Trauma-Informed Forensic Practice

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Trauma and the Experience of Imprisonment

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The presence and prevalence of trauma and adversity in the histories of people in prison present an important factor in understanding the trajectory to offending. Trauma and adversity demand survival responses which become learnt ways of living. We propose that these survival responses give rise to the psychological characteristics conceptualised in the forensic literature as criminogenic needs (or dynamic risk factors for offending). Changes to these criminogenic needs are a key target of rehabilitative efforts and we argue that for long-lasting change to occur, the survival responses that underpin them need to be addressed. However, an individual is only likely to succeed at changing their survival responses in a stable non-threatening context in which they are no longer needed. This chapter explores the traumatic origins of criminogenic needs and the subsequent experience of imprisonment, arguing that the prison environment can act as a threat-based context for some, which demands previously learnt survival responses not only from those living, but also those working in prison. As such, the prison environment can be viewed as a co-produced (staff and prison resident) threat-sensitive context where survival (physical and psychological) is the priority, creating conditions for (re)traumatisation and restricting the ability of residents to engage with and benefit from rehabilitative efforts. We examine the possible pragmatic responses to facilitate context change in the prison environment, focusing on the concept of Procedural Justice as an opportunity to intervene with and modify a threat-based environment to create optimum conditions for rehabilitation efforts to flourish.

Developing a Trauma-Sensitive Framework for Prison Rehabilitation

Since the seminal publication by Felitti et al. (1998) detailing an association between various types of adversity and health challenges across the lifespan (Adverse Childhood Experiences: ACEs), various studies have extended this work and sought to investigate
the long-term consequences of various types of trauma and adversity in early life. In this section we present a brief overview of the more recent studies that investigate the relationship between trauma and adversity and one particular outcome – offending and imprisonment – before considering the pathways that may link early adversity and adult harmfulness and use this to begin to consider key features of rehabilitative environments.

**Adverse Childhood Experiences and the Stimulation of Criminogenic Capacities**

Prison services have been slow to respond to the growing evidence that some people who serve prison sentences bring with them stories of harsh, punitive, and neglectful early lives. In helping people to change, our focus in forensic practice has been on harm caused not harm experienced. While this is perhaps understandable given the focus on harm reduction, it is ironic, given the indications that harm experienced can contribute to the acquisition of criminogenic capacities and offending (see Chapter 1). The last decade has, however, seen an increasing willingness in general forensic practice to explore and understand the links between childhood trauma and adversity and the development of harmful behaviour. A number of studies have pointed towards an association between early adversity and offending in later life (Reavis, Looman, Franco, & Rojas, 2013; Topitzes, Mersky, & Reynolds, 2011), while some studies suggest that certain types of offending, such as sexual offending, may also be associated with particularly high rates of adverse experience (Levenson, Willis, & Prescott, 2015). Taken together, there seems to be some suggestion that people who develop their capacity and willingness to harm others are far more likely to have been subjected to various harmful experiences during their development (see Table 17.1). Furthermore, there is some evidence that increasing experience of adversity and abuse increases the likelihood of more serious offending, with men who commit the most serious offences having the most chronic exposure to abuse and neglect (DeLisi & Beauregard, 2018; Drury et al., 2017).

Although the ACE-to-offending link seems to be robust, it is nuanced with a number of factors influencing the link and a number of repercussions arising from the association. For instance, the impact of these experiences is found to emerge

<table>
<thead>
<tr>
<th>Study</th>
<th>Population</th>
<th>n</th>
<th>1 ACE</th>
<th>4+ ACE</th>
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<tr>
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<td>US citizens</td>
<td>13500</td>
<td>52</td>
<td>6.2</td>
</tr>
<tr>
<td>Bellis et al. (2014)</td>
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<td>Reavis et al. (2013)</td>
<td>Convicted groups</td>
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<tr>
<td>Levenson (2014)</td>
<td>Men with sexual convictions</td>
<td>679</td>
<td>84</td>
<td>50</td>
</tr>
<tr>
<td>Levenson et al. (2015)</td>
<td>Women with sexual convictions</td>
<td>47</td>
<td>80</td>
<td>41</td>
</tr>
<tr>
<td>Morris et al. (2020)</td>
<td>Adolescents in secure healthcare</td>
<td>36</td>
<td>91</td>
<td>58</td>
</tr>
<tr>
<td>Taylor (2021)</td>
<td>Men with repeat sexual convictions</td>
<td>21</td>
<td>100</td>
<td>83</td>
</tr>
</tbody>
</table>
during the developmental period with harmful and offending behaviour emerging by adolescence (Abram et al., 2004; Becker & Kerg, 2011; Ford, Chapman, Connor, & Cruise, 2012; Tyler, Johnson, & Brownridge, 2008). The implication here is that the effects of early adversity begin to materialise early in life and therefore such responses can be rehearsed, refined, and strengthened across adolescence and into adulthood such that they become highly resilient. It is these resilient strategies that are perhaps perceived as “treatment resistance”.

Adversity also follows people into prison. It seems likely that common features of prison living, such as violence and drug use, simply repeat early life conditions. To add insult to injury, literally for some, the experience of adversity and trauma may increase vulnerability to further trauma responses once imprisoned. For example, Mandelli, Carli, Roy, Serretti, & Sarchiapone (2011) found that people in prison who had attempted suicide had significantly greater trauma histories than people who had never attempted, while repeated attempts were predicted by sexual abuse.

What this seems to suggest is a pathway from adversity to criminogenic vulnerability and back again (see Figure 17.1). If prisons contain and care for people who have followed this path then the least that these services will need to do is to witness the process, understand the impact on people, criminogenic and otherwise, and build interventions around this. With this in mind we now briefly consider this impact before moving on to discuss the nature of rehabilitative environments.

**Adversity and Pathways to Offending: Epigenetic Modifications**

The early ACEs studies identified a pathway between the ACE and later difficulties that was based largely on a disease model. ACEs prompt a disruption to neurodevelopment and subsequent cognitive and emotional impairment. In turn, these lead to high-risk
behaviours that generate physical health problems, disease, and disability. Felitti (2009) proposed two broad mechanisms that may mediate the link between ACEs and biomedical disease. First, the outcome, the disease, is a delayed consequence of various coping strategies. These include drug use, overeating, smoking, etc. Felitti provides an example of this as illustrated in Figure 17.2. Second, the disease is caused by chronic stress mediated by cortisol.

However, the regularity of the adversity to offending link begins to raise the possibility that these recurring difficulties are not diseased reactions but rather adaptive responses to adversity (Figure 17.3). There are two possible mechanisms that may explain these responses. First, human beings have evolved to respond to adversity in particular ways that are related to our threat-defence processes. This is because our ancestors evolved in an unforgiving primitive environment, where food scarcity and predation were formidable barriers to life. Only those who were vigilant survived. Human nervous systems are the result of these evolutionary pressures, and as such our brains come hardwired to prioritise our survival, automatically mobilising safety strategies such as aggression, avoidance, hiding, submissiveness, and forming useful alliances. Second, our epigenetic capacity can hardwire these responses and the learning that we take from our early experiences, into lasting phenotypes – and does so because of their intrinsic survival value. We propose that these processes represent ordered and not disordered adaptations to adverse living environments and suggest that the neurological changes that are linked to ACEs provide some evidence of a routine human response.

**Offending and Pathways to Desistance: Neurogenesis and Rehabilitative Environments**

So far, we can see that the experience of adversity is not just present in the lives of people who develop criminogenic capacities but is a recurring and persistent feature of many people’s lives. Many people who reside in prison have grown up in a culture that allows youngsters to be harmed; neglect may be the dominant parenting style; violence is frequent; drug use is encouraged; and sexual abuse is not uncommon (DeLis & Beauregard, 2018). Accommodating the research into ACEs we are beginning to establish a model of forensic needs where early adversity is recognised as a
strong predictor of survival responses that may become harmful as development continues, such as using violence to defend oneself and hostile attribution.

Although it is beyond the scope of the chapter to evaluate these changes (epigenetic, neurological, and neurogenetic) in detail, the regularity of findings suggests that there is a normal biological/neurological and psychological adaptation to adversity (sensitive to individual differences) and that criminogenic needs are as much a typical response as are physical and mental health challenges. Furthermore, the suggestion that repeated exposure to trauma (four or more ACEs; Hughes et al., 2017) and chronic adversity are the primary facilitators of this pathway would suggest that it is context, a repeated living experience, which drives such change. We suggest that a trauma-sensitive context of rehabilitation is therefore a primary agent of (re)change.

Rehabilitative Environments? Imprisonment and the Cycle of Trauma

Independent of where in the world a prison is, there are a few features that remain the same: punishment, segregation, regulation, and confinement. Critically, and because nearly all people who enter prisons at some point leave, they must be humane environments of decency, safety, healing, mentorship, hope, purposeful activity, and change. In other words, prisons must be rehabilitative. According to Her Majesty’s Inspectorate of Prisons (HMIP, 2019), progress to create rehabilitative environments has been made, especially in some high secure prisons and women’s prisons where safe, calm, and professional atmospheres have been observed. However, many English and Welsh prisons experience high through-put, much of their fabric is aging, and there have been staffing challenges to implementing purposeful activity, and managing violence (HMIP, 2019). The social disadvantages inherent in the communities of people most likely to enter prison, particularly poor living conditions, poor sleep hygiene, poor diet, overcrowding, and violence, often continue within them (House of Commons, 2018; Prison Reform Trust, 2019; HMIP, 2019).

All prisons deny people of their liberty as free citizens, but in doing so, and without a robust resolve to provide a humane environment, they can quite easily bring about physical, mental, and social harm to residents (and staff), subjecting them to basic resource deprivation. In the UK for example, HMIP and parliamentary inquires report that because of limited budgets, prisons struggle to provide appetising meal choices of adequate quantity and quality (HMIP, 2018; House of Commons, 2018). Poor sleep hygiene is another example (House of Commons, 2018), with thin mattresses, cramped rooms, and noise meaning that poor sleep can be a common experience. There are also psychological difficulties associated with prison life. For example, experiences of fear, anxiety, loneliness, depression, injustice, powerlessness, and uncertainty as well as the experience of being punished itself (Liebling & Maruna, 2005). At the very least, prison is emotionally and socially painful. People, to varying degrees, are exposed to stigmatisation, violence, intimacy deprivation, restrictive systems, and a depersonalised pattern of daily living that they must adapt to. By nature, prisons deprive liberty and freewill, but they also hold power over those living within them, and the way that power operates in prison can be a source of damage, as Auty and
Liebling (2020) observe: “Prisons are full of power, and power has inherent tendencies towards abuse, misapplication and corruption, achieving [legitimacy] is an uphill struggle” (p.20).

As practitioners working in prisons, we ought to be attuned to these realities to validate (or avoid invalidating) the lived experiences of the people who are locked up. When prison conditions are excessively unsafe, dysfunctional, or deprived, or if people are confined in prisons for extensive lengths of time, it would be unreasonable to expect them to come away unscathed. It is unsurprising then that a number of authors have commented on the traumatising effects that imprisonment has on some people (e.g., Haney, 2012; Jones, 2015), and even the identification of a Post-Incarceration Syndrome (Liem & Kunst, 2013). The question about labelling as a syndrome a set of behaviours that may be contextually adaptive notwithstanding, it points to the long-lasting damaging effects that prison can have on people.

We have discussed the connection between the cycles of adversity, inequality, and social disadvantage that serve as a backdrop for the development of criminogenic need. This is not just a social backdrop, it is a biological one too. Biological adjustments, including those at the epigenetic level, ensure that neurodevelopmental, psychological adjustment, and behaviour are all choreographed and contextualised by adverse experience such that they are calibrated to fit the harsh social pressures faced. Humans are well-equipped to respond to adversity of course, and as we have noted, we are good at adapting to adversity. When conditions are unsafe, when stimulation is low, and when resources are scarce, as can be the case in socially deprived crime-ridden neighbourhoods and in underperforming prisons, these adaptations will be common. This is often found in prison research (e.g., De Viggiani, 2006; Sykes, 1958). Residents strive to “survive” emotionally, psychologically and socially, as well as physically. However, prisons do not merely risk maintaining the experience of adversity. It has been recognised for decades now that they also “import” it (Cohen & Taylor, 1981; Ditchfield, 1990). This is because prison communities share the cultural norms of their host communities. That is to say, those who enter them bring their values, attitudes, and learnt behavioural strategies from their local social niches. When people who arrive in prison have experienced abuse, cruelty, poverty, addiction, or other trauma, which many have, these experiences and their developmental effects arrive as well. When faced with the adversity and deprivations of daily prison life, they may further manifest biologically, psychologically, and behaviourally, most likely as a heightened response to threat, with associated guardedness, suspicion, aggression, risk taking, egocentricity, and impulsivity. These strategies in turn contribute to and collectively shape the prison subculture.

This is not out of the choice of residents. As alluded to above, what we are talking about here is an evolved adaptive response to threat and adversity, from the epigenetic level upwards. Fundamentally, minds, brains, and behaviour are environmentally contextualised; they are patterned by, and attuned to, the cost-benefit pay-offs that are present in the environment that people are situated in. In turn, the “best-fit” strategies for surviving the particular pressures of the environment will emerge, etched in neurobiology, personality, and behaviour. For example, in a safe, predictable and cohesive community with good education, leisure, and healthcare
infrastructure, it will prove adaptive for an individual to learn to invest in others with trust, sharing, cooperation, and care. Similarly, in safe prisons with adequate facilities and constructive activity, and staff who work diligently to be compassionate, transparent, fair, and cooperative, these pro-social strategies are at least in step with the environment. Residents can “dare to be vulnerable” and enter into a change process, because turning towards their own harm and the harm they have caused others is consistent with the safeness embedded in their immediate social surroundings. Now contrast a safe community setting with a dangerous and deprived neighbourhood, stricken with crime, violence, and drugs. The strategies of trust, sharing, cooperation, and care will be less useful in these conditions, or even disadvantageous. As such they may be down-regulated, both behaviourally and biologically. This down-regulation will occur at various levels through different mechanisms and processes, from the biomolecular regulation of gene expression (epigenetic modifications, see Leshem & Weisburd, 2019; Walton, in press) to the shaping and reshaping of brain circuitry (neuroplasticity); and at the behavioural level, through basic observational learning process such as modelling and imitating, and direct contingency learning including classical and operant conditioning. At a cultural level too pre-existing in the norms, social rules, and niche language of deprived crime-ridden communities, caring and cooperative pro-social strategies are unlikely to be reinforced, and in fact, may even be punished. As a result, in many cases, brains and behaviour will not be attuned to pro-social strategies because the experiences of safeness, care, forgiveness, and nurturement required for them to flourish biologically and psychologically have been severely lacking. Instead, the high risk, self-focused, and exploitative strategies associated with criminogenic need are more likely to emerge as the best fit. These may include aggression, insensitivity, exploitation, excessive risk taking, disinhibition, and impulsiveness.

Now consider the poor levels of safety and substandard living conditions in an underperforming prison. Such high-risk, self-focus, and exploitative strategies can be of best fit in these conditions as well, predominantly because they are similar in dangerousness, adversity, and deprivation. Use of these strategies is not without consequence. Adaption to adverse conditions simply enables individuals to survive in chronically stressful circumstances, even though the emerging best-fit strategies are destructive (or criminogenic). Under these conditions, pro-social change that society seeks from all residents is, at best, extremely hard to achieve. Instead, brains and bodies will continue to be calibrated by adversity, threat, and danger, and they will continue to optimise and select the (criminogenic) strategies needed to survive in the face of it.

The way in which prison choreographs brains, minds, and bodies is of course not limited to residents. Prison staff, particularly prison officers, are also embedded in the institutional culture. They are exposed to prison life in lower doses than residents, but they still spend substantial amounts of time immersed in the physical environment. Unsurprisingly, stress and adverse effects on well-being are well-noted among prison staff (Bierie, 2012; Stöver, 2017). The same harsh conditions, that recruit and heighten threat responses in residents, can also call for them in prison staff. The human response to threat is ubiquitous, meaning the side of the “prison bars” a person finds themselves
on is not necessarily the key determinant in how the prison takes its toll on them. In an unsafe prison, staff must learn to stay safe. Their brains and bodies must deal with the threat of danger just as much as the residents they supervise. When the minds and bodies of residents and prison staff are both severely threatened, there is little biological space for connection, let alone the social space for decency and change. We mean “biological space” in real terms. When under strongly perceived or actual serious threat, the parts of the nervous system which enable openness and social engagement as the basis for giving and receiving care, connecting and co-regulating are at best dampened or at worst turned off by a heightened threat system which (rather adaptively to aid survival) keeps minds on high alert, suspicious and cautious, and bodies guarded, tied to the safety within the identified in-group (residents vs. officers), and if needed ready to attack. In short, people’s threat systems reinforce each other, creating staff-resident division and strengthening a “them-and-us” culture. In this context, it is easy to see why staff might adopt punitive and authoritarian strategies, which in turn create feelings of injustice and powerlessness within residents and reinforce previous trauma experiences.

**Trauma-Sensitive Practice in Prison**

So far, we have discussed the biopsychosocial origins of criminogenic needs, understanding their beginnings as an early survival response to adversity, the capacities for which are inbuilt within all humans at a biological level and shaped by environmental context. We have further discussed how a threat-based context of prison can maintain rather than reduce the need for behavioural strategies linked to criminogenic needs and its capacities for (re)traumatisation. The important question is how we begin to change the prison context such that it is trauma informed, to acknowledge the trauma and adversity experiences of prison residents (and staff) and respond to these in ways that create the best physical and relational environment to support long-term change of criminogenic needs, and towards a non-offending life for those living there.

Experiences of unjust, illegitimate power are a key feature of adverse and traumatic experience (Johnstone & Boyle et al., 2018), and if prisons are to be spaces of rehabilitation and positive change, they ought to start by breaking cycles of powerlessness, inequality, and disadvantage. There are several examples where prisons have created trauma-informed contexts such as Therapeutic Communities (TC; see Chapters 14 and 15 for a detailed review of TC practice), Psychologically-Informed Environments (PIPE), Procedural Justice (PJ), and Rehabilitative Culture (RC) (Akerman & Andrews, 2020; Bennett & Tilt, 2019; Kordowicz, 2019; Rawlings & Haigh, 2017; Turley, Payne, & Webster, 2013). Such initiatives provide psychologically healthier environments that are sensitive to people’s adverse life experience, reflected in regimes that strive to be constructive, prison infrastructure that is sympathetic, and training to ensure staff are equipped to be agents of change. The golden thread within these models is the operation of power between staff and residents, exemplified in the democratic TC model where the hierarchy is flattened, power democratised (Rapoport, Rapoport, & Rosow, 1960), and prison residents and staff function
together as a community and make decisions jointly. This democracy provides a basis for power that is recognised by residents as legitimate, safe, and allows them to feel humanised, valued, and autonomous (see Armstrong and Ludlow, 2019; Davis, 2019; Shah, Allen, Peters, & Bennett, 2019 for review of resident TC experiences). The democratic TC model demonstrates that legitimate and safe use of power in prison is possible, but the challenge is to apply this learning from a small number of specialist prisons, to prison environments more broadly. We will now review one approach to creating legitimate authority, Procedural Justice, and consider how it might be understood as a trauma-informed practice in prison.

Procedural Justice

Procedural Justice (PJ) originates from court settings and is a relatively simple concept referring to the perceived fairness by which the process of justice is conducted, not the fairness of outcome (Lind & Tyler, 1988). Much has been written about the relationship between perceived fairness increasing feelings of confidence in the legitimacy of the authority and this being essential for effective justice (see Laxminarayan, 2012; Tyler, 2010). An important influence on perceptions of fairness is that the authority or decision-maker is acting legitimately in the best interest of the individual without other agenda (Levi, Sacks, & Tyler, 2009). Lind and Tyler (1988) cite three features of PJ that facilitate acceptance by and identification with the decision-maker: standing within one’s social group (that is, respect), trust in the decision-maker, and neutrality of the decision-maker. These features with the addition of voice (having a chance to contribute opinions and to be heard) make up the four principles of PJ. PJ, as conceptualised by Tyler (1989), emphasises a relational premise in which group belonging is considered to be at the heart of feeling fairly treated. The authority figure, as an agent of society, recognising the harm caused to someone and acting to do something about it, validates an individual’s value and status as a member of society, which signals group belonging. This facilitates feelings of identification with the decision-maker. The relational premise that PJ rests upon reflects mammalian evolved motives for group belonging, an important signal for safety; when in the presence of an “in group”, we are more likely to feel safe and able to recuperate (Baumeister & Leary, 1995). Involvement in decisions is a cue for cooperation and therefore safety.

Wells (2007) reported that where people feel decisions have been made in fair and just ways, they experience the decision-makers as legitimate and are therefore more able to cooperate with that decision-making. Court processes which provide positive experiences of PJ for victims of crime are less likely to leave them feeling coerced by the justice system (Winick, 2006) and can provide therapeutic value. Elliott, Thomas, and Ogloff (2014) found that validation and acknowledgement that wrong had been done was a key therapeutic factor for victims. Their research participants judged that the way police responded to them was a reflection of how the community saw them, and where it was positive it was received as a proxy means of community validation. Elliott et al. (2014) propose this can strengthen the link between individual
and community. When conducted in this way, the justice process is hypothesised as having a therapeutic value, known as Therapeutic Jurisprudence (Winick, 2006).

PJ in the court system is well recognised as a trauma-informed concept, implemented largely as a response to the recognition that criminal justice processes, with the imbalance of power, can re-traumatise victims of crime (Laxminarayan, 2012). McKenna and Holtfreter (2020) draw attention to the overlap between PJ principles and trauma-informed principles as defined by Substance Abuse and Mental Health Services Administration (SAMHSA, 2014) (see Figure 17.4). The PJ model of giving voice and respect to individuals creates a feeling of group belonging and safety, and is a move towards a trauma-informed way of working, especially with people who have experienced repeated patterns of powerlessness, illegitimate authority, and decisions made about them, not with them. Such people are primed to feel unjustly treated by authority including the Criminal Justice System. For example, Penner, Shaffer, and Viljoen (2017) found that a history of trauma in young defendants is associated with negative perceptions of legitimacy of law, underscoring the need for criminal justice processes to be trauma informed.

**Procedural Justice in Prison**

In the UK, HM Prison and Probation Service (HMPPS) use the term Rehabilitative Culture (RC) to describe the optimal prison environment to support rehabilitation activity (Mann, Fitzalan Howard, & Tew, 2018). RC is a relational concept, acknowledging the relationship between staff and residents as an agent of change, creating
a safe, decent, and respectful environment which is hopeful and provides opportunities for rehabilitation such as education and offending behaviour interventions. However, feelings of safety and control are prerequisites for positive change to occur (Allcock, 2015) and a rehabilitative culture can only thrive in the context of a safe and decent environment in which harmful, trauma learnt survival strategies become redundant.

HMPPS have identified the role that Procedural Justice (PJ) can have in the creation of a safe and decent environment (see Figure 17.5). Where people have positive perceptions of PJ and see the authority as legitimate, they are more likely to follow the rules (Murphy, Hinds, & Fleming, 2008). This has obvious applications for prisons where following rules is central to safe and decent environments but where there are elevated rates of people with trauma histories (e.g., Ford, Chapman, Connor, & Cruise, 2012) who might be more likely to have negative perceptions of PJ (Penner et al., 2017). PJ has been applied to prison environments in several countries and shown improved rule compliance (Reisiga & Mesko, 2009) and although a small effect, reduction in recidivism rates 18 months post-release (Beijersbergen, Dirkzwager, & Nieuwbeerta, 2016). Several further studies have found decreases in official and self-reported offending in response to positive perceptions of PJ with police encounters (Paternoster, Bachman, Brame, & Sherman, 1997; Penner, Viljoen, Douglas, & Roesch, 2013; Tyler, Sherman, Strang, Barnes, & Woods, 2007; Sunshine & Tyler, 2003) suggesting the potential for PJ to have rehabilitative capacities.

In UK prisons, PJ is being implemented into daily practice, most notably in relation to the way adjudications (prison-based hearings for rule breaking) are run. Fitzalan Howard (2017) argues that the typically punitive process of adjudications can have greater rehabilitative gain and increase intention to comply with rules when those

![Hierarchical components of a rehabilitative prison](image-url)
performing them use PJ principles. So-called Rehabilitative Adjudications (RA) involve adjudicators (typically prison governors) explicitly and deliberately adopting PJ principles in the adjudication process. In RA, adjudicators are specially trained in the principles of PJ and how to adopt them in practice, shown in Table 17.2.

Compared to the experience of a typical adjudication, Fitzalan Howard and Wakeling (2020) found both prison residents and adjudicators experienced RA as procedurally just. Residents experienced them as fair, with greater increased positive perceptions of staff and the wider system and showed an increased intention and commitment to comply with rules. Adjudicators viewed RA as more constructive, productive, and meaningful.

Expanding from judicial prison processes, PJ can be the basis for other processes and policies such as cell searching (Mann, 2019) and decision-making. The way these decisions are communicated also needs to reflect PJ principles. Figure 17.6 shows an example of a notice to prison residents at HMP Leicester which demonstrates PJ ways of communicating.

This illustrates that fairly simple changes to the way prison processes are conducted could have positive outcomes for perceptions of PJ and therefore feeling fairly treated. This has important implications for improving prison safety. Fitzalan Howard and Wakeling (2019) found that people in prison who perceive their treatment as unfair and disrespectful reported higher rates of self-harm and attempted suicide, and in some prisons it was associated with higher assaults and disorder. Similarly, staff who perceived themselves as treated unfairly and unjustly were more likely to have higher sickness rates and a more punitive orientation towards prison residents. Conversely staff who had positive perceptions of PJ were less stressed, had greater overall rehabilitative orientation, less punitive views, and were more trusting of and compassionate towards residents. PJ perceptions between staff and residents were linked; where staff had less punitive attitudes and were more orientated towards helping and trusting residents, residents perceived their treatment to be fairer and more just. This speaks to the co-produced nature of the prison environment in which behaviours are

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<tr>
<th><strong>Procedural Justice Principles</strong></th>
<th><strong>Procedural Justice Practice</strong></th>
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<tr>
<td>Respect</td>
<td>Being courteous, maintaining eye contact, using preferred names, communicating that the person and their rights are important</td>
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<tr>
<td>Neutrality</td>
<td>Explaining how rules are being applied and why, explaining how decisions have been made, referring to rules and evidence rather than personal views</td>
</tr>
<tr>
<td>Trustworthy motives</td>
<td>Explaining reasons for all decisions, consciously being approachable and not intimidating, being sincere and caring, and offering support where appropriate</td>
</tr>
<tr>
<td>Giving voice</td>
<td>Accounting for their views in the decision, active listening, asking for an individual’s view of the problem and possible solutions</td>
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interdependent; where there is trust and a care-focused, cooperative mentality from staff, residents are less likely to need trauma learnt survival strategies and are able to reciprocate a cooperative rather than defensive behavioural response, resulting in a safer place to live and work.

Characteristics of prison staff are highly relevant to resident perceptions of PJ. In a large-scale Dutch study, Beijersbergen, Dirkzwager, Molleman, van der Laan, and Nieuwbeerta (2013) found that staff who had more positive views towards rehabilitation, female staff, and higher staff to resident ratios were all associated with positive perceptions of PJ by prison residents. Beijersbergen et al. speculate that traits typically associated with the female social identity such as caregiving, empathy, and bonding account for these findings. The availability of staff is also likely to counterbalance early neglectful experiences from caregivers. This points to the importance of the social mentality of staff; staff perceived as operating from a caring social mentality are associated with positive experiences of PJ. It is likely that staff groups who operate from competitive social mentality, featuring dominance and punishment, are less able to notice distress and suffering in others.

In order for PJ to be successfully adopted, its implementation must be consistent with the PJ principles. In an evaluation of PJ in policing, MacQueen and Bradford (2017) found that a lack of transparency about the aims of PJ from managers created a subsequent lack of trust in the motives for its implementation by policing staff resulting in their negative perception of PJ and translating into poor application. The study clearly highlights the importance of organisational leadership in the success of any PJ implementation; for PJ to be effective it must take place in a context in which staff also feel treated in procedurally just ways (Fitzalan Howard & Wakeling, 2019). If staff feel they are treated unjustly and in punitive ways, they will more naturally respond by treating residents in this way. Drawing on broader leadership
literature, Mann (2019) proposes that PJ and rehabilitative culture must be situated with a rehabilitative leadership.

**Procedural Justice as a Trauma-Informed Practice in Prison**

It is clear that, when implemented correctly, PJ has the potential to improve safety and perceptions of safety of prison environments as well as rehabilitative practice and relationships between staff and residents. This has significant implications not only for creating a rehabilitative environment but for trauma-informed practice. Literature on the benefits of PJ in prison have focused on safety, compliance, and staff/resident relationships and there has been little attention given to the trauma-informed benefits, despite this being recognised as a benefit for victims in court processes (Elliott et al., 2014). We speculate that this reticence is in part explained by scepticism that prison staff will be welcoming of an approach that rests on the acknowledgement of previous trauma and the possibility of prison-induced trauma. However, the explicit implementation of PJ as a trauma-informed practice may bolster its benefits. For example, if PJ can be implemented with a caring social mentality on the part of the prison, it is more likely to foster a spirit of alliance rather than compliance between residents and staff.

For PJ to be effective it must become embedded in the day-to-day culture of the prison and not be seen as an additional task (Jackson, Tyler, Bradford, Taylor, & Shiner, 2010). This can be hard to achieve in very large organisations where the messaging about change in practice can get lost. Consequently, the implementation of PJ as a trauma-informed approach in prisons might best be supported by psychologists and other mental health practitioners bringing a trauma-informed understanding to the PJ model. This could include training staff about the role of trauma and adversity in the perpetration of harmful behaviour and criminogenic need and the ways in which prison can hinder and help, as well as coaching or supervision of staff. Staff at all levels should be supported to recognise the nature of humanity as outlined in the first section of this chapter, and to understand their own reactions and human tendency for punitiveness towards each other and towards residents. The Power Threat Meaning Framework (Johnstone & Boyle et al., 2018) may have some utility as a model on which to train staff and orientate them to the significance of how power operates in people's lives and the role prisons should have by providing safe, legitimate power and create optimal conditions for engagement and response to rehabilitative efforts.

**Conclusion**

Many people in prison have histories characterised by adverse experiences and in this chapter we have illustrated the relationship between experiences of adversity, the biopsychosocial responses to these, and the development of criminogenic need. It follows that the way we treat people in prison should acknowledge and account for these experiences of adversity and trauma to support long-standing change. This chapter has outlined procedural justice as one promising approach in bringing about culture change within prisons. A rehabilitative culture is often considered to effect
change at cultural, social, and behavioural levels, but as we have discussed, epigenetic change is a dynamic process and as such there is the potential to think of rehabilitative environments as effecting change at a biological level. So far, the benefits of procedural justice as a trauma-informed practice in prison have not been widely recognised and this is something we propose could bolster its effectiveness to create an environment which supports change and rehabilitation at a biopsychosocial level.

Further Reading


References


Trauma and the Experience of Imprisonment


Fitzalan Howard, F. (2017). Investigating disciplinary adjudications as potential rehabilitative opportunities. HMPPS.


