

Community & Family Medicine

DARTMOUTH-HITCHCOCK MEDICAL CENTER

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# Trauma-Informed Care of People Experiencing Reentry from Incarceration

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### **Disclosure**

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### **Disclaimer**

- This presentation discusses trauma. Trauma is pervasive.
- Many of you in the audience may have experienced trauma.
- If anyone feels uncomfortable during the presentation, we invite you to take the space you need.
- Do what you need to restore yourself.
- We will be available to support you after the presentation.



### **Objectives for Today's Workshop**

Describe trauma experiences during incarceration and reentry

Describe how trauma reactions impact human services professionals (HSPs) and those they serve

Learn how to engage in trauma-informed interactions

Identify ways to respond to trauma, including humans in emotional distress



# How often do you work with individuals who have a history of incarceration?





# What is your level of comfort supporting individuals with incarceration histories?





How familiar are you with trauma-informed approaches specific to populations impacted by the criminal legal system?





Does your organization have policies or programs specifically designed to support populations impacted by the criminal legal system?





## Randy's Story





# How do we *Realize & Recognize*Trauma and its Impact?

Pervasive trauma history among humans who experience incarceration and reentry

Signs and symptoms of trauma

> Traumatizing aspects of incarceration & reentry





#### **Limitations of Criterion A Definition of Trauma**

ANGE OF CURRENT
ASSESSMENT

Serious injury, harm, or death to other(s)
Severe human suffering
Natural disasters
Fire or explosion
Serious accident
Visik

Visible Traumas

Physical Traumas

Exposure to toxic substance
Physical / sexual assault
Assault with a weapon
Life-threatening illness
Combat

Criterion A
- Traumas-

Psychological violence Violent media exposure Neglect **Invisible Traumas** 

Systemic Traumas

Identity-Based Traumas

Race-based trauma
Gender-based trauma
Sexuality-based trauma
Immigration-related trauma

Poverty Intergenerational trauma

Incarceration Police brutality



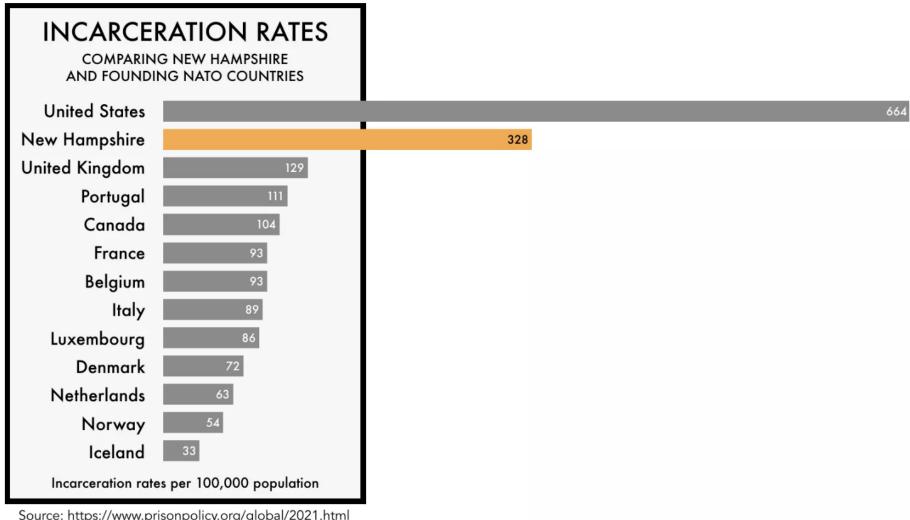
- ACEs associated with incarceration in adulthood
- ACEs higher among incarcerated research participants
- Humans with juvenile legal system involvement 4x more likely to report 4 or more ACEs



Felitti VJ, Anda RF, Nordenberg D, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. Am J Prev Med 1998;14(4):245–58.

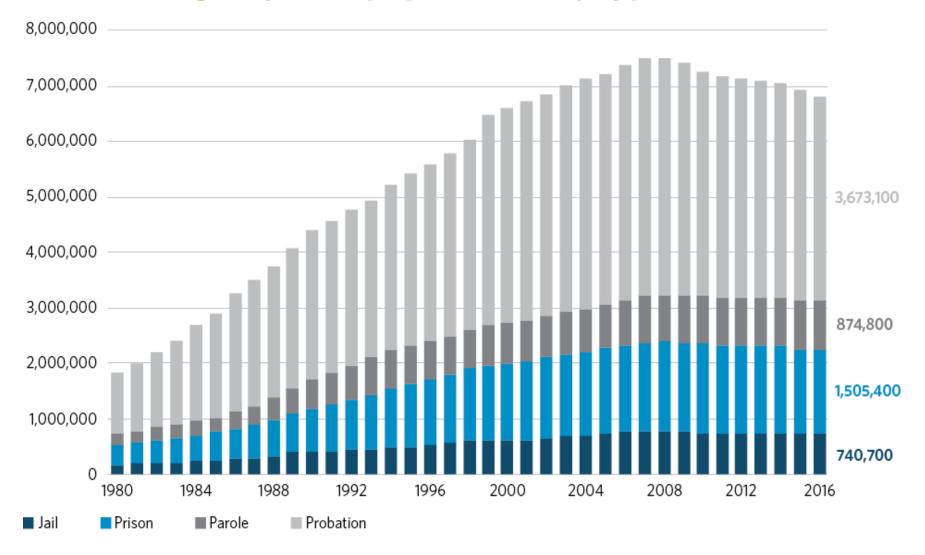


### **Mass Incarceration in the United States**



Source: https://www.prisonpolicy.org/global/2021.html

### Criminal legal system populations by type, 1980-2016



As of 2022, the US criminal legal system controls 5.7 million humans

Sources: Bureau of Justice Statistics, Annual Probation Survey, Annual Parole Survey, Annual Survey of Jails, Census of Jail Inmates, and National Prisoner Statistics Program, 1980-2016



### Reentry

### 95% of all incarcerated people will return to the community <sup>1</sup>

Top causes of death in reentry: 2

- 1. Drug overdose 129x ↑ !!!
- 2. Cardiovascular disease
- 3. Homicide
- 4. Cancer
- 5. Suicide



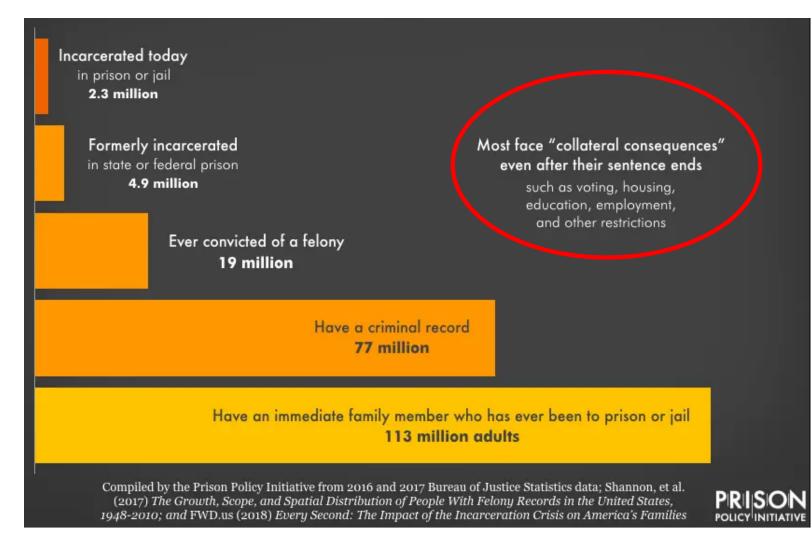


### Reentry

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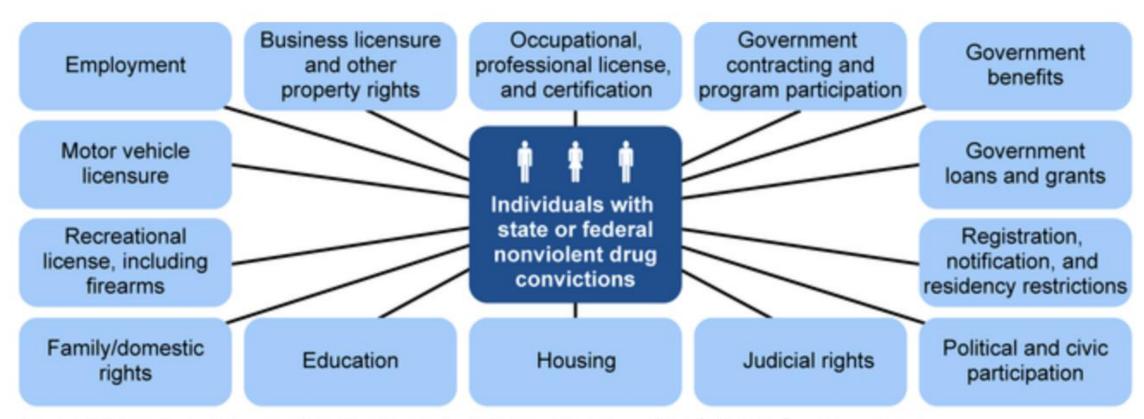
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### **Lasting Consequences & Barriers after Conviction**



Source: GAO analysis of the American Bar Association's National Inventory of the Collateral Consequences of Conviction (NICCC). | GAO-17-691



### Trauma











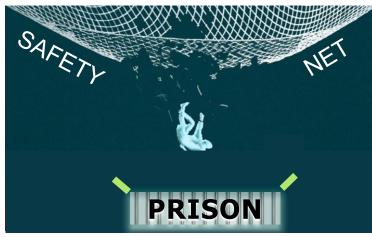


67% re-incarcerated within 3 years <sup>3</sup>

As high as 99% with history of 1+ ACEs <sup>1</sup>

1.5x the general population

Assault <sup>2</sup>	Physical	Sexual
Males	35%	10%
Females	25%	25%





## Joseph's Story





### **Traumatizing Aspects of Incarceration & Reentry**



- Demeaning treatment
- Non-evidence-based approaches
- Diminished sense of purpose
- Return to a "new world"



- Physical
- Emotional
- Psychological



- Loss of autonomy over one's movements and decisions
- Unpredictable environments



- Lack of privacy & confidentiality
- Medical care as surveillance



- Punitive disruption of ties to family & supports
- Exposure to violent physical touch & emotions

Sources: Pettus, 2023; DeVeaux, 2013.





# Realize & Recognize: What we can do as human services professionals (HSPs)

How can HSPs better understand & recognize the needs of persons experiencing reentry?

What do you wish HSPs knew about your lived experiences and needs when providing services during reentry?



How do we *Respond & Resist* Re-traumatization?

By fully integrating knowledge about trauma into

- > Policies
- Procedures
- > Practices
- > Settings





### How would you describe traumainformed care in your own words?





Principles of Trauma-Informed Care: SAMHSA's 4-Rs

Realize trauma's scale and impact

**R**ecognize signs and symptoms

**R**espond with trauma-informed practices

Resist (re)traumatization

Fosters a human experience of ...





Anxiety
Powerlessness
Activation

Safety

Collaboration

**Build Trust & Transparency** 

**Respect Voice & Choice** 

Consider Cultural, Historical, & Gender Issues

Source: SAMHSA, HHS Publication No. (SMA) 14-4884, 2014.



# What principles or aspects of trauma-informed care resonate most with your work?





### **Responding to Distress**

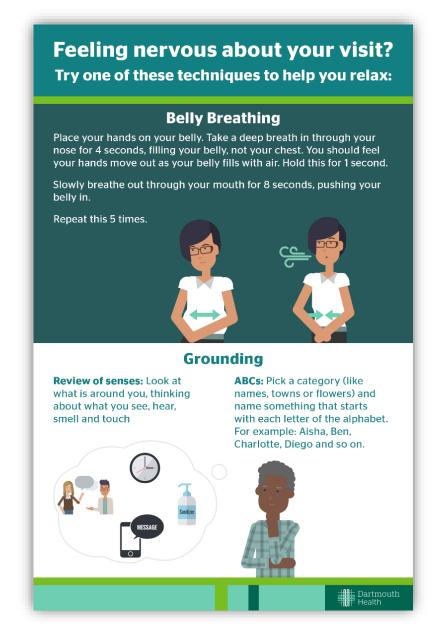
- **RECOGNIZE:** Anger/agitation & fear/anxiety are threat responses, sometimes a secondary emotion (e.g., anger in response to feeling afraid/out of control)
- TUNE IN EARLY: Be mindful of indicators of discontent/distress (e.g., voice or inflection increasing); monitor your own body movements and volume
- USE CONNECTION TO ESTABLISH SUPPORT & SAFETY: Be present-moment focused; engage in active listening validate feelings & concerns; respond to indicators of distress
- SET BOUNDARIES: Prioritize safety of human services professionals and those they serve



### **Responding to Distress**

#### **Help Regulate Emotions & Behaviors in a Safe Way:**

- Coping Tools
  - Relaxation (e.g., diaphragmatic, paced breathing)
  - Grounding
    - Sensory grounding (e.g., increasing presentmoment focus using 5 senses)
    - Mental grounding (e.g., playing the ABC "categories" game)
  - Transition to an alternative space with person's consent (e.g., empty or quieter room, outside)





# Respond & Resist Re-traumatization: Practicing Trauma-Informed Care – Audience Q&A

How do you incorporate trauma-informed approaches into your daily interactions with clients?

What changes have you made to your environment or practices to reduce re-traumatization?



# Respond & Resist Re-traumatization: Practicing Trauma-Informed Care – Audience Q&A

How do you balance safety, empowerment, and choice when working with individuals who've experienced trauma?

Moving forward...What can you do to support trauma-informed care at a systemic level?



## Helping to Support a Healthy Post-Incarceration Future – Benefits of Trauma-Informed Care

## Improvements for Service Recipients:



Improvements for Service Providers:

Engagement & Self-Efficacy in One's Health

Participation in Available Services

Quality of Experience

Healthier Short- and Long-term Outcomes

Wellness

Job satisfaction

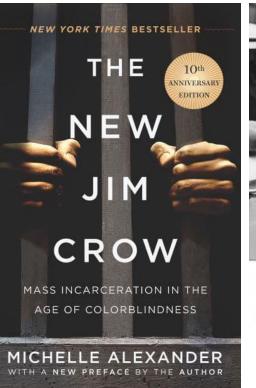
Reduced burnout

Facilitating a psychologically and physically safe, effective environment for all!

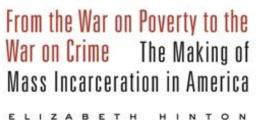
**Engaging in reparative relationships – learning to build trust!** 

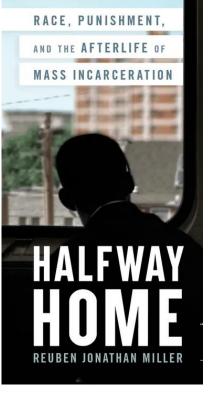


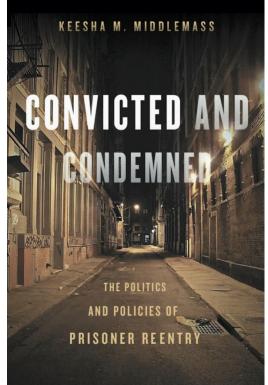
### Readings beyond *The New Jim Crow*

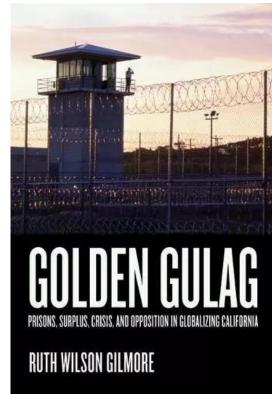














### **Upcoming Resource**



Includes a chapter on Culture,

Trauma, and Social Determinants

of Health during Incarceration &

Reentry

### Subsequent 2026-2028 Volumes

- Adolescent and Transition Age Youth (anticipated early 2026)
- Correctional Settings and Reentry (anticipated 2027)
- Behavioral Addictions (i.e., gambling, internet and gaming addiction, sex addiction) (anticipated 2028)

Sign up for updates on future volumes →

Questions? ASAMCriteria@ASAM.org



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### **THANK YOU!!**

# We welcome your questions

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