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Time and Care: A Qualitative Exploration of Prisoners' Perceptions of Trauma-Informed Care in Women's Prisons

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Abstract

Women's prisons in England have been working toward providing trauma-informed and responsive care for individuals in custody due to high rates of psychological trauma within the population. This study aimed to explore how women experience trauma-informed and responsive care in prison. Interviews with 51 participants from three prisons were undertaken. Three main themes were identified using thematic analysis: *time—a precious commodity*; *feeling cared for*; and *trauma-informed staff training*. Participants identified barriers to staff providing trauma-informed care: scarcity of time, and staff behavior undermining the principles of trauma-informed care. Enablers included the availability of time with staff and staff showing empathy and understanding. Most participants expressed the view that staff trauma training lacked impact. These findings suggest that the goal of providing trauma-informed and responsive care may be far from being realized and that resources, prison practices and cultures should be the focus of change before staff training can be effective.

Keywords: Qualitative research thematic analysis women's prisons trauma-informed and responsive care staff training

Introduction

Since 2015, women's prisons within His Majesty's Prison and Probation Service (HMPPS) for England and Wales have been aspiring to provide trauma-informed and responsive care for incarcerated women. This change in practice is in response to the high prevalence rates of psychological trauma found internationally among imprisoned women (Baranyi et al., [2018](#); Karatzias et al., [2018](#)), and growing support for using trauma theory to design services for those with trauma histories (Harris & Fallot, [2001](#)). However, there is limited published research in this area. The current study builds on prior research recognizing that at a macro level, women in prison with histories of trauma experience the overall environment and system as triggering and inherently traumatizing (Kelman et al., [2022](#)). It examines at a micro level the barriers and enablers to trauma-informed and responsive care as experienced by women in prison. This includes examining the perceived impact of staff trauma training, given the organizational emphasis on training to enable staff to provide trauma-informed and responsive care across the women's prison estate.

Trauma-informed and responsive care

Covington ([2018](#)) distinguishes between services which are trauma-specific (interventions designed to address trauma and related symptoms); those which are trauma-informed (where staff are trained to understand trauma and its impacts), and trauma-responsive (where organizations and services have created a positive environment and have implemented, or amended, policies and practices to minimize the chance of re-traumatizing service-users). Services which describe themselves as "trauma-informed" may also be "trauma-responsive," where, as well as trained staff, the perspectives and prior experiences of service-users are prominent in the service design and delivery. Trauma-informed and responsive services aim to minimize the likelihood of clients being re-traumatized by their engagement with them.

The specifics of what it means to be "trauma-informed" and "trauma-responsive" will differ across organizations, yet the core principles include training staff to understand how to (i) create a safe environment for service users; (ii) engage service users in planning the service they will receive and making necessary changes in their lives; (iii) use open communication and demonstrate their trustworthiness, and (iv) give service users as much choice as possible (Menschner & Maul, [2016](#)). As well as focusing on the treatment of service users, trauma-informed and responsive services also emphasize the importance of self-care for staff

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service users. HMPPS have adopted these five defining principles (Covington, [2018](#)).

Much has been published about the reasons why trauma-informed care (TIC) is important, especially in relation to substance misuse treatment services and/or mental health services for women (Covington et al., [2008](#); Stenius & Veysey, [2005](#); Tompkins & Neale, [2016](#)), as well as for women within prison or other criminal justice contexts (Covington, [2007](#); Mulcahy, [2018](#)). However, evaluations of the effectiveness of TIC have been largely quantitative, focusing on the impact of interventions for treating trauma, measuring change in a range of psychological symptoms post-intervention (Gatz et al., [2007](#)), in community-based substance misuse services (Covington et al., [2008](#)), in prisons (Messina et al., [2010](#)), or in the child welfare system (Sullivan et al., [2016](#)). Qualitative explorations of the way recipients experience services that aim to be trauma-informed and responsive—over and above the impact of trauma-specific interventions—are scarce, although interest in this area is growing.

Trauma-informed care in prisons

Prisons represent a departure from more therapeutic environments or services implementing TIC principles, where individuals can more freely disengage. Imprisonment entails the removal of individuals who have committed serious crimes from society for a defined period. Thus there is inherent tension between the objectives of punitive justice and the welfare of those incarcerated, not least because of the potentially negative impact of the prison environment on already traumatized individuals (Kelman et al., [2022](#)), as well as on staff (Rogers & Law, [2010](#)).

Auty et al. ([2022](#)) developed a measure of TIC from the perspectives of women and staff within two prisons in England, using it to determine how participants (staff and women in prison) experienced trauma-informed practice. Participants gave mostly negative ratings on the item statements measuring TIC, with little difference found between the assessments of the prison which self-identified as having made significant progress in becoming trauma-informed and the prison which was less advanced. The researchers identified two key factors—staff engagement, and care and recognition—which underpinned the meaning of TIC for female prisoners and staff. They concluded that providing TIC is a challenge within prisons.

Despite these challenges, the Female Offender Strategy (Ministry of Justice, [2018](#)) committed HMPPS to pursue this objective within women's prisons. A range of activities were encouraged across women's prisons to support the provision of TIC, including implementation plans and a checklist to review practices against TIC principles, and "Guide Teams" to oversee progress at sites. A large part of the efforts to provide TIC in

Justice System” (BTI) staff training *via* the *One Small Thing* (www.onesmallthing.org.uk) charitable initiative. Trauma training for staff in settings other than prisons has been found to be an important means of supporting staff attitude change, with regular and more recent training, as well as mixing staff and service user attendance on the training, having the greatest impact (Unick et al., [2018](#)).

The one-day BTI training course introduced across all women’s prisons in 2015 aims to equip prison staff with an understanding of the prevalence and nature of trauma in the lives of women in the criminal justice system, as well as what it means for staff to work in trauma-informed ways. The training manual states that, “...using trauma-informed practices...enhances the safety and security in women’s [prisons]” (Covington, [2016](#), p. 5). The delivery model involves *One Small Thing* trainers teaching a small number of staff at each prison to deliver the training within their own prisons. The course is psychoeducational, using mainly discussion and didactic training methods, to develop attendees’ understanding of trauma. Strategies such as grounding techniques are briefly introduced for staff to try. The BTI training has not yet been independently evaluated. Whilst cascading training has advantages including cost efficiency and convenience, disadvantages include inconsistency in quality and training materials becoming diluted or adapted (Horn et al., [2019](#)).

Following the commitment outlined in the Female Offender Strategy (Ministry of Justice, [2018](#)) to provide TIC to women in prison, as well as the efforts made across the HMPPS women’s prison estate to this end, this study addresses the absence of qualitative research by understanding the lived experience of women in prison about their TIC in custody. It explores how incarcerated individuals perceive and experience the way staff provide TIC in women’s prisons, including their perceptions of the impact of BTI training. Specifically, this study seeks to explore:

- What do women in prison perceive to be the barriers and enablers to prison staff providing trauma-informed and responsive care?
- How do women in prison perceive and experience the impact of trauma training on the attitudes and behaviors of staff?

Methods

The present study forms part of a wider project examining trauma-informed and responsive care in women’s prisons. At the outset of the overarching project, the first author gathered information from all prisons about the progress made in implementing TIC. Staff training was the primary activity, having been implemented in

(implementation plans) or not maintained (“Guide Teams” were largely assimilated into existing meetings).

Details on the methodology, including study design, sampling, recruitment, and data collection for this study have been outlined previously in Kelman et al. (2022). Approval was obtained from the King’s College London Research Ethics Committee (HR-18/19-8105) and the Ministry of Justice National Research Committee (2018-189).

In brief, 51 women, all living in ordinary residential areas within three women’s prisons at the point of their recruitment, participated in one-to-one face-to-face interviews (Table 1). Different sampling methods were agreed at each prison, to fit with local working practices. Self-selection and convenience sampling were used at one site; systematic random sampling was used at another, and self-selection sampling was used at the third. A semi-structured interview schedule was used, with questions exploring the participants’ opinions about, and experiences of, barriers or enablers to the provision of TIC in prisons. All potential participants were provided with information about the study, and those who consented to take part were given a unique identification number to ensure anonymity. None of the participants were known to the interviewer prior to their contact about the research.

Table 1. Demographic information about participants.

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Within each interview, the principles of TIC were first described to participants to orientate them to the subject matter and ensure a shared understanding of the concepts. Interview questions focussed on each principle, for example, “what do staff do that enable you to feel safe here?” and “in what ways does being in prison impact on your ability to trust others?” The interviewer informed participants about the BTI training as a key activity to support the goal of prisons becoming trauma-informed and asked about their perceptions of how this impacted the attitudes and behavior of staff. Interviews were undertaken with 18 people at the first prison, 20 at the second, and 13 at the third. Recruitment continued at each site until new information was no longer being identified from the interviews.

The six phases of inductive Thematic Analysis (Braun & Clarke, 2021) were used to analyze the data. The process of transcribing the data; reading handwritten notes and re-reading the transcripts enabled the first author to become familiar with the data. From this, initial codes of data description were generated, using the

were then grouped into logical themes in a process that involved repeatedly returning to the raw data, and discussion between the study authors to hone the themes and sub-themes. Whenever possible, *in vivo* descriptors, using the participants' words were identified as theme names. Reflexive practice was carried out throughout the analyses given the importance of examining positionality, especially given the first author's employment within the organization as described in Kelman et al. (2022). To ensure impartiality, none of the researchers had direct experience of the BTI training, having neither completed nor observed delivery of it.

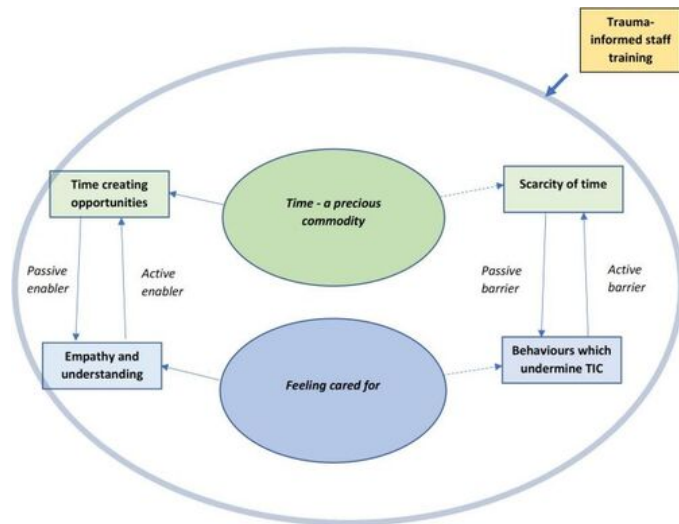
There are increasing calls to ensure the trustworthiness of qualitative research (Nowell et al., 2017), and this can be framed by the principles of transferability, credibility, confirmability, dependability, and authenticity. The following study addressed each criterion in a range of ways. The principle of transferability was attended to in the selection of a heterogeneous sample of 51 participants from three different types of women's prisons across the country. Regular meetings between researchers throughout the coding and theme development process enabled triangulation about interpretations of the data. This provided a way of confirming that the meanings made of the data by the first researcher were logical and in keeping with the context within the transcripts, attending to the principles of confirmability, dependability, credibility, and authenticity. Additionally, the ongoing process of reflexivity also provided a documented record of decision-making and the evolution of both the interpretation and analysis of the data, further supporting the principles of confirmability and dependability.

Findings

The three major themes identified were *time—a precious commodity*, *feeling cared for* and *trauma-informed staff training*. A model of the major themes is depicted in Figure 1. This exemplifies how *Time—a precious commodity* was a central component for facilitating the second theme, *Feeling cared for*. For example, *time created opportunities* (sub-theme) for the provision of care by staff by passively enabling staff who already demonstrated *empathy and understanding* (sub-theme) to care for people in prison. Additionally, participants perceived that empathic staff actively created more opportunities to give them time, enabling them to feel cared for. The perception of the *scarcity of time* (sub-theme), by staff or the prison environment, acted as a passive barrier, preventing such interactions, and therefore led to types of *behavior that undermine TIC* (sub-theme). Conversely, staff who demonstrated attitudes inconsistent with caregiving were viewed by participants as actively unwilling to give their time to people in prison, which was a barrier to them feeling cared for. Participants perceived the BTI training as lacking impact on staff attitudes and behavior,

required to provide TIC, or not.

Figure 1. Connections between themes.



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Time—A precious commodity

Participants identified time as being a significant and precious commodity within prison; the presence or absence of which acted as either an enabler or barrier for individuals to access TIC. There were two sub-themes: the *scarcity of time*, capturing the limited nature of time as a resource for staff, and *time creating opportunities for engagement*, which reflected the function of time as allowing staff to interact with participants, and thereby positive relationships with staff were thought to enable TIC.

Scarcity of time

Participants indicated that staff faced a range of daily pressures that impacted their capacity to provide TIC. Individuals across all three prisons expressed that insufficiency of staffing numbers created limited time for staff to engage in more meaningful or satisfying interactions with individuals:

[prisons] are.... understaffed. I think they need more people. One officer cannot do it all... (R1)

prisoners on that wing. (R19)

In addition, participants raised that many individuals in custody had a high level of need for support, further exacerbating staff time constraints:

there's just not enough time. And there's one officer who's got to deal with thirty or forty women..... You can have three or four people that are really.....high need, you know? They need a lot of attention...everything else gets left then, doesn't it? (R15)

I think there's so many people [at risk of suicide] now that staff really only get time to look after them.....I don't think they've got time to do anything else.... (R31)

Time creating opportunities for engagement

Inverse to the negative impacts of the *scarcity of time*, the presence of time created chances for staff to make themselves available to interact with people in prison. When asked what distinguished staff who were “decent” or helpful from others, their willingness to give their time (given its scarcity) to individuals signaled their caring attitudes— “they’ve got time to speak to you” (R45); “...there were certain officers that...will take the time, they will come and speak to me.... the good officers....” (R51).

When asked how staff demonstrated care, one participant (R22) stated,

Simple – “how are you?, ” a “good morning,” answering you and not being ignored is quite a biggie....if they say “good morning” [when they unlock their room at the start of the day], that can set you up for the day.... can put your head in a good mood.....

For many participants, quotidian conversations with staff were meaningful within the context of staff having limited time. Such ordinary interactions appeared to have been highly prized by participants, as they enabled engagement in a “non-prison related” activity or interaction, allowing people in prison to feel more human and adopt a “non-prisoner” identity within the confines of custody:

...it's nice that they do that....they'll come up....and sit up at the top landing with us....or just have a chat there....it just makes it a bit more normal... (R27)

...It was my day off and I was doing a crossword and I really needed this answer, and the officer didn't look busy so I went in and she actually spent about half an hour with me, doing this crossword with me, and having a laugh and talking to me, and it was just lovely. I just felt like a human again. (R19)

them to build trust in these staff, enabling TIC:

I was given a personal officer. He took the time out to come to me and explain that he was my personal officer. And he came every week, and something just changed... (R12)

Feeling cared for

Feeling cared for appeared to have been at the core of what participants wanted from TIC in prison, and it resulted from time being available and actively utilized by staff. Not all staff demonstrated caring behaviors, even when time was available. This theme included two sub-themes: “behaviors which undermine TIC,” and “empathy and understanding” which capture the ways in which staff behavior demonstrated to participants whether or not they cared.

Behaviours which undermine TIC

Many participants identified the negative behavior of some staff as undermining their overall sense of safety and trust in staff—key principles of TIC. Such behaviors ranged from being viewed as unhelpful and uncaring, through to neglectful or actively abusive actions. Not all opportunities to engage were capitalized on positively by staff, with some participants describing staff reacting negatively to individuals in prison due to the pressures they were under. For example:

....because they are under pressure themselves.....they become irritated....so they respond negatively to prisoners, nine times out of ten.... (R34)

Several individuals described feeling that some staff approached their work as transactional and process-driven, rather than showing care toward people in prison. This was inconsistent with the attachment needs of many participants, who saw staff as responsible for their care, and who showed a strong desire to receive psychological and emotional care from them. This perceived lack of care appeared to have contributed to some participants feeling alone and let down by staff:

...most of them....they don't care about us. They don't care..... They just want to shove you behind your door and get their day done so they can f**k off home.... (R11)

...I haven't got officers that I can turn to if I do feel like, you know, I'm going to be bullied.... because they don't care. (R9)

prison undermined their ability to trust certain officers, reducing their opportunities to seek assistance and care:

...that officer...I would not trust her. She's proven to me that she can't be trusted....because she's gossiping with prisoners.... (R25)

there's some staff I don't trust because...if you speak to them.... it sort of gets repeated to other prisoners.... (R45)

The negative treatment of a few staff toward individuals who self-harmed was perceived by several participants as making the staff appear uncaring, cruel, and abusive:

...the way I've seen staff.... people that are cut up and they just leave them. I've seen staff like, "whatever"...because the person keeps cutting up....they're like, "I'm sick of ya," like the way they speak to us, "f**king sick of ya." (R37)

...my friend said, "I feel like slitting my wrists," the officer turned around and said, "go on then – do it." And then she went and cut herself. (R41)

Whilst it was not possible to determine how widespread the issue was, abusive and bullying behavior by some staff reportedly witnessed by participants was evidence to them that staff did not care for people in prison:

last week one of the staff actually called a girl with mental health problems, "a f**king stupid bitch." (R7)

...some people who've got issues....some staff will...kind of mock the person, like in front of prisoners and I don't think that's appropriate...if that prisoner's told them something, they shouldn't then be laughing about it with other prisoners.... (R39)

Empathy and understanding

Staff who were empathic and showed understanding toward individuals in prison were held in high regard by participants. Kindness and empathy seemed to define caring staff. This enabled the provision of TIC as participants felt they could trust these staff and felt safe when they were present:

just empathy and kindness—that's what a lot of women need here (R34)

there are certain officers that are absolutely amazing and they....can understand, can empathise and have compassion.....They care.... (R2)

Occurring due to being given time and space by caring staff, this enabled them to feel as though they were recognized as a unique person, as distinct from their prisoner identities, whilst living amongst many other people in prison:

...with the “being listened to more,” that has helped me quite a bit...because it’s made me realise that some staff see me as a person.... especially when you get everything else taken away from you, you need people to see you as a person. (R4)

Several participants spoke of the benefits of having regular opportunities to meet with a specific member of staff. At one prison, a “key worker” system had been introduced shortly before the interviews took place which was viewed positively by some participants due to the benefits of having opportunities to consistently engage with the same person who supported them. Other participants at prisons that had not yet implemented the “key worker” system expressed a desire for more consistent contact with staff to enable supportive relationships to develop:

building rapport with people....once a week we have a session of touching base with the same officer every week, which is important.... (R3)

I do believe, if the staff are more consistent and there’s more rapport between the staff and residents, it would work a lot better. (R4)

Trauma-informed staff training

The third theme related exclusively to perceptions of staff training. This was separate and distinct from the other themes, in that training was not considered by interviewees to have contributed to a trauma-informed and responsive culture and staff group. Most participants were unaware of the existence of the BTI training until informed about it during the interview. They did not perceive it to have impacted their safety or care in prison, as the training was not thought to have altered the behavior or attitudes of staff. This was captured in two of the sub-themes: *lack of impact*: “*they’re not acting any differently*”, and “*a ‘box-ticking exercise’*.” The third sub-theme: *suggested improvements*, reflected participants’ ideas to improve the effectiveness of the training.

Lack of impact: “They’re not acting any differently”

Many participants were unaware of the existence of the BTI training until informed about it during the interview. Most indicated that they felt the BTI training lacked impact, given they had either seen no difference

I didn't even know they had trauma training. They're not acting any differently. (R44)

I know [the Governor] doesn't like to hear male staff shouting, but... I've actually heard a member of staff say, "well, I'm not going to change, I'm going to carry on shouting...." (R4)

Participants also spoke of the lack of impact that they perceived the training had on the behavior or attitudes of staff:

...with the trauma, they say they understand but you can really see [in how they behave] that they don't.... (R17)

I'm shocked to even hear that these officers are trauma trained, because.....they're just not very understanding. (R15)

A "box-ticking exercise"

Whilst at two of the prisons the training was provided as part of a regular schedule of courses for staff to attend when available, at one prison, the trauma training was part of the staff induction program. This created a perception amongst some participants at this establishment that staff were only attending the course because it was a mandatory part of their training to become an officer. Participants perceived from the way they saw staff behave that not all staff appeared to see the value in the content, "...100% it's a box-ticking exercise..." (R2), or actively incorporate the learning into their working practices or attitudes:

...it's something they have to do to qualify, I think it's just that. A lot of the officers don't really see it as very important.....I think they think [the training] is silly. I think they just see it as a tick box – "oh, I've done it, but I don't actually have to listen" (R5)

...[staff have] thought – "right, I just need to pass this bullshit," "I need to get through this crap....right, good, I've got a job – I can treat them however I want now." They don't use what they've learnt.... (R9)

Suggested improvements

As well as identifying limitations of the training, most participants identified solutions when asked during interview about ways to improve it. Several participants suggested staff should collaborate with people in prison to design and deliver the training. For some, this was about helping staff understand their lives and how their trauma histories contributed to their imprisonment as well as helping staff to understand what it felt like to be in prison:

difference..... Get prisoners to help the staff develop the trauma training (R1)
...bring in prisoners on the training, and the prisoner....tells officers what it feels like to be a
prisoner, and how they could...be mindful of X,Y, and Z... so you hear it from the ground.... (R34)

Some participants across the prisons felt that the training should not be a one-off, and suggested a regular program of refresher training to facilitate knowledge retention:

A lot of the officers....it seems to be they kind of forget a lot of it....it doesn't seem to be staying with them. They'll do it, and then because it's not repeated.... (R5).

Several participants suggested that instead of staff training, the focus should be on recruiting staff with the right attitudes or proven experience in caring professions, who would be able to respond positively to individuals in custody and successfully deliver TIC:

...a job like this, it has to be more on a personal level. It has to be you wanting to do this job because you want to make a change for these girls.... (R9)
Go right back to the recruitment. Look for people with previous experience with caring jobs..... people that would fit this type of role (R34)

Discussion

This study gives valuable insight into the experiences and perceptions of TIC from the perspectives of its potential beneficiaries within women's prisons. It also begins to address the lack of qualitative research into TIC within custody and will enable improvements to be made to policies and practices to further the capacity of HMPPS to provide TIC across women's prisons. Despite the BTI training being the main activity implemented across women's prisons to meet the objective of creating a trauma-informed staff group, the present study found participants were largely unaware of its existence. It was viewed as lacking impact on the attitudes and behaviors of prison staff, and wider systems, cultures and resources within the prisons were viewed as more important to the provision of TIC. The key enabler for participants to experience TIC was feeling cared for, which was contingent on the engagement opportunities created both by time being (passively) available to staff who were empathic and understanding, as well as the active giving of time by staff who demonstrated empathy and understanding toward participants. Conversely, the scarcity of time was viewed as a barrier to the provision of TIC, by (passively) preventing participants from interacting with staff sufficiently to develop trust in them—a key component of TIC. Feeling uncared for was another barrier to TIC,

in ways which undermined the principles of TIC. Training was not viewed as influencing either the availability or use of time, or the degree to which staff were perceived as caring.

Within an environment that was perceived to have been dehumanizing, and which stripped them of their identity and individuality (Kelman et al., [2022](#)), participants yearned to feel “held in mind” by staff; accepted by them and understood as individuals, which was humanizing for them. Ordinary conversations with staff were a significant way in which participants achieved this, creating opportunities for individuals in prison to feel “normal” and to enjoy their identities separate from their roles as prisoners. Feeling cared for by staff did not necessitate staff specifically understanding participants’ trauma or its impacts, and the lack of awareness amongst participants about the existence of the training indicated that trauma training was not perceived as a significant component of achieving the principles of TIC. The importance of participants feeling cared for is consistent with the work of Auty et al. ([2022](#)), who sought to measure the concept of TIC as experienced by women in prison and staff. One of the two factors described by Auty et al. ([2022](#)) as underpinning the construct of TIC related to women wanting *care and recognition* from prison staff. The significance of such positive relationships is similar to the findings of Sweeney et al. ([2014](#)) that greater therapeutic alliance between staff and caregivers was associated with higher satisfaction amongst mental health service users. It also fits with the concept of unconditional positive regard between therapist and client as a means of facilitating personal growth (Rogers, [1961](#)), given that participants perceived staff as being their caregivers. The importance of experiencing acceptance and empathy from staff, as well as feeling positively regarded by them as enablers of TIC connects with the emerging evidence of the importance of positive relationships in the development of post-traumatic growth (positive psychological changes that can occur following traumatic experiences). In a sample of men in prison, Hearn et al. ([2021](#)) found that the participants’ self-reported positive relationships with staff were significantly associated with their self-reported post-traumatic growth. TIC could therefore be a facilitator of post-traumatic growth, creating the necessary conditions for individuals to feel psychologically safe; cared for and supported, in order that they are empowered to develop psychological skills and strategies to thrive.

The desire amongst participants for positive connections with trusted staff can be understood using attachment theory, with prison staff in the role of caregivers, whilst the difficulties experienced by some participants in trusting staff is consistent with evidence of the impact of trauma on an individual’s capacity to develop trusting and healthy relationships with others (Toof et al., [2020](#)). It also fits with the findings that people in prison have limited autonomy and control over their day-to-day lives (Kelman et al., [2022](#)), and are therefore reliant on prison staff to get their needs met. Within this context of a traumatizing prison system and

and people in prison is crucial to the provision of TIC.

A serious barrier to the provision of TIC was disrespectful and/or abusive behavior from staff. This finding corresponds with the first factor identified by Auty et al. (2022) as defining what TIC means in prison: *staff engagement*, whereby the quality of relationships between staff and prisoners were fundamental to women in prison, and essential to TIC in custody. Although deemed to relate to a small minority of staff, negative or hostile attitudes had the potential to undermine the principles of TIC generally, whether the hostility was aimed at the participants directly, or toward other people in prison. It is possible that this cohort of staff fit the typology of “damaged” prison officers, identified by Tait (2011), whose research explored types of prison officer approaches to care in two prisons (one women’s and one men’s). Tait (2011) described the “damaged” group as having experienced multiple traumatic events during their work, including dealing with serious self-harm. This shifted their attitudes toward their work, substantially limiting their empathy toward people in prison. The impact on participants of such negative staff behavior was significant and as well as demonstrating a lack of care for those in custody, signified to participants that staff could not be trusted to look after them properly even though they were reliant on staff to do so. Crewe et al. (2022) also found that poor attitudes and behavior of some staff in women’s prisons contributed to individuals in custody being mistrustful of staff. The impact of trust is consistent with the findings of Bacha et al. (2020) whereby difficult relationships with those staff responsible for caring for them had a detrimental impact on the mental health of service users and affected their trust in staff. As trust is a key principle of TIC, an absence of the same in the staff who are employed to look after them is a fundamental barrier to the provision of TIC.

The second research question examined the participants’ perceptions of the impact of trauma training on the attitudes and behavior of staff. Participants viewed the training as having an inadequate impact on staff behavior and attitudes. The lack of impact could be attributed to its short duration and the absence of refresher training after the initial course. Unick et al. (2018) found that regular and more recent training had the greatest impact on the extent of organizational TIC; this was also suggested by participants in the present study. Skills practice has been found to be an effective method for achieving skills development (e.g. Berkhof et al., 2011), and coaching support can be an effective means of supporting behavior change following training (Hodge, 2014). Neither coaching support nor skills practice were part of the model of BTI training within the women’s prisons, which may explain some of the perceived lack of impact of the training reported in this study. However, the scarcity of time available for staff to spend with people in prison also impacted the degree to which the BTI training *could* impact the practices of staff, insofar as TIC requires staff to interact with people in prison.

develop a cultural context more conducive to the provision of TIC. Involving individuals in prison in the development of the contents, as well as enabling them to co-facilitate the training for staff would represent an opportunity for HMPPS to demonstrate its commitment to trauma-informed and responsive care, as well as evidencing to the participants of this study that their voices have been heard, given that two of the principles of TIC are collaboration with service users and empowerment of them (Menschner & Maul, [2016](#)). Additionally, enabling people in prison to develop the training material to focus on improving staff's perspective-taking skills might better enable staff to appreciate and understand the daily challenges faced by those living in prison (Ward & Bailey, [2011](#)). This would facilitate a key enabler of TIC identified in this study, namely empathy and understanding.

The delivery of TIC to individuals in custody does not happen in isolation from the care provided to other service users. Most participants recognized this and were sympathetic to the competing and onerous demands on staff, who continuously balanced their needs against those of other people in custody for whom staff were responsible. Overall, the existing training was not believed to impact the motivation or ability of staff to provide TIC to people in prison, with staff attitudes and insufficient resources appearing to have been more fundamental to this goal. For participants, feeling cared for by empathic and understanding staff who took the time to know them and meet their individual needs, was what characterized a trauma-informed experience of imprisonment, the antithesis of being traumatized, abused, or dehumanized whilst in custody.

Strengths and limitations

There is limited qualitative research in this area, and the current study provides valuable evidence for policy makers and prison personnel about the further work required to improve the experiences of women in custody and to facilitate the delivery of the "Better Custody" element of the Female Offender Strategy (Ministry of Justice, [2018](#)). These findings improve understanding about how TIC is perceived by intended recipients. The inclusion of the narrative accounts of 51 participants across three different types of women's prisons provided a breadth of experiences across a range of perspectives of people living in prison. Thematic Analysis enabled the researchers to explore the participants' perspectives without any pre-conceived framework, and the study has yielded important information from a large group of individuals about their experiences of TIC in women's prisons, as well as the barriers and enablers of TIC.

Conducting the research across three different types of women's prisons, in different locations across England, helped to broaden the range and nature of the experiences included, with data collection ending only when no new information was being gathered from interviews. Although some degree of priming may

about various aspects of TIC that they may not have recognized, and to explain the BTI training. This helped to clarify the terminology and orientate the participants to the subject matter, ensuring shared understanding that facilitated coherent and focused discussion. It was not possible to separate the effectiveness of the training from the overall suitability of staff for the job role within this research, which focused on the perceptions of the people in prison, although it was clear that training did not transform inappropriate staff. Research exploring staff perceptions about the training may help disentangle these factors.

Implications

Despite the emphasis on the delivery of BTI training within women's prisons and in the Female Offender Strategy (Ministry of Justice, [2018](#)), the findings from the current study appear to indicate that training alone may be insufficient to counter the negative behavior and attitudes of some staff. The perceived scarcity of staff time to support participants suggests that resources need to be reviewed in order that the capacity of staff to interact with people in prison can be maximized. The descriptions of staff demonstrating negative and uncaring attitudes toward participants, despite the existence of the training and the clear commitment of the women's prison estate to deliver TIC, raises issues about the extent to which punitive prison cultures may prevail. Challenges remain around wider culture change required for women's prisons to move closer toward the goal of delivering TIC. However, the findings from this study suggest that some small practical changes to the way staff and people in prison are actively encouraged and enabled to interact together could have substantial positive impacts. For example, the creation of regular and frequent opportunities for staff and people in prison to interact one-on-one, both informally and more formally (such as in key worker sessions). Feeling human appears central to the concept of TIC for people in prison, and therefore the benefit of their ability to engage in activities that achieve this should not be underestimated.

There is an urgent need to broaden the range of activity and effort designed to create the behavioral and attitudinal change required across the staff group working in women's prisons, to develop a predominant culture of care and compassion toward individuals in prison. If training is to remain a key feature of HMPPS's approach to developing TIC then the training model should be amended in collaboration with women in prison, to expand the contents; include skills training, increasing the focus on the development of perspective taking and empathy, as well as ensuring that training was co-delivered between staff and those in custody.

The participants' accounts suggested that staff who demonstrated kindness; good listening skills, empathy and understanding appeared to embrace the aspects of their job which enabled them to provide

None of the people interviewed felt that they required specific attention to their trauma. Attendance at a short-duration psychoeducational training course is unlikely to create sufficient opportunity to actively enable the development of such attitudes and skills if they did not exist already but might reinforce existing positive attitudes present in staff prior to the training. Ensuring that prison officers have supportive attitudes toward people in custody requires the proactive recruitment and retention of people who demonstrate caring attitudes and who perceive and embrace the role of a prison officer as being the provision of compassionate care to support the rehabilitation of incarcerated individuals. Additionally, recognizing the high level of need within the women's prison population, which appeared to have been inadequately met by the limited staff resources available, HMPPS should consider ways to support staff to prevent them from being negatively impacted by their work (Tait, [2011](#)), which could detrimentally impact their attitudes and behavior toward those in their care.

The positive response of participants at the prison where "key worker" arrangements were in place, highlights the importance of protected, scheduled time being made available for women in prison, to facilitate consistent *individual* contact with a member of staff with whom the person in prison can develop a supportive and trusting relationship. The roll-out of key working to all women's prisons since the fieldwork for this research took place is a welcome development. Whilst this research provides evidence of the perceptions of people in prison about TIC, research is required to examine the perspectives and experiences of prison staff about the BTI training and the provision of TIC.

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Conflict of interest

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