INTIMATE PARTNER VIOLENCE AND LIFETIME TRAUMA*

For many women, abuse by an adult partner is their first experience of victimization; for others, intimate partner violence occurs in the context of other lifetime trauma. A number of studies have begun to explore the link between histories of physical and sexual abuse in childhood and experiencing partner abuse as an adult. Women who are physically or sexually abused as children or who witness their mothers being abused appear to be at greater risk for victimization in adolescence and adulthood by both intimate and non-intimate perpetrators. And, women who experience adolescent IPV are more likely to experience IPV as adults.

Studies of battered women in both clinical and shelter settings have found high rates of childhood abuse and childhood exposure to domestic violence. In a 2007 study by Kimerling et. al., women who experienced childhood physical or sexual abuse were almost 6 times more likely to experience adult physical or sexual victimization. Across studies, the average reported rates of childhood physical abuse and childhood sexual abuse among women in intimate partner violence shelters or programs are 55.1% and 57.0% respectively.

For women who have experienced multiple forms of victimization (e.g. childhood abuse; sexual assault; historical, cultural or refugee trauma), adult partner abuse puts them at even greater risk for developing posttraumatic mental health conditions, including substance abuse (a common method of relieving pain and coping with anxiety, depression and sleep disruption associated with current and/or past abuse). These conditions and coping strategies may, in turn, place them at risk for further abuse. The intersection between substance abuse and IPV is discussed in greater depth in another chapter in this textbook.

Socioeconomic factors can also expose women to victimization which compounds their risk for developing the range of mental health sequelae noted abuse. For example, low-income women (those most likely to be seen in both intimate partner violence shelters and the public mental health system) have the highest risk of being victimized throughout their lives. In one study, the lifetime prevalence of severe physical or sexual assault among very low-income women was found to be 84%; 63% of those studied had been physically assaulted as children, 40% had been sexually assaulted as children, and 60% had been physically assaulted by an intimate partner. Similarly, studies conducted in welfare to work programs have documented lifetime rates of intimate partner abuse ranging from 55% to 65%, as opposed to rates of 20% found in random population samples.

A body of clinical literature describes the retraumatizing effects of more subtle forms of social and cultural victimization (e.g. microtraumatization or insidious trauma) due to gender, race, ethnicity, sexual orientation, disability and/or socioeconomic status.\textsuperscript{28, 29-31 32, 33} Thus, although intimate partner violence itself is associated with a wide range psychological consequences, women living in disenfranchised communities face multiple sources of stress in addition to violence, including social discrimination, poorer health status and reduced access to critical resources, all of which can increase psychological distress.\textsuperscript{34, 35} Again, many domestic violence survivors have experienced other forms of trauma, some of which may be going, that can affect their responses to current IPV.

**IPV and Mental Illness**

While most survivors of domestic abuse do not develop long lasting psychiatric disabilities, mental illness appears to heighten women’s risk for abuse.\textsuperscript{36, 37} Poverty, homelessness, institutionalization, unsafe living conditions and dependence on caregivers exacerbate these risks, leaving individuals with psychiatric disabilities vulnerable to victimization by a range of perpetrators - within families, on the streets, in institutional and residential settings, and by intimate or dating partners. For example, a study of homeless women diagnosed with a serious mental illness found that a significant majority had been abused by a partner (70% had suffered physical abuse, 30.4% sexual abuse).\textsuperscript{38} Rates of physical or sexual abuse in adulthood by any perpetrator were 87% and 76%, respectively. Intimate partner violence, itself, is often a precipitant to homelessness.\textsuperscript{22, 39, 40} Moreover, intimate partner violence presents particular risks for individuals with serious mental illness. Exposure to ongoing abuse can exacerbate symptoms and precipitate mental health crises, making it more difficult to access resources and increasing abusers’ control over their lives. Stigma associated with mental illness and clinicians’ lack of knowledge about IPV, reinforce abusers’ abilities to manipulate mental health issues to control their partners, undermine them in custody battles and discredit them with friends, family and the courts. In a series of focus groups conducted in Chicago, DV advocates and survivors described a number of these tactics. For example, abusers use strategies such as threatening to commit and/or committing their partners to psychiatric institutions; forcing their partners to take overdoses, which are then presented as suicide attempts, and withholding psychotropic medications. Other examples include asserting that accusations of abuse are simply delusions, lying outright about their partners’ behaviors and rationalizing their own (e.g., claiming their partner “needed to be restrained”). This kind of manipulation not only increases an abuser’s control over his/her partner, but also can have a chilling affect on a woman’s ability to retain custody of her children, which is often one motivation behind her partner’s behavior. While this type of phenomenon cuts across cultures, immigrant women who are isolated and do not speak English are particularly vulnerable to this type of abuse.\textsuperscript{41}
Acute symptoms of mental illness can also heighten a woman’s risk for victimization. Although psychiatric crises are often precipitated by recent trauma, for a woman experiencing symptoms of acute psychosis, clinicians may interpret accusations of victimization as delusions, thus leaving her vulnerable to further victimization. Women may be at particular risk for assault when experiencing cognitive or emotional difficulties associated with psychotic disorders. In addition, symptoms of severe trauma, such as dissociation or flashbacks, may also mimic psychotic disorders, heightening the potential for misdiagnosis and treatment that does not address underlying issues of abuse. Responses to previous trauma, such as dissociation or potentially risky coping strategies, may also increase a woman’s vulnerability to abuse. In addition, trauma or mental illness in childhood or adolescence can disrupt key developmental processes, leaving women without the skills they need to negotiate power and decision-making in relationships. When having to manage without these skills is compounded by abuse in adulthood, the likelihood of having legitimate rights respected in any relationship may become even more remote.

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25. Lloyd S. *The effects of violence on women's employment*. Chicago: Joint Center for Poverty Research; 1996.


ESSENTIAL COMPONENTS OF TRAUMA-INFORMED JUDICIAL PRACTICE

WHAT EVERY JUDGE NEEDS TO KNOW ABOUT TRAUMA

As a judge with a treatment or problem-solving court, you probably know that many people who appear before you have experienced violence or other traumatic events. In fact, the experience of trauma among people with substance abuse and mental health disorders, especially those involved with the justice system, is so high as to be considered an almost universal experience.

What you may not know is that these trauma experiences affect the person’s physical health, mental health, and ability to respond successfully to treatment and other interventions. The stress of the courtroom environment may also affect the ability of trauma survivors to communicate effectively with you and court personnel. Many judges have come to recognize that acknowledging and understanding the impact of trauma on court participants may lead to more successful interactions and outcomes.

Recognizing the impact of past trauma on treatment court participants does not mean that you must be both judge and treatment provider. Rather, trauma awareness is an opportunity to make small adjustments that improve judicial outcomes while minimizing avoidable challenges and conflict during and after hearings. This issue brief provides information, specific strategies, and resources that many treatment court judges have found beneficial.
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ACKNOWLEDGMENTS
This report was prepared for the Substance Abuse and Mental Health Services Administration (SAMHSA),
by the National Association of State Mental Health Program Directors (NASMHPD), contract number
HHSS2832007000201 with SAMHSA, U.S. Department of Health and Human Services (HHS). The authors
are Susan Wells and Jenifer Urff. Joan Gillece served as the Project Director and Mary Blake served as the
Government Project Officer. The report is a product of an April, 2011 meeting of treatment court judges and
trauma survivors convened by SAMHSA's National Center on Trauma-Informed Care and SAMHSA's National
GAINS Center for Behavioral Health and Justice.

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RECOMMENDED CITATION
Substance Abuse and Mental Health Services Administration, SAMHSA's National Center on Trauma-Informed
Care and SAMHSA's National GAINS Center for Behavioral Health and Justice: Essential Components of Trauma-

ORIGINATING OFFICE
Community Support Programs Branch, Division of Service and Systems Improvement
Center for Mental Health Services, Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road, Rockville, MD 20857.
DEFINING TRAUMA, TRAUMA-SPECIFIC SERVICES, AND TRAUMA-INFORMED APPROACHES

During every incarceration, every institutionalization, every court-ordered drug treatment program, it was always the same: I was always treated like a hopeless case. All people could see was the way I looked or the way I smelled. It wasn’t until I finally entered a recovery-oriented, trauma-informed treatment program, where I felt safe and respected, that I could begin to heal…Someone finally asked me “What happened to you?” instead of “What’s wrong with you?” — Tonier Cain, Team Leader, SAMHSA’s National Center for Trauma-Informed Care

In a medical context, the term trauma is often used to refer to a serious bodily injury. In the context of people who have experienced violence or other adverse events, trauma is the psychological response to these events when they 1) are experienced as physically or emotionally harmful or threatening and 2) have lasting adverse effects on the individual’s functioning and physical, social, emotional, or spiritual well-being.

Trauma may be caused by exposure to violence, physical and sexual abuse, neglect, natural disasters and accidents, and any other events that induce powerlessness, fear, recurrent hopelessness, and a constant state of alert. Trauma may also be caused by discrimination due to gender, race, poverty, and sexual orientation. The most traumatic experiences often include betrayal by a trusted person or institution.

Unfortunately, people who have experienced trauma may cycle in and out of the mental health, substance abuse, and criminal justice systems. If their trauma is not addressed, they may be considered “treatment resistant” or “difficult” clients. In the criminal justice system, they may be disruptive, require additional time and resources in the courtroom, and be at risk of re-offending.

Several evidence-based services and interventions exist to effectively treat trauma. These are called trauma-specific services and interventions, and they are designed to help individuals understand how their past experiences shape their behavior and responses to current events. Trauma-specific services often help individuals develop more effective coping strategies to address the impact of trauma.

A trauma-informed approach to services or intervention acknowledges the prevalence and impact of trauma and attempts to create a sense of safety for all participants, whether or not they have a trauma-related diagnosis. Becoming trauma-informed requires re-examining policies and procedures that may result in participants feeling loss of control in specific situations, training staff to be welcoming and non-judgmental, and modifying physical environments. The goal is to fully engage participants by minimizing perceived threats, avoiding re-traumatization, and supporting recovery. There is often little or no cost involved in implementing trauma-informed principles, policies, and practices.

More information about well-established trauma-specific interventions is available online at www.samhsa.gov/nctic/trauma.asp.

IMPACT OF TRAUMA

Someone who’s been beaten as a child expects that they’re going to be beaten. I saw the provocation all the time, with young men in particular. They provoke the court officers so at least they’re controlling when it happens. —Treatment Court Judge

The Adverse Childhood Experiences (ACE) study, conducted by the Centers for Disease Control and Prevention and Kaiser Permanente, is one of the largest investigations ever conducted...
to assess associations between childhood maltreatment and later-life health and well-being.\(^1\) It documents strong and significant relationships between adverse childhood experiences and adult health and behavioral health problems, social and economic costs, and early mortality. Untreated trauma may result in a range of problematic behaviors—including substance abuse, interpersonal violence, and gambling—that can lead to arrest, incarceration, and recidivism.

The ACE study involved 17,000 Kaiser Permanente health plan members, the majority of whom were white, over age 50, and had some college education. Study participants were asked whether they had experienced potentially traumatic events\(^2\) during their first 18 years of life.

The results indicate that childhood experiences of abuse and neglect are common and destructive, even half a century after they occur. ACE scores are significantly correlated with depression, substance abuse, attempted suicide, hallucinations, the use of antipsychotic medications, multiple sex partners, and increased likelihood of becoming a victim of sexual assault or domestic violence. High ACE scores are also significantly related to liver disease, chronic pulmonary obstructive disease, heart disease, autoimmune disease, and lung cancer.

Researchers hypothesize that adverse experiences in childhood affect the health and behavior of adults through two primary mechanisms. First, they increase conventional risk factors such as smoking, excessive drinking, overeating, self-injury, and engaging in risky sex—behaviors that often are used to cope with the pain of the trauma. Second, biomedical research shows that childhood trauma affects the developing brain and body, causing deregulation of the stress response.\(^3\)

At a more immediate level, traumatic events—regardless of the age of the person experiencing them—can shatter an individual's sense of safety and trust. This may lead to general fearfulness and isolation that makes connecting to family, friends, and treatment professionals difficult. Many people who have experienced trauma feel a sense of powerlessness or helplessness over their own lives, which may make it difficult to engage in treatment programs and in judicial proceedings.

A 5-year, 14-site study on women and violence, sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), found that services may be more effective if they:

- Are gender-specific
- Include trauma survivors in planning and delivery services
- Integrate trauma-specific treatment, mental health, and substance abuse services, rather than treat these problems separately
- Use group environments to help restore trust and promote healing from trauma

It is important to be aware that many people who appear before you remain in harmful environments and relationships, even while they participate in treatment court programs. In addition, many trauma survivors are re-traumatized in the behavioral health and criminal justice systems. Re-traumatization refers to the psychological and physiological experience of being "triggered," perhaps by a smell, a sound, or a sensation, that recreates or recalls the original abuse. Triggers for re-traumatization may include strip searches, room searches that involve inspecting personal items, cuffs or restraints, isolation, sudden room changes, yelling, and insults. Exposure to acts of terrorism, natural disasters, and personal loss such as the death of a family member also may trigger re-traumatization. All these experiences keep old wounds open and may invoke habitual, self-protective responses, including violent outbursts and withdrawal from treatment.

\(^1\) [http://www.cdc.gov/ace/](http://www.cdc.gov/ace/)

\(^2\) Specifically, participants were asked whether they had experienced one or more of the following events during childhood: emotional, physical, or sexual abuse; domestic violence; substance abuse, mental illness, or incarceration of a household member; and parental separation. You can access the current version of the ACE study questionnaire at [http://acestudy.org/ace_score](http://acestudy.org/ace_score).

BEHAVIOR AS ADAPTATIONS

Many treatment court participants have engaged in behavior that others might consider self-destructive, such as IV drug use, other substance abuse, prostitution, and self-injury. An essential component of being trauma-informed is to understand these behaviors not as character flaws or symptoms of mental illness, but as strategies or behavioral adaptations developed to cope with the physical and emotional impact of past trauma. This paradigm shift does not imply lack of responsibility for illegal behavior, but it does provide an opportunity to apply approaches that are most effective in promoting recovery and reducing recidivism.

The adverse effects of trauma may occur immediately, but often they emerge months or even years after the events. Often, the individual may not recognize the connection between the events and the effects of the trauma. People who are affected in specific ways may be diagnosed with post-traumatic stress disorder (PTSD), but because individual responses to trauma vary, many people whose lives are adversely affected by trauma do not meet the clinical criteria for PTSD.

Many people are reluctant to talk about interpersonal violence and other traumatic experiences. In some cases, they may not think of their past experiences with abuse as trauma or victimization. In addition, both women and men who have been physically or sexually assaulted may be afraid to talk about their experiences for fear they will be mislabeled, mistreated, or simply not believed. In many cases, their fears are well-founded. One study found that people diagnosed with mental illnesses seeking assistance for domestic violence are often referred to psychiatric inpatient or outpatient treatment; their report of a crime is viewed as part of their mental health issues.

ESSENTIAL COMPONENTS OF TRAUMA-INFORMED JUDICIAL PRACTICE

It is not an exaggeration to say that untreated trauma is at the root of many of society’s ills. That does not mean that people with histories of trauma who commit crimes are not responsible for their actions. However, recognizing and addressing trauma benefits individuals and the systems that serve them.

Trauma-informed judicial interactions begin with good judicial practice, treating individuals who come before the court with dignity and respect. Judges who are trauma-informed expect the presence of trauma, take care not to replicate it, and understand that it may affect court participants’ feelings and behavior, as well as their success in treatment. Trauma-informed judges work closely with court personnel and other members of the team—attorneys, court coordinators, case managers, and even treatment providers—to ensure an individualized approach that maximizes opportunities for a positive treatment outcome.
What You Say: Communication Counts

I deal with sexually violent persons. These men have at least two convictions each for either adult violent rapes or child molestation. I don’t have any problems with security. I don’t have one person that has to come into court in shackles, not one, because I give them respect. I call them by their names. It starts there. — Criminal Court Judge

Every interaction between a judge and a treatment court participant is an opportunity for engagement. For a person who has experienced past trauma or may still be experiencing violence in their lives, a judge’s words can be potentially hurtful or potentially healing. Trauma-informed judicial practice recognizes the role that trauma may play in how an individual perceives what the judge says and how he or she says it.

There are an infinite number of possible communications between a judge and treatment court participant, and there is no script to follow to ensure that each communication is trauma-informed. However, the table below provides some common examples of comments a judge might make; how a trauma survivor might hear or perceive that comment; and another, more trauma-informed way of expressing the judge’s concern.

Courtroom Communication

<table>
<thead>
<tr>
<th>JUDGE'S COMMENT</th>
<th>PERCEPTION OF TRAUMA SURVIVOR</th>
<th>TRAUMA-INFORMED APPROACH</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Your drug screen is dirty.”</td>
<td>“I'm dirty. There is something wrong with me.”</td>
<td>“Your drug screen shows the presence of drugs.”</td>
</tr>
<tr>
<td>“Did you take your pills today?”</td>
<td>“I’m a failure. I’m a bad person. No one cares how the drugs make me feel.”</td>
<td>“Are the medications your doctor prescribed working well for you?”</td>
</tr>
<tr>
<td>“You didn’t follow the contract, you’re going to jail; we’re done with you. There is nothing more we can do.”</td>
<td>“I’m hopeless. Why should I care how I behave in jail? They expect trouble anyway.”</td>
<td>“Maybe what we’ve been doing isn’t the best way for us to support you. I’m going to ask you not to give up on recovery. We’re not going to give up on you.”</td>
</tr>
<tr>
<td>“I’m sending you for a mental health evaluation.”</td>
<td>“I must be crazy. There is something wrong with me that can’t be fixed.”</td>
<td>“I’d like to refer you to a doctor who can help us better understand how to support you.”</td>
</tr>
</tbody>
</table>
Many judges have found that expressing concern and using less negative, punitive, or judgmental language has a positive impact on participants. A treatment court judge serving veterans explained, “I always begin by telling a participant, ‘Thank you for your service.’ One court graduate later said to me, ‘Here I was, charged with 10 felonies, and you thanked me for my service. I really struggled with that, but it gave me hope, and it was a good thing to say.’”

Treatment court judges who have made an effort to implement trauma-informed approaches point out that it is important not to give short shrift to those who are doing well. Giving them credit may bolster their chances of success. Hearing positive feedback given to others also serves as an incentive to individuals who may be struggling to complete court-ordered treatment. For example, one treatment court judge tells participants: “Many of you have done well, and I would like to be able to spend an equal amount of time with each of you. I have several cases to get through today and I’m going to spend a bit more time with individuals who are having problems. I am proud of all of you who are doing well; you serve as an inspiration to your peers.”

What You Do: Court Processes and Procedures

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

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

Much of what takes place in a legal proceeding, even in treatment courts, may be confusing to someone new to the criminal justice system. In many cases, the simple act of giving treatment court participants a clear explanation of what is going to happen helps alleviate their fears and lessen the possibility that they will disrupt courtroom proceedings.

The table on the following page lists some common courtroom experiences, how a trauma survivor might respond to or perceive them, and concrete suggestions for providing a more trauma-informed experience that is more likely to engage the participant. Note that many of these tools are effective not only in working with treatment court participants, but with witnesses and other people who may come before the court. The goal is to guarantee physical and emotional safety for all trauma survivors who appear in your court.
## Courtroom Procedures

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

**Photography.** Some treatment court judges give participants disposable cameras and ask them to record what is important for them to stay sober. The individuals work with their case managers to write about what the photographs mean to them. This has been used successfully in a Brooklyn treatment court, where the photographs are used as an incentive for participants to remain in treatment. When shared with the judge, they help her understand better what the individual needs to do to recover.

**Letters.** In similar fashion, some treatment court judges have participants write letters or journal entries. These letters may focus on positive experiences the individual has had since they last saw the judge or times that they felt good about themselves. They may write about their hopes for recovery or problems they are having in treatment.

**Stories/DVDs for children.** Another treatment court judge has found a way to help parents who are in residential treatment stay connected with their children. Parents choose from among donated children’s books and are videotaped reading for their child. They may offer a short introduction (e.g., “Mommy can’t be with you now, but I’m going to read you this story”). The books and DVDs are given to the children’s caregiver. This helps lessen the chance that individuals will drop out of treatment because they are separated from their children and reinforces the importance of their role as parents.

Many trauma survivors involved in the justice system report that forensic peer specialists have helped bridge the gap between the treatment and judicial systems. Forensic peer specialists are individuals with histories of mental health and/or substance abuse treatment and criminal justice involvement who are trained to help those with similar histories. They share their experiences as people in recovery and ex-offenders and can help link treatment court participants with housing, employment, educational opportunities, and community services.

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**How You Do It: The Courtroom Environment**

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

The courtroom setting can be intimidating, even for individuals who have not experienced violence and trauma in their lives. Many practices may be perceived as shocking and dehumanizing to someone experiencing the court for the first time. For example, in some courts, people are handcuffed and forced to appear in prison jumpsuits. Courtrooms frequently include many signs telling individuals what not to do. For example: “Don’t touch court papers.” “No cell phones allowed in court.” “No food, drinks, or gum.” “No T-shirts or tank tops. Dress code enforced.” Many of the signs serve to intimidate and separate participants, who may feel as if they are being treated with disdain. There is also concern about how to make the courtroom safe for participants when perpetrators and/or victims of their crimes are in attendance.

The table below highlights some aspects of the physical environment in a typical courtroom, how a trauma survivor might react to them, and how they can be modified. The goal is to promote physical and emotional safety for trauma survivors, as well as for victims, while not sacrificing the security or formality of the judicial proceedings.
### Courtroom Environment

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

Treatment court judges who have received training in trauma-informed approaches have cited it as a valuable experience. The purpose of training is not to have judges probe for trauma experiences or do the work of case managers or treatment providers. Rather, the aim is for judges and all court personnel to have a better understanding of trauma, its impact on an individual’s behavior in the courtroom and in treatment, and the types of services that help trauma survivors heal. Trauma training can also help you understand what to look for in a trauma-informed service provider before you make a referral. Resources for judicial training are listed at the end of this document.

Serving in a treatment court may result in secondary or vicarious trauma for judicial officers and staff. Because trauma is so prevalent, trainings that provide opportunities for all court personnel to explore their own experiences of trauma may help them better understand their own and participants’ behavior and create a safe, healing environment for all.
Knowledge of evidence-based, trauma-specific treatments can help a judge evaluate whether participants referred for community treatment are receiving the services most likely to promote recovery. In many communities, the presence of treatment courts has helped bolster the number and range of trauma services available to individuals with mental health and substance use diagnoses. Judges who understand trauma and its consequences are in a better position to advocate for the development of trauma-specific services and trauma-informed service systems.

**CONCLUSION**

Most treatment court participants are survivors of trauma. Many treatment court judges have found that understanding and acknowledging trauma helps to engage participants in services, treatment, and judicial interventions, whether or not they have a trauma-related or other mental health diagnosis. Communicating effectively and respectfully with treatment court participants, eliminating unnecessary court procedures that could be perceived as threatening, and modifying the physical environment to create a sense of safety can help to ensure that trauma survivors benefit from judicial interventions. Training and resources are available to support treatment courts in becoming trauma-informed.

**RESOURCES FOR MORE INFORMATION**

**SAMHSA’s National Center on Trauma-Informed Care (NCTIC):** NCTIC provides training, consultation, and other technical assistance to courts, jails and prisons, and other justice system partners. NCTIC also provides free training and materials on the Trauma, Addictions, and Mental Health Recovery (TAMAR) program, a structured, 15-week trauma-specific group intervention for women and men with histories of trauma who are in corrections, state psychiatric hospitals, and community settings. For more information, visit the NCTIC website at [http://www.nasmhpd.org/TA/nctic.aspx](http://www.nasmhpd.org/TA/nctic.aspx).

**The National Child Traumatic Stress Network (NCTSN):** NCTSN has developed a suite of products for judges serving traumatized children. They are available free online at [www.nctsn.org](http://www.nctsn.org).

**SAMHSA’s National GAINS Center for Behavioral Health and Justice:** The GAINS Center’s primary focus is on expanding access to community based services for adults with behavioral health issues at all points of contact with the criminal justice system. The GAINS Center provides technical assistance to several of SAMHSA’s justice-related grant programs and to the field, including trauma-informed response trainings, strategic planning workshops, and policy academies. For more information, visit the GAINS Center website at [http://gainscenter.samhsa.gov/](http://gainscenter.samhsa.gov/) or call (800) 311-4246.
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HHSS2832007000201
First Printed 2013
Creating A Place Of Healing and Forgiveness:  
The Trauma-Informed Care Initiative at the Women’s Community Correctional Center of Hawaii

A group of women in green work clothes poses for the camera, smiling broadly, proudly displaying a six-foot wreath they crafted from flowers and foliage grown on the grounds. Nearby, women tend rows of hydroponic salad greens and herbs grown for the facility’s kitchen, while others clear brush by a rushing stream. In the welding shop, an artist works on a large sculpture of an orchid. Women living in an open unit whose walls are painted brightly with tropical birds and flowers prepare for their jobs in the community and walk together to the bus stop beyond the main gate. Across the yard, mothers and their young children play and picnic in a grassy yard or under a pavilion constructed by community volunteers; child care workers offer parenting tips.

These activities may seem unusual on the grounds of a correctional facility, but they are consistent with the mission that Warden Mark Kawika Patterson has pursued at the Women’s Community Correctional Center of Hawaii (WCCC) since his arrival there as warden in 2006: To create a place where incarcerated women can live a forgiven life; a place of healing and transformation.

The WCCC has taken a community building approach to culture change at the facility within a trauma-informed framework. Warden Patterson was inspired by the Hawaiian concept of the pu‘uhonua, a place of refuge, asylum, peace, and safety. Under the ancient system of laws known as kapu, in which law-breaking was punishable by death, someone who broke a law and was able to make his or her way to a pu‘uhonua would receive sanctuary. There, a priest performed a ritual that absolved the person of blame, which allowed the law-breaker to return to their village and resume their life. The spirit of pu‘uhonua – the opportunity to heal and live a forgiven life – informs the vision that is changing the environment for both incarcerated women and staff at WCCC.

An inmate at WCCC:
• is more likely than the general population of Hawaii to be a woman of Hawaiian/part-Hawaiian ethnicity (40%)
• is likely to report childhood and sexual victimization (60%)
• is likely serving time for either a felony drug charge (35%) or property offense (36%)
• is likely to have experienced some violence in her life (80%)
• is likely to have a history of substance abuse (95%) and mental health problems (33%)
• is likely to be the mother of at least one child (60%)

PROGRAM AT-A-GLANCE
Recognizing that most inmates are trauma survivors and many common prison routines can re-traumatize women, the Women’s Community Correctional Center of Hawaii, under the leadership of Warden Mark Kawika Patterson, works to create “a place of healing and forgiveness” through its Trauma-Informed Care Initiative (TICI).

TICI is a unique collaboration among the facility administration, staff, and inmates; community nonprofits; state and federal agencies; educators and researchers; and volunteers from churches and civic groups.

Reducing the use of restraints and isolation has been a focus of the training and activities of TICI, since these interventions are likely to re-traumatize women who are trauma survivors and cause trauma responses in women who had not previously experienced trauma.

With a focus on educating staff, inmates, community partners, and the public about the value of trauma-informed environments and practices in healing, TICI creates opportunities for women to “live a forgiven life.”
Trauma and Its Impact on Women

What is Trauma?

Violence, and the trauma that it causes, is pervasive in our society. The literature shows that the vast majority of women in prison are trauma survivors, as are the majority of all women with substance abuse and/or mental health problems.\(^1,2\) An understanding of the impact of trauma on women’s lives, how trauma survivors develop coping mechanisms that can bring them to the attention of law enforcement, and what strategies can help trauma survivors to heal, were all key to changing the environment of WCCC.

Trauma occurs when an external threat overwhels a person’s coping resources. Whether an event is experienced as traumatic is unique to each individual; the most violent events are not always those that cause the deepest wounds. Trauma can result in specific manifestations of psychological or emotional distress, and it can affect many aspects of the survivor’s life over time: her relationships, her ability to cope with stress, her physical health, and her ability to make her way safely in the world. Trauma can happen to anyone, but some groups are particularly vulnerable due to their circumstances, including women and children, people with disabilities, and people who are homeless or living in institutions.

SOME POTENTIAL SOURCES OF TRAUMA:
- emotional, physical, and/or sexual abuse in childhood
- abandonment or neglect (especially of small children)
- sexual assault
- domestic violence
- experiencing or witnessing violent crime
- institutional abuse
- cultural dislocation or sudden loss
- terrorism or war
- natural disasters
- chronic stressors like racism and poverty
- accidents
- invasive medical procedures
- historical violence against a specific group, such as slavery or genocide
- any situation where one person misuses power over another

Trauma’s Effects on Individuals

A landmark study on the effects of “adverse childhood experiences,” known as the ACE study, confirms both the extraordinary pervasiveness of trauma and the nature and extent of its impact on physical, emotional, and psychological health, as well as its social impact. The study, a collaboration between Kaiser Permanente and the federal Centers for Disease Control (CDC), looked at the connection between childhood trauma and future health issues among more than 17,000 enrollees in a California HMO, measuring individuals’ “ACE scores” (the number of adverse childhood experiences). Adults with high ACE scores were much more likely than others to have serious physical health issues (including heart disease and diabetes), psychiatric symptoms, and health risk behaviors including substance abuse, smoking, and unsafe sex.\(^3\)

The interpersonal impact of trauma can be devastating. Trauma destroys trust, so survivors may have difficulty establishing close relationships. It can undermine one’s sense of safety; survivors may engage in seemingly counterproductive behavior in their quest to regain a feeling of control over their environment, which can further erode relationships.

The Consequences of Historical Trauma

The impact of historical trauma is of particular concern for the 40% of WCCC inmates of Native Hawaiian descent, who are disproportionately represented among the prison population (Native Hawaiians make up only 10% of the State’s general population). As described by Maria Yellow Horse Brave Heart, a Lakota, historical trauma is the “cumulative emotional and psychological wounding…spanning generations, which emanates from a massive group trauma.”\(^4\) As Brave Heart notes, the loss of traditional roles and cultural touchstones, and the resulting discrimination and poverty often faced by indigenous people in these circumstances, can leave the whole group with feelings of failure and hopelessness that are transmitted down through the generations.

For Native Hawaiians, the trauma of the cultural disruptions that resulted from the U.S. overthrow of the Hawaiian monarchy in 1893 is still evident. Native Hawaiian culture was traditionally matriarchal, so women

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may feel the loss of traditional roles especially keenly. This can make them vulnerable to trauma responses such as elevated suicide rates, substance abuse, mental health problems, coping mechanisms that appear self-sabotaging, unresolved grief, and physical ailments.

**Institutional Practices Can Re-Traumatize**

Many common practices that are considered “business as usual” within institutions like psychiatric hospitals and prisons can be sources of re-traumatization for survivors. Retraumatization happens when a situation, interaction, or environment that replicates the events or dynamics of the original trauma activates the overwhelming feelings and reactions associated with the initial trauma. Because trauma survivors were often powerless during the original event, any situation in which they have no control over what happens to them can be retraumatizing. This includes very blatant examples like strip searches, restraint, or being placed in seclusion or isolation, but it can also include less obvious forms of control, such as restrictions on freedom of movement and restricted access to visitors. While prisons conceptualize many of these activities as security measures, they can, in fact, make inmates feel unsafe and can result in trauma-driven “acting out” behavior.

**Healing from Trauma**

Despite the heavy toll that trauma can take, the good news is that human beings are very resilient and that healing from trauma is possible with the right kind of services and supports. Much has been learned about helpful interventions for trauma survivors in the past 20 years. A wide range of trauma-specific interventions are now available to address the symptoms of trauma. These include integrated models for trauma and substance abuse treatment, manualized group counseling models, prolonged exposure therapy, body-based interventions, eye movement desensitization and reprocessing (EMDR), and many others.

The field of trauma-informed care has also emerged in the past 20 years. Rather than focusing on treating trauma symptoms, trauma-informed care is a philosophy for reorganizing service environments to meet the unique needs of survivors and to avoid inadvertent re-traumatization. Trauma-informed practices support resilience, self-care, and healing. In trauma-informed settings, everyone is educated about trauma and its consequences, and everyone is mindful of the need to make the environment more healing and less re-traumatizing for both program participants and staff.

There is an understanding that, for trauma survivors, regaining control over their environment is the priority, so these settings emphasize safety, choice, trustworthiness, collaboration, and empowerment to the greatest extent possible.⁵

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*I came out [of prison] looking forward to fixing my past mistakes. I didn’t realize that what happened to me – growing up without a mother, being beaten by my partner – was “trauma.” At WCCC, I learned about trauma, how it contributed to what brought me here. I had a chance to work on my issues and change my attitudes and behavior. I was honest with myself for the first time. I’m still working on myself; I want to make it right.*

— Daphne, WCCC parolee and TICI volunteer

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**Planning and Implementing the WCCC Trauma-Informed Care Initiative (TICI)**

When Warden Patterson and his team recognized that the vast majority of women at WCCC were survivors of trauma, they understood that many of the crimes that led to incarceration, particularly drug offenses, were rooted in women’s responses to traumatic experiences. They realized, too, that the prison environment and many of the routine practices in the correctional system had the potential to re-traumatize women. It became clear that changes already underway to operationalize the idea of *pu‘uhonua* at WCCC could be implemented within the framework of a trauma-informed approach.

In response, Warden Patterson and his colleagues developed the WCCC’s Trauma-Informed Care Initiative (TICI), a unique collaboration among the facility administration, staff, and inmates; community-based non-profit organizations and foundations; state and federal government agencies; educators and researchers; and volunteers from churches, civic organizations, and the broader community. TICI was developed as a community-based participatory research project.

TICI was funded by grants from the Office of Hawaiian Affairs, the State’s Mental Health Transformation State Incentive Grant (MH TSIG) received from the federal Substance Abuse and Mental Health Services

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Administration (SAMHSA), and the University of Hawaii’s Mental Health Services Research, Evaluation, and Training program. **The project has four primary goals:**

- To establish universal trauma screening for all WCCC inmates
- To establish a uniform trauma assessment process for women who screen positive for a history of trauma
- To provide basic trauma awareness and sensitivity training to all WCCC employees
- To facilitate the development and coordination of trauma-specific mental health treatment within WCCC

Planning for TICI began with an exploratory meeting in late 2008 that included Warden Patterson, WCCC’s mental health staff, leaders from the Department of Public Safety’s health and mental health staff, the MH TSIG evaluation faculty from the University of Hawaii, and the MH TSIG Director. One outcome of the meeting was recognition of the need to understand the extent to which programs serving WCCC women were currently identifying and addressing trauma.

**Needs Assessment**

With input from local and national experts, the MH TSIG evaluation faculty developed a Trauma Treatment survey in March 2009, which was subsequently sent to onsite programs, contractors, and voluntary providers serving women at WCCC. Analysis of the data from the 12 respondents found that “a consistent, comprehensive, and coordinated approach across all providers and programs that offer trauma-informed assessment and care to the women at WCCC is lacking and needed.” For example, six of the 12 programs provided trauma assessments, but they did not use a common framework nor standardized trauma assessment instruments. It was also determined that there was no mechanism in place for sharing assessment findings among the providers and programs. Only two programs or providers asked questions about cultural issues, and while four respondents asked about historical trauma, their questions tended to be about individual inter-generational trauma, not historical trauma of an entire cultural group. Six programs provided trauma-specific treatment, but there was little commonality among the approaches offered.

**Planning**

After completion of the needs assessment, a TICI leadership team was created, made up of Warden Patterson; Toni Bissen of the Pūʻā Foundation, an organization engaged in healing and reconciliation efforts that address consequences of the 1893 overthrow; Gina Camara, Ph.D., WCCC Mental Health Section Administrator; Sgt. Dawn Clemente, WCCC Safety and Training; Michelle Pope of the Bridge Program; Daphne Hookano; Mehana Hind; Wesley Mun; and Steven Onken, Julie Takishima, and Patrick Uchigakiuchi of the University of Hawaii. They convened a larger Working Group including representatives of community-based non-profit organizations, contractors serving WCCC women, community volunteers, and state agency representatives. The Working Group’s charge was to plan and implement activities to meet the four TICI goals described above. The Working Group and its sub-groups (Task Groups), which met regularly, focused on developing: culturally appropriate, gender-specific measures for trauma assessment; a training program for all WCCC staff; and recommendations for ensuring a comprehensive trauma-informed system of care for WCCC.

To promote stakeholder buy-in to the TICI work, in July 2010 WCCC hosted a luncheon gathering of 25 guests from the community. The guests were invited to participate based on their expertise and interest in trauma and gender-specific, culturally sensitive mental health and substance abuse services for women in the criminal justice system. A number of women serving time at the facility also participated in the gathering, and lunch was prepared by WCCC women. The purpose of the meeting was to share information on TICI plans and goals in the “talk story” manner that is central to Native Hawaiian culture, gather the feedback and opinions of the guests about TICI plans, and invite attendees from the community to actively participate in the project’s work. The majority of guests strongly agreed that they “were inspired to participate in the project because of what they learned about the women’s experiences with trauma” and “could contribute to the project in a way that is consistent with their strengths and interests.”

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6 *Trauma Treatment Survey for the Women’s Community Correctional Center: Draft Summary October 19, 2010. WCCC Trauma-Informed Care Initiative.*

7 *Evaluation Results from 7.22.2010 Luncheon Gathering. Prepared by Julie Takishima and Annette S. Crisanti, Research Corporation of the University of Hawaii.*
An Assessment Task Group was formed with representatives from WCCC staff and community stakeholders who have expertise in these areas. As a starting point for their work to develop screening and assessment protocols, the group reviewed the research literature and held focus groups with WCCC inmates to hear their views about the optimum timing of screening and assessment and modalities that would be likely to yield active participation in these activities. In their planning, the group considered factors unique to correctional settings. For example, women newly arrived at WCCC are likely to feel overwhelmed, may be in the process of withdrawing from drugs, and may have trust issues with staff, all of which could interfere with their willingness or ability to participate fully in screening and assessment at intake. The Task Group’s goal was to create a screening and assessment process that empowered the inmates as fully as possible, to yield the most useful results.

Training on Trauma-Informed Care

The next major step in planning and implementing the TICI involved three days of intensive training provided by SAMHSA’s National Center on Trauma-Informed Care (NCTIC) in September and October 2010. The audiences for these events included contractors and non-profit agencies serving WCCC women, community-based TICI participants, and the interested general public, as well as WCCC and other correctional system staff.

A 2½-hour awareness training, Understanding and Responding in a Trauma-Informed Way, was presented at five different locations on Oahu; three of these sessions were open to the public (one was also made available to outlying areas by video conference), one was at WCCC, and one was at Oahu Community Correctional Facility, a facility for men. The goals of the training were to familiarize people with the characteristics and positive impact of trauma-informed systems, the psychological and neurobiological effects of trauma, and how to avoid or mitigate trauma and re-traumatization in forensic settings. A key message was that trauma affects the lives of staff as well as people receiving services, and strategies for dealing with the impact of staff trauma were provided. The training was provided for WCCC inmates as well. A total of 285 individuals from various organizations participated in these sessions, including 110 WCCC staff.

This introductory training was followed by two opportunities to participate in a day-long training by NCTIC on the Trauma, Addiction, Mental Health, and Recovery (TAMAR) model of group treatment for trauma. TAMAR is a structured, manualized 15-week program developed specifically for trauma survivors in correctional settings, which provides inmates with basic information on the multiple ways in which trauma impacts people. It also teaches the development of coping skills. The modules integrate education about childhood physical and sexual abuse and its impact on survivors as adults with cognitive-behavioral and express therapy principles and activities. The TAMAR sessions were by invitation only, and were geared toward criminal justice professionals and those providing services to people in the correctional system. A total of 73 individuals from various organizations participated in the TAMAR training, including 13 staff each from WCCC and Oahu Community Correctional Center (OCCC).

A team from the WCC Trauma-Informed Care Initiative participated in a two-day invitational meeting, sponsored by SAMHSA’s National Coordinating Center to Reduce and Eliminate the Use of Seclusion and Restraint, Preventing Violence and Promoting Recovery Through Positive Culture Change, in Baltimore in November 2010. Six institutions from across the country – two inpatient psychiatric hospitals, two forensic psychiatric facilities, a juvenile justice facility, and WCC, along with a countywide trauma collaborative – came together to discuss their progress toward becoming trauma-informed and to learn from each other and from national experts, including trauma survivors. Each site shared innovative tools, programs, and practices, such as the successful implementation of multisensory comfort rooms and restorative justice initiatives. Warden Patterson presented about WCCC’s TICI and shared a story of WCCC women spending time with their children, which many meeting participants found very moving.

Recognizing that one-time training alone is not sufficient to create culture change, WCCC requested training and technical assistance through SAMHSA’s Promoting Alternatives to Seclusion and Restraint Through Trauma-Informed Care. In March 2011, three trauma survivors supported by SAMHSA spoke to 110 WCCC women about the principles and values of peer support, survivor participation and leadership, and the process of developing and maintaining peer support programs. The presentations, also offered to women in the community-based transition program Ka Hale Ho‘āla Hou No Nā Wāhine, included sharing of survivor art, writing, and music. The presenters worked with staff to raise awareness about the key role peer support plays in healing from trauma.
Strategic Planning
In April 2011, a SAMHSA consultant facilitated two days of strategic planning with the TICI team, Working Group, and other partners to develop mechanisms to maintain and expand the reach of the TICI. An awareness training, Understanding and Responding in a Trauma-Informed Way, was repeated on Oahu and on three neighbor islands, where it was offered to staff and providers in health, mental health, judiciary, corrections, substance abuse, and social services fields, as well as first responders and people receiving services and their families.

The warden’s attitude and vision have made this a different place. He has a willingness to take risks with people. He believes in us and wants to give everyone a chance to heal. Since the staff learned about trauma, they act differently. Some staff used to be hostile, but now they explain the rules calmly, they don’t yell. They take more pride in their jobs. It has changed their negative, judging attitudes to acceptance and understanding.
— Roberta, WCCC inmate

TICI Accomplishments
TICI is still an ongoing work in progress, but some important milestones have been reached in implementing aspects of the program.

Trauma Screening and Assessment
The Assessment Task Group developed an innovative approach to trauma screening and assessment, largely based on the feedback they received from women in the inmate focus groups. The women felt that, because entering prison is such a traumatizing experience in itself, intake is not the best time to ask probing questions about past traumatic experiences. Instead, trauma screening and assessment has been incorporated into a new 10-week orientation program delivered by peer leaders and members of the assessment team which is designed to help ease the adjustment to prison life. Entitled You Hold the Key to Getting Out and Staying Out: A Transformative Process of Hope and Opportunity, the goal of the orientation is to provide vital information about prison life and to establish a sense of trust and safety before asking sensitive questions about women’s trauma history. Trauma assessment occurs in weeks 9 and 10 of the program, following modules on healing opportunities, community building, and self-care.

Workforce Development
In December 2010, under the leadership of WCCC Director of Safety and Training Sgt. Dawn Clemente, a nine-module training curriculum designed for corrections officers and other WCCC personnel was completed. The purpose of the curriculum is to enable correctional officers to understand trauma and its impact, to identify potential trauma triggers, and to gain the skills and techniques to engage women in a helpful way when responding to manifestations of trauma. Further goals are to establish an effective working partnership between security staff and clinicians; to prevent trauma, victimization, and re-traumatization; and to prevent staff traumatization. The curriculum is seen as a key ingredient in creating, growing, and maintaining a trauma-informed environment throughout the facility.

The TICI Working Group recognized the need for ongoing information sharing and skill building for WCCC staff and community partners on issues related to trauma and trauma-informed care. They have adopted a model for sustaining knowledge transfer and skill uptake that was developed by the Mountain West Addiction Technology Transfer Center (MWATTC) as a guideline for sustaining and furthering the project’s training activities.

Using Trauma-Informed Practices to Reduce Seclusion and Restraint
The reduction of seclusion (called “isolation” in the correctional system) and restraint has been a focus of the training and activities of WCCC’s Trauma-Informed Care Initiative, in recognition of the fact that these interventions are likely to re-traumatize women who are trauma survivors and to cause trauma responses in women who had not previously experienced trauma. Steve Onken, Ph.D., Co-Principal Investigator for the TICI, was an original member of SAMHSA’s National Steering Committee for Alternatives to the Use of Restraints and Seclusion, and his commitment to this issue helped focus the group’s awareness of the need to address these matters from a trauma perspective. As the lead in working with the TICI Training Task Group and coordinating trainings provided by NCTIC consultants, Dr. Onken helped ensure that all of the training, workshops, and dialogue sessions included content on understanding the trauma impact of restraint and seclusion on those being restrained and/or secluded as well as on staff who were involved in doing restraint and/or seclusion. All training activities included strategies and tools to help lessen the use of restraint and seclusion, with the ultimate goal of eliminating these
traumatizing practices. This issue was also addressed in NCTIC’s organizational assessment with the TICI and the resulting strategic planning sessions.

A training provided to WCCC staff on *Bridging Trauma in a Correctional Environment* addresses the use of trauma-informed practices as a tool for reducing and eliminating seclusion and restraint. In addition, Dr. Onken and Co-Principal Investigator Patrick Uchigakiuichi have provided WCCC with model policies for its consideration regarding “debriefing,” a critical strategy in reducing the usage of restraint and seclusion. Warden Patterson and WCCC Mental Health Section Administrator Dr. Gina Camara are also pursuing the creation of comfort/sensory rooms at WCCC. These rooms have been successfully used in psychiatric inpatient units and other institutional settings as an effective tool for calming and de-escalation that can prevent the use of restraint or seclusion. A comfort or sensory room is a space that is designed in a way that is calming to the senses and is furnished with items that are physically comfortable and pleasing to the senses in order to provide a sanctuary from stress. Comfort rooms can help teach individuals calming techniques that work for them to decrease agitation and learn positive self-calming techniques.

**Additional Resources to Build the Pu`uho`onua**

By embracing a trauma-informed framework for their efforts to transform the correctional environment into a place of healing, the WCCC leadership and staff have added value to the many existing programs at the prison that are helping women recover from trauma, substance abuse issues, and mental health problems. The resources available to women at WCCC include the following:

**Maintaining the Bonds Between Mothers and Children**

Most of the WCCC women are mothers, and staff recognize that maintaining the bonds between incarcerated mothers and their children is vital to healing from trauma and preparing women for successful return to the community. There are several programs addressing these needs, including Kids Day, regularly scheduled days when children can come to the facility and spend time with their mothers through organized activities such as games, face-painting, and art projects. There are also evenings when teens can join their mothers for movies and conversation.

Special events, such as visiting the zoo together, offer the chance for mothers to bond with their children away from the correctional environment. Keiki O Ka `Āina Family Learning Center provides mentoring to children and their current caregivers, as well as to mothers, with the goal of providing a safe and nurturing environment for the children and preventing the risk of neglect and abuse among children of incarcerated parents. They conduct parenting classes and provide a preschool program.

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**Trauma training has really opened our eyes.**

*I know there is hope to break the cycle of trauma – they can still learn to parent. I see the mothers beginning to take responsibility, to transform their lives for the sake of their keiki (children). Early childhood educators need training to identify trauma in the keiki so they can get help and we can break the cycle.*

— Memory Ku, Coordinator, Strengthening Keiki of Incarcerated Parents Partnership, Keiki O Ka `Āina Family Learning Centers

**Enhancing the Physical Environment**

Prisons are not generally warm and welcoming places, but under Warden Patterson’s leadership, much has already been accomplished to make the buildings and grounds more inviting. For example, in many buildings, the typical institutional colors are gone, replaced by bright colors, murals, and paintings of the local Hawaiian flora and fauna done by WCCC artists. In a grassy yard, a large open-air pavilion with picnic tables was constructed by volunteers from the community, using donated materials; this provides space for programs that allow mothers to spend quality time with their children. Inmate work crews are clearing brush and landscaping parts of the grounds near a stream, creating an oasis of Native Hawaiian plants. Warden Patterson’s next goal is to replace a paved courtyard between living units and classrooms with grass and gardens.
Education
Lack of education and job skills are huge barriers to successful community reentry for women leaving prison, and WCCC addresses these needs through GED classes as well as a range of vocational training programs. In partnership with a local community college, a culinary services program offers college credit and job skills, and the trainees work in the WCCC kitchens. A welding training program prepares women with a marketable, well-paying skill, and flower arranging is another trade program. A comprehensive transition to six months post-reentry. A range of other courses, including personal development topics, spiritual growth and healing, and creative writing, are available. Mother Read, a family empowerment and literacy program, helps women improve their reading skills to make reading with their children a more rewarding experience. The Olelo Broadcasting program teaches marketable skills in media production and broadcasting, and creates videos about WCCC programs.

Substance Abuse Treatment
Four distinct substance abuse treatment programs are available to women at WCCC, including Addiction Treatment Services provided by the Salvation Army and a Residential Drug and Alcohol Program that combines treatment with an education program to ensure that women have the best chance for successful reentry. Ke Aluala Lo‘i, a unique partnership with the Garden Club, combines substance abuse treatment with an opportunity for women to plant, maintain, and care for traditional Hawaiian agricultural terraces. Total Life Recovery (TLR) is a full-time, faith-based program that offers addition treatment, one-on-one counseling, and classes on topics ranging from music, leadership, hula, and spiritual topics. A unique aspect of TLR is its hydroponics program, a partnership with an Oahu garden club, The Outdoor Circle, whose members volunteer their time to teach and supervise the trainees. Here, women learn how to grow salad greens and herbs for the WCCC kitchen and propagate landscape plants that the Outdoor Circle members sell in the community to fund the program.

Reentry/Transition Programs
The Bridge is a 15-bed open housing unit (i.e., no corrections officers are stationed there) providing transitional substance abuse services and assisting women in developing mind, body, and spiritual wellness to support their reentry. Many women in the program have jobs outside the facility. They also participate in community

re-integration activities to reduce the rate of recidivism and parole violations.

TJ Mahoney Associates runs Ka Hale Ho‘āla Hou No Nā Wāhine: The Home of Reawakening for Women, a trauma-informed, community-based residential work furlough program that helps women transition successfully to the community. The program provides assistance and training in finding and keeping employment, building life skills, and developing social networks. The focus is on empowering women by teaching skills for dealing with overwhelming feelings.

Trauma-informed care provides a unifying framework for our transition program. We don’t use pathologizing language – we speak plain English. Rather than “steps,” we talk about widening circles of healing. Women shouldn’t have to go back to step one if they mess up – we help them refocus and continue to widen the circle. We guide women from blaming and victimhood through ambivalence to empowerment and resiliency.

— Lorraine Robinson, Director, Ka Hale Ho‘āla Hou No Nā Wāhine: The Home of Reawakening for Women (TJ Mahoney Associates)

Community Outreach/Community Volunteers
Warden Patterson has made community outreach a priority. Women from WCCC regularly go into the community to discuss the impact of trauma, read from their creative writing, and show videos produced by Olelo Productions about WCC programs, presenting to audiences in churches, schools, colleges, civic groups, and other organizations. In addition to raising awareness about trauma and the needs of women in the correctional system, this outreach has resulted in the recruitment of community volunteers for projects and programs at the facility, such as the picnic pavilion built by volunteers.

Keys to Success
While the Trauma-Informed Care Initiative at WCCC has clearly been guided by the spiritual values of Native Hawaiian culture, one can identify a number of factors that have been crucial to the project’s success which could be easily adapted and incorporated into trauma initiatives in correctional and other institutional settings on the mainland.
Inspirational Leadership
Warden Patterson’s passion for transforming WCCC into a "pu‘uhonua" within a trauma-informed framework, and his ability to communicate that vision in a manner that has built excitement, motivation, and commitment among staff, inmates, non-profit groups, and the broader community, is a central factor in TICI’s ongoing success.

Becoming a Learning Organization
The TICI leadership and Working Group recognize that changing the organizational culture is a complex, multi-year process that must be constantly attended to, and that one-shot trainings are not sufficient to bring about fundamental change. In addition to multiple training opportunities over an extended period of time, culture change is nurtured through supervision, Working Group meetings, cross-fertilization among partner organizations, and by example.

Survivor Participation
The meaningful participation of parolees and women currently at WCCC is integral to TICI’s success. Women receive the same training as staff and are involved in meetings and events. Parolees are members of the Working Group, and their perspectives are sought out, respected, and incorporated into the vision.

Community Involvement
In most communities, what goes on behind prison walls remains a mystery, and there is often a lack of understanding and interest about incarcerated individuals. Warden Patterson has made a point of involving the WCCC women in outreach to the community, which puts a human face on the issues of trauma found within correctional facilities. By fostering understanding of the impact of trauma on the women’s lives and showing concretely that healing and growth are possible, this outreach benefits both the community and WCCC by making community volunteers an integral part of the change effort.

Partnering with Other Governmental Agencies, Academia, and Community-based Non-Profits
Working together with other governmental agencies, such as the Office of Hawaiian Affairs and the Department of Health’s Adult Mental Health Division, has brought both funding and outside expertise to the TICI. Including researchers and evaluators with experience in trauma and system transformation from the University of Hawaii ensured that the project had an ongoing evaluation that provided feedback to the process. The active participation of community-based non-profit groups brought in expertise in a range of human service fields and helped educate these helping agencies about the impact of trauma.

When I first came here, I cried all the time and isolated myself. I joined a creative writing class, and now I go out and share my writing in churches and schools. Now I have friends, go to programs. What changed for me is that I have learned about myself; I've matured and grown. The learning was all for growth – life has more meaning for me now.

— Earlily, WCCC inmate

Acknowledgements
This technical assistance document was developed by the National Association of State Mental Health Program Directors (NASMHPD) and Advocates for Human Potential, Inc. (AHP) under contract number HHSS2832007000201 for the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS), and was written by Darby Penney. Its content is solely the responsibility of the author and does not necessarily represent the position of NASMHPD, AHP or SAMHSA.

2013
A Survey:
Assessing Self-Care Strategies In Your Life

Please complete the following questionnaire according to the following:

5 = Frequently
4 = Occasionally
3 = Rarely
2 = Never
1 = It never occurred to me

Physical Self-Care

___ Eat regularly (e.g., breakfast, lunch, and dinner)
___ Eat healthy
___ Get regular medical care for prevention
___ Get medical care when needed
___ Take time off when sick
___ Participate in routine physical activity (dance, swim, walk, run, play sports, stretch)
___ Get enough sleep
___ Breath evenly and deeply
___ Take vacations
___ Make time away from telephones
___ Other examples you use: __________________________________________

Psychological Self-Care

___ Make time each day for self-reflection
___ Write in a journal
___ Read materials unrelated to work
___ Do something at which you are not an expert or not in charge
___ Pay attention to your inner thoughts—listen to your judgments, beliefs, attitudes, and feelings
___ Routinely participate in a mentally stimulating activity—go to an art museum, history exhibit, read a book on a new subject
___ Ask for and accept help and support from others
___ Other examples you use: __________________________________________

### Emotional Self-Care

- Spend time with others whose company you enjoy
- Stay in contact with important people in your life
- Give yourself affirmation and praise
- Identify and seek out comforting activities and relationships that may include people and/or pets
- Allow yourself to fully experience the "human condition"—cry; feel sadness or loneliness
- Laugh every day
- Other examples you use: 

### Spiritual Self-Care

- Explore and make time for activities that are spiritually meaningful, such as meditation, time spent in nature, prayer, etc.
- Be open to inspiration
- Cherish your optimism and hope
- Find literature that brings a sense of inspiration, optimism, or hope
- Other examples you use: 

### Workplace or Professional Self-Care

- Take a break during the workday (e.g., lunch)
- Take time to connect personally with colleagues
- Identify project or tasks that are exciting and rewarding
- Set limits on time spent with clients and colleagues
- Balance your workload (time with clients and paperwork)
- Arrange your work space so it is comfortable and comforting
- Get regular supervision or consultation
- Other examples you use: 

### Balance

- Strive for balance within you work-life and workday
- Strive for balance among work, family, relationships, play, and rest
- Other examples you use: 