

## Trauma Informed Care Literature Review

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Trauma is defined as an event or series of events that are emotionally or physically harmful and have lasting mental, physical, social, and emotional effects. Trauma informed care (TIC) attempts to help individuals process and mitigate the impacts of trauma. These practices are currently used in a variety of fields where individuals are likely to have experienced trauma, such as physical and behavioral health, disability services, education, and corrections. However, evidence on the effects of these practices is somewhat scarce (Purtle 2018, Melz et al. 2019, Tau 2020, Han et al 2021, Najavits & Hien 2013, Gobeil et al 2016, Zettler et al 2020, Williams & Frey 2018).

In the corrections setting, the benefit of TIC is widely theorized. Numerous academic articles cite the need to take trauma into account when working with incarcerated individuals given the high rates of such experiences within that population (Briere & Agee 2016, Levenson & Willis 2018, Pringer & Wagner 2020). However, trauma informed practices and programs are difficult to implement in prisons because they often seem antithetical to the goals and cultures of correctional institutions (Levenson & Willis 2018, Jewkes et al 2019). Physical safety and security outweigh emotional safety in these settings and incarcerated individuals are sometimes seen as unsympathetic and undeserving of empathetic care (Miller & Najavits 2012).

Little is known about the efficacy of TIC initiatives in prisons, as prior evaluative studies are predominately narrow in scope and focused on post-intervention self-reported survey responses. Prior studies, usually centered on incarcerated juveniles and women, assess one of two types of interventions: one that provide educational and training efforts to correctional staff and administrators, and ones that implement specific trauma-informed programs for incarcerated individuals.

### Training

Training those with the most direct contact with incarcerated individuals, such as correctional officers and other prison staff, in TIC is theorized to be critical to shifting organizational culture and practice (Vaswani & Paul 2019, Branson et al. 2017). These trainings are meant to teach participants to recognize and understand the impact of trauma in the hopes of building an environment that supports trust, collaboration, choice, empowerment, and safety among incarcerated individuals and staff. Despite the growing awareness that TIC is needed in correctional environments, there have been few training evaluations, most of which have only evaluated pre/post survey responses.

Generally, these evaluations have found short-term improvements in staff understanding of TIC, attitudes towards TIC, and positive reviews towards the trainings (Vaswani et al 2016, DeHart and Iachini 2018, Powers 2018). However, several studies also found some resistance to the

training and pessimism among staff about their ability to apply TIC practices in their day-to-day interactions with incarcerated individuals, given the culture and climate of their institution (Vaswani et al 2016, Vaswani & Paul 2016). Moreover, no studies have evaluated the medium- or long-term effects of TIC trainings on staff perceptions. As such it is an open question how long these effects last.

Only one study has looked at the effects of TIC staff training on non-survey outcomes. It found suggestive evidence that in-custody violence, as measured by misconduct violations, assaults, injuries, and self-reported measures of safety, decreased at a facility for female youth during the first two years after a therapeutic communities “Sanctuary Model” staff training intervention, relative to other facilities that did not receive the intervention (Elwyn et al. 2015).

While little evidence exists regarding the effects of TIC staff training in the corrections setting, a small number of similar initiatives have been evaluated for other policy agencies, such as child welfare, mental health, and general health services. These studies also find short-term improvements in staff knowledge and attitudes related to TIC (Purtle 2018, Melz et al. 2019, Tau 2020, Kenny et al 2017, Palfrey et al 2018, Damian et al 2017). While several find suggestive evidence of decreased patient violence and improved patient perception of care, several others find no effect on these measures (Purtle 2018, Melz et al. 2019). In both the corrections and non-corrections settings, additional research is needed to confidently estimate the effects of TIC trainings.

### Programming

Trauma-informed programming offers incarcerated individuals the opportunity to build skills and coping mechanisms, gain comradery around shared hardships, and meaningfully address the impact trauma has on one’s experience of the world (Levenson & Willis 2018). There are a wide range of programs that fit under the umbrella of TIC, from yoga and mindfulness courses to manualized skill building, cognitive behavioral therapy, and support groups (Rousseau et al 2019, Han et al 2021, Zettler et al 2020). In the corrections setting, many focus on imprisoned women and juvenile offenders, however all incarcerated individuals are likely to have experienced some form of trauma and may benefit from trauma-informed programming (Briere & Agee 2016, Pringer & Wagner 2020). Overall, there have been several evaluations of these types of programs. Similar to evaluations of TIC training, most of these evaluations have focused on pre-post surveys.

A number of TIC program evaluations have focused on the Seeking Safety program. Seeking Safety is a present-focused counseling model to help individuals with trauma and/or substance use disorder (SUD) reduce post-traumatic stress disorder (PTSD) symptoms, substance abuse, and other unsafe behaviors (Najavits & Hien 2013). Most evaluations of Seeking Safety focus on women, and evaluate the program using pre- and post-program survey measures of trauma and substance use. While evaluation quality varies widely, most find a decline in trauma and SUD symptoms at the completion of the program, relative to alternative programs (Najavits & Hien 2013, Lenz et al 2016). These results are consistent across programs taking place in prisons (Lynch et al. 2012, Tripodi et al 2017, Zlotnick et al 2003, Zlotnick et al 2008, Barrett et al.

2015) and programs taking place in the community (Schafer et al 2019, Patitz et al 2015, Najavits et al 2014, Gatz et al. 2007). These findings are also consistent with the results from a rigorous randomized control trial of the Seeking Safety program that took place among women in an outpatient substance abuse program in Germany (Schafer et al 2019). Additionally, these findings, which focus on women who have experienced trauma, are consistent with suggestive results from an evaluation of a Seeking Safety program for incarcerated men in Australia (Barrett et al., 2015). Despite these results on short-term measures of trauma, note that little evidence exists about the long-term effects of the Seeking Safety program or its effects on non-survey outcome measures like in-custody infractions, recidivism, employment, housing stability, or hospital admissions.

Evaluations of other TIC programs for incarcerated women found similar declines in post-program survey measures of trauma (Rousseau et al 2019, Covington et al 2011, Maceachern 2019, Lehrer 2021, Petrillo 2021, Messina et al 2012, Derkzen et al 2017). In addition, studies of several programs observed decreased recidivism for program participants post-release relative to matched or randomly assigned comparison groups (Gobeil et al 2016, Williams & Frey 2018). Note that within this set of studies gender-informed TIC interventions were more likely to lead to decreased recidivism than gender-neutral TIC interventions. Finally, several studies on TIC programs for juvenile offenders found decreased trauma-related symptoms and decreased in-custody misconduct after completion of the program (Zettler et al 2020).

Overall, a small body of evidence suggests that TIC programs decrease short-term measures of trauma for incarcerated individuals. More evidence is needed, however, about the effect of TIC programs on individuals' medium- and long-term outcomes related to trauma and re-entry.

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