Responding to the Cycle of Violence

Trauma and Incarceration with Diverse Individuals, Families and Communities

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Overview

- Trauma and incarceration with diverse individuals.
- Resilience to life course trauma is an important area for prevention, assessment, and intervention
  - Presenter: Tina Maschi, PhD, LCSW, ACSW, Fordham University Graduate School of Social Service

Objectives

Participants will be able to articulate

- Human Rights Framework to Understand Life Course/Cumulative Trauma
  - Understanding the Intersection of Rights
  - Human Rights Framework
- Strategies for Building Critical Consciousness Awareness for a Cause
- Using the Arts and Alternative Modalities for Practice for Healing, Transformation, Build Awareness, and Advocacy

Article 7. All are equal before the law and entitled to equal protection

Article 8. Right to an effective remedy by competent tribunals

Article 9. No arbitrary arrest, detention or exile.

Article 10. Right to fair and public hearing by an impartial tribunal.

Article 11. Right to be presumed innocent.

Article 12. Right to privacy, family, home, correspondence.

Article 13. Right to freedom of movement and residence.

Article 14. Right to seek and enjoy asylum from persecution.

Article 15. Right to a nationality.

Article 16. Right to marry and family with the free consent. Right to family protection.

Article 6. Everyone has the right to recognition before the law

Article 17. Right to own property.

Article 5. No one subjected to torture or to cruel, inhuman or degrading treatment or punishment.

Article 18. Right to freedom of thought, conscience and religion.

Article 4. No one shall be held in slavery or servitude.

Article 19. Right to freedom of opinion and expression

Article 3. Right to life, liberty and security of person.

Article 20. Right to freedom of peaceful assembly and association.

Article 2. Entitled to all rights and freedoms

Article 21. Right to part in government, have access to public service.

The 'Whole' Person in the Social Environment

Human Rights
Values
Dignity, Respect,
Intrinsic Value
Duty to Others

Human Rights
- **Political**
- **Civil**
- **Economic**
- **Social**
- **Cultural**

Health & Well-Being
Individual
Family
Community

Article 1. Freedom, equality, rights for all. Act in spirit of brotherhood

Article 30. Declaration may not be interpreted for destruction of any rights and freedoms.

Article 29. Everyone has duties to the community for the full development of personality.

Article 28. Entitled to a social & international order where rights & freedoms are recognized

Article 27. Right freely to participate in the cultural life of the community.

Article 26. Right to education.

Article 25. Right to a standard of living adequate for the health and well-being.

Article 24. Everyone has the right to rest and leisure.

Article 23. Right to work, , good work conditions, equal pay, form and join trade unions.

Article 22. Right to social security.

(Maschi, 2011)

THE HUMAN RIGHTS MAP: EIGHT DOMAINS OF WELL-BEING AND THE UNIVERSAL DECLARATION OF HUMAN RIGHTS

Human Rights Framework

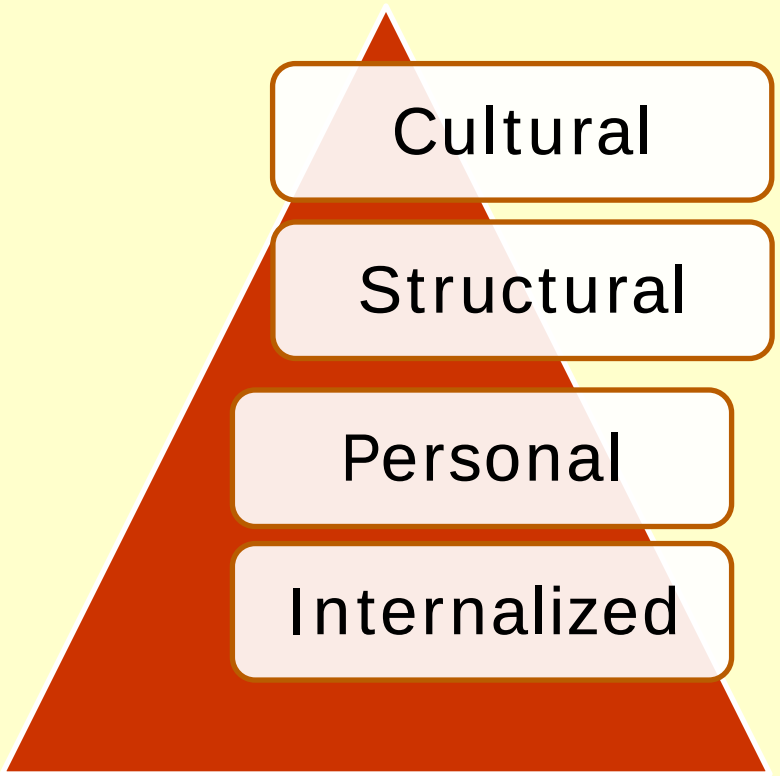
- Protects civil, political, economic, social and cultural rights
- Basic Principles

1. Universality/Indivisibility/Inalienability
2. Nondiscrimination
3. Participation
4. Accountability
5. Transparency

http://www.gsdrc.org/go/topic-guides/human-rights/human-rights-legal-framework

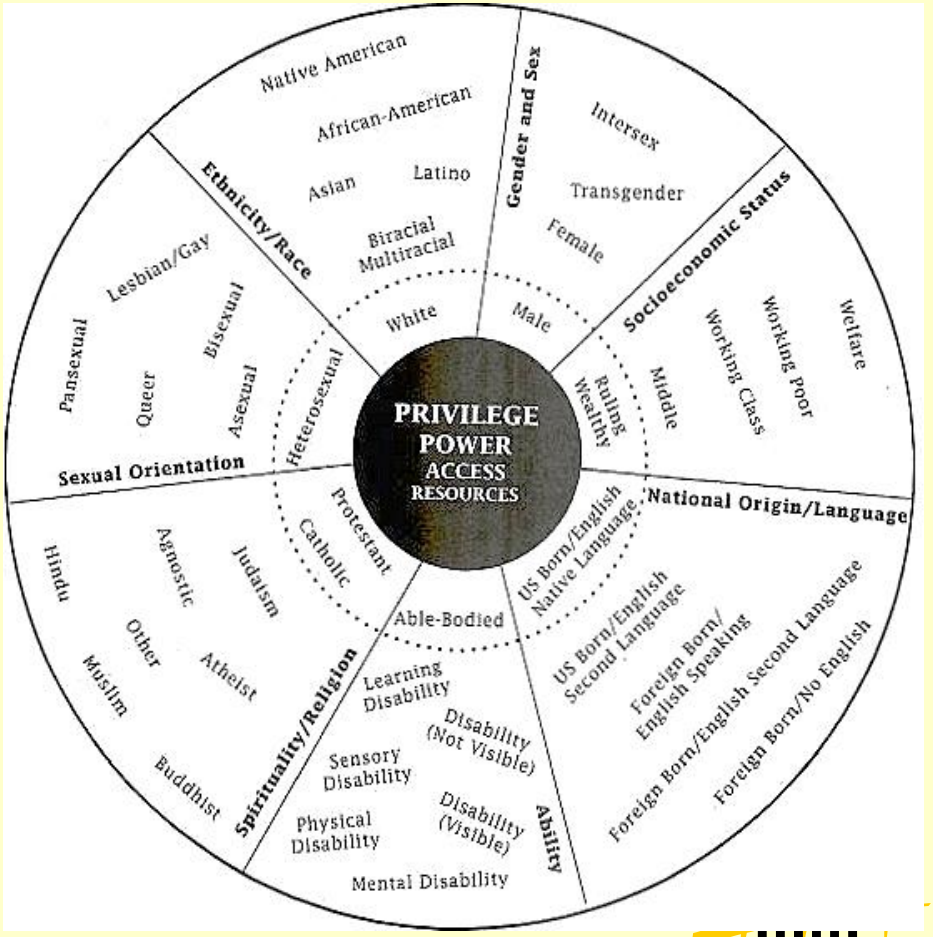
Levels of Oppression

- Power Over as Opposed to Power with
- Structural: Social Policies and Oppression
- Creativity and the Arts useful to target all levels of oppression

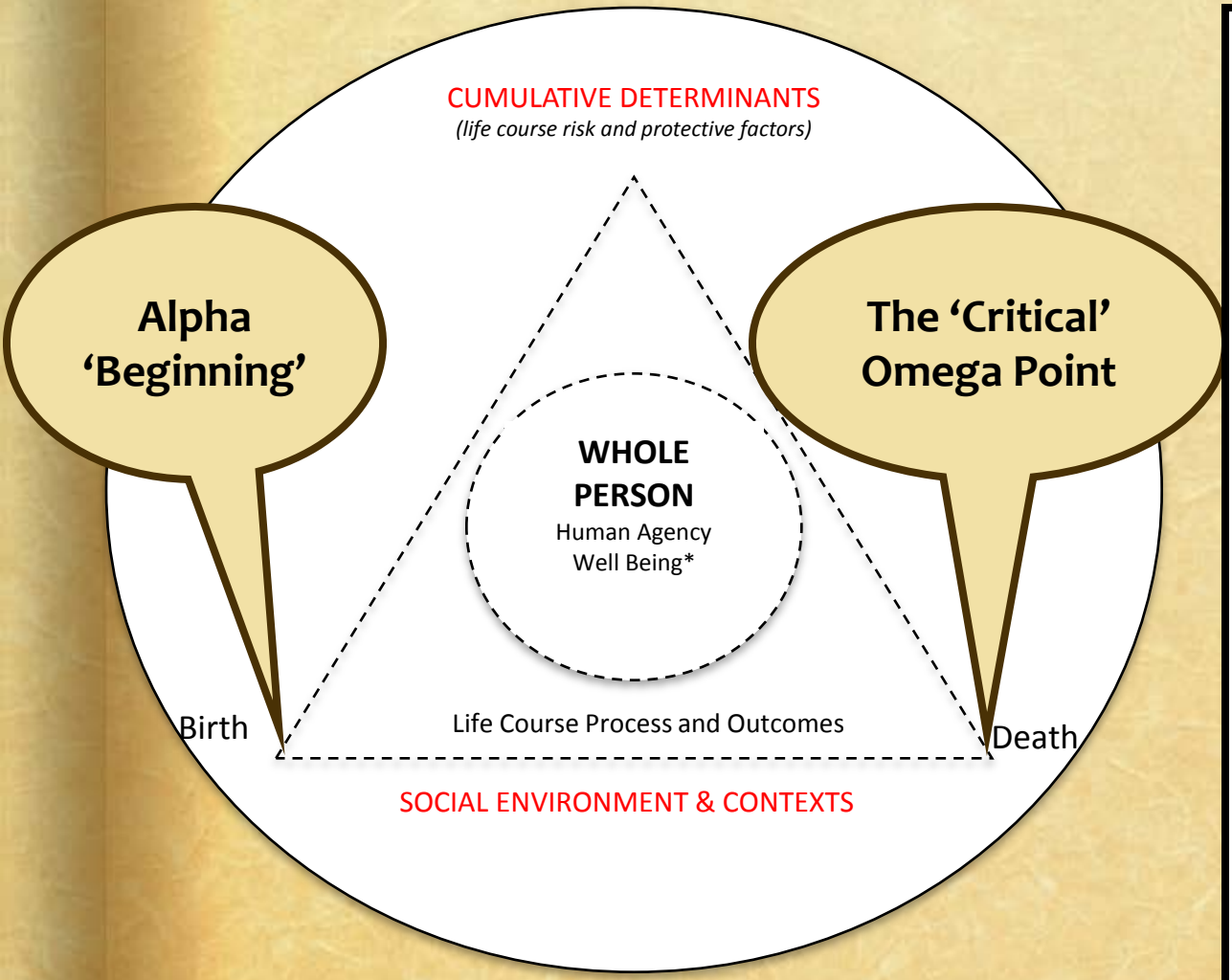


Web of Oppression

- Social Location
- Transforming Inequalities to Equalities



Cumulative Social Determinants of Health, Social Equity and Justice



Social Context Model for Human Development: For Interdisciplinary Prevention, Assessment, & Intervention
(Maschi , Viola, & Sun, 2012)

INDIVIDUAL LEVEL FACTORS

- Age
- Race/Ethnicity
- Gender
- Trauma/Stress/Victimization
- LGBTQ
- Physical & Mental Disabilities
- Substance Use
- Offense History
- Literacy-, Health, Moral

SOCIAL STRUCTURAL

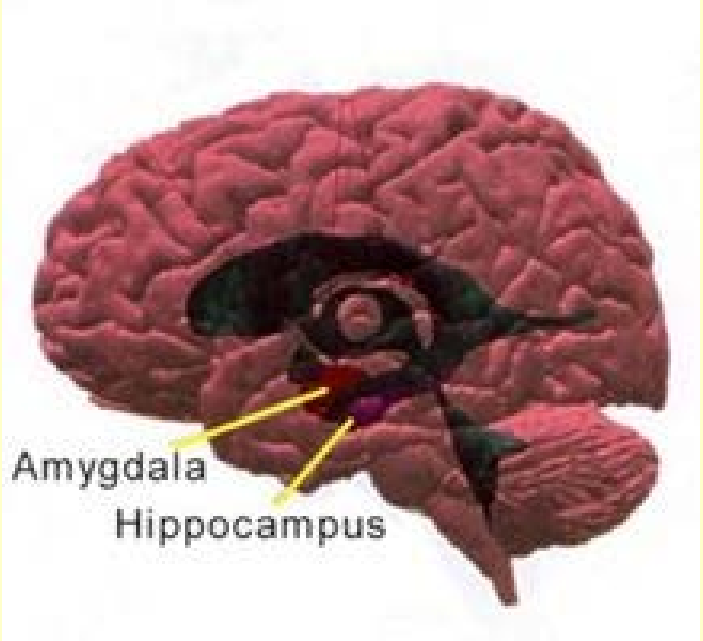
- SES-Poverty
- Education/Employment
- Intergenerational Incarceration
- Homelessness
- Oppression, Stigma, Attitudes
- Social Support
  - Family
  - Peers
  - Community
- Access to Services, Fair Policies or Legal Assistance
- Prior Service Use
- *Environment (Prison, Violence, Inadequate Healthcare)*

Trauma Definition

- SAMHSA definition: Trauma is the sum of the event, the experience, and the effect (individuals and communities).
  - http://www.samhsa.gov/traumajustice/traumadefinition/definition.aspx
- DSM-5 Trauma and Other Stressor Related Disorders

Trauma & the Brain

- Post-traumatic stress disorder (PTSD)
- The areas of the brain that are effected by PTSD
  - Emotion (Amygdala)
  - Memory (Hippocampus)



1. Select Trauma and Stress-Related Disorders in the DSM-5

Post Traumatic Stress Disorder (PTSD)

Criterion

A The individual was exposed to actual death or threatened death, actual or threatened serious injury or sexual violence in the form of at least one of the following: (1) direct exposure, (2) witnessing (in-person), (3) indirect exposure by learning that a close relative or friend was exposed to trauma (must be violent or accidental for situations of actual or threatened death), or (4) repeated or extreme indirect exposure to an event (e.g., first responders)

B. Intrusion symptoms: (one to five symptoms needed) (1) recurrent, involuntary and intrusive recollections, (2) traumatic nightmares, (3) dissociative symptoms (such as flashbacks), (4) intense prolonged distress after exposure to traumatic reminders, and (5) marked physiological reactivity after exposure to the trauma-related stimuli

C. Persistent avoidance of stimuli associated with the trauma (one of two symptoms needed): (1) trauma related thought or feelings and (2) trauma-related external reminders (e.g., social interactions, objects, places)

D. Negative changes in cognitions and mood that are associated with the traumatic event (two of seven symptoms needed): (1) inability to recall key features of the traumatic event (e.g., dissociative amnesia), (2) persistent and commonly distorted negative beliefs and expectations about oneself or the world, (3) persistent distorted blame of self and other for causing the trauma or its consequences, (4) persistent negative trauma related emotions (such as horror, fear, anger, guilt, and shame), (5) markedly diminished interest in (pre-traumatic) significant activities, (6) feeling alienated, detached or estranged from others, and (7) constricted affect and persistent inability to positive emotions

E. Changes in arousal and reactivity that are associated with the traumatic event (two of six symptoms needed): (1) Irritable or aggressive behavior, (2) self-destructive or reckless behavior, (3) hypervigilance, (4) exaggerated startle response, (5) problems in concentration, and (6) sleep disturbance

F. Persistence of symptoms (in criteria of B, C, D, and E) for more than one month

G. Significant symptom-related distress or functional impairment

H. Not due to medication, substance misuse, or illness

Other Specified Trauma/Stressor Adjustment disorder more than 6 months without prolonged duration of trauma/stressor

Trauma Literature Review

- 23 articles in sample *(published between1985-2010)*
  - Most were quantitative studies (n =23) with cross-sectional design (n = 18)
  - About half (n =14) used probability/random sampling
  - Most studies were used in-person interviews
  - Sample sizes varied from 2 to 21,877
  - Age of participants varied from 50 to 90 years old
  - Women and Caucasians comprised the majority of the samples (Maschi et al., 2014)

Review Findings

Lifetime trauma

(childhood or adulthood)

- Victim or witness to violence
  - Physical assault
  - Sexual assault
  - Emotional abuse
  - Mass trauma
  - Combat exposure
- Related stressful life events
  (e.g., death of a loved one, divorce, accidents, natural disasters)

Sociodemographic influences

- Age
- Gender
- Race/ethnicity
- Marital status
- Education
- Economic Status
- Religion
- Social service use

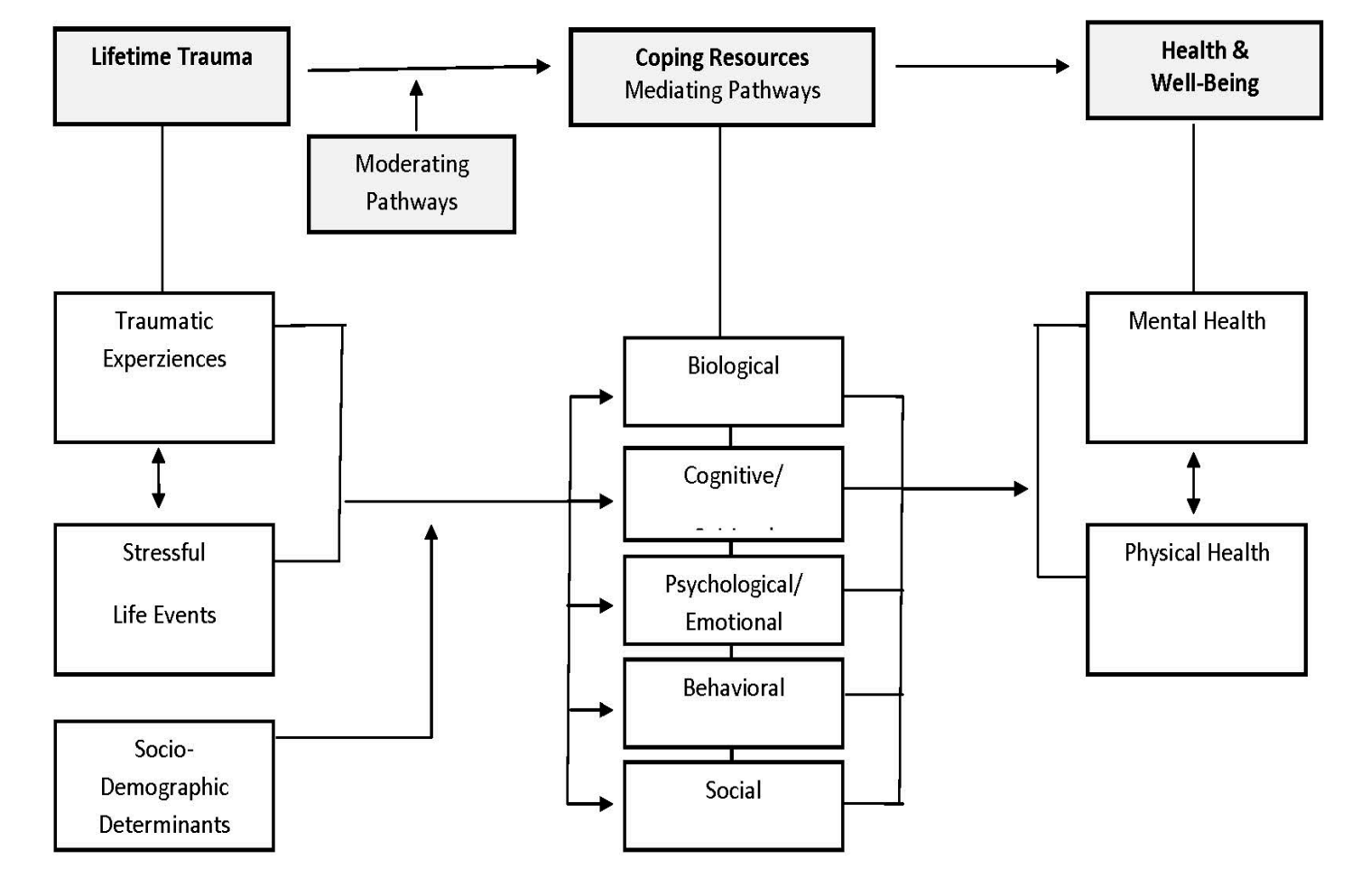
Resilience or protective factors

- Psychological/Emotional/Cognitive
  - Personality traits
  - Self esteem
  - Life satisfaction
  - Reactivated trauma memories
  - Forgiveness
  - Meaning in life
  - Sense of safety
  - Cognitive resilience
- Spiritual
  - Spirituality
- Social
  - Social Support
  - Social resilience
- Physical
  - Activity strengths & limitations
- Behavioral
  - Traumatic stimuli avoidance
  - Fighting hatred and oppression

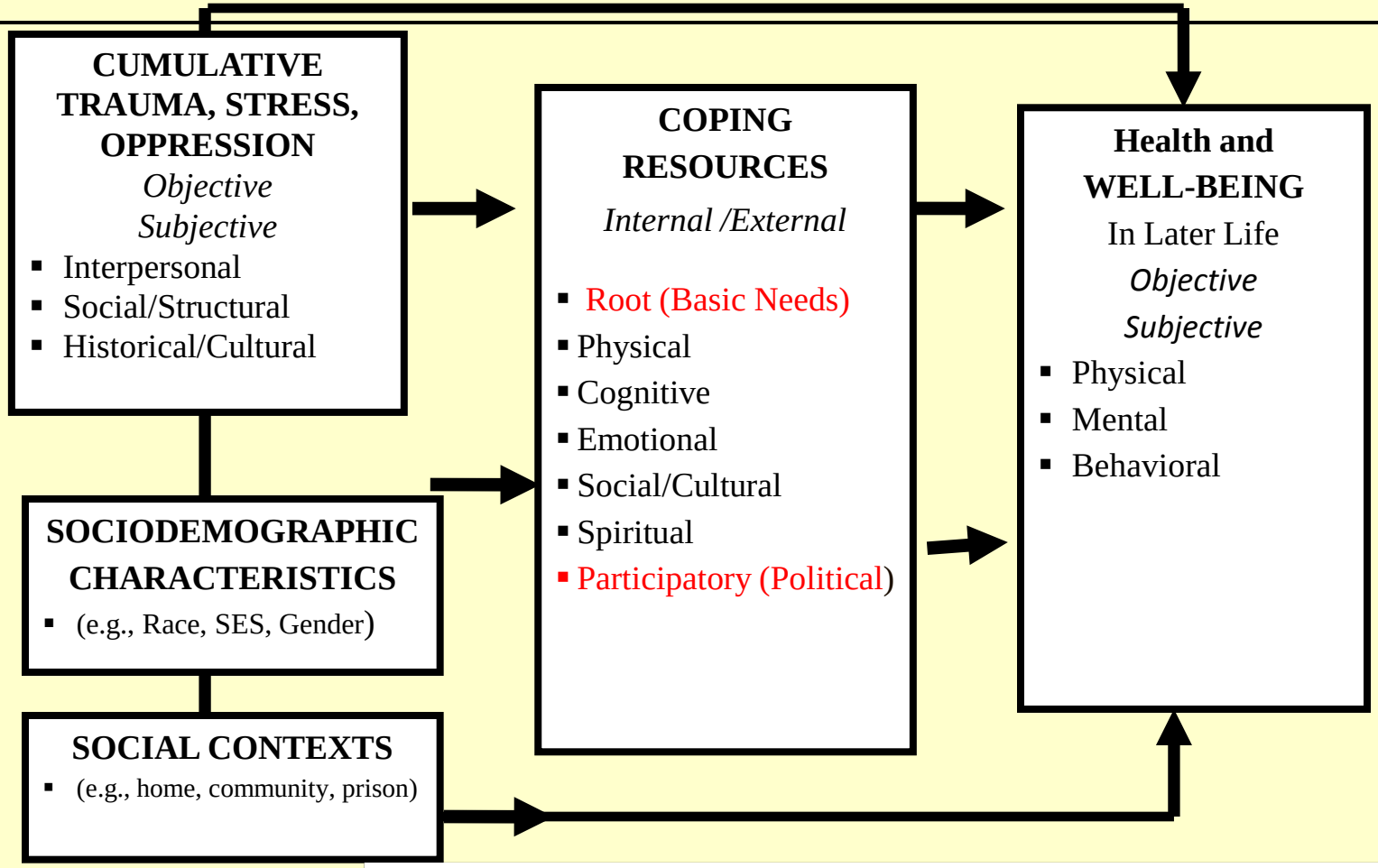
Health and well-being

- Mental Health
  - PTSD
  - Depression
  - Anxiety
  - Psychiatric symptoms
  - Cognitive functioning
- Physical health
  - Physical health conditions
  - Re-victimization
  - Mortality
  - Cortisol levels
  - Functional status
    - ADLs
    - IADLs
    - Other physical activities
  - Subjective health
    - Self rated health

A Theoretical Model of the Impact of Life Course Trauma on Health and Well-Being and Mediating and Moderating Pathways that Increase or Decrease Cumulative Risk



My Collective Research Findings



Cumulative T-SLE → Age/Coping Resources → Post Traumatic Stress
Cumulative T-SLE → Coping Resources → Physical & Mental Well-Being
World Assumptions → Low/High → Depression
SI vs. Non-SI → Coping Resources → Well-Being/ADL/Pain

Multilevel Trauma, Stress, Loss, and Separation

- Lifetime objective experiences of trauma varied by age of first occurrence, intensity, frequency and duration and levels of past and current distress
  - Childhood and/or adult exposure to violence
  - Intergenerational incarceration
  - Unexpected and expected loss of a loved one
  - Caregiving stress
  - Medical neglect
  - Family separation
  - Being diagnosed with a serious physical or mental illness
  - Discrimination (based on race, gender, sexual orientation)
  - Homelessness, housing, financial strain, unemployment
  - War combat
  - Natural and human made disasters

(Maschi et al., 2012; 2013;in press)

Lingering Subjective Distress: Then and Now

- Many reported the lingering subjective distress about these experiences and an influence on current physical & mental well-being.
  - Feeling horror and/or someone would get hurt at the time of the event
  - Feeling moderately to extremely affected by the experience in the past year
  - Post traumatic stress symptoms, anxiety, depression, negative schema
  - Higher # days in pain and lower # ADLs

(Maschi et al., 2012; 2013;in press)

Trauma of Secure Long Term Care

- About two out of three participants reported experiencing trauma and stress in prison:
  - being physically and sexual abused
  - bullied
  - fear of dying in prison
  - harassed
  - neglected
  - exploited by staff and younger inmates
  - being denied food, water
  - being subjected to solitary confinement
  - Anticipatory stress about prison release
  - Post release trauma

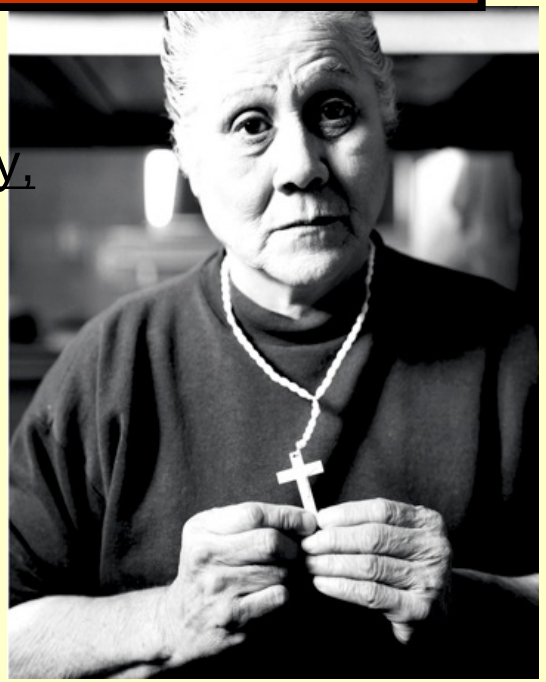
(Maschi et al., 2012; 2013;in press)

Post Release Trauma

- When I did get out at that time I ended up in the shelter, because I had no living relatives which to stay with or no friends that I could live with, so they placed me in a shelter. It was very rough. All they provided me was a roof over my head, and I was left to fend for myself.

Hope and Creativity within Confinement

HOW THEY COPE WITH PRISON

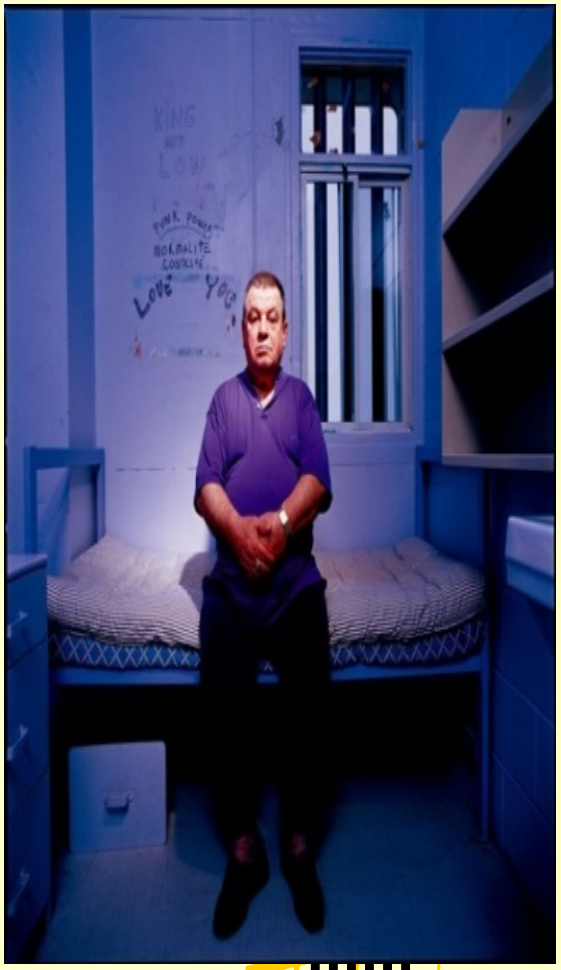


- ROOT-Basic Needs (Survival, Security, and Safety, & Foundation in Love and Family)
- PHYSICAL-Exercise (Yard, Run/Walk, Yoga, Sports), Medication
- COGNITIVE-Find Peace Within, Think Positive, Making Healthy Choices, Puzzles, Read
- EMOTIONAL-Counseling, Support Groups
- SPIRITUAL-Church, God, Pray, Service to Others
- SOCIAL- Family, Friends, Peers in Prison, Program Participation
- PARTICIPATORY: (LEADERSHIP), Leading a Book Club, Being a Paralegal
- MULTI-DIMENSIONAL: Meditation, Art, Music-Making

(Maschi, 2012)

Quotes about Resilient Coping with Trauma and Stress

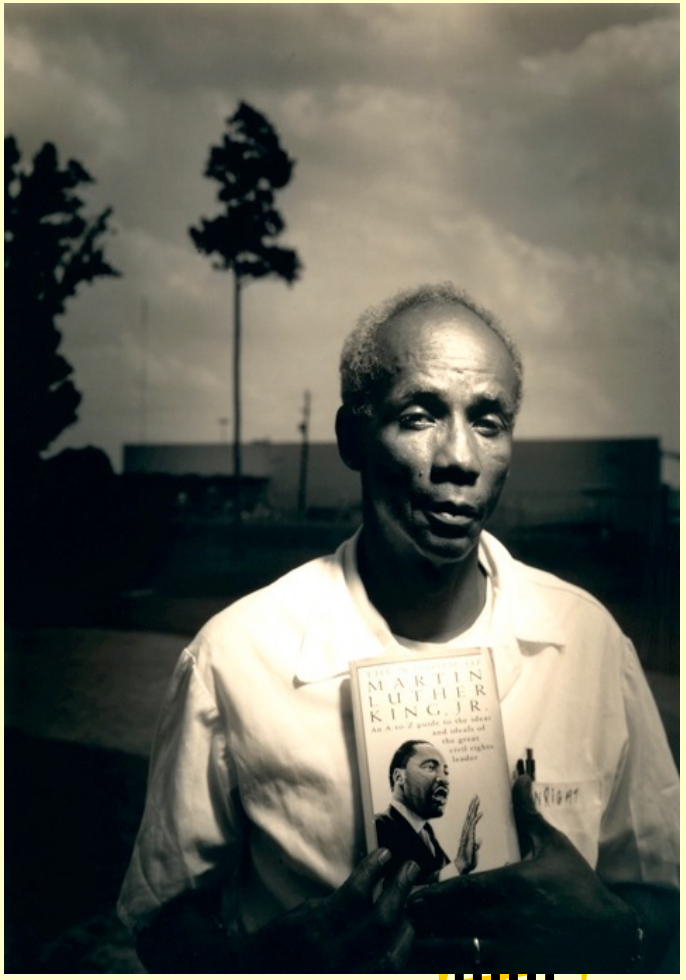
- "I pray. I try to meditate and read a great deal to take my mind off worries"
- "I do yoga, Dr. Tina Maschi, yoga"
- "I participate every Monday in group therapy. Cage your rage program 10 weeks"
- "I became a jogger & sprinter at 56 years old. I run 5 miles per day and sprint 105 yd sprints every other day"
- "Prayed to God, got in touch with family members and did a whole lot of jogging exercise"
- "I love to work"



Quotes about Resilient Coping with Trauma and Stress

Leadership and Social Participation (Participatory)

- I do programs, exercise, palliative care worker, working with at risk juveniles, etc…
- Focus on victim program, exercise, computer workforce, community awareness day, HIV AIDS group
- Read my Bible, I am a minister now. I do all things the word way
- NA and AA Group Leader



Alternative Intervention Approaches

Trauma Informed Approach

- Current Working Definition of a Trauma-Informed Approach:
  - A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for healing; recognizes the signs and symptoms of trauma in staff, clients, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, practices, and settings.
- Key Principles of a Trauma-Informed Approach:
  - 1) Safety, 2) Trustworthiness and Transparency, 3) Collaboration and Mutuality, 4) Empowerment, 5) Voice and Choice, 6) Peer Support and Mutual Self-Help, 7) Resilience and Strengths Based, 8) Inclusiveness and Shared Purpose, 9) Cultural, Historical, and Gender Issues, 10) Change Process
  - SAMHSA: http://feedback.samhsa.gov/forums/186759-definition-of-and-the-guiding-principles-for-a-tra

11 Guidelines

The Substance Abuse and Mental Health Services Administration has recommended eleven key guidelines for incorporating trauma informed guidelines care that can be used in correctional settings. These guidelines are:

(1) providing governance and leadership within the organization to lead and oversee a trauma informed care model
(2) having a written policy that establishes a trauma informed approach as central to an organization's mission
(3) actively involving all trauma survivors, consumers, and family members in organizational decision-making
(4) Bridging child and adult systems of care, such chld and adult protective services, juvenile justice and criminal justice systems and other community service providers
(5) using culturally responsive evidence based assessment, intervention, and referral systems for individuals and families
(6) providing trauma training and workforce development, including training on vicarious and secondary trauma among staff
(7) using trauma informed principles that guide organizational procedures and community cross agency protocols
(8) conducting ongoing quality assurance of evidence-based trauma treatment interventions
(9) using financing structures designed to support a trauma informed approach
(10) using a trauma informed evaluation component
(11) providing a physical environment where program participants feel safe

(SAMSHA, 2013)

The Role of the Arts in Awareness, Healing, and Transformation

From Cradle to the Grave

The Arts, Human Rights, and Social Justice

- Art as leading to social action
- The media can play a major role
- Painting, plays, music, films
- Museums-Monuments
- Challenge to use art positively

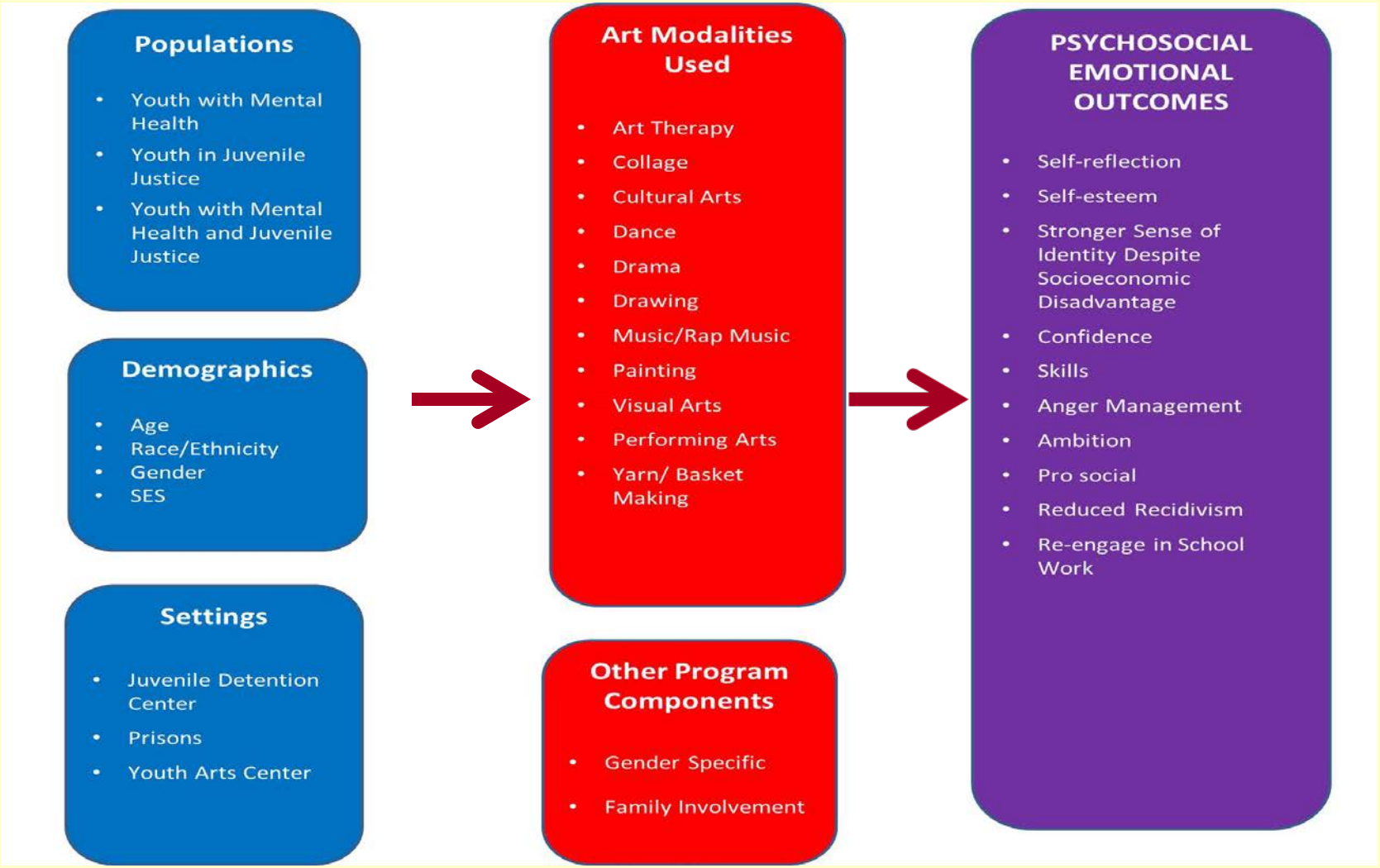
Human Rights Framework: Trauma, Health, Arts & Advocacy Strategies

- Protects civil, political, economic, social and cultural rights
- Basic Principles

1. Universality/Indivisibility/Inalienability-ESTABLISH HUMANISM
2. Nondiscrimination-EXPOSE INJUSTICES-PROCESS DISCRIMINATION
3. Participation: USE COLLECTIVE ARTS STRATEGIES
4. Accountability: DOCUMENT INJUSTICES
5. Transparency: DOCUMENT INJUSTICES

http://www.gsdrc.org/go/topic-guides/human-rights/human-rights-legal-framework

Arts with Youth with Mental Health Problems



Releasing their Stories:

A Presentation of Photographs and Narratives of

Older Adults in Secure Care Settings

Invoking

Compassion

Mercy

Forgiveness

Intergenerational Family Justice

Peace

Freedom

Action

Pathways to Prison

INTERPERSONAL TRAUMA/OPPRESSION:

(1) I was sexually assaulted when I was thirteen, I never really trusted anyone after that, tried to 'get even' when I was a Marine, but it was pyrrhic victory at a devastating cost to me.

(2) I was crippled when I was younger my family member beat and molested me. I was tied to the basement poles beaten always told over and over again you're a jail bird just like your father. This was so tightly put into my head it blurred everything I saw.

(Maschi, 2012)

Pathways to Prison

COMMUNITY LEVEL TRAUMA/OPPRESSION: From the sixth grade to the tenth grade I was forced to survive in the madness of the concrete jungle.

STRUCTURAL TRAUMA/OPPRESSION (RACISM): The education I received in the black community was different-in content and context-then that of whites. What I learned after 12 years of public education was that I was a problem, inferior, un-educatable, and a victim. We (black men) are on the endangered species list.

(Maschi, 2012)

Pathways to Prison

MENTAL HEALTH AND HOMELESSNESS: I believe my situation is unique for I committed a crime with the intention of getting caught because I was homeless (I suffer from Schizoid Affective Disorder due to a nervous breakdown, loss of job, apartment, car everything…I didn't want to seek shelter at a homeless shelter or church. I was to ashamed and embarrassed to ask for help from my sister and the three friends I have left in the world. In prison, now I am somewhat stable (off meds and mental health roster) and healthy and strong again, and getting better.

(Maschi, 2012)

Pathways to Prison

LATE ONSET IMPRISONMENT: I was a very successful father of 3 kids with a wife to this day I absolutely adore. She is still waiting for me when I get out. I was a Chief Compliance Officer for a brokerage making over $300,000 a year. One night after a night at the racetrack, I got into an accident going the wrong way on the highway. I hit a van head on with 4 passengers. I was hurt bad all the passengers and the driver lived but one was pregnant and she lost the baby…so I was charged with manslaughter and sentenced to prison.

(Maschi, 2012)

Life and Death in Prison

Quote from 'Mary', 56 year old woman in prison-Served 5 years

Prison is a hard place. Pure Hell! As long as you are in khaki, you are considered non-human. I miss my family and want to go home so bad. I don't feel there is enough mental health available on a regular basis or the comfortable feeling of just expressing yourself without the fear of being put in lockdown. The elder suffer the most because there isn't much for them, us. The medical here makes no sense. Until you have an ailment, you are put off and time holds you back. I have the starts of osteoporosis and seeing how some people young and old are treated makes me suffer and deal with it. I look at it that I will deal with it when I get home. In the meantime I hurt and deal with it. Prayer and God is what gets me through every day, moment, second I am here. Overall it's horrible and wouldn't wish this on my worst enemy.

From T. Maschi (2010) John A. Hartford and Gerontological Society of America Geriatric Social Work Scholars Funded Project

Life and Death in Prison

Quote from 'Joseph', 57 year old man in prison

I was assigned to a job in the Prison Infirmary (E.C.U.) as a porter. The infirmary job was often very depressing. They have a couple of padded cells there and the screams of tormented souls could be heard throughout many shifts. There were also what we called the "death rooms". These were a row of 5-6 cells which housed terminally ill inmates. They had been brought in from prisons throughout the state. Many were fairly young. The medical "professionals" working here had minimal interaction with them; they were largely cared for by-care inmate volunteers. When one of the terminal cases passed away, and ambulance would eventually arrive to take the body out of the prison. The guards and medical staff would not help "bag and tag" the body, so it was left to us porters to assist in it.

From T. Maschi (2010) John A. Hartford and Gerontological Society of America Geriatric Social Work Scholars Funded Project

Life and Death in Prison

Quote from 'Joseph', a 57 year old man in prison (continued)

The apathy of the guards toward dying inmates was unconscionable. We had one inmate about 30 years old whose wife and 2 small children were given permission for a special visit because he was near death. As shift change approached, a nurse entered the room and the family had to stand outside of the door. A female guard yelled to the nurse, "Isn't he dead yet? I don't want to have to stay late to do the paperwork." The two little girls were sobbing in no time. We also had an inmate turn 100 years old there. He was completely bed-ridden. He passed away eventually. I was left wondering how society was being served by that. In the 6 months that I worked there, 6-7 inmates passed away. Hepatitis and diabetes cases abounded, with many amputations.

From T. Maschi (2010) John A. Hartford and Gerontological Society of America Geriatric Social Work Scholars Funded Project

Community Reintegration

You don't need a survey to know you have a lot of men over 50 getting ready to go home, with no money. No place to stay. And no one trying to understand this part of the problem. I earn $15 a month. I go home in 9 months. I have no family to turn to. I don't want to come back to prison, after doing 7 years. I am trying to stay positive. I pray. I go to see the psych. For one on one and I try to look on the bright side. But the reality is, when I hit the street I am on my own.

(Maschi, 2012)

Health and Secure Care

HEALTH STATUS

- Thrombosis in left leg, Antiembolism socks
- Pains in chest & diagnosed leakage in graph
- When i found out i had cancer and hepatitis C
- stint in aorta
- Gender desphoric-Transgender
- Coming to prison all my life, while infected with HIV and dying in prison
- have diabetes, lack of treatment
- Asthma attack
- Heart problems
- My health, my heart
- Raped, Hepatitis B
- Hepatitis C
- Strokes
- Going blind in prison
- Deaf
- Cancer
- Heart attacks
- HIV/AIDS, Pneumonia, Cancer
- Personal medical issues

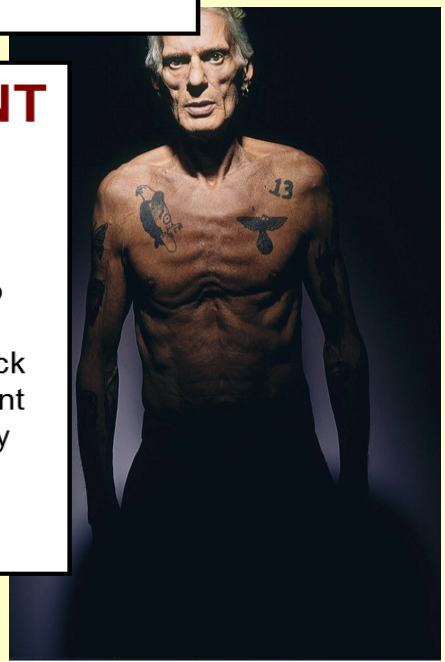
HEALTH CARE

- Dying in prison from poor health care
- Diabetic treatment, lack of
- Poor health care
- Prison medicals failure to treat my heart problems
- Fear of dying in prison
- Left abandon by family, friends
- Failure of medical department to treat my injuriies and illnesses
- Denial of health care
- "Getting my medication"
- 5 year hunger strike, 12 hosp

PRISON ENVIRONMENT

(Interpersonal, Structural, Cultural)

- Soliatry Confiinent
- Raped
- Killing in prison yard, messhall/
- Maleficence disciplinary charges used to lock me up in closed custody illegal
- Guards killing inmates-abuse, heart attack
- I was assaulted by a young mental patient
- Correction officers abusing their authority
- Beaten by corrections officers, Guards attacked & beat me unprovoked
- 5 year hunger strike, 12 hosp



Credit: Ron Levine/Prisoners of Age

The Social Structural Cultural Trauma of Prison: Policy Trauma

PRISON SOCIAL STRUCTURAL ENVIRONMENT

STRUCTURAL/POLICY CONTEXT

- "I am stuck here for 30 years for a drug offense."
- I am still waiting to hear about my court appeal."
- Solitary Confinement-7 years
- Under Promax Torture
- Prison medicals failure to treat my heart problems

PRISON CULTURAL CONTEXT: VIOLENCE/NEGLECT,, LOSS/GRIEF

- "It is way overcrowded and everyday there is some kind of fight or violence."
- "I have a sister in rest home and have no contact with her"
- "That I will not have time to spend with my mate and family members especially my mother before they die"
- Losing my freedom
- Healthcare neglect

INTERPERSONAL CONTEXT-STAFF & PEER

- "I have to be around these young people and get harassed"
- "I am 72 and afraid of being assaulted again"
- "Prison guards who constantly abuse their authority over us. Arbitrary rules they try to enforce"
- Poor healthcare

“ It’s hard. Its hard in here. Because after so long you lose support of your family. I have children, but the last I’ve heard from them was in 2005.

I’m in here for ‘helping my family’. I learnt my lesson. That won’t happen again....but y’see they don’t help me.... I just take care of myself the best that I can…”

- Theda Rice, 77, Murder

“ He would go into black moods. Very black moods where he wouldn’t speak to me for 2 or 3 weeks. He would stay out in the garage and only come in for meals.

He started hitting on my daughter. That’s what done it. She was 28.

I’m not one that displays my feelings that much, but that morning I just snapped. I couldn’t take it any longer, I couldn’t think of a way out.
I was very hungry.”

-Julie Hynes, 52, Second Degree Murder

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“ My husband was an ex-cop... We were married 43 years... He had been beating me around...

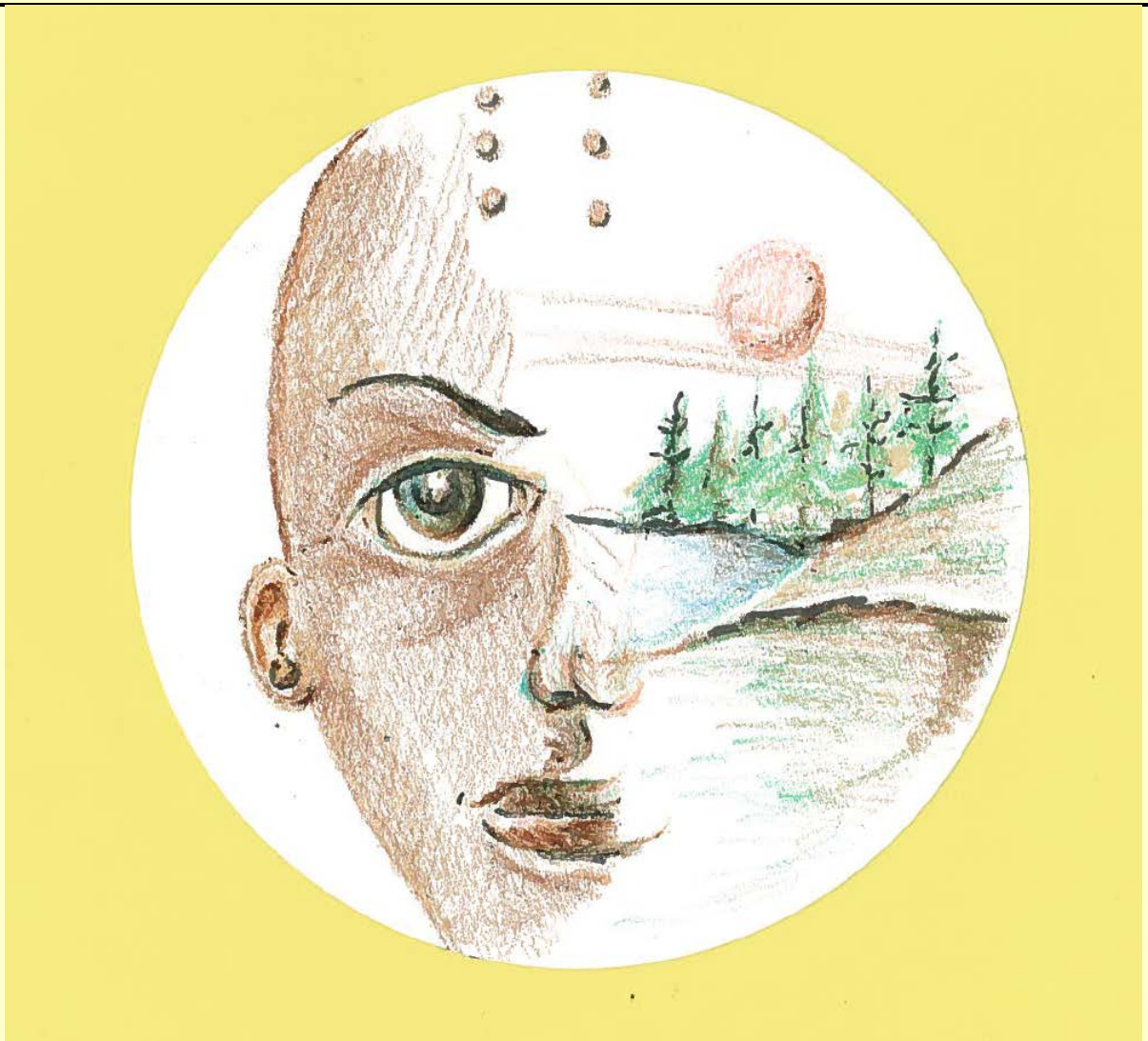
All I know is , when I came to, the gun was laying there and he was in the chair with a bullet hole in the back of his head.”

-Ethel Dedmon, 65, Murder

Arts and Healing

- Trauma Narratives: http://www.samhsa.gov/samhsanewsletter/Volume_18_Number_4/TraumaNarrative.aspx
- Testimony: http://storytelling.concordia.ca/remembering/index.html

Art Works



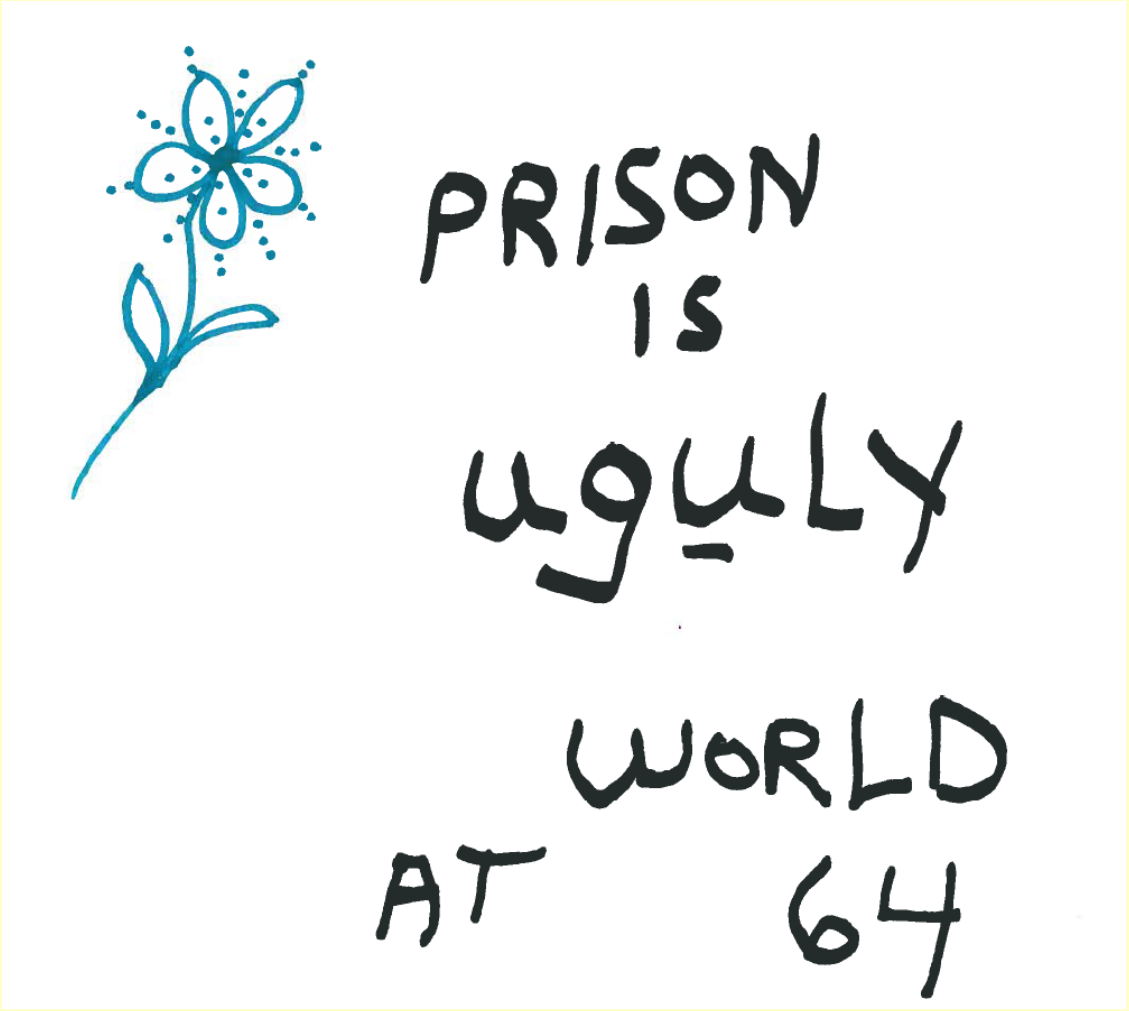
Name Embellishment

"Thank you for not thinking of us as monsters…"

My First Home

"Thanksgiving used to be my favorite holiday…the Holidays are difficult and I'm always happy when January rolls around…"

Tell Us Your Story

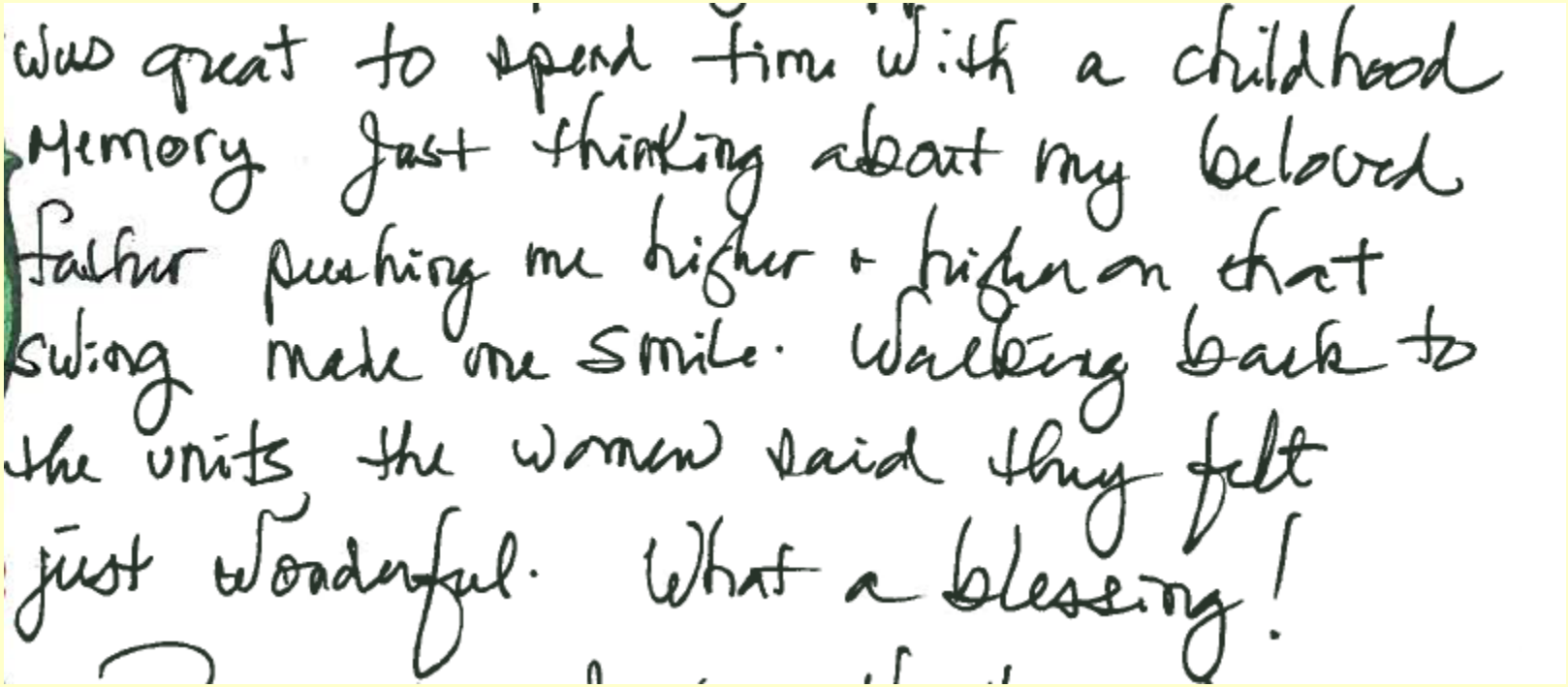


"T" Female Offender in California
Lifer – 77 years old
Incarcerated 22 years

Aging in Prison

- ***"It's a rare occasion when we have the opportunity to relax,laugh and just be ourselves for awhile. Generally, we are tense, serious and vigilant regarding the garbage around us. For seniors, that wariness is even more intense…"***

I Like Art Because...



"J" Lifer – 62 years old
Incarcerated 19 years

WHAT CAN YOU DO ABOUT IT?

"To forgive is to set a prisoner free and discover that the prisoner was you."

-Lewis Smedes

Interdisciplinary Professionals

- Law Enforcement: Police/Sheriff, Probation, Corrections, etc....
- Adult Protection Services
- Geriatric Mental Health Services
- Lawyers: Prosecutors, Defense Lawyers, etc..
- Children and Families, Aging Service Providers/Public Guardians
- Domestic Violence Advocates
- Social Workers
- Nurses
- Physicians
- Non-Geriatric Mental Health Professionals
- Victim-Witness Advocates
- Representatives from Financial Institutions
- Clergy
- Retired Professionals
- Young People

Implications

- Practice
- Education and Professional Training
- Policy
- Research

Contact Information

- For more information or to received copies of journal articles, contact:

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- Also find more resources at:
- http://www.magnetmail.net/actions/email_web_version.cfm?message_id=2036636&user_id=CSWE