

Transforming trauma

Seeking recovery for those in corrections

By David M. Young

In ancient times, people with the disorder of leprosy were quarantined in isolated colonies, out of sight and out of mind. Today, society quarantines many trauma-impacted individuals in its own isolated colonies called jails, prisons, treatment centers and halfway houses. Many of them are perpetrators of trauma; however, many are also victims, and perhaps most are both. It is well-known that trauma begets trauma — hurt people hurt people. The high use of social media by youths and the increasing incidence of cyberbullying is a good example of how mental and emotional trauma is inflicted. Through news and social media, terms like “trauma-informed” and “trauma-sensitive” are becoming more commonplace, and it is an undeniable fact that the justice-involved population is over-represented disproportionately with individuals having a history of trauma. In fact, there is growing evidence that what many call the cradle-to-prison pipeline in America begins with childhood trauma.¹

Definition and incidence

The Substance Abuse and Mental Health Services Administration defines individual trauma as resulting from an event, series of events or set of circumstances experienced by an individual, physically

or emotionally harmful or life-threatening, with lasting adverse effects on the individual’s functioning and mental, physical, social, emotional or spiritual well-being.² An estimated 60 percent of adults will experience a traumatic event at least once in their lifetime, and 26 percent of children will experience a traumatic event before they turn four. More than 60 percent of youths, ages 17 and younger, have been exposed to crime, violence and abuse either directly or indirectly. Additionally, 90 percent of clients in public

Game changers

Adverse childhood experiences (ACEs). It is a well-known fact that no one in life is a stranger to trauma, hardships, adversity, trials, suffering and pain. In fact, at no time in a life span are people free from traumatic events. A growing body of research, including clinical studies, has shown that trauma occurring during pregnancy can impact fetal neurodevelopment, which, in many cases, results in sustained effects across the

... trauma occurring during pregnancy can impact fetal neurodevelopment ...

behavioral health care settings have experienced trauma. Most, if not all, incarcerated women have experienced trauma in their past, either in childhood or adulthood or both.³ Sadly, compounding this picture is the fact that incarceration is a traumatic event that can trigger a host of negative outcomes from past experiences, such as post-traumatic stress disorder, anxiety, depression, self-mutilation and thoughts of suicide.

lifespan.⁴ From 1995 to 1997, a landmark study was conducted by the Centers for Disease Control and Prevention and Kaiser Permanente involving data collection from more than 17,000 individuals receiving physical exams in Southern California.⁵ During the exams, individuals completed confidential surveys regarding their childhood experiences and current health status and behaviors. The study was one of the largest investigations of childhood abuse

and neglect and later-life health and well-being (see Figure 1).

A true pioneer in recognizing the long-term, negative health effects of childhood trauma is pediatrician Nadine Burke Harris, M.D. She founded the Center for Youth Wellness in California that seeks to create a clinical model to recognize and effectively treat toxic stress in children. Her goal is to change the standard of pediatric practice to better recognize social risk factors and to develop medical interventions to counteract the damaging impacts of toxic stress. Her excellent TED Talk expands upon these views.⁶

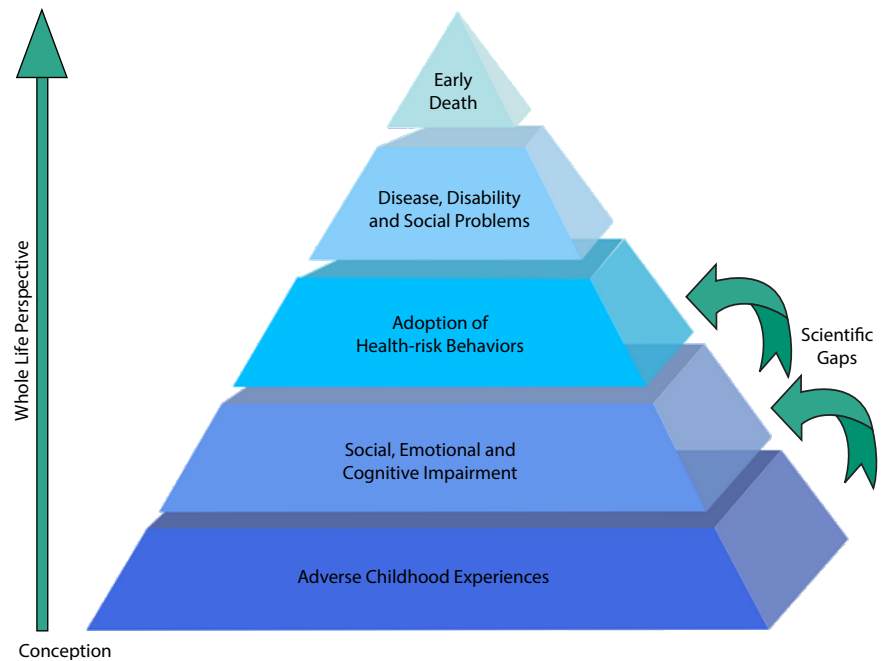
Celebrate Recovery Inside (CRI). CRI is a Bible-based, balanced approach to recovery that was started in 1991 by Saddleback Church in Lake Forest, California, to help individuals overcome their hurts, habits and hang-ups. CRI is the prison and jail expansion of the Celebrate Recovery (CR) ministry.⁷ In 1998, New Mexico was the first state to adopt CRI into their state prison system. Since then, more than 600 prisons and jails across the country have adopted CRI as part of their inmate treatment program. CRI aims to provide a natural transition back into the community from incarceration, as approximately 30,000 local churches have ongoing CR classes.

Role of correctional chaplains

Chaplaincy, by its very nature, involves working at the vortex and aftermath of trauma, whether in hospitals, jails or prisons, or with community law enforcement. Chaplains are called to be a ministry of presence in difficult, adverse and traumatic situations. Spirituality can play a significant role in recovery from trauma.⁸

Convincing inmates that they are not defined by their traumatic

Figure 1



past is a formidable challenge for correctional chaplains. In reality, a pre-trauma life of innocence is irretrievable. The emotional, mental and spiritual status of trauma-impacted individuals is varied; however, grief, loss, hopelessness, anger, bitterness, resentment, rage, lack of forgiveness and revenge are common. Inmates come out of traumatic experiences either bitter or “better”. Sometimes an “answered prayer” is the first step in recovery. Self-destructive life patterns run deep, and these answers can come to us all in ways unexpected.

The road to recovery for trauma-impacted inmates is a long one, littered with off-road antics, rest stops, overcorrection, return to criminal behavior and recidivism. A central theme in correctional chaplaincy regarding recovery is chaplains teaching individuals the beliefs that they are created and loved by God; they are fully known and forgiven by God; and God created them to live a purposeful, prosocial life.

What can correctional chaplains do? Correctional

chaplains work, live, play and pray at a pivotal bridge point between correctional facilities and communities. They can carry the message locally and state-wide to help society become more trauma-informed and trauma-sensitive.

The future of a trauma-impacted society

Good news. There are a number of local, state and national efforts to help build a trauma-informed and trauma-sensitive America. Many state education departments are promoting and facilitating the creation of trauma-sensitive schools to help traumatized children learn and feel safe. Trauma-informed community building is being promoted as a model by the Annie E. Casey Foundation and the Urban Institute. Trauma-informed policing is being promoted by the Vera Institute of Justice. Law enforcement officers now have access to four-fold wallet-sized cards to remind them to be sensitive when arresting

Figure 2. How to Explain A Parent’s Arrest To A Child (Preschool — Ages 4 to 5)

CHILD’S PERCEPTION OF ARREST	WHAT TO SAY
<p>Fear of separation and loss of parent protection:</p> <ul style="list-style-type: none"> • Unable to psychologically separate harm to parent from harm to self. • May cling to parent to avoid separation. <p>Very anxious that parent will be hurt:</p> <ul style="list-style-type: none"> • May view a police officer as an action figure who can help, hurt or take them away. • May believe his/her behavior or wishes caused a parent’s arrest. 	<p>Speak to the child so that your eyes are level with the child’s.</p> <p>Clarify basic facts in simple language:</p> <ul style="list-style-type: none"> • Why the police are there. • What the police are going to do: <p><i>“I have to take your parent to the police station to talk about some things.”</i> <i>“I’ve called your grandmother and she’s on the way over to be with you.”</i></p> <ul style="list-style-type: none"> • Reassure child it is not their fault. • Do not make promises you cannot keep (i.e., “I will come back to check on you” unless you know you will).
HOW CHILDREN MIGHT REACT AND HOW YOU SHOULD RESPOND	WHEN ARREST IS RAID OR RELATED TO DOMESTIC VIOLENCE (DV)
<ul style="list-style-type: none"> • Where possible, avoid use of force on parents in presence of child and avoid cuffing the parents in the presence of child. • Avoid pointing guns at child. • Try to distract the child. <ul style="list-style-type: none"> - Offer a stuffed animal or a sweater/scarf of the parent to comfort the child. • Anticipate that if you do use force, the child’s reaction will be extreme: <ul style="list-style-type: none"> - Try to protect parent or hit officer. - Zone out of be non-reactive. 	<p>RAID</p> <ul style="list-style-type: none"> • Element of surprise may be necessary for effective law enforcement, but will escalate children’s reactions. • Try to ascertain ahead of time if children are present. If possible, have them removed to a safe place prior to raid. <p>DV</p> <ul style="list-style-type: none"> • While you may perceive yourself as the rescuer of the abused parent, the child may only perceive you as someone using force as the abuser did and not see the difference. • If the child had any positive connection to the batterer parent, the child may view you as harming their batterer parent.

Courtesy National Institute of Corrections

adults and parents in the presence of children (see Figure 2). Many state departments of corrections are offering ACE training for correctional officers at annual conferences. Because of high ACE scores among incarcerated women, parenting classes are being offered in correctional facilities.⁹ Through the cooperative efforts of Treatment Alternatives for Safe Communities, Advocates for Human Potential Inc. and the Academy of Criminal Justice Sciences, a training tool entitled, “Trauma-Informed Approaches in Correctional Settings,” has been created.¹⁰ This training tool includes chaplains as a member of the seven-member program staff team.¹¹

Bad news. Children are experiencing trauma at unprecedented rates across the U.S. The most recent data shows that there were 3.6 million reports of child abuse and neglect at

local and state agencies involving 6.6 million children. Over the past 10 years, more than 20,000 children have been killed by family members — that is four times the number of U.S. soldiers killed in Iraq and Afghanistan. More children are being placed in foster care or with extended family members. As of April 2016, there were 415,000 minor children in foster care in the U.S., the highest number since 2008. Substance abuse is a factor in 80 percent of the cases in which a child is removed from a home. Compounding this picture is the increasing incidence of drug use among adolescents, especially prescription drug use. Prescription and over-the-counter drugs are the most commonly abused drugs by 12th-graders after alcohol, marijuana and tobacco. Prescription-drug abuse is highest among young adults aged 18 to 25, with nearly 6 percent reporting non-medical

use of prescription drugs within the past month.¹² These reported trends, along with increased rates of childhood trauma, forecast an ever-expanding adult justice-involved population in the future.

Hope

The research on resilience provides hope for those who work with individuals who have experienced traumatic and victimizing experiences. No matter what form of traumatic events, 75 percent of individuals will go on to “bounce back,” while 25 percent of victimized individuals “get stuck.” In his book “Roadmap to Resilience,” Donald Meichenbaum discusses what distinguishes these two groups and gives practical ways to bolster resilience in six domains (physical, interpersonal, emotional, cognitive, behavioral and spiritual).¹³

Few professions witness on a daily basis the outcomes of trauma, toxic relationships and brokenness as vividly as correctional chaplains. The need for trauma-sensitive learning for the justice-involved is great. Correctional chaplains are agents of change, transformers. They work to bring hope to the hopeless and healing to the wounded. Providing spiritual care in a trauma-informed and trauma-sensitive manner will result in positive health outcomes. Correctional chaplains may be well-equipped and strategically placed to take the lead in this national educational movement.

ENDNOTES

¹ Bartos, L. (2016, Jan. 6). *Pipeline to prison may start with childhood trauma*. California Health Report. Retrieved from www.calhealthreport.org/2016/01/06/pipeline-to-prison-may-start-with-childhood-trauma

² SAMHSA-HRSA Center for Integrated Health Solutions. (2016). *Trauma*. Retrieved from www.integration.samhsa.gov/clinical-practice/trauma

³ Newman, A. (2016, April 7). *The road to prison is paved with trauma for women and girls*. Our Bodies Ourselves. Retrieved from www.ourbodiesourselves.org/2016/04/the-road-to-prison-is-paved-with-trauma-for-women-and-girls

⁴ Kinsella, M. T., & Monk, C. (2009). Impact of maternal stress, depression & anxiety on fetal neurobehavioral development. *Clinical Obstetrics and Gynecology*, 52(3), 425–440. Alphen aan den Rijn, Netherlands: Wolters Kluwer Health Inc. Retrieved from www.ncbi.nlm.nih.gov/pmc/articles/PMC3710585

⁵ Centers for Disease Control and Prevention. (2016). *Injury prevention and control: Division of violence prevention*. Retrieved from www.cdc.gov/violenceprevention/acestudy

⁶ Harris, N. B. (2014, September). *How childhood trauma affects health across a lifetime*. Presented at TEDMED, San Francisco.

⁷ Celebrate Recovery Inside. (2016). *About CR inside*. Retrieved from www.cr-inside.org/about.aspx

⁸ Meichenbaum, D. (2012). *Trauma, spirituality and recovery: Toward a spiritually-integrated psychotherapy*. Retrieved from www.melissainstitute.org/documents/SPIRITUALITY_PSYCHOTHERAPY.pdf

⁹ Wooten, B. A. (2015). ACEs high: the impact of ACEs on health care costs — how parenting classes at a Tennessee prison are breaking the cycle. *Corrections Today*, 77(5), 42–48. Alexandria, VA: American Correctional Association.

¹⁰ Miller, N. A., & Najavits, L. M. (2012). Creating trauma-informed correctional care: a balance of goals and environment. *European Journal of Psychotraumatology*, 3, 1–8. Jarfalla, Sweden: Co-Action Publishing. Retrieved from www.ncbi.nlm.nih.gov/pmc/articles/PMC3402099

¹¹ Miller, N. (2011). *RSAT training tool: Trauma-informed approaches in correctional settings*. Retrieved from www.rsat-tta.com/files/trainings/trauma_informed_manual

¹² National Institute of Drug Abuse. (2016). *Misuse of prescription drugs*. Retrieved from www.drugabuse.gov/publications/research-reports/misuse-prescription-drugs

¹³ Meichenbaum, D. (2012). *Roadmap to resilience: A guide for military, trauma victims and their families*. Carmarthen, U.K.: Crown Houses Publishing.



David M. Young is chaplain at the Gallatin County Detention Center in Bozeman, Montana.

Reprinted with permission of the American Correctional Association, Alexandria, VA. All rights reserved.