"It's knowing the right things to say and do." Challenges and opportunities for trauma-informed practice in the prison context

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ABSTRACT

The relevance of trauma-informed practice across the workforce, especially in a trauma-laden environment such as prison has gained credence. Little is documented, however, on the practicalities of responding to trauma within custodial institutions where the potential for re-traumatisation and the tension between care and control are complicating factors. This paper explores the views of over 200 prison staff on the adoption of a trauma-informed approach for young people in custody. It identifies a gap between vision and practice and, while acknowledging that prisons can become more 'trauma-aware', disputes the notion that truly trauma-informed practice is possible within current custodial contexts.

Key words: Trauma Informed Practice, Prison, Young offenders; prison officers

INTRODUCTION

It is well known that the experience of trauma can have lasting implications on a person's social, physical and emotional well-being (Breslau, 2012, Felitti et al., 1998, Perry et al., 1995). Moreover, working with people who have experienced trauma is recognised as emotionally demanding and with potentially life-long implications (Cohen and Collens, 2013, Baird and Kracen, 2006, McCann and Pearlman, 1990). As a result there is an established and international evidence base that focuses on the immediate and long-term effect of trauma on individuals (Van der Kolk and McFarlane, 1996), the impact of working with people who have experienced trauma on practitioners (Pearlman and Mac Ian, 1995) and the role of practitioners, services and institutions in both mitigating and exacerbating trauma-related experiences

(Bloom and Farragher, 2010, Sweeney et al., 2016). The impact of practitioners, and the system more broadly, on people who have experienced trauma signifies the importance of trauma-informed practice (TIP). TIP, at the most basic level, involves ensuring that practice is sensitive to trauma and adopts, as a minimum standard, what Miller and Najavits (2012) describe as a 'do no harm' approach. In Scotland, this approach is recognised in the recently published *Transforming Psychological Trauma: A Knowledge and Skills Framework for the Scottish Workforce* (NHS Education for Scotland, 2017) which argues that "responding to trauma is everybody's business" (Watt, in NHS Education for Scotland, 2017). This framework acknowledges that the experience of traumatic events is not uncommon and that trauma can affect how people interact, engage and experience services. While emanating from a health model, the framework is intended to be inter-disciplinary in its reach. As such, it is designed to support and develop trauma-related knowledge and skills across the entire Scottish workforce, not just among those professionals with a direct remit to work with trauma. The ambition is of a workforce that can identify the impact of trauma and adapt practice to minimise distress, maximise trust and promote engagement and recovery.

If trauma is everybody's business, then no more so than for the prison workforce. The elevated levels of loss, trauma, victimisation, abuse and mental health issues among people who are detained in custody are well documented (Vaswani, 2014, Nolan et al., 2017, Williams et al., 2010, Bowler et al., 2018). This means that encounters with distressed, complex, vulnerable and often traumatised people are simply part and parcel of the day job for prison staff. The aspirations of *Transforming Psychological Trauma* clearly extend to the realisation of trauma-informed practice within the prison-setting. Yet there is currently no research that specifically explores the role, implementation and impact of such practice within the prison context. This is significant given that prisons are identified as a challenging setting for trauma-informed care not least due to the punitive purpose of the institution itself (Miller and Najavits, 2012). Moreover, little is known about the impact of delivering TIP from the perspective of uniformed prison staff and this presents a significant barrier in both understanding and applying TIP in the prison

context. This paper aims to address this gap in knowledge by drawing on the experiences of staff in a young offender's institution involved in an organisational shift to a more trauma-informed establishment. In doing so, the paper develops a more nuanced understanding of the role and purpose of prison in trauma recovery, whereby opportunities for endorsing and supporting a trauma-informed approach to practice are identified alongside the barriers that impede such an approach. With reference to the key competencies set out in *Transforming Psychological Trauma* the paper considers the vision for TIP together with the realities of custom and practice to critique the applicability of TIP within prison settings. It argues that it is not possible for a custodial establishment to become *truly* trauma-informed while punishment remains a fundamental element of the prison system.

The Accumulative Distress Of Prison

People who enter custody rarely do so without a background history of significant abuse and adversity and, as such, tend to be some of the more complex and vulnerable members in society. The experience of ongoing mental health issues (Boudoukha et al., 2016) and physical trauma, including traumatic head injuries (Williams et al., 2010), is a common feature among people in prison. In England and Wales, a survey of more than 1,400 newly sentenced prisoners found that being abused; witnessing violence; being in care and having a family member imprisoned were common childhood adversities (Williams et al., 2012). In Scotland, the prevalence of childhood bereavement, and, in particular, experiencing multiple, traumatic and parental bereavements, was found to be greater among young people in custody than was experienced in the general population (Vaswani, 2014) and the most recent Prisoner Survey found high levels of adversity in the backgrounds of prisoners (Scottish Prison Service, 2018a). The long-term implications of these experiences on health, well-being and everyday functioning are now more clearly understood and are commonly described as Adverse Childhood Experiences that signify key risk factors for a range of negative outcomes across the life course (Felitti et al., 1998, Fox et al., 2015, Bellis et al., 2014).

Since Sykes' seminal work *The Society of Captives* (1958) the pains and deprivations of imprisonment have been well understood, but the presence of adverse background experiences can complicate, and be complicated by, what is for anyone a stressful and distressing situation. Simply entering, not least surviving the custodial environment can be a deeply traumatic experience (Jewkes, 2002, Liebling and Ludlow, 2016) and what might be a 'culture shock' for some (Crewe, 2012) can be re-traumatising for others (Burrell, 2013). Environmental factors such as the sheer number of people, the bright lights, the inescapable noise or the isolation of solitary confinement, fear, anxiety and the threat of violence, often coupled with rapid withdrawal from substances can all potentially contribute to the re-triggering of trauma. Prior traumatic experiences can affect presentation, in the way that people implement coping strategies (for example by substance use, anger, aggression) and in their ability to trust, engage and benefit from services and interventions. Miller and Najavits (2002) argue that these behaviours, often implicated in contact with the criminal justice system in the first place, can also cause people to rub up against the regime while in prison, thus creating additional hardships.

Residing in custody also increases the risk of directly experiencing, or bearing witness to victimisation, violence and suffering. In a survey of 1,613 adult males in prison in the USA, Daquin et al. (2016) found that nearly all reported witnessing victimisation (property theft, emotional, physical or sexual assaults. Although there is evidence to suggest that the level of violence is lower in Scottish prisons, with 13 serious prisoner-on-prisoner assaults in Scotland per 1,000 prisoners in 2017/18 (Scottish Prison Service, 2018b), compared to 36 per 1,000 in England and Wales (Ministry of Justice, 2018), in both jurisdictions violence to prisoners and staff is on the rise. Furthermore, suicide and self-harm are prevalent in prison (Hawton et al., 2014), not only providing a barometer of the extreme distress experienced within the prison walls, but also contributing to the likelihood that prisoners will be affected by the death of one of their peers while in prison (Hales et al., 2003). All of this takes place in an emotionally-charged yet often hyper-masculine environment in which displays of vulnerability are only for

the weak (Vaswani, 2014), and leave individuals at risk of further victimisation (Gooch, 2016), requiring prisoners to constrain emotion and remain isolated in their distress.

Liebling and Ludlow (2016:234) refer to this mix of pre-existing vulnerability, compounded by the experience of imprisonment, as a 'combined model' of distress. Thus it is perhaps unsurprising that the prison estate is an environment whereby trauma symptoms are pervasive, mental health issues are elevated, and self-harm is on the rise (Ministry of Justice, 2019). Gooch (2016) asserts that young people are particularly susceptible to this distress, often entering custody at a crucial developmental stage during their transition to adulthood. Bullying and victimisation in young offenders institutions is more common than in the adult estate (Gooch, 2016, Crawley, 2006). The presence of bullying, victimisation and other childhood trauma is closely associated with suicide and self-harm among young prisoners (Shepherd et al., 2018, Gooch, 2016) and young people aged under 20 have been found to be at increased risk of self-harm in prison (Hawton et al., 2014). Once this interplay between historic, current and situational vulnerabilities in the prison population is understood, then the drive for TIP in prison becomes clear yet, at the same time, problematic.

Trauma-Informed Practice

TIP can be defined as individual or organisational practice that understands the prevalence and impact of trauma; that recognises the signs and symptoms of trauma; that responds to this knowledge by revising policies, practices and procedures accordingly and endeavours to ensure that the response from services or systems does not re-traumatise individuals (SAMHSA, 2015). From these perspectives, trauma-informed approaches do not necessarily directly address trauma, but provide, as a minimum, an environment in which trauma is not exacerbated or becomes an impediment to engaging with services. The key underlying principles that help to create and sustain such an environment include: trust; collaboration; choice; empowerment and safety (NHS Education for Scotland, 2017).

Increasing the awareness of trauma has led to a growing global discourse around what TIP might mean for a wide range of professional disciplines, systems and services, not just within traditional mental health services (Becker-Blease, 2017). This includes child welfare systems (Kramer et al., 2013); homelessness services (Hopper et al., 2010); substance misuse treatment (Capezza and Najavits, 2012); schools (Walkley and Cox, 2013); social work practice (Knight, 2015); sex-offender treatment (Levenson, 2014) and in-patient mental health facilities (Muskett, 2014). Importantly, there is growing evidence that 'trauma-informed' systems and practice can result in better experiences and outcomes for people affected by trauma (NHS Education for Scotland, 2017).

The applicability of TIP across a variety of settings is identified in *Transforming Psychological Trauma: A Knowledge and Skills Framework for the Scottish Workforce* (NHS Education for Scotland, 2017). This framework aims to increase understanding of trauma and its impact across the entirety of the Scottish workforce and, as such, is divided into four tiers that relate to the skills and knowledge that are necessary for staff within a variety of settings:

trauma informed	the baseline knowledge and skills required by everyone in the Scottish workforce
trauma skilled	the knowledge and skills required by all workers who have direct and/or substantial contact with individuals who may be affected by traumatic events, whether or not trauma is known about.
trauma enhanced	the knowledge and skills required by workers who have more regular and intense contact with individuals who are known to be affected by traumatic events, and who provide specific supports or interventions
trauma specialist	the knowledge and skills required by staff who play a specialist role in directly providing or managing evidence-based psychological interventions or therapies to individuals affected by traumatic events

The framework thus promotes the necessity of supporting and training staff across all workplaces and all levels to recognise and minimise the negative impacts of trauma-related experiences. Nevertheless,

working with trauma has been recognised as challenging and emotionally demanding (Pearlman and Mac Ian, 1995). The impact of working with those who have experienced trauma can manifest as short-term negative effects, such as emotional responses, as well as long-term effects that can impact a person's mental and physical health. These long term effects can include 'compassion fatigue' which is the loss of the ability to feel empathy, associated with the emotional exhaustion of work (Figley, 1995) and also 'vicarious trauma' which describes "the transformation that occurs within the therapist (or other trauma worker) as a result of their empathic engagement with client's trauma experiences and their sequelae" (Pearlman and Mac Ian, 1995:558). The experience of trauma symptoms and disruption to cognitive schemas can lead to long-lasting or permanent changes to the sense of self; spirituality, world-view or behaviour in the trauma worker both personally and professionally (Lee, 2017, Boudoukha et al., 2016). Compassion fatigue and vicarious trauma can result in burnout and affect the ability to support service users effectively (Boudoukha et al., 2016) and both have been explored and identified with practitioners across a range of settings, including: trauma therapists; social workers; probation officers; healthcare workers; and mental health professionals (Cieslak et al., 2014, Lee, 2017, Gil and Weinberg, 2015, Pearlman and Mac Ian, 1995, Way et al., 2004). Thus when implementing TIP the impact on the staff involved in delivering such an approach must be acknowledged and taken into account.

<div align="center">Trauma-Informed Practice In Prison</div>

Prisons are potentially a key site for TIP due to the historical experiences of trauma among the prison population and the potentially traumatic impact of the prison environment. Yet, as discussed above, the punitive role and impact of the prison environment can pose a key challenge to the core principles of TIP which seek to actively avoid re-traumatisation. Moreover, the harsh physical and emotional environment is not one that is solely experienced by prisoners alone, indeed Crawley (2006) observes that many prison officers will spend more time in prison than the people in their charge. Thus on a daily, and often long-term basis, it is argued that prison officers are working in a highly charged environment: experiencing fear and anxiety; witnessing or being the victim of violence; and being exposed to extreme distress and

potentially traumatic events such as suicide or self-harm (Boudoukha et al., 2013). It is no surprise then that emotional detachment and depersonalisation have been reported to be coping mechanisms by which prison officers can continue to operate in such an environment (Crawley, 2006, Arnold, 2016, Scott, 1997). Nevertheless, prisons can also be described as domestic arenas that require considerable emotional work and emotion management on behalf of the staff as well as prisoners (Crawley, 2006, Arnold, 2016, Tait, 2011), even without the added complexity of working with trauma. Furthermore prison work has traditionally been, and often continues to be, a masculine environment, one in which expressing emotion or displaying a vulnerable side may be interpreted as 'pandering' or 'weak' or leave one open to abuse or exploitation (Miller and Najavits, 2012, Crawley, 2006). The emotional constriction that this necessitates, alongside the well documented tension between care and control (Short et al., 2009) evident within institutions such as prisons, can complicate the ability of workers and prisoners to form relationships. This identifies another key challenge in developing TIP in prisons, as it is argued that central to trauma recovery is the ability to establish safe and trusting relationships (NHS Education for Scotland, 2017).

Despite the knowledge that the prison environment can be challenging for all involved, and the well-documented consequences of working with trauma, the prison has rarely been a setting for research into the implementation and impact of TIP or on the impact of trauma on the workforce. In a clinical practice paper, Miller and Najavits (2012:6) argue that, whilst TIP within the prison context is not without challenges, it should be possible. They claim that their concept of Trauma-Informed Correctional Care (TICC) can potentially cut through this multitude of challenges and "…go a long way toward creating an environment conducive to rehabilitation and staff and institutional safety." Similarly, a conceptual paper by Griffin et al. (2012) outlines a trauma-informed model for juvenile justice institutions and offers several principles to be followed by front-line practitioners. Nevertheless, with the highest imprisonment rate in the world by some margin (World Prison Brief, 2018), it could be argued that correctional practice in the USA may differ qualitatively and quantitatively to practice in the United Kingdom. Such a broad

imprisonment rate suggests an approach to justice that has the potential to draw additional people into the penal system that do not fit the profile of complexity and trauma frequently seen in other prison populations. Thus, whilst both papers make a good argument for developing and implementing TIP in prisons, their discussion and conceptualisation of TIP may not be applicable outside of the USA. Moreover, their work is not based on empirical research and does not extend to the actuality of delivering TIP in practice or in other jurisdictions and contexts. This identifies a significant gap in our understanding, and application of, TIP in the prison environment that warrants attention.

There are a small number of studies that focus on the role of prison staff in working with trauma but these have typically explored healthcare professions who work within prison establishments, such as nurses (Munger et al., 2015). The role of prison officers has been neglected from discourse around the impact of working with trauma. This omission may be because they are not seen as undertaking therapeutic or counselling roles; however, given that prison officers have the most day-to day contact with prisoners, this presents a major gap in how we understand the potential of TIP in prison settings. In the small number of studies that focus on prison officers' roles more generally (not in the context of TIP) they have been found to be vulnerable to job stress, burnout and PTSD (Boudoukha et al., 2013, Rutter and Fielding, 1988). This is significant given that prison officers do not necessarily have the range of support and supervision that are often offered to health and social care staff as part of their professional culture. Thus to better understand the role of prison staff in developing a trauma-informed approach we need to acknowledge the role that all prison staff play in implementing such an approach, and the systems that encourage or inhibit this, rather than focus on those staff whereby this task is more obviously identified with their role.

The Scottish Prison Service (SPS) recognises the need for TIP in its establishments and, following the review of women in custody (Commission on Women Offenders, 2012), has historically focused on TIP in the female estate, such as through delivering a two-day training course 'Becoming Trauma Informed: A Core Value in Service for Women' in 2014 (Covington, 2016). Yet, while the language of

TIP may not yet be common parlance within the wider prison estate, SPS policy espouses some good intentions. The SPS *Vision for Young People in Custody* (2014) set out the aim to use a young person's time in custody to enable them to prepare for a positive future. Although not using the words 'trauma-informed' per se, the vision outlines aspirations to provide opportunities to build mental and emotional health and well-being; address separation and trauma; as well as being cognisant of the environmental conditions, values and principles that are needed to maximise change in young people. This considered factors relevant to TIP such as culture, language, the built environment, positive relationships (within and outside of the prison) and staff qualities and skills. This modified approach was communicated through various mechanisms, including a mandatory programme of staff training within the YOI. Furthermore, the SPS outlined its commitment to the professionalisation of the prison officer role, envisioning prison officers as "counsellors, role models, coaches and advocates of the people in their care" (Scottish Prison Service, 2016:23). These advances in policy within the SPS suggest that TIP has increasing relevance for both the people in custody and for the staff. This, in turn, identifies a pressing need to understand TIP within the prison context to better inform the development of such practices. Drawing on data from a wider evaluation of the implementation of a trauma-informed approach in a Young Offenders' Institution (YOI) this paper focuses attention on the experiences of prison staff to explore the dilemmas, challenges and opportunities that are relevant to TIP in the custodial context. This paper argues that while prison staff support and endorse their role in a trauma-informed approach, in practice they are constrained and influenced by factors relating to organisational purpose (which is fundamentally to punish) and the enduring influence this has on organisational culture.

METHODOLOGY

In 2014, research in a YOI reported a high prevalence of loss, bereavement and trauma among the young men in their custody (Vaswani, 2014). In response, the YOI undertook a series of developments aimed at adopting an 'establishment-wide' approach to supporting these experiences. This programme aspired to create widespread organisational change in terms of culture, attitudes, knowledge and understanding,

as well as the enhancement of skills in relation to working with young people. Specific actions included: mandatory awareness-raising training for all staff in the YOI, regardless of role or seniority; the commissioning of a pilot psychoeducational and therapeutic service to work directly with young men affected by trauma, bereavement and loss; wider work to ensure a coherent, coordinated and 'trauma-informed' response from service providers across the YOI; and changes to the physical environment, such as fresh décor. The two-day trauma, bereavement and loss awareness-raising training was aimed at increasing staff confidence and skills in a number of areas related to acknowledging, discussing and working with individuals affected by trauma, bereavement and loss within the specific prison context. Topics covered included: models of bereavement; the impact of trauma on development; trauma symptoms and coping strategies; post-traumatic stress disorder; attachment and relationships; culture, systems and practice; and safe working practices. Staff were also provided with the opportunity to acquire skills through role-play, for example by practising what to say to a distressed young person.

An evaluation was commissioned to document the impact of these changes and given ethical approval by the University of Strathclyde Ethics Committee and the SPS Research Access and Ethics Committee. The training was well received, with staff reporting increased confidence and understanding (Vaswani et al., 2016). However, although the implementation of TIP was not a specific focus of the original evaluation, the findings revealed a staff group who faced many challenges in implementing TIP, and who required additional support and organisational change to do so (Vaswani et al., 2016). In order to explore this finding in more depth, and to refocus attention solely on the perspectives of prison staff, this paper presents the findings from secondary analysis of the data gathered from staff. The data included qualitative information from pre-and-post questionnaires that were completed by 208 staff attending the awareness–raising training. Staff completing the questionnaire were drawn from all roles within the prison, but were predominantly uniformed staff such as Residential Officers and Personal Officers (akin to Prison Officers elsewhere) (n=129, 62%).

Data also included the transcripts from three focus groups involving a total of 12 staff and 10 semi-structured interviews that had been held with key individuals (managers and service providers). Interviews and focus groups were transcribed verbatim. A thematic approach to data analysis was adopted, in order to identify, analyse and report key patterns within the data (Braun and Clarke, 2006). Data was coded using QSR International's NVivo 10 Software (2012), with first level coding conducted by the first author. This generated 25 individual codes which were subsequently reviewed by the second author and then collectively refined and collapsed into six major themes that occurred frequently across the data. These themes include: roles, responsibilities and relationships; shared experiences, empathy and understanding; organisational change; needs and resources; the prison environment; and professional support and supervision. They are discussed below using quotations that were selected to illustrate the underlying subthemes, or deepen understanding of the major themes.

FINDINGS

Opportunities for Trauma-Informed Practice in the Prison Context.

There were several opportunities relating to the role of staff, the presence of shared experiences and also wider organisational change that facilitated a trauma-informed approach within the YOI.

1. *Roles, responsibilities and relationships*

The way that staff portrayed their daily interactions at work revealed that many viewed supporting young people in relation to trauma, bereavement and loss as part of their job, even if this was not made explicit in how they described their role. The majority of staff described wanting to be able to support young people better, and revealed a myriad of ways, both large and small, in which they could (and already often did) do this. This was most evident at the individual level, where staff frequently described providing emotional support (talking, listen, empathising) and practical problem-solving support (giving advice, providing information and organising family contact).

> "Inform young person of loss and talk it over, help with family contact and accommodate visits from family after" (Operations Manager)

> "Listen and try to offer as much support as possible." (Personal Officer)

The domestic nature of prison and the intimacy that this brings, as outlined by Crawley (2006), often facilitated the development of positive relationships. Some staff described themselves as role-models, and relationships were often paternalistic/maternalistic in nature, with care and warmth evident:

> "I was there as a kind of grandfather figure, someone to talk to who he sees on a regular basis." (Instructor / Tutor / Activities)

As a result, prison staff described many examples of practice that formed the core part of their day-to-day work for many years, and which were congruent with TIP. These skills and practices were cemented and legitimised by the awareness-raising training.

> "Work with them on a daily basis, get to know them and understand what is 'normal' behaviour for them, so when something isn't normal I can pick up on this. I make time, take an interest. I speak with them." (Residential Officer)

> "Prison officers in general don't realise how much they actually do until somebody points it out, that see this training that you're doing here you used it almost daily or very often in your work. I think it's very good for lots of people … to actually be recognised that we'll put a label on it that this is actually work that you're doing but you don't realise your actually doing it" (Instructor / Tutor / Activities)

2. *Shared experiences, empathy and understanding*

The YOI's wider focus on loss and bereavement, not solely trauma, increased the potential for young people's experiences to personally resonate with staff. The identification with personal experiences sometimes triggered difficult emotions for staff, but also created empathy and shared understandings, which in turn helped to nurture relationships and conversations. Staff also demonstrated the use of self in their role and relationships with the young people in sharing their personal experiences:

> "As part of my role, I can offer assistance to young men by being there to listen to their personal problems and by offering my support, guidance and own experiences of their problem." (Instructor / Tutor / Activities)

This approach to supporting young people was more akin to the use of self in therapeutic and counselling professions (Wosket, 2016), rather than the traditional prison officer strategies of detachment and depersonalisation (Crawley, 2004). Furthermore, the training, alongside a specialist service to fall back on meant that prison staff were more likely to broach some of these difficult conversations, and encouraged the development of TIP across the wider prison.

> "I've had one boy referred to [the trauma, bereavement and loss service] and then he started opening up to me. Probably before that course I wouldn't have known how to handle it or what to say to him, the poor lad, but I think I done quite well speaking to him. He's doing well now." (Instructor / Tutor / Activities)

> "I think a lot more people are willing to ask questions that they wouldn't have before, but then I know that some staff say I only ask those questions because then I know that I can refer on to [trauma, bereavement and loss service] if I get an answer that I don't know what to do with." (Third Sector).

An additional benefit of increasing staff's understanding about trauma, loss and bereavement was that this learning was also transferable to the staff member's personal life:

> "I think I've applied it [training] to my whole life, not just my work life." (Third Sector).

3. *Organisational change*

The slow pace of organisational culture change was recognised by many, but prison staff also hinted at small shifts in attitudes and values, among both the staff and the young men in their care. This not only helped improve the direct support that young men received, but was perceived as a small step on the journey to creating a less hostile environment, where there was reduced shame and stigma in both having experienced adversity, and in seeking help for such issues:

> "Some language changes…Just a sense around the place that there is more knowledge around the issues of trauma, bereavement and loss." (Senior Manager)

Word of mouth between the young men was viewed as an important contributor to the high referral rate to the service, and there was also evidence of peer support among them, albeit often in a private setting. There was also the hope that the professionalisation agenda for the prison workforce would contribute to

better support for young men, and also help continue this shift in attitudes, values and understanding across the institution.

> "I think individual boys are benefitting but that just needs to continue because every individual eventually makes up the whole population. …The boys because they're being treated in a different way and the staff are more educated about how to deal with them then the boys will interact with each other in a more positive way you'd like to think as well. So it's a knock-on effect." (Social Worker).

Challenges Of Trauma-Informed Practice In The Prison Context

Although prison staff identified a clear role for themselves in creating a more trauma-informed environment, the realities of prison practice meant that staff faced many challenges in ensuring that their interactions with young people were trauma-informed. These challenges fell broadly into three categories: challenges relating to the scale of need in the prison and associated factors relating to resources (or a lack of them); factors linked to the prison environment (physical or cultural); and lastly challenges that stemmed from issues to do with supporting staff (training, professional development, supervision).

1. *Needs and Resources*

The staff were aware that the backgrounds of young men in prison were characterised by extensive loss, trauma and adversity:

> "I realised that there was pretty much a lifetime of chaos and trauma behind two significant bereavements in the last 18 months, I had a guy whose coping strategy was to get angry and that was his only coping strategy." (Senior Manager)

Staff also reported that, despite considerable investment in staff training and service provision by the YOI, this overwhelming level of need meant that resources remained stretched, and demand outstripped supply for services. The most in demand resource was staff time and this meant that finding the time to listen, talk and identify needs was often problematic:

> "Spending the necessary time with individuals during loss can be difficult to manage as you could have as many as 40 other young people in your care." (Residential Officer)

Even when needs were identified, and referrals made to the trauma, bereavement and loss service, waiting lists meant that the young person often did not receive a service for a number of weeks. Furthermore, this resource issue was not limited to the institution, but reflected patchy and limited support in the community for young people either prior to entry in to custody or upon release. This in turn increased the scale and complexity of the need within the establishment, or increased the urgency of the need for support if release was imminent.

> "High number of young people needing support so might have to wait to get support." (Third Sector)

> "What access to services did they get prior to when this incident happened and prior to arrival? When you talk to the boys they always say either they didn't get any support or 'someone spoke to me once and I said I wasn't interested and that was it no one came back'." (Senior Manager)

2. *The prison environment*

Complicating factors for TIP relating to the prison environment tended to fall into tangible issues to do with security operations, such as the regime and the physical built environment; or less perceptible issues to do with organisational culture and underlying values and assumptions. The regime itself proved problematic for the provision of trauma-informed care within the prison. From the unpredictable and short-term nature of remands limiting staff's ability or willingness to broach trauma and loss-related subjects; to the challenges of providing appropriate levels of staffing and care around the clock, the security function of prison shaped the way the prison was organised, but this in turn affected the ability to deliver TIP, or prioritise according to need.

> "The remand prisoners who just tend to stay in their room and not come out…so there could be lots of problems that we might have there….They might have started something and they can't finish it. Then you've opened a can of worms and made it worse when he goes out." (Programmes Officer)

> "If something happens at night there is less support available i.e. nurses are not available, listeners are locked up as it's home time." (Residential Officer)

> "But you may have someone doing a long sentence who may benefit from a piece of work now and they may just constantly get bumped down the list because [other] people are going to leave. So that is a dilemma, need and time left [in prison] are factors." (Third Sector)

It appeared that there was an implicit necessity to prioritise the smooth running of the institution over TIP. Moreover, the restrictions of the physical environment also reduced the ability of prison staff to provide therapeutic, or even just safe spaces.

> "regime can sometimes restrict time spent and obviously will restrict some coping strategies i.e. walking outside." (Nurse).
>
> "Difficult to offer support behind a closed door. Difficult to talk to them especially when other young people can hear what is said." (Operations Officer)

The challenges caused by the physical lack of privacy and therapeutic space were compounded by the hypermasculine environment and an identification with a 'macho' culture where any hint of vulnerability was suppressed in favour of appearing tough and strong. This culture appeared to be subscribed to by both staff and young people, although perhaps by necessity rather than reflecting genuine underlying values.

> "I spoke to him about the referral and he asked me not to just because he didn't want, it's a sign of weakness…He said that he really wants to do work but not in prison so he'll wait until he's in the community to address that." (Forensic Psychologist)
>
> "There must be incredible pressure I think, not to appear soft, or too aligned with the young men." (Third Sector).

Furthermore the espoused values of the SPS, including rehabilitation; transforming custody and creating a learning environment, while subscribed to by many prison staff, were sometimes difficult to genuinely adhere to in a complex work environment. Additionally, a small but influential minority displayed attitudes and values that were incongruent with SPS policy. The enduring conflict between care and control was evident in prison staff's accounts, and the differentiation between uniformed prison staff ('white shirts'), other prison staff, and the young men created a sense of 'them and us', allowing some staff to keep young men (and other staff) at a distance.

"There's definitely things that need to be changed, people's attitudes towards the young boys, a lot of the language needs to change. If you're calling people stupid and being very derogatory towards them…all of that needs to change." (Third Sector)

"…a lot of the officers, they do a different job from us, they do get the kick offs when they don't get the phone or they don't get a shower and we don't get that. We get to see the nice side of them because you're there to help them…." (Nurse)

"They've got a white shirt on with jangly keys talking about these kinds of issues when actually I don't think half of them have any awareness of the power they have in that white shirt and how to use that power purposefully and sensitively." (Third Sector).

This pervasive culture, alongside the lasting impact of trauma experienced by many of the young men, clearly had a bearing on any form of work that relies on trust and relationships, including creating a trauma-informed environment. Detachment and depersonalisation were sometimes applied as coping strategies in that the young men were held at arm's length. Participants revealed that even specialist one-to-one work could be undermined by a wider culture that did not support trauma-informed work, from the simple logistics of accessing young people to provide a service and in how young people experience that service (before, during and after interventions). For example, participants reported that young people were not always made aware by uniformed staff that they were due to attend the trauma, bereavement and loss service until immediately prior to the appointment and were left unable to psychologically prepare. Abrupt endings to therapy sessions by escort staff or, conversely, young people left sitting in communal spaces for extended periods after a tough therapy session were also noted as particularly problematic.

"gaining the confidence and respect from young people who have often been let down in the past [is a challenge]". (Nurse)

"Like booking boys…there are lots of issues with booking. Whether they just don't get booked, whether they send the boys up at the same time [for a one-to-one appointment]." (Forensic Psychologist)

3. *Professional Support and Supervision*

Although prison staff regularly provided indirect or direct support to young people, there was still a lack of confidence, or a sense that trauma, bereavement and loss requires more specialist intervention. This resulted in a heavy reliance on signposting and onward referrals:

> "I had a boy and his mum died, and then two months later his dad died and he said basically that was the trigger of all his offending, dealing with his emotions, so that was an automatic referral. We can deal with the offending stuff but the bereavement is definitely best to be referred on." (Forensic Psychologist)

Staff also described lacking the confidence and the skills to bring to the work that was required to create a trauma-informed environment.

> **"**It's knowing the right things to say and do when dealing with people affected by trauma, bereavement and loss." (Residential Officer).

> "There is an ongoing and embedded culture, not just in [YOI] but within all prison officers in that the skills set they are recruited for does not match the change in the way of doing things. It has always been so." (Senior Manager).

This lack of confidence was linked to the fact that prison staff did not necessarily feel that they had the skillset to embody TIP. The mandatory and blanket targeting of training was perceived to be useful in creating a more trauma-informed environment across the wider establishment, but many staff felt that such awareness-raising training was only the starting point for the professional development that they needed to meet the level of demand in the establishment.

> "A number of staff within Polmont should be trained to a level to support young people with these issues." (Personal Officer)

> "More in-depth trauma training; looking at interventions." (Forensic Psychologist)

There was a recognition amongst staff of the considerable emotional labour involved in working in such a challenging environment both in relation to the prison environment but also in relation to the issues that the young people presented with. The challenges were amplified by the fact that bereavement is a normative experience, which meant that there was also a strong resonance with the staff's personal bereavement experiences that may not be present in work that is more specifically focused on trauma.

This alignment with personal experiences often helped, as described earlier, but also at times hindered the work.

> "I found it good for myself. I don't know about the rest of the officers but I found a hanging and I kept everything in to myself until I went on that course and then it all came out how I felt at the time, how I felt after it." (Instructor / Tutor / Activities)

> "Prior to the training roll out a lot of the staff would regularly talk to me about how uncomfortable and upsetting they find dealing with bereavement issues and they felt quite disempowered by that and helpless." (Senior Manager).

Unsurprisingly, there was a sense that support for staff could be improved. The lack of a professional culture of supervision for uniformed staff featured frequently in accounts of the challenges of TIP in the prison.

> "…the issue we have with death and stuff…or bereavement or trauma, you're scared because we don't have supervision at the back of us so although you want to ask the question you don't because you're thinking where will this lead to…" (Instructor / Tutor / Activities).

> "There is more that can be done in terms of offering support and supervision for staff…I think it is quite difficult to work with these issues unless you've got the support and supervision." (Senior Manager).

> "We need to acknowledge the emotional impact of the work…the impact of working in an institution…When you have workers say to you 'I don't understand the stuff about feelings because I have no feelings when I come into work whatsoever, I switch the feeling bit of my brain off'" (Third Sector)

Although staff were aware of the organisation's plans to professionalise the workforce and implement staff supervision and reflective practice there was also a level of cynicism about how effective the professionalisation agenda would be, and whether change would be as transformational as required.

> "It will just be more training, they're not going to change the system to allow for things like supervision, they're not going to do that. They're not changing the process or even the recruitment process which is a shame because again they are still recruiting people who have come from military, people who have worked for G4S, people who have been bouncers you know that's still...I mean we are getting more and more people who do criminal justice degrees, they're getting more academic people through the door but they're still getting that background." (Third Sector)

> "We are still some distance away from a full staff qualification for working with young people of which trauma informed practice will play an important part. Again we're on a journey it's not a one off outcome and you can't change all these things." (Senior Manager)

DISCUSSION

The findings highlight the realities of translating vision and policy into tangible and meaningful practice, especially when navigating the combined complexities of TIP and prison. There were many examples of existing 'good practice' that have relevance for a trauma-informed approach, especially in relation to the importance placed on relationships between young people and prison staff. It was apparent that many prison staff were willing to provide support for trauma, bereavement and loss, and some did so already. Moreover, the awareness-raising training, and the development of a specialist service to enhance support for young people, appeared to be making an impact across the entire establishment and there was evidence of a small but observable shift in culture and practice within the YOI that supported a more trauma-informed approach. Despite these developments, however, the findings also identify that the YOI has faced considerable challenges in creating a truly trauma-informed environment. This has important implications for other jurisdictions in which factors that complicate or preclude TIP, such as prison violence, may be more prevalent than in Scotland.

In making sense of the disparity between these findings, Schein's (2010) account of organisational culture has relevance here, with the dissonance between the espoused intentions of policy and strategy, and the artefacts (the tangible and visible elements of organisational culture) and basic underlying assumptions (in essence the realities of custom and practice) offering insights into these challenges. The very function and purpose of prison places it at odds with TIP from the outset, and this tension between care and control was evident throughout staff's accounts of the work that they do. The tangible artefacts of the prison, such as the staff uniforms with a clear military or police influence ('white shirts'), or the physical built environment (barbed wire, bars on windows) tend to emphasise the control element of custody. Even with recent investment from the YOI that recognises the impact of the physical environment on young people, including increased use of bright colours and calming artwork, the fact remains that the experience of young people is that it is a prison with the security function prioritised over nurture and care. These artefacts, intentionally or otherwise, also tend to give credence to some powerful

underlying assumptions about the role of prison. The underlying organisational culture, and the negative attitudes and values of a small, but often influential, staff group towards rehabilitation, punishment and the very essence of the role of the prison officer clearly constrain the limits of TIP within the prison.

In relation to the wider Scottish agenda, the vision and aspirations of the SPS commit to a trauma-informed approach, one centred on the individual and focused on rehabilitation, and *Transforming Psychological Trauma (NHS Education for Scotland, 2017)* provides a framework of skills and competencies that underpin such an approach. Prisons fall within the 'trauma enhanced' tier of the framework and this draws attention to the level of knowledge and skills that are required of staff who have regular and intense contact with individuals who are affected by trauma. These skills and knowledge cover a variety of domains that include understanding and responding to trauma, building relationships, self-care and managing the environment to reduce re-traumatisation. This paper has shown that increasing staff knowledge and understanding of trauma can be achieved via awareness-raising training which, in turn, supports referrals to specialist services and may promote small changes in language, attitudes and culture. Likewise, the training coupled by the implementation of a discrete service for trauma, bereavement and loss suggests that it is possible to improve the experiences of people affected by trauma, and the support that they receive while in prison.

Nevertheless, these advances in themselves do not ensure TIP, and the multitude of challenges identified in this paper suggest that becoming a truly 'trauma-enhanced' workforce is questionable and casts doubt on the applicability of *Transforming Psychological Trauma* within a prison context. Developing trusting relationships, self-care and managing the environment was more complex owing to the prison regime. Although few staff used the terminology 'vicarious trauma', 'burnout' or 'compassion fatigue' there was a recognition of the emotional labour involved in working in such a challenging environment and evidence of detachment and depersonalisation. Yet prison staff on the front-line did not have a culture of supervision compared with staff in other disciplines, and were less able to access support systematically, which needs to be addressed to meaningfully promote TIP. Furthermore, the

framework identifies the importance of appropriate and timely support, yet the research highlights the complexity inherent within this task due to the scale of need and associated resourcing issues.

While there is no naivety from the Scottish Prison Service that organisational change will be quick or easy, the challenges evidenced identify that any changes and gains made have not yet reached tipping point and are vulnerable to setbacks, especially in a time where budgets are under pressure. As staff move on, or the memory of training fades, the shared and collective understanding about the impact of trauma, bereavement and loss diminishes. Similarly, trauma and adversity may be the subject of increased focus and attention across penal policy and practice at present, but as organisational and strategic priorities change, the investment needed to support both staff and young people may no longer exist. The professionalisation of the workforce should go some way to addressing any knowledge, understanding and skills gaps, but whether this has an impact on attitudes and values, or on ensuring genuine organisational support for staff, will depend on the scale of change, commitment and investment that the prison service is willing or able to make (including to recruitment practices, remuneration, supervision, reflective practice, professional development, and self-care strategies). Thus, while the visions of the SPS and the goals of *Transforming Psychological Trauma* are, on paper, in alignment, the gulf between them in terms of organisational norms becomes evident in the inherent challenge of implementing TIP within the prison context.

The purpose of prison has long been recognised as a political, ethical and moral choice (Scottish Prisons Commission, 2008), and it has been postulated that systems that prioritise "retribution, incapacitation, or deterrence" over rehabilitation are not consistent with TIP (Griffin et al., 2012:274). These findings confirm that a truly trauma-informed approach is not possible in an environment that is shaped by a criminal justice system that has punishment at its core, either in policy or practice. Power imbalances, restricted regimes, a climate of fear, mistrust and negative attitudes are not conducive to TIP. For as long as prisons are part of penal policy there is no easy solution to this, prisons will be required to keep people secure. This paper has shown that, within the bounds of that parameter,

progress is being made to improve the experience of people in prison affected by trauma, yet there is still much more work to be done. Moreover, while the issue of control and punishment versus care and rehabilitation is broader than the scope of this paper, drawing attention to this conflict in relation to TIP has implications for a range of services both across the criminal justice system and more widely, such as child and adult protection, whereby the role and duties of staff can run in opposition to the principles of a trauma-informed approach.

CONCLUSION

This paper identifies that the implementation of TIP in the prison context is problematic and the realities and challenges of implementing an approach in such a complex and punitive environment should not be underestimated. The paper is limited though, in that these challenges emerged in the context of wider research that did not explore the concept of TIP directly with staff. Furthermore, this paper focused on TIP in relation to young males in custody, and values and practices may differ with other groups, such as females, or adult males. More in-depth research is needed to ensure that the needs of staff (as well as people in custody) are explored fully, and that the implications for TIP and workforce development are clear. Nevertheless, the challenges evident in implementing TIP within a YOI offers an important critique on the feasibility of such an approach across the workforce. In the context of prisons, this paper has identified a gap between vision and practice and argues that TIP is not possible without significantly reshaping the current penal system.

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