

PRISON SERVICE JOURNAL

July 2021 No 255



**Special edition: Trauma and
Psychotherapy in Prisons**

Viewing Her Majesty's Prison Service through a Trauma-Informed Lens

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Introduction

The behavioural manifestations of trauma can be complex, challenging and emotionally demanding for prison staff. Due to the prevalence and pervasiveness of trauma within Her Majesty's Prison Service (HMPS), it is important to view the experience of individuals in prison and those that work in prisons through a trauma-informed lens. Firstly, the reported prevalence of trauma within the prisoner population is considered. Secondly, this article examines the trauma-informed response from Her Majesty's Prison and Probation Service (HMPS) from a theoretical, practical and policy perspective. In addition, this article highlights that by implementing a robust trauma-informed approach within prisons, this can be beneficial for every individual working and living in prison. Some of the key challenges associated with the implementation of trauma-informed practice (TIP) and institutional transformation are presented in this article. In support of this, brief reflections from doctoral research examining the early implementation of TIP are presented. Finally, future directions are considered for individuals working with trauma and how institutions can evaluate their implementation journey and practice. The 'Working with Trauma Quality Mark' is introduced as a quality assurance model in order to develop trauma practice, whilst providing a mechanism to demonstrate and celebrate aspects of good practice across HMPS.

Working with Trauma in Prison

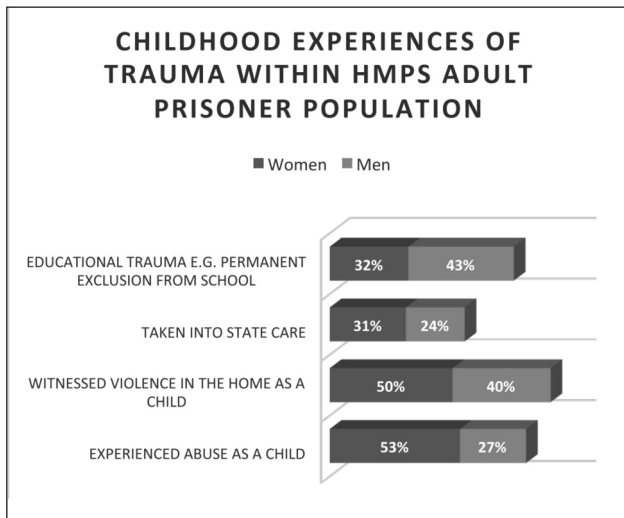
In November 2020, there was a total of 75,581 adult men and 3,251 adult women in prison in

England and Wales¹. These figures become of great significance when exploring the percentages of individuals who report lived experiences of trauma upon arrival to prison. Before exploring the diversity and prevalence of trauma experiences across the HMPS prisoner population, trauma must be defined and outlined. Covington² states that trauma can be any event or experience, which overwhelms an individual's personal capacity to cope, whilst transforming how they see the world. Moreover, trauma experiences are felt on an individual level; they cannot be compared, quantified, measured or hierarchised, due to the distinctive and personalised nature of trauma. To expand on this, SAMHSA³ recognise that an experience of trauma can be singular, multiple or compounding and this will likely result in individual behavioural adaptations due to the impact on a person's social, emotional, mental and/or physical well-being. Academics, policy makers and practitioners are becoming acutely aware that trauma does not equate to extreme examples associated with the medical model. It is societally accepted that trauma can consist of a variety of experiences including sexual violence, domestic abuse, homicide, loss, war (to name just a few examples). Yet, the understanding of trauma is advancing to incorporate experiences such as 'abuse, neglect, abandonment and family separation'⁴. For some individuals, trauma can lead to chronic and lifelong implications⁵, whilst the prison environment and staff responses can play a role in re-triggering survivors and therefore exacerbating trauma⁶. Additionally, prison settings can act as sites of new traumatic exposure, due to routine prison practices such as pat-downs and room searches, which can increase trauma-related

1. Ministry of Justice. (2020) Prison Population Statistics, Available at: <https://www.gov.uk/government/statistics/prison-population-figures-2020>. (Accessed: 30 November 2020).
2. Covington. S. S. (2016) *Becoming trauma-informed: Toolkit for Women's Community Service Providers*. Available at: <https://www.mappingthemaze.org.uk/wp/wp-content/uploads/2017/08/Covington-Trauma-toolkit.pdf>. (Accessed: 4 November 2020).
3. Substance Abuse and Mental Health Services Administration. (SAMHSA) (2014) *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*, Available at: https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf Approach (Accessed: 4 November 2020).
4. Sweeney, A., Clement, S., Filson, B. and Kennedy, A. (2016) 'Trauma-informed mental healthcare in the UK: what is it and how can we further its development?', *Mental Health Review Journal*, 21 (3), pp. 174-192.
5. Cohen, K. and Collens, P. (2013) 'The impact of trauma work on trauma workers: a metasynthesis on vicarious trauma and vicarious posttraumatic growth', *Psychological Trauma: Theory, Research, Practice, and Policy*, 5(6), 570– 80.
6. Bloom, S.L. and Farragher, B. (2010) *Destroying Sanctuary: The Crisis in Human Service Delivery Systems*, Oxford: Oxford University Press.

symptoms⁷, some of which may be impulsive or aggressive and may therefore be challenging to manage within a prison environment⁸.

Figure 1 presents data published by the Prison Reform Trust⁹ which highlights the prevalence of childhood experiences of trauma across the adult prisoner population in England and Wales.



Although this figure highlights known childhood trauma within the prisoner population, it is oversimplistic to focus solely on childhood experiences. Traumatic experiences do not exclusively occur in 'ideal victim' influenced assumptions involving vulnerable or neglected children. Trauma can occur in adolescence, adulthood, before prison and during prison. Therefore, the multi-faceted and complex nature of trauma must be taken seriously within the prisoner population. Societal, academic, policy and practical recognition of trauma must move away from stereotypical assumptions, social constructions and expectations of trauma, to enable critical and pragmatic thinking about how best to recognise, respond to and support trauma survivors. One of the most significant challenges when working with trauma, is recognising how trauma manifests within the behaviour of survivors in prison. Trauma has been linked to individuals experiencing self-harm, suicidality, addiction, mental health issues and behavioural issues¹⁰. Coincidentally, these are some of the biggest challenges HMPS faces within prisons¹¹.

Many of the behaviours and manifestations of trauma are challenging to work with; they are metaphorical icebergs. They appear to be one thing, yet underneath the surface, there is a plethora of unseen need. What one practitioner may see as 'volatile' or 'aggressive', a trauma-informed practitioner will see as a presenting behaviour, masking other emotions and experiences. A transformative way of working with manifestations of trauma can be to simply consider 'what has happened to that person', to replace 'what is wrong with that person'. This supports the recognition that presenting behaviour is not always a reflection of that individuals' genuine emotions. When working with trauma, it is vital to see the depths and complexities within trauma experiences and manifestations. This is explored from the insights of an addiction specialist below;

'If you want to ask the question of why people are in pain, you can't look at their genetics, you have to look at their lives. And in the case of my patients, my highly addicted patients, it's very clear why they are in pain. Because they have been abused all of their lives, they began life as abused children. All of the women I have worked with over a twelve-year period, hundreds of them, they had all been sexually abused as children. And the men had been traumatized as well; the men had been sexually abused, neglected, physically abused, abandoned and emotionally over and over again. And that's why the pain... If you want to understand addiction, you can't look at what's wrong with the addiction, you have to look at what's right about it. In other words, what is the person getting from the addiction? What are they getting that otherwise they don't have?'¹²

To consider trauma within prisons in both a practical and theoretical sense, it is helpful to explore importation and deprivation models. These explore how trauma can be imported into prisons, whilst also acknowledging that the prison environment, culture and experience, can also be the traumatiser.

Importing Trauma

Trauma is imported into prison through the diverse lived experiences of individuals entering custody. We

7. Jervis, V. (2019) 'The Role of Trauma-Informed Care in Building Resilience and Recovery', *Prison Service Journal*, 242 pp. 18-25. Available at: https://www.crimeandjustice.org.uk/sites/crimeandjustice.org.uk/files/PSJ%20242%20March%202019_Prison%20Service%20Journal.pdf. (Accessed: 1 December 2020).

8. Kubiak, S., Covington, S.S. and Hillier, C. (2017) 'Trauma-Informed Corrections'. In Springer, D. and Roberts, A. (Eds). *Social Work in Juvenile and Criminal Justice System*, 4th Edn, Springfield: Charles C. Thomas

9. Prison Reform Trust. (2019) *Bromley Briefings Prison Fact file*, Available at: <http://www.prisonreformtrust.org.uk/portals/0/documents/bromley%20briefings/Winter%202019%20Factfile%20web.pdf>. (Accessed: 30 November 2020)

10. Kubiak et al (2017), see n.8

11. Ministry of Justice. (2016) *Prison Safety and Reform*, Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/565014/cm-9350-prison-safety-and-reform-_web_.pdf. (Accessed: 1 December 2020).

12. Maté, G. (2014) *The Power of Addiction and The Addiction to Power: Gabor Maté Transcript*, Available at: <http://www.singjupost.com/power-addiction-addictionpower-gabor-mate-transcript/>. (Accessed: 4 December 2020)

are all influenced by the events within our lives, and they, in turn, shape how we experience and construct our view of the world, our feelings of safety. These experiences influence how we trust¹³ individuals and the subsequent relationships that we build. The diversity of imported trauma within the histories of individuals sentenced to prison is infinite. Whilst some survivors will be acutely aware of their lived experiences, and the way in which trauma impacts their lives, relationships and behaviour, there are many individuals who are unable to articulate their experience(s) and recognise the subsequent impact. Additionally, there are many individuals in prison who have experienced compounding and repeated trauma(s) throughout their lives, which may have resulted in tragic acceptance or complete disassociation. In a recent study, trauma disclosed by women in prison was considered intense, distressing and consistent as 'almost without exception, the women's life stories read as catalogues of suffering and abuse, including physical and sexual violence, intimate bereavement and drug and alcohol addiction'¹⁴.

Others may have reached out for help and support before, but were met with a re-traumatising response, where they have not been believed, perhaps they have been ridiculed or blamed for their experience. As a result, many individuals refuse to share their stories again and the consequence is unreported, unrecorded, unrecognised and unsupported trauma importations within prisons. However, the authors argued that 'the narratives of trauma that saturated the women's accounts of life before prison were in some of the men's life histories'¹⁵. However, experiences of sexual violence, poly victimisation and domestic violence were far less common in the lives of men.

Alternatively, it has been acknowledged that men in prison 'have often experienced high levels of physical, sexual, emotional and structural victimization, before, during and after their incarceration'¹⁶. Due to

the prevalence of imported trauma within prisons for both men and women, it is vital that the gendered impact of these experiences is taken seriously by prison researchers, policy makers and practitioners.

Prison Deprivation and Trauma

It is not clear how imported trauma impacts upon the deprivations of imprisonment. However, there is vast sociological imprisonment literature which explores the deprivations¹⁷, mortifications¹⁸, humiliations, identity transformations and adaptations¹⁹ experienced by individuals in prison²⁰. These are multiple, constant and overwhelming for individuals navigating their way through their prison sentence. A helpful consideration relating to individual deprivations is to consider this from a personal and reflective stance: if you were to go

into prison right now, what deprivations would you personally experience and how would your lived experiences influence these deprivations/losses? The importance of this reflection emphasises the person-specific deprivations associated with our distinct circumstances. In addition, the deprivations experienced in prison will occur at various times for individuals serving sentences. Initially,

immediate resources, for example accommodation, employment, children, pets, lifestyles will be lost to the immediacy of being held in custody. However, over time, relationships and contact with family may deteriorate, and there may be bereavements. Therefore, loss in prison becomes commonplace, and the environment enhances the deprivation of adequate and positive coping strategies (e.g. going for a run, talking with loved ones, hugging family, a warm bubble bath etc.) are not possible, readily or immediately available. Research has argued that for those with imported trauma experiences, the adaptations to prison are impacted, and the pains of imprisonment are felt more harshly²¹. One of the challenges associated with

The diversity of imported trauma within the histories of individuals sentenced to prison is infinite.

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13. Liebling, A. (2009) 'Women in Prison Prefer Legitimacy to Sex', *British Society of Criminology Newsletter*, 63: 19–23.
 14. Crewe, B., Hulley, S. and Wright, S. (2017) 'The Gendered Pains of Life Imprisonment', *British Journal of Criminology*, 57, pp. 1359-1378.
 15. Ibid
 16. Sloan Rainbow, J.A. (2018) 'Male Prisoners' vulnerabilities and the ideal victim concept', in Duggan, M. (ed) *Revisiting the 'Ideal Victim': Developments in Critical Victimology*, pp.263-279, Bristol: Policy Press.
 17. Crewe, B. (2011) 'Depth, weight, tightness: Revisiting the pains of imprisonment', *Punishment and Society*, 13 (5), pp. 509-529.
 18. Goffman, E. (1961) *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*, New York: Anchor Books.
 19. Liebling, A. and Ludlow, A. (2016) 'Suicide, distress and the quality of prison life', in: Y. Jewkes, J. Bennett and B. Crewe (Eds.), *Handbook on Prisons*, Abingdon: Routledge.
 20. Sykes, G.M. (1958) *The Society of Captives: A Study of a Maximum-Security Prison*, Princeton, NJ.: Princeton University Press.
 21. Bradley, A. (2017) *Trauma-informed practice: Exploring the role of adverse life experiences on the behaviour of offenders and the effectiveness of associated criminal justice strategies*. Doctoral thesis, Northumbria University.

manifestations of trauma relate to prisoners reacting 'in ways that they perceive as self-protective, but that staff will perceive as either hostile or closed off'²². As a result, it can be problematic for staff to associate trauma behaviour with vulnerability rather than noncompliance.

The diverse challenges associated with supporting trauma survivors in prison are well documented, yet exploration of the needs and long-term impact of responding prison staff is largely neglected within academic, policy and practice discussions. Prison officers have prisoner-facing roles in emotionally charged and traumatising environments²³. They are often first-responders to traumatic events such as self-harm²⁴. As a result of the emotional work they conduct and the complexities of working with trauma, they often experience vicarious trauma, emotional detachment²⁵ and depersonalisation to cope with the intensity of the demanding role.

Therefore, an approach is required that can increase support for prison staff, whilst better equipping and resourcing staff to meaningfully respond to the needs of trauma survivors in prison.

Recognising and Responding to Trauma: HMPS Strategic Plans

Policy movements within HMPS have argued that women should be 'supervised/held in trauma-informed conditions and within regimes providing rehabilitative culture where they feel safe and that meet their specific needs, and

which facilitate their successful resettlement'²⁶. In addition, the Ministry of Justice has stated that 'it is essential that from beginning to end the criminal justice system is trauma-informed'²⁷. This is crucial as TIP can also be applied within various criminal justice contexts, for example police, courts, probation and any service designed to interact with and support humans. The breadth of applicability of TIP has seen various destinations defining themselves as being trauma-informed cities²⁸.

Recent policy developments feature TIP as one of four ways to improve custody for women²⁹. The Female Offender Strategy discusses the partnership between HMPS, Lady Edwina Grosvenor and her Charity One Small Thing, who have delivered 'Becoming Trauma-Informed' (BTI) training across the female prison estate since 2015. The purpose of this training is to 'reduce conflict and make the workplace safer for staff'³⁰.

Although BTI or TIP is not mentioned in HMPS' most recent Business Strategy, they both have roots within the overall vision and underpinning principles. Developing TIP within prisons is particularly relevant to the following three HMPS principles:

1. Enable people to be their best;
2. An open, learning culture;
3. Transform through partnerships.

These principles focus on better supporting the well-being of prison staff, learning from good practice, and making use of specialist collaboration for access to collective resources³¹.

Prison officers have prisoner-facing roles in emotionally charged and traumatising environments. They are often first-responders to traumatic events such as self-harm.

22. Kubiak et al (2017), see n.8
23. Boudoukha, A.H., Przygodzki Lionet, N. and Hautekeete, M. (2016) 'Traumatic events and early maladaptive schemas (EMS): prison guard psychological vulnerability', *Review of Applied Psychology*, 66, pp. 181– 7.
24. Ibid.
25. Arnold, H. (2016) 'The prison officer', in: Y. Jewkes, J. Bennett and B. Crewe (Eds.), *Handbook on Prisons*, 2nd edn, Abingdon: Routledge.
26. Ministry of Justice. (2018) *Women's Policy Framework*, Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/767304/women_s-policy-framework.pdf. (Accessed: 1 December 2020).
27. Ministry of Justice. (2019) *The Importance of Strengthening Female Offenders' Family and other Relationships to Prevent Reoffending and Reduce Intergenerational Crime*, Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/809467/farmer-review-women.PDF. (Accessed: 30 November 2020).
28. Trauma-Informed Plymouth Network. (2019) *Envisioning Plymouth as a trauma-informed City*, Available at: <http://www.plymouthscb.co.uk/wp-content/uploads/2019/04/Trauma-Informed-Plymouth-Approach-FINAL-April-2019.pdf>. (Accessed: 1 December 2020).
29. Ministry of Justice. (2018) *Female Offender Strategy*, Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/719819/female-offender-strategy.pdf. (Accessed: 1 December 2020).
30. Ibid
31. HM Prison and Probation Service. (2019) *HMPS Business Strategy: Shaping Our Future*, Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/864681/HMPS_Business_Strategy_Shaping_Our_Future.pdf. (Accessed: 2 December 2020).

The broader relevancy of TIP and BTI is particularly important when considering its application and potential impact across the male prison estate. Although the delivery of the BTI programme across the long-term high secure Male prison estate has been in progress since May 2018³², there is little discussion available to consider the impact of potential gender-responsive adaptations or applications. In addition BTI and TIP is yet to be embedded within local and lower category male prisons. During data collection for the trauma-informed doctoral research, a governor at a Local Category B prison pointed to a wall filled with invoices for damaged cells and destroyed prison fabric, emphasising that 'this is what trauma looks like in our prison'. He was referring to the destroyed property and the destructive outbursts of aggressive and overwhelming behaviour that he had witnessed from prisoners who had histories of trauma. In many ways, the manifestations of trauma are multi-faceted and complex; this can result in prison staff having to respond to some challenging and distressing situations.

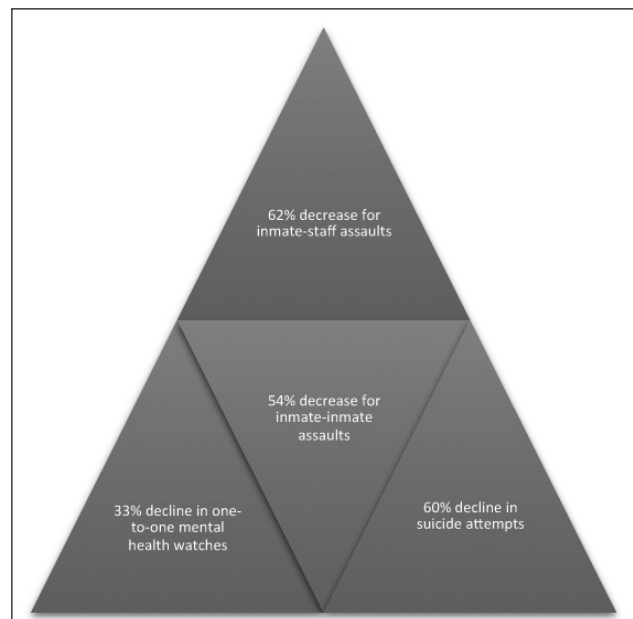
It has been argued that 'if trauma is everybody's business, then no more so than for the prison workforce'³³. This article has highlighted that trauma is an issue within all prisons and should become an expectation rather than an exception. As such, trauma should be a strategic priority for HMPS and the Ministry of Justice, who have the strategic oversight of institutional transformation to support the implementation of TIP.

The Implementation of Trauma-Informed Practice in Prisons

Some of the most successful and longstanding implementations of Trauma-Informed Care and TIP can be seen in the United States Prison System. Well known for its harsher conditions, policies enabling prison staff to use guns, as well as degrading and overcrowded facilities, this notorious institutional system has taken on board aspects of TIP with some promising results. Therefore, for HMPS which incorporates decency and safety as an outcome within the business strategy, implementing and benefiting from TIP is entirely achievable.

Some of the results from the study are presented below;

Figure 2: Results from the Trauma-Informed Institutional Environment: Framingham facility in Massachusetts³⁴.



It is argued that there are three key benefits for prison staff working in a trauma-informed institution:

1. The role of the officer becomes safer;
2. The work environment becomes safer;
3. The rehabilitation programmes have increased effectiveness.

However, for institutions, the benefits of having a trauma-informed workforce are:

1. Increase staff job satisfaction;
2. Reduce turnover of staff (important in prisons due to training resources);
3. Improve relations between staff and prisoners;
4. Increase the recognition and appropriate response to prisoner and staff needs;
5. Reduce prison disciplinary adjudications;
6. Reduce the need for control and restraint techniques;
7. Reduce recidivism rates.

To actively prevent and reduce the likelihood of revictimising, re-traumatising and retriggering individuals in prison, institutions are being supported and trained to apply the five key principles of TIP (Safety, Trust, Choice, Collaboration and Empowerment).

Settings which identify as working in a trauma-informed way will 'demonstrate a commitment to compassionate and effective practices and organizational reassessment, and it changes to meet the needs of consumers with a history of trauma'³⁵. In addition, the setting will be committed to designing the

32. One Small Thing. (2019) *Healing Trauma Research*, Available at: <https://onesmallthing.org.uk/news-1/2019/6/12/healing-trauma-research>. (Accessed: 28 November 2020).

33. Vaswani, N. and Paul, S. (2019) 'It's Knowing the Right Things to Say and Do': Challenges and Opportunities for Trauma-Informed Practice in the Prison Context', *O*, 58 (4), pp. 513-534. Available at: https://onlinelibrary.wiley.com/doi/epdf/10.1111/hojo.12344?saml_referrer. (Accessed: 1 December 2020).

34. Benedict, A. B. (2014) *Using trauma-informed practices to enhance safety and security in women's correctional facilities*. Available at: <https://www.bja.gov/Publications/NRCJIW-UsingTraumaInformedPractices.pdf>. (Accessed: 24 November 2020).

35. Substance Abuse and Mental Health Services Administration. (2014) *Trauma-Informed Care in Behavioural Health Services*, Available at: <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4816.pdf>. (Accessed: 1 December 2020).

appropriate institutional, administrative and strategic infrastructure, to initiate, oversee and guide the trauma-informed adaptations to policies and practices. It is estimated that the implementation of trauma-informed approaches within the prison service will require long term administrative and leadership commitment; this can take between 3-5 years to permeate the system, policies and practices³⁶. Therefore, institutional consistency, patience and commitment are required to avoid implementation fatigue and continue to progress.

The original innovators in implementing TIP suggest that there are several steps necessary for a trauma-informed system of care³⁷. Below are examples which suit the context of the prison estate.

1. Administrative Commitment to Change:

There needs to be an integration of trauma knowledge within the institution's response and approach to supporting individuals. At every level of staffing, everyone will be asked to see the institution through a trauma lens, meaning that interactions, service delivery and practice will take into consideration trauma knowledge and reflective practice, such as regular walkthroughs of environments. At this stage, the acknowledgement and implementation of TIP could become part of HMPS' business strategy and vision. This would demonstrate intention and commitment to resourcing and prioritising the longevity of the implementation.

2. Universal Screening: It is argued that the act of asking about trauma can lead to more thoughtful referrals, whilst beginning a process of institutionalising trauma within discussions. There is a need to reduce the stigma associated with trauma, where openness can flourish. Importantly, by the Prison Service screening to identify trauma histories, this helps to identify individuals who need support and to respond to those needs accordingly.

3. Training and Education: Staff at every level of the institution, regardless of role, should receive training and information about trauma. Specialised training can be tailored and provided depending on the needs of the staff. This emphasises the institutional commitment to transforming the culture towards BTI. Training should also focus on supporting, prioritising and emphasising staff wellbeing and development.

4. Hiring Principles: HMPS could hire staff who possess a basic knowledge of trauma during recruitment. The knowledge of trauma should be embedded within hiring practices. This can include hiring or promoting individuals into roles such as 'Trauma Champions³⁸', who can become an institutional lead for trauma-informed approaches and can follow-up on the implementation progress.

5. Review of Policies and Procedures: HMPS could consider how trauma knowledge can be embedded within a policy and documentation review. For example, Prison Service Instructions and Prison Service Orders should contain trauma terminology. The process of reviewing policies and procedures through a trauma lens will enable prisons to evaluate current practices that could re-traumatise individuals in custody, or practices which ineffectively support the needs of prison staff.

These are very broad and simplistic examples; however, they emphasise some essential elements for institutions to consider when considering BTI. Over the years of conducting trauma research in prisons and community services, it is evident that many individuals misuse the term trauma-informed. Academics, policy makers and practitioners consistently neglect and underestimate the complexities involved within the implementation of TIP. This has resulted in trauma-informed becoming an elastic term whereby services can appear on the surface to be responsive, demonstrating innovation to key stakeholders, whilst claiming to be delivering good practice. However, the over-use of the term, combined with an inadequate or apathetic commitment to implement TIP, further diminishes the value of such an approach for both staff and survivors.

In September 2015, One Small Thing, in partnership with Dr Stephanie Covington, began to deliver training sessions within the criminal justice system. Initially, leaders and senior decision-makers were invited from prisons, probation, health and third sector organisations. Between September 2015 and September 2016, a selection of policy makers, prison staff from the female prison estate, and women's community service providers received BTI training. After the completion of training sessions, follow-up training workshops were provided. In June 2017, prison staff training began in the long-term high security male estate, whilst on-going consultation and implementation occurred in the female estate³⁹. One Small Thing outline that 3787 prison staff and 404

36. Kubiak et al (2017), see n.8

37. Harris, M. and Falot, R.D. (2001) *Using Trauma Theory to Design Service Systems*, San Francisco: Jossey-Bass.

38. These are already embedded within some HMPS prisons.

39. Bradley (2017) see n.21

community-based staff have participated in their training and programmes⁴⁰. However, very little is known about HMPS' and individual prison establishment's commitment and consistency relating to the implementation of TIP. In addition, there has been very little published evaluative evidence to explore the impact of TIP within HMPS. However, this is an important consideration for stakeholders, academics, policy makers and practitioners interested in the future of TIP in the prison context.

Very early research exploring the implementation of TIP within prisons identified that some prison staff were frustrated with the expectation that a one-day training could transform their prisons⁴¹. Leadership days, workshops, training, Toolkits, and follow-ups delivered by One Small Things are structures to guide and support prisons to achieve the following four objectives:

1. To develop and enhance trauma knowledge of all prison staff;
2. To support the creation and development of trauma-informed responses;
3. To help prison staff to reflect upon their practice, approaches, environment and their overall responses to individuals with trauma histories;
4. To support the creation/development of implementation scaffolding and strategies, to embed TIP within institutional policies, procedures and practices.

Institutions are encouraged to transition from passive recipients of training and knowledge, in order to move towards active contributors within the implementation journey. Charities and trauma-informed specialists can of course support, advise and consult on the implementation of TIP, however institutions are experts in their setting, their population and their staff; therefore they need to consider a flexible and tailored implementation approach suitable to them. For institutions committed to the implementation of TIP, specialist consultation or support may be appropriate options, to avoid implementation fatigue whilst promoting the longevity of progression.

Future Directions: Evidence and Quality Assurance when Working with Trauma

Until October 2020, there was no UK-wide trauma-specific quality assurance framework or recognised formal process of evaluation for settings working with trauma. This meant that settings were unable to demonstrate aspects of good practice when supporting individuals with trauma histories. Additionally, this resulted in settings being able to claim that they work in a trauma-informed way, without any quality assurance, evidence or appraisal. The over-use of terminology and under-use of appropriate trauma-informed implementation strategies has resulted in haphazard applications. This has led to the dilution of the specialism, as well as the erosion of important and meaningful trauma-informed work.

Crucially, this means that the needs of staff and individuals with histories of trauma are not being adequately supported. In response to this, the 'Working with Trauma Quality Mark' has been developed in partnership with myself and One Small Thing. The quality mark has been peer reviewed by critical friends who are leading trauma practitioners and was developed through an extensive systematic review of publicly available international standards, principles and values relating to trauma practice. The

development of the 'Working with Trauma Quality Mark' offers multiple benefits including⁴²:

- ❑ To provide practical and accessible toolkit to help settings to identify, develop and advance trauma practice;
- ❑ To provide the only national benchmark to recognise trauma aware, trauma-informed and trauma-responsive practice;
- ❑ To provide an opportunity for settings to celebrate their trauma work and showcase innovation;
- ❑ To provide evidence of trauma-informed or trauma-responsive practice to support funding applications;
- ❑ To encourage the collaboration of individuals working with trauma, to become part of a community of settings that can share practice

The over-use of terminology and under-use of appropriate trauma-informed implementation strategies has resulted in haphazard applications.

40. One Small Thing. (2020) Look, Available at: <https://onesmallthing.org.uk/look>. (Accessed: 28 November 2020)

41. Ibid

42. One Small Thing. (2020) Learn, Available at: <https://onesmallthing.org.uk/quality-standards>. (Accessed: 2 December 2020).

in working in a trauma aware, trauma-informed and trauma-responsive way.

The One Small Thing 'Working with Trauma Quality Mark' is suitable for all settings, at all stages of the implementation journey. Crucially, it provides necessary quality assurance, evidence and evaluation, required to decrease the use of substandard TIP, to preserve the value of trauma work, whilst enabling settings to achieve their goals.

Conclusion

This article has considered the prevalence and pervasiveness of trauma within prison population. Importantly, the review of working with trauma in prisons has highlighted the importance of viewing the prison service through a trauma lens, for two specific reasons.

Firstly, some of the challenging behavioural manifestations of trauma were considered, to highlight the connection between prison-specific areas of concern and trauma. Research has indicated the association between trauma and substance use, self-harm, mental health and various demanding behavioural issues⁴³. Statistics have also indicated that childhood histories of trauma are present within the lived experiences of men and women in prison⁴⁴. However, trauma can be experienced as many imported factors, but also within the various deprivations and mortifications that prison sentences produce. Therefore, there are trauma experiences that go beyond what is obvious and what is reported within statistics. Consequently, prison staff are supporting a plethora of known and unknown trauma within the prisoner population.

Secondly, working with trauma and individuals with histories of trauma is emotionally and physically demanding. In many settings, the needs of staff working with trauma are often neglected and overlooked. However, the intensity of working with

trauma can lead to unsupported staff experiencing vicarious trauma, emotional detachment⁴⁵ and depersonalisation as a way of coping with their work experiences. Some of these experiences are traumatic and often become normalised due to the frequency of occurrences. These experiences can result in prison officers developing maladaptive coping strategies, concerning behavioural adaptations and ultimately they may not have their needs supported. This is problematic for prisons when both prisoners and staff are perpetually traumatised.

Subsequently, this article highlighted the potential of implementing TIP, to better equip and resource staff to work with trauma. The inclusion of TIP within HMPS and MOJ strategies was considered, to acknowledge the intention of implementation. However, some of the challenges associated with the complex and long-term implementation journey were considered, to argue that HMPS and each prison need to commit to appropriate institutional, administrative and strategic infrastructure, to initiate, oversee and guide the trauma-informed adaptations to policies and practices. It has been argued that long term administrative and leadership commitment is required due to a successful implementation taking between 3-5 years to infuse within the system, policies and practices⁴⁶. It is therefore crucial that the evaluation of the implementation of TIP across all participating prisons is examined promptly.

Finally, future directions in producing evidence and quality assurance within TIP were introduced to showcase some of the contemporary movements within evaluation processes. This demonstrated a shift towards taking the implementation of TIP seriously, to transform some of the ineffective applications of TIP across the Criminal Justice System. This process can alleviate any stagnation in the process, whilst identifying implementation fatigue; in order to transform and enhance the impact of TIP.

43. Kubiak et al (2017), see n.8.

44. Prison Reform Trust (2019), see n.9

45. Arnold, (2016) see n.25

46. Kubiak et al (2017), see n.8