Accidents/Physical Injuries, Natural Disasters,
War, Colonization, Displacement*

Trauma can occur at collective levels – it can impact people and communities across generations

Defining Trauma

Traumatic *events* are more than merely stressful – they are also shocking, terrifying, and devastating to the victim, resulting in profoundly upsetting feelings of terror, shame, helplessness, and powerlessness.”

(Courtois, 1999)

“ The actual experience (of trauma)... and the assault that experience poses to sense of self, safety, belonging, and connection , are intertwined.”

(Kammerer & Mazelis, 2006)

Vicarious Trauma

Impacts on staff who are indirectly exposed to trauma

Reducing risks of vicarious trauma

- Organizational practices that recognize risks and provide support and resources
- Staff practices that incorporate awareness and self-care



Why trauma-informed practices?

Without them, there is an increased risk of:

- Misinterpreting behaviour
- Misdiagnosing 'symptoms'
- Inadvertently triggering or retraumatizing
- Providing ineffective services or interventions
- Limiting engagement (exclusions, higher drop-out rates, unnecessary discharges)



A call for help: women's reflections on trauma care

- 31 women
- Average age of 36
- Commenced sentence after May 1st 2002 and experienced their first release during the period August 2003 to August 2007
- Moderate to severe drug abuse problem
- Participated in at least one component of an in-prison women offender substance abuse program



Interview Approach

- Community engagement: Interview guide was piloted and refined through a focus group with women offenders in the Atlantic Region
- Main Study
 - ▣ In-depth qualitative interviews
 - ▣ Perceptions and experiences of women during reintegration to the community
 - ▣ Grounded theory approach
 - ▣ Interview guide was piloted and refined through a focus group with women offenders in the Atlantic Region
 - ▣ “I’ll start by asking you to describe what it was like to be back in the community after your last release from prison.”

Victimization histories

- High rates of childhood physical and sexual abuse (25% to 90%)
- Re-victimization as adults
- Prison re-traumatization



Voices of Trauma



...childhood trauma

- From a very early age..., around the age of 10, *my father* would *force feed me booze* for *sexual abuse reasons* and, I became *addicted at a very early age* and continued to use alcohol to cope, to cope...
- ...I walked in the living room and all my uncles, two of my uncles and my dad were shooting up and one [*a needle*] was left on the ground next to the coffee table and *I picked it up and I put it in my arm*. I didn't know what to do with it. I knew I had to put it in my arm. But I did it and ever since then I've been doing it.

...trauma

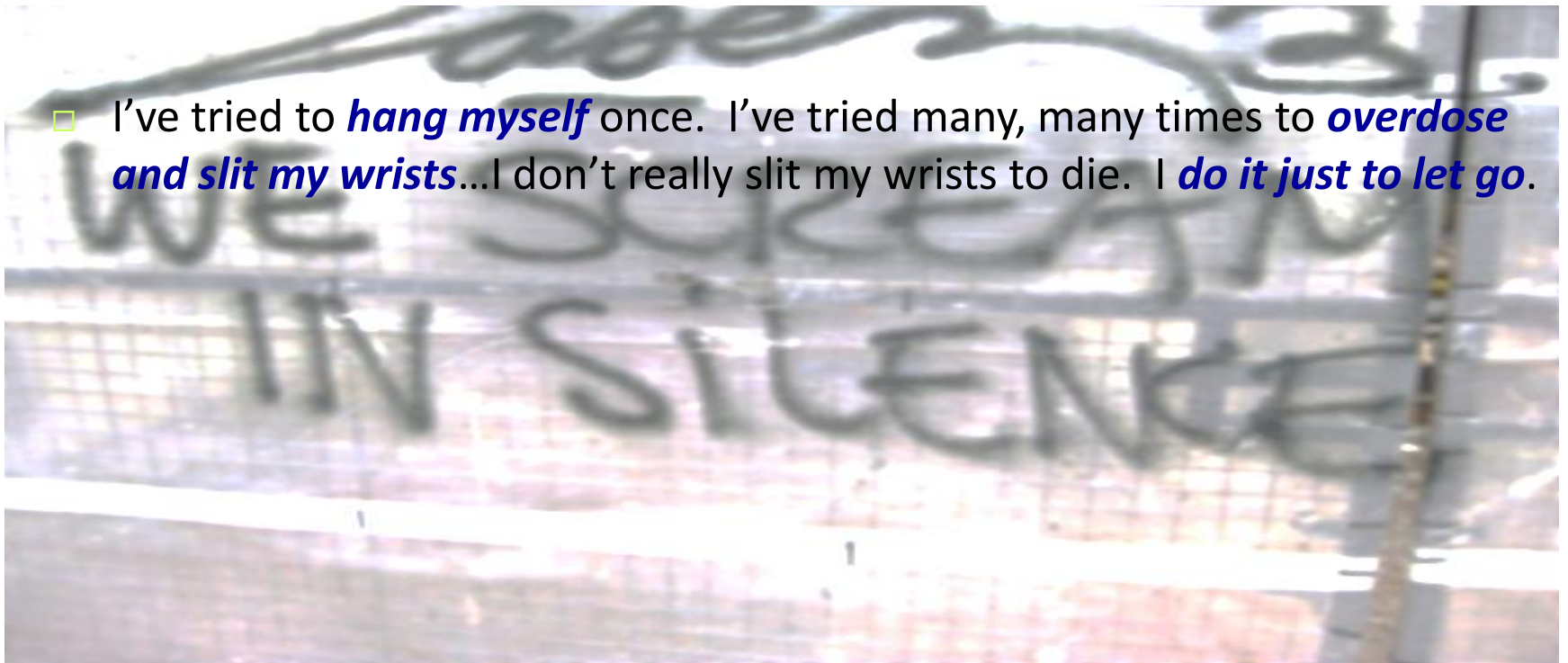
- We hold onto pain. 'Cause we think *nobody cares* 'cause for so many years like, you didn't tell people when *your husband used to beat the fuck out of you*. You wouldn't tell.
- So for years when you when you're told day after day after day that *you're a whore*, right. Even though you were a virgin when you got married but you're a dirty fucking whore. *Day after day you're told that*. You tend to believe it because nobody's telling you any different.

The worst feeling is
feeling unwanted



- But I did ecstasy all the time because it was it allowed me to ***forget about my past***...every once in awhile there when I'd go to sleep things would start flashing in my mind and it's ***hard to shut your mind off from those disturbing thoughts....when I did these drugs like ecstasy it made me so happy*** that I just I would love life and I'd love you...

- I've tried to ***hang myself*** once. I've tried many, many times to ***overdose and slit my wrists***...I don't really slit my wrists to die. I ***do it just to let go.***



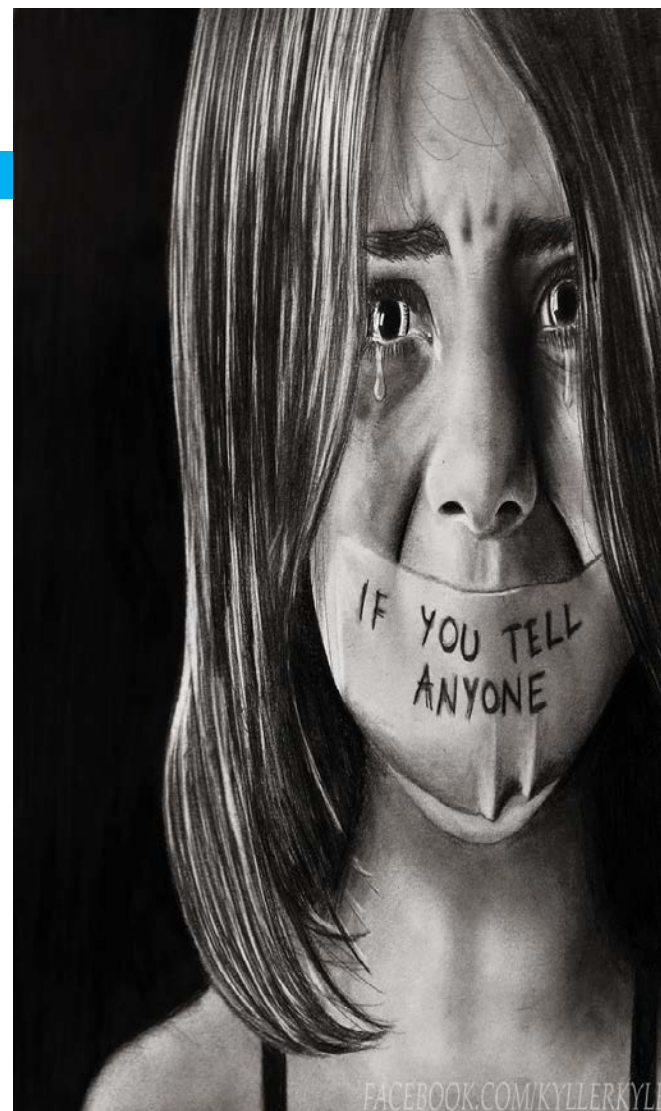
A Call for Help



- “We have ***nobody for abuse and trauma in here***. But we’ve all been through it and we’re just ***holding*** all that ***hatred*** and you know ***all those emotions inside.***”
- I’m telling you this is one thing that I’m very upset about actually. ‘Cause I’ve been through ***a lot of trauma***. They ***won’t focus on the trauma in here***. They don’t want to open up that like psychology they won’t they won’t focus on the abuse I’ve been through. And I asked them I’m like I need to get this out. I need . . . it’s all in me. ***I need to get this out of me.*** Like, I feel like it needs to be worked on and they refuse you know.



- Like when I was younger I was **molested** you know. It still bothers me to 'til today and you know the fact of being abused. That still bothers me. And **those issues aren't being touched**, right. And those are the main things **why people use or why they get into drugs**. It's not something that they just decide oh I'm going to do drugs today. It's you know being hurt in the past and having **low self-esteem** yeah.



Screening for Trauma



- ...I had *posttraumatic stress* so I was having *flashbacks*. I could hear noises. I was seeing things that weren't there. It was *all to do with drugs and alcohol* of course *but also the disorder* that I was going through. But they put me on medication to basically numb it out for awhile which was good. I could sleep.
- It [drugs] *numbs the pain* for that moment. And then you keep *doing it* and keep *doing it* and keep doing it to keep numbing the pain to keep numbing the pain and, it's crazy. You just keep going and keep going and keep going and *that's why people do all the crazy things they do*.
- I *never knew coping skills*. I didn't know how to manage my emotions. I *never knew how to verbalize* what I was going through or communicate even. I *held it all in* and I *drank and I partied and I drank* you know and I continued doing it.

Gender-responsive care



- I think most women when it comes to abuse or trauma or things that they had to deal with if it's another woman they can . . . they can talk about it a lot easier because they know women with women we is power, right. And ***I feel that women would rather talk to another woman about abuse*** 'cause seeing a man talking to them they just probably would like to claw their eyes out, right. Let's face it. And but for them to talk to another woman I think it'd be ***very empowering*** for them and that they'd be able to express their anger and let you know that okay you know.

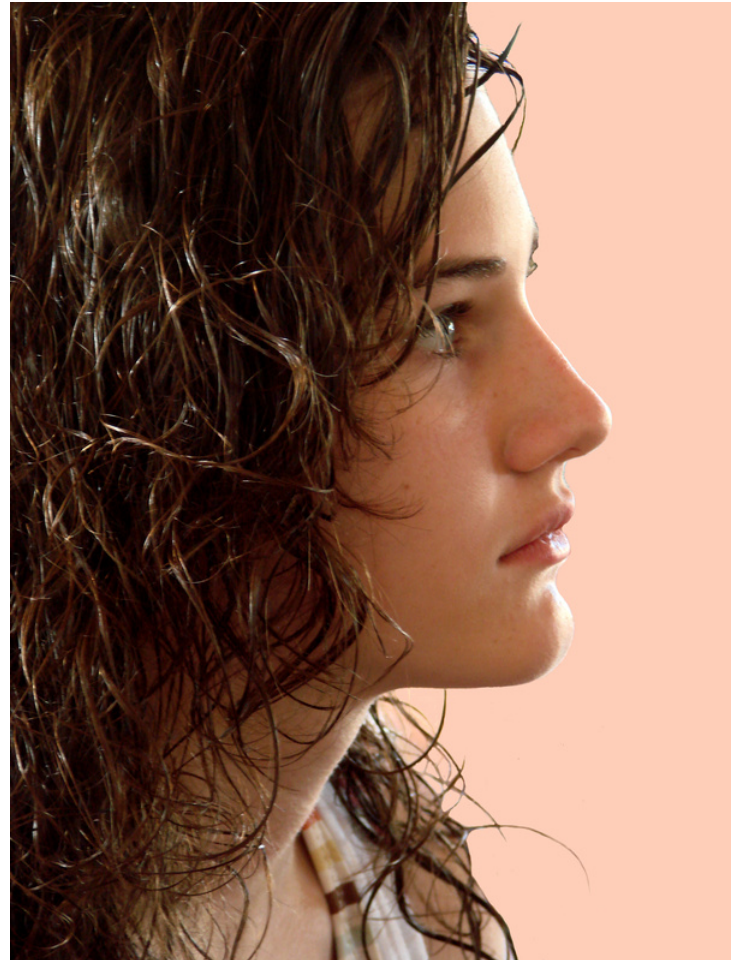
- I did see a counselor but it was really hard for me to open up because ***I didn't want to be judged***, right. It was really hard. I took some time like up until now for me to feel comfortable with letting out my feelings because of my ***insecurity*** from my relationship.
- And it wasn't because I was not wanting to get into my programs. It was that I was being ***waitlisted to get into my programs*** and it seemed like . . . to get into my psychologist it also ***didn't seem like it was a priority***.

- There should also be Circles of Change . . . it's all related to the **Aboriginal culture** and they use the medicine wheel to do it with. And they teach you things about **residential school**, about Sixties Scoop, Oka, like a lot of the history behind it and **why a lot of us are the way we are**.
- Like a lot of **deaths** and a lot of **loss** and a lot of **trauma** that happened and you know in our community too you're not taught how to like okay for example you're not asked how you feel. **If you're crying you're not asked why you crying**. It's why don't you go in the other room and cry. You know it's like we were taught to **be numb and tough**. But really you know that ain't what most of us want to be. We **want to be normal**. We wanna live. We don't wanna walk around with these feelings but because we were there all the time you know that's where we live. It's like that's what we were subjected to were those things. And those feelings and stuff and you know and I did blame it on them for a long time but then I start learning about the residential schools.

Triggers and Trauma Reactions

A trigger can occur from seeing, hearing, touching or smelling something or being in a situation that evokes past trauma.

A trigger can set off a trauma reaction - a mind/body reaction (*e.g. panic, fear, flight, anger/defense, agitation, numbness/shutting down, self harm, etc.*).



Triggers and Trauma Reactions

Trauma responses can be misinterpreted as:

Lack of
motivation/commitment,
resistance, defiance

Aggression, lying, attention
seeking, manipulation, trouble-
making

Symptoms of mental illness

**The principles of trauma-informed
practices help staff to
understand and effectively
work with trauma responses**



Trauma-informed vs.. trauma-specific

Trauma Informed Practices

- Applied universally – in any setting where substance-involved women receive services.
- Focus on understanding the impacts of trauma and creating safety

Trauma-specific services:

Delivered by practitioners who have extensive knowledge and skills in trauma treatment.

Focuses directly on the trauma and on trauma recovery.

Where should trauma-informed practices be used?

In every setting where substance-involved women receive services:

In substance use, mental health, and other health care services

In child welfare, criminal justice, housing, shelters, social services, settlement services, family services, and other human services

In women-only *and* mixed gender service environments



Trauma Matters

Guidelines for Trauma-Informed Practices in Women's Substance Use Services



Trauma-informed practices

“a strength based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.”

Coalescing on Women and Substance Use

Trauma-informed practices

Organizations - and their staff:

REALIZE the prevalence of trauma

RECOGNIZE how trauma affects everyone involved with the organization (including its own workforce)

RESPOND by putting that knowledge into practice



Trauma-informed practices

A new mindset...



from:

What is wrong with this woman?

to:

What has happened to this woman?

Trauma-informed vs. not trauma-informed

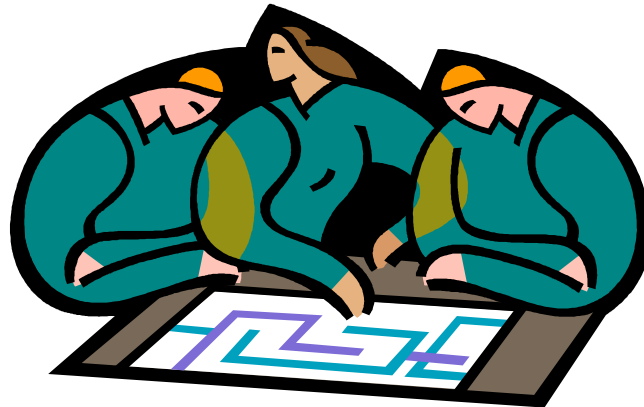
Trauma Informed	Not Trauma-Informed
Recognizes the prevalence of trauma and the nature of trauma responses	Lack of education about trauma and its impacts
Recognition of trauma responses	Misdiagnosis of trauma responses
Culture and practices that reduce risks of triggers and retraumatizing	‘Tradition of toughness’, reliance on heavy handed, confrontational approaches
Advocacy and collaboration encouraged	Closed system, advocacy is discouraged - ‘we are the experts’
Staff have trauma-informed education, training, and clinical supervision	Lack of understanding leads to client blaming and misinterpretation of behaviours

Trauma-informed vs. not trauma-informed

Trauma Informed	Not Trauma-Informed
Objective, neutral language	Labeling language such as 'manipulative', 'needy', 'provocative' , 'non-compliant'
Respectful interactions – women are involved in decisions and treatment planning	Lack of respect in routine interactions (e.g. yelling, issuing orders, 'tough talk')
Solution-focused responses that involve and engage the woman	Imposing automatic inflexible consequences for 'rule violations'
Power and control are shared, client/staff collaboration	Power and control reside exclusively with staff, rules, and demands for compliance

“It wasn’t until I got here that I realized that substances helped me to hide my trauma.”

(Focus group participant, Ontario, 2012)



Trauma-informed practices

Should be universal

Working with every woman, whether or not experiences of trauma have been disclosed

Should be integral

Embedded in the organization's culture and braided with current practices

Should be informed by women's lived experience



Trauma-informed practices

Should be integrated in an organization's:

- Values and priorities,
- Planning and strategies,
- Programs and services,
- Policies and practices,
- Human resources, training, and supervision
- Infrastructure and site development



Pathways to Trauma-Informed Practices

- Shift in organizational culture
- Formal organizational commitment
- Leadership to support change
- Training for all staff
- Assessment of programs, services, and organizational practices through a 'trauma-informed lens'
- Clinical supervision and consultation
- Monitoring, evaluation, and ongoing positive change



Trauma-informed practices

Six key principles:

- Acknowledgement
- Safety
- Trustworthiness
- Choice and control
- Relational and collaborative approaches
- Strengths-based empowerment modalities



Some thoughts on women's reflections



...potential future directions

- Screen for trauma on intake & prior to release
- Promote trauma screening through the lens of the risk-need-responsivity model
 - Trauma as a precipitating event in the life course to criminal justice contact

“Yeah, it was *just drugs and it was good*. With him there was everything that built up to it. . . . *it was to cope with him*. Yeah I was horrible. Yeah that was my downfall from there and that was probably when I was in my 30s and *that’s when my criminal activities and everything started* then.”

...potential future directions

Develop and/or test existing screening tools for use in the correctional setting

Develop a standard tool for Canada

Train staff in trauma-informed principles

Empathy, compassionate care, grounding and de-escalation

Educate staff at all levels on trauma-informed principles

Consider trauma-specific services?

**When we use trauma-informed care,
we respond to the need to heal from trauma
and help to facilitate recovery.**

Coalescing on Women and Substance Use



- A huge thanks to the women who graciously agreed to be part of the study and who shared their very personal and painful experiences.

