**Incarceration and Trauma**

The population of women in state and federal prisons is growing. As of June 2004, women accounted for 6.9 percent of all inmates nationwide; there were 103,310 women in state or federal prisons. Since 1995, the number of female inmates has grown by an average of 5 percent per year (Bureau of Justice Statistics, April 2005).

The majority of female prisoners are serving time for property crimes and drug offenses, rather than violent crimes. Many of the violent crimes committed by women are against a spouse, ex-spouse, or partner; women often report having been physically and/or sexually abused by the person they assaulted (Covington, 2002; O’Brien, 2001).

For purposes of this document, “incarceration” means being held in a state or federal prison, local jail, work camp or youth detention center.

**The role of trauma in incarceration**

Incarcerated women have a history of trauma at much higher rates than the general population. The rate of physical or sexual abuse or violence experienced by incarcerated women, either within their families or by intimate partners, is quite high – estimates vary from 44 percent to 80 percent – compared to that reported by women in the general population – a 30 percent lifetime occurrence (O’Brien, 2002).

Being victimized by interpersonal violence may lead to behavior that causes people to be incarcerated. The Illinois Clemency Project for Battered Women found that the state often incarcerates women for actions directly or indirectly relating to abuse against them (VanNatta & Byrne, n.d.). Examples offered by the Clemency Project include:

- When adolescents run away from home to escape abuse and turn to theft and prostitution to support themselves.

- When a victim kills or seriously injures the batterer by using physical force to defend against an attack.

- When a batterer commits a crime in the presence of the victim, who is then considered an accomplice. Often, victims are convicted based on “accountability,” even though they were coerced into assisting the perpetrator.

- When a battered attacks or kills the victim’s child and the victim is considered accountable for “failure to protect” the child.

- When a victim of violence or abuse begins to use illegal drugs to medicate pain.
SAFETY ISSUES: INCARCERATION

People who are, or have been, incarcerated face some special safety issues:

• Some individuals return to abusers upon release because they have nowhere else to go.

• Some people are released into other dangerous situations as well. “Here, they will release someone from jail onto the street, and it’s at midnight, in a bad neighborhood,” says behavioral health specialist Karen Foley (2010). “There’s no concern about releasing someone to the streets.”

• People subject to electronic monitoring may be restricted in terms of where they can go to escape an abuser.

• Rapes and other forms of nonconsensual sexual contact carried out by corrections personnel or other inmates are widespread. A study investigating rates of sexual abuse at three Midwestern prisons for women found rates of sexual abuse as high as 19 percent. A little more than half of the reported perpetrators were staff (National Prison Rape Elimination Commission Report, 2009). In a study of inmates at a Midwestern state prison, 22 percent of male respondents said they had been forced to have sexual contact against their will at least once while incarcerated (ICASA, 2001).

When an abusive partner or pimp forces the victim into commercial sex.

In many of these cases, the Clemency Project found that the abuse perpetrated by the batterer against the defendant is not adequately considered at trial or sentencing. Karen Foley, a behavioral health specialist and founder of Triple Play Connections in Seattle, says:

“When it comes to incarceration, many of the people we serve are forced to take the rap for their partner. It doesn’t help that there’s the third strike law, and they end up taking the rap for things they weren’t even involved in. In other situations, I’ve had people that were arrested as a victim defendant because they left a mark. For instance, their nails left a mark on the perpetrator’s neck or hands when the perpetrator was trying to strangle them, and they end up being the one who’s incarcerated.”

A significant percentage of incarcerated individuals also contend with co-occurring issues such as substance use disorders, mental health issues, poverty and homelessness.
• Approximately 80 percent of women in state prisons have substance-abuse problems, and nearly one in three women serving time in state prisons report having committed their offenses in order to obtain money to support a drug habit (Covington, 2002).

• Nearly 23 percent of women inmates nationwide have a psychiatric diagnosis (Correctional Association of New York, 2005).

• One study found that about 37 percent of women prisoners had incomes of less than $600 per month prior to their arrest (Correctional Association of New York, 2005).

• The Chicago Coalition for the Homeless in their ‘snapshot’ survey of women detained at Cook County Detention Center found that 54% reported being homeless in the 30 days prior to entering the jail (O’Brien, 2002).

The experience of being incarcerated can create additional trauma for many people. Individuals who have been incarcerated – especially if they have been incarcerated more than once – may suffer from post incarceration syndrome, a form of posttraumatic stress disorder stemming from the incarceration experience itself (Gorski, 2001).

Gorski (2001) defines post incarceration syndrome as a set of symptoms present in many currently incarcerated and recently released prisoners that are caused by being subjected to prolonged incarceration in environments of punishment with few opportunities for education, job training, or rehabilitation. The symptoms are most severe in prisoners subjected to prolonged solitary confinement and severe institutional abuse.

People traumatized by the incarceration experience are at a high risk for developing substance dependence, relapsing to substance use if they were previously addicted, relapsing to active psychiatric symptoms if they had previous mental health issues, and chronic unemployment and homelessness (Gorski, 2001).

**Barriers to service**

In a policy paper written for Chicago’s SAFER Foundation, Patricia O’Brien, Ph.D., identifies several obstacles faced by incarcerated individuals seeking to reintegrate into their communities:

• *Reestablishing a home and family life.* This may include regaining legal and physical custody of children, and making decisions about continuing prior intimate relationships, which may have been exploitative, or sexually or physically abusive.

• *Meeting basic needs.* Finding affordable housing, securing employment that pays a sufficient income to support oneself and a family, or getting public assistance may require people to negotiate the stigmatized perception of ex-prisoners by the general public — potential employers, landlords and community members. People who have been incarcerated may be barred from certain jobs, housing, public assistance or other benefits because of their criminal record.
• **Fulfilling the multiple conditions of a parole plan.** This may include getting a job within a certain period of time, participating in treatment or support group meetings to ensure continued recovery from alcohol or drug addiction and not getting into any additional legal difficulties.

Staff may face some major barriers as well, when seeking to help people who are, or have been, incarcerated:

• **Trust issues.** Many incarcerated people have had repeated negative experiences with authority figures – abuse and even rape by prison guards is not uncommon. Individuals may fear that disclosing drug abuse or other problems will get them sent back to prison. They may have experienced people being afraid of them when it is discovered that they have been incarcerated. They may fear retaliation if they report any kind of abusive behavior in an institutional setting.

• **Fragmented services.** If services in the larger community are often fragmented, this is even more true within the criminal justice system. In some cases, social service providers who work with incarcerated people inside a prison are forbidden from serving the same individuals after they’ve been released. This can make follow-up services difficult or impossible.

**Empowering people who have been incarcerated**

In *A Woman’s Journey Home: Challenges For Female Offenders And Their Children*, Stephanie Covington recommends “wraparound” social services to meet the multiple interconnected needs of individuals involved in the criminal justice system, including job training, education, substance-abuse and mental health treatment, and parenting issues. She adds that individuals leaving jail or prison also need relationships with people who care and listen and can be trusted (Covington, 2002). Here are some ways to empower people who are or have been incarcerated:

• **Affirm autonomy and the right to control decision-making.** In prison or jail, obedience to authority is the core value. Inmates are told what to do from the time they get up until the time they go to sleep. What they are not allowed to do is make their own decisions. When people are released, suddenly they are expected to make dozens of decisions in a short period of time, and they may experience problems with independent decision-making. Present options and help the individual sort through them (Wong, 2007).

• **Validate frustrations.** Employers often do not want to hire people with a conviction record and landlords don’t want to rent to them. Therefore, finding a job and a place to live may be much harder than it is for others. People with conviction records may be rejected over and over before they are successful. As with other people, rejection is painful (Wong, 2007).

• **Recognize the ways in which many “offenders” have been victimized themselves at some point in their lives.** Help individuals sort out “what’s mine” and “what’s not mine”
In terms of responsibility. It may be helpful to think of responsibility as “the ability to respond.” We are responsible for things that are under our control, including our own decisions where we are able to make them. We are not responsible for things over which we have no control, such as another person’s behavior.

• Avoid polarized thinking. Some providers have a mindset that says, “If I let this person talk about what’s been done to them, they’ll never take an ounce of personal responsibility for their own behavior.” This is not necessarily true. In fact, people are often more willing to own up to their mistakes when they can trust that we are willing to listen to their side of the story.

• Role-play difficult situations. Rehearse how to handle questions about a conviction record during job interviews or from a potential landlord.

### Working with other providers

Social service providers and criminal justice personnel quite often have different philosophies. While the criminal justice system is often focused on punishment and accountability, advocates and other social service providers may be focused on healing and empowerment. Because of these differences, the relationship between social service providers and criminal justice personnel is often marked by mutual distrust. Criminal justice providers are labeled as overly harsh, while advocates and other social service providers are labeled naïve.

When working with providers in the criminal justice system:

• Educate about trauma. Many incarcerated victims of violence suffered traumatic experiences in their lives long before they developed the coping mechanisms that may have led to their incarceration or other involvement with the criminal justice system. Educate corrections personnel, parole or probation officers and others in the criminal justice system about the trauma that often exists in the lives of people who have been incarcerated. Help providers understand that taking victimization issues seriously does not undermine an individual’s ability to take responsibility for decisions and actions where this is appropriate.

• Emphasize areas of agreement. Advocates, other social service providers and criminal justice personnel have a mutual interest in preventing recidivism. All parties will recognize the need for better housing and employment opportunities for formerly incarcerated people. Emphasize that helping survivors of violence get the help they need to heal from past abuse or trauma can go a long way toward reducing recidivism.
References


Foley, K., Triple Play Connections, Seattle, WA. Personal interview with Debi Edmund, July 2010.


