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PRISON SAFETY AND SECURITY

EXPLORING THE IMPACT OF TRAUMA-INFORMED PRACTICE AND TRAUMA-RESPONSIVE INTERVENTIONS

This article examines the state of prison safety and security across England and Wales. Trauma-informed practice is considered as a potential approach to reduce levels of violence and increase decency.

SAFE, SECURE, AND ORDERLY PRISONS

When examining safety and security within His Majesty's Prison Service (HMPS) in England and Wales, there are a range of factors to consider. These include (but are not limited to):

- self-inflicted deaths in custody
- self-harm incidents
- assaults on prisoners and staff
- use of force and restraint
- poor staff-prisoner relationships
- incidents of bullying
- poor mental health
- substance abuse.

One of several outcomes in the most recent His Majesty's Prison and Probation Service business strategy, is to ensure that prisons are decent and safe for both staff and people in prison.

Recent prison data relating to Safety and Order, suggests that high levels of violent incidents, wider institutional cultures and a lack of support to vulnerable prisoners, all influence the perception of safety for prison staff and people in prison. In the last 12 months (up to March 2022), Safety in Custody statistics highlight an increase in self-harm incidents in female prisons (+7%) and male prisons (+3%). This equates to a total of 53,754 incidents, and is an overall 4% increase from the previous year.

Assault incidents involving prisoners (up to March 2022) had increased by 13%, totalling 20,077 assaults. Whilst While there is fluctuating data presented within these statistics and clear reductions within the most recent quarter (March 2022-July 2022), there are still significant safety and security concerns for everyone inside HMPS.

Statisticians' comments suggest that despite the rising incidents of self-harm and increasing assaults on both staff and prisoners, these figures are considerably lower than statistics collected before the pandemic. However, the reduction outlined in prison data should not result in complacency from policy makers and prison leaders, as there are numerous factors outlined above which undermine any perceived reduction to both safety and security within prisons.

From the perspective of prison staff safety, there was a total of 7,599 assaults on staff, an increase of 8%. The occupational stress experienced by prison officers has been noted by scholars, these can include (but are not limited to) poor working conditions; bullying; harassment; lack of support and frequent exposure to traumatic stress and/or violence.

One study identified that a major source of stress for prison officers was connected to a lack of personal safety. The consequence of frequent exposure to violence and occupational stressors outlined above, has led to an increase in burnouts, staff sickness, and staff retention. Another study that examined health in two male Category B prisons in England, found that 95% of respondents met the criterion for mental health issues, and subsequent intervention was recommended. Research relating to prison officer well-being raises additional safety concerns, as it can impact upon the quality of staff-prisoner relationships and the overall safe running of prisons.

In the His Majesty's Chief Inspector of Prisons (HMCIP) most recent report, it is highlighted that safety outcomes were poor across the 19 prisons holding adult and young adult men. Crucially, one in five men and women in prison surveyed, stated that they felt unsafe in custody. However, the report outlined that for women, the good staff-prisoner relationships were a key factor which increased women's perception of safety in prison. This could be considered a deceptive statement. As the report outlines that an equal proportion of women in prison stated that they felt

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unsafe at the time of inspections. While, 84% of women felt they had a prison staff member they could turn to for support, the levels of violence and self-harm have increased. Although safety was still a key area of concern for inspectors, the report indicated that previous recommendations made had not materialised.

Upon further analysis, the report stated that inspectors were concerned about the use of force in 13 out of 19 male prisons they visited. When inspectors asked to scrutinise body-worn video footage, they found that these incidents were either not recorded, or cameras were being turned on late, which halted any judgement from prison leaders as to whether the use of force was excessive or appropriate. Often the lack of safety in prisons, is connected to a lack of purposeful regime, the increase of substance abuse in prisons and poor prisoner-staff relationships that are "distant or transactional". These factors can fundamentally undermine rehabilitative cultures, as well as any perceptions and experiences of safety and decency within prisons.

UNDERSTANDING TRAUMA ACROSS HIS MAJESTY'S PRISON SERVICE

Trauma is one of the largest global public health crises. The prevalence of trauma within prisons is extensive and pervasive. Across HMPS, 53% of women and 27% of men have disclosed childhood experiences of emotional, physical or sexual abuse. This is a minutia example of known disclosures. Given the nature of trauma, many individuals do want to and/or do not feel able to disclose their experiences. Traumatic experiences can be singular, multiple and compounding. The term 'trauma' is

diverse and inclusive as it can be "any event or experience which overwhelms an individual's personal capacity to cope". Prisons are trauma-saturated environments for both prisoners and staff. If we consider the statistics and report findings above, trauma is also defined as a response to an overwhelmingly negative experience (e.g., witnessing and experiencing violence or abuse). The statistics and academic literature collectively paint a picture of potential repeated traumatic exposure for everyone within HMPS.

Some of the practical challenges within prisons relate to the perception of trauma responses and behaviours. This can often result in a punitive and punishing response from staff. The manifestation of an individual's trauma trigger/response, may be considered to be 'aggressive', 'withdrawn' or 'impulsive'. Although prisons were designed to hold 'offenders' not 'victims', it is clear that individuals held in HMPS arrive with histories of trauma and prison acts not only as a new site of traumatic exposure, but also as a significant trigger for past imported traumatic events. This makes adapting to prison regimes more challenging, due to the trauma-inducing punitive practices such as the use of restraints, shouting, loud noises/banging, punishing language, limited privacy and security, invasive searches and segregations. People in prison can be perceived to be non-compliant when they are actually scared and self-protective. However, to truly consider a trauma-informed HMPS, the actions, responses and behaviours of prison staff also require a review through a lens of empathy, due to the vicarious trauma and occupational stressors they experience within their role. While recognising the lack of safety, security and support they receive in dealing with such complex trauma work.



Trauma-informed practice and trauma-informed interventions are not panaceas for prison safety and security.



TRAUMA-INFORMED PRISON PRACTICE AND TRAUMA-RESPONSIVE INTERVENTIONS

In order to better understand how to work with trauma, One Small Thing have been providing training, resources and frameworks to support HMPS in 'Becoming Trauma Informed'. Although a full evaluation is yet to take place across HMPS to examine the impact and implementation of trauma-informed practice, there are some studies which highlight compelling benefits.

An international study examining a mental health institution in the United States, highlights a 62% decrease in assaults on staff and a 54% decrease in assaults between people in prison. The same study stated that there was also a 60% decline in suicide attempts. As stated earlier, the violence within HMPS is excessive and escalating. Therefore, if properly embedded, evaluated, and quality assessed, trauma-informed practice may be an important factor in reducing the alarming levels of violence, while decreasing the likelihood of re-traumatising individuals.

Some prisons also deliver a trauma-responsive intervention known as 'Healing Trauma' (in Women's Prisons) and 'Exploring Trauma' (in Men's Prisons).

Evaluation findings emerging from the United States and the United Kingdom, suggest that such interventions help to reduce symptoms of depression, anxiety, stress, PTSD and trauma-related issues. In addition, the safe space that the intervention provides, has enabled participants to improve feelings of social connectedness, self-awareness and a sense of empowerment.

NOT A UNIVERSAL PANACEA

Trauma-informed practice and trauma-informed interventions are not panaceas for prison safety and security. However, research suggests that these approaches do have the potential to increase safety for everyone, regardless of an individual's trauma history. The cultural transformation trauma-informed practice encourages has been proven to reduce risk factors associated with security and safety in prisons, including levels of violence and staff burnouts. Trauma-informed staff can benefit from better relationships with individuals in prison, and consequently, staff report experiencing higher job satisfaction. Therefore, at the very least, trauma-informed practice can encourage a more decent and humane prison service.

Dr Alexandria Bradley is an academic specialising in Trauma-Informed and Trauma-Responsive practice. Her research examines and evaluates the implementation of trauma practices within large institutions and organisations supporting men and women to resettle after imprisonment. Alexandria worked in partnership with One Small Thing to develop the Working with Trauma Quality Mark. This provides a national benchmark for quality assurance relating to trauma awareness, trauma-informed and trauma-responsive practices.



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