



College of Liberal Arts

**Center for Public Safety Initiatives**

# Trauma-Informed Care: Effectiveness on Recidivism

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## Introduction

The United States leads the world in highest prison population with one out of every 100 adults being incarcerated (Lehrer, 2021). The criminal justice system often ignores the contributing factor of trauma which is commonly a universal experience for those with histories of incarceration (Levenson & Willis, 2018; Pettus, 2023). Trauma is an event experienced outside of a person's control that threatens the physical or psychological well-being of oneself or others, producing fear, helplessness, or shock (Levenson & Willis, 2018; Williams & Frey, 2018). Those in the justice system show a prevalence of traumatic experiences categorized into two groups, prevalence of adverse childhood experiences (ACEs) and prevalence of lifetime traumatic experiences (LTEs) (Pettus, 2023). Traumatic experiences are associated with risk factors in criminal behavior, mental health, and substance use disorders (Lehrer, 2021). Risk factors going unaddressed leaves offenders unprepared to return to society and increases the likelihood of reoffending. Trauma-Informed Care (TIC) is an approach that presumes a history of trauma and recognizes the symptoms associated with it. The usefulness of trauma screening and trauma-informed treatment of offenders can improve offenders' life experiences and cease the cycle of offending.

## Trauma and Criminal Behavior

Research has depicted strong links between trauma and criminal behavior and recidivism (Glantz et al., 2017). The National Institute of Justice (NIJ) defines recidivism as “a person's relapse into criminal behavior, often after the person receives sanctions...for a previous crime” (NIJ, n.d.). Potential risk factors to reoffend can be linked to trauma from ACEs which often demonstrates negative behavioral health in individuals (Glantz et al., 2017; Zettler, 2020). ACEs can include physical or emotional abuse, neglect, and experiencing or observing violence (Pettus, 2023). Vitopoulos et al. (2018)

reviewed 124 studies pertaining to youth involved with the justice system. They found that 86% of youth in the justice system report at least one traumatic event during childhood and youth in the justice system were 12 times more likely to have ACEs compared to youth not involved in the justice system; similar results were reflected in studies with adult participants. Additionally, Ford (2020) found a positive correlation between ACEs and recidivism in probationers in comparison to those with little to no ACEs. Maltreatment in childhood is strongly linked to reoffending throughout the life course and is also associated with impaired cognitive functioning (Vitopoulos et al., 2018). The early trauma of maltreatment creates a dysregulation of emotional and social processing causing individuals to label emotions as anger rather than fear or sadness (Glantz et al., 2017; Zettler, 2020). Subsequently, these misinterpreted emotions and inability to cope can cause an increased risk of offending or violent offending in adolescence and throughout the life course.

The majority of incarcerated offenders have experienced trauma in their adult lives (Pettus, 2023). Pettus (2023) reviewed a variety of studies analyzing the relationship between incarcerated offenders and trauma. Results found that 86% of offenders reported traumatic experiences prior to incarceration and 70% reported traumatic events within the year prior to incarceration, including violent assault, witnessing violence, or death of another person. Recently incarcerated individuals experience additional trauma of distress from conviction, sentencing, and removal from their community. Furthermore, trauma continues during incarceration; 89% of offenders report having been a victim of violence or witnessing violence while incarcerated. After release many offenders return home to the same environments and without appropriate rehabilitation treatments. Approximately half of those released will experience a traumatic event within eight months. Trauma being left unaddressed during incarceration and experiencing trauma upon reentry further complicates one's ability to stabilize and increases the likelihood to reoffend.

## Key Principles

TIC engages individuals suffering from trauma by acknowledging symptoms. TIC is guided by four principles: recognizing trauma, recognizing symptoms of trauma, applying information about trauma into policies and practices, and minimizing retraumatization (Levenson & Willis, 2018; Williams & Frey, 2018). For providers that work with individuals in the justice system, it is important to recognize that trauma is more prevalent in this patient population than in the general public. ACEs are found to be more common in poor, marginalized, and oppressed communities with the additional stressors of poverty and discrimination. Second, it is important that providers recognize symptoms of trauma demonstrated by their patients' behavior. Trauma symptoms are observed through maladaptive behaviors such as substance abuse, avoidance, depression, self-harm, aggression and more. The ability to acknowledge these behaviors as symptoms of suffering from trauma and supplement with human connection is essential. Third, recognizing the symptoms of trauma in offenders allows for a better understanding of the offender and underlying issues related to criminal offending. Recognizing that trauma exists in this population and knowing the symptoms can allow for trauma-informed approaches during incarceration. Last, human service systems inadvertently re-victimize. Correctional programs replicate disempowering dynamics that reinforce dysfunctional coping styles which can retraumatize individuals. A TIC approach can minimize the event of retraumatization in offenders and therefore recidivism upon release.

TIC shifts the standard approach from “what’s wrong with you?” to “what happened to you?” (Buffalo Center for Social Research, n.d.). Applying TIC can mitigate the risk of reoffending by focusing on bonding offenders with others, establishing an internal locus of control, and engaging in a meaningful pursuit of self-efficacy and self-sufficiency (Levenson & Willis, 2018). Validation of feelings and

awareness of personal space can give behavioral choices and encourage self-regulation and self-correction. Mental health professionals that validate emotions and personal boundaries can improve the self-awareness of the offender. Being aware of thoughts and associated behaviors increases the willingness of an individual to control and correct their own actions. In the past, offenders who sought help and did not receive it became more withdrawn and reluctant to ask for help in the future. TIC encourages an environment where help-seeking is rewarded to facilitate lasting change in behavior.

## TIC on Recidivism

Practitioners have acknowledged that trauma is an underlying cause of violence and have developed treatments to mitigate the consequences of trauma (Zettler, 2021). TIC is effective with rehabilitation of offenders because treatment is tailored to the individual's needs and it addresses trauma-induced risk factors that would possibly lead to reoffending (Levenson & Willis, 2018). When trauma-informed principles are integrated into treatment, the culture can shift towards collective responsibility for rehabilitation. Furthermore, research has shown that TIC programs improve participation in treatment and reduce disciplinary infractions. TIC approaches are individualized to the specifics of the patient. In many cases TIC applies various forms of therapy to help unpack and work through trauma.

Many trauma-informed treatment programs utilize Cognitive Behavioral Therapies (CBT). CBT programs work to change antisocial thinking patterns to reduce the negative psychological symptoms associated with trauma (Glantz et al., 2017; Zettle, 2021). Systemic reviews of CBT programs have proven to be effective at reducing recidivism. One CBT program known as “Seeking Safety” is used to assist with trauma and substance abuse. The program centers around five concepts: safety, integrated treatment for post-traumatic stress disorder (PTSD) and substance abuse, focus on ideals, case

management, and attention to therapist processes. Results of the program have shown decreased symptoms of PTSD and decreased substance-use symptoms which are risk factors for violent and non-violent offending. Additionally, the program is adaptive to both adults and adolescents and is cost-effective; for every \$526 spent on treatment, \$18,404 is saved in reduced offending.

Individuals vary in their needs so one treatment may work for one individual and not another. The diversity of patients led to the development of various types of therapeutic treatments for trauma. Williams and Frey (2018) conducted a study with the "Seeking Safety" program and incorporated eye movement desensitization and reprocessing (EMDR) therapy, treatment used to process past trauma in patients. Approximately 10% of participants in the EMDR group reoffended compared to the non-EMDR group where approximately 38% reoffended. Recidivism also took twice as long (two months versus one month) to occur in the EMDR participants compared to the non-EMDR group.

Cognitive Behavioral Intervention for Trauma in Schools (CBITS) is another variation that is adapted for a school-based setting (Zettle, 2021). CBITS was specifically designed for inner-city schools due to high exposure to violence towards youth and has similar goals to regular CBT programs. An evaluation of the program found an 86% reduction in PTSD symptoms and a 66% reduction in depression symptoms for students. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a more common program for adolescents. The program has been shown to be effective across all gender and racial/ethnic groups with similar results for reducing PTSD and depression-related symptoms, which are common risk factors with reoffending. There is no one method that is effective for everyone, but the versatility of approaches has been found to be useful and beneficial in reducing recidivism.

## Conclusion

Recidivism is the result of failing to rehabilitate offenders after being sanctioned for a crime. Risk factors for reoffending can be seen with unresolved traumas and the effect they have on individuals (Levenson & Willis, 2018). Many of those within the justice system demonstrate an extensive history of trauma in their lives compared to the average person. TIC treatments use relational modeling to reinforce healthy interactions to cultivate a therapeutic relationship for change. TIC seeks to use the knowledge and awareness of trauma to conceptualize situations and emotions for individuals to respond in a healthy manner. The approach has developed a variety of treatments, many of which have proven to be effective towards reducing recidivism (Glantz et al., 2017). The criminal justice system at its base does not prioritize the emotional needs of offenders (Levenson & Willis, 2018; Pettus, 2023). Encouraging a TIC approach in rehabilitation for offenders can be beneficial for both the offender and communities because it has been shown to reduce recidivism after reentry.

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