TRAUMA INFORMED CARE FOR JUSTICE INVOLVED INDIVIDUALS

Impact on the HIV Continuum of Care
Elements of Trauma Informed care

1. Prevalence
2. Impact
3. Perspective shift
4. Regulation of behavior and emotions
5. Establishing and Maintaining Relationships
6. Finding a Reason to Be
7. Care for the Care Giver
Increasing Incarceration Rates
Between 1974 and 2001

- If incarceration rates remain unchanged,
  - 6.6% of U.S. residents born in 2001 will go to prison at some time during their lifetime
  - 1 in 3 black males, 1 in 6 Hispanic males, and 1 in 17 white males
- For women, the chances of going to prison were 6 times greater in 2001 (1.8%) than in 1974 (0.3%)
Justice Involved Women

- Since 1985, the number of women in prison has increased at a faster rate than men
  - Women = 405%       Men = 209%
- In 2013, over 2 million women were arrested in the US.
- 1.2 million women in the criminal justice system,
  - 85% in probation or parole
- 56% of women in federal prisons have children.
- 60% of women in state and federal prisons are drug offenses.
HIV and Increasing Justice Involvement

Coincident Emergence

- Each year, more than 600,000 people leave prison and re-enter the Nation’s communities. Within 3 years of their release, more than two-thirds of these individuals are rearrested, and one-fourth return to prison with a new sentence.
- Approximately 15% of all people living with HIV/AIDS are in contact with the criminal justice system each year.
Persistent deficits and iniquities in HIV/AIDS prevention and treatment among Justice Involved individuals.

- Higher prevalence of HIV infection among incarcerated
- Elevated levels of co-morbidities
- Discrimination, stigma,
- political disempowerment, socio-economic marginalization
- Exclusion from non-correctional healthcare systems
- Within-prison transmission, facilitated by the dearth of evidence-based HIV prevention tools
Trauma
Experiences that threaten existence

- Combat (PTSD)
- WAR
- Natural Disaster
- Extreme Illness or Accident
- Abuse, Rape, Domestic Violence
- Murder, Sudden Loss
- Arrest, Crime Victim, Incarceration
Overpowering events that evoke the fear of death or injury and helplessness

- **Acute**
  - HIV/AIDS Diagnosis
  - Job/Income loss
  - Hospitalization/Intensive Medical Intervention
  - Treatment side effects
  - Homelessness
  - Family /social rejection/coming out

- **Ongoing**
  - Poverty, Housing, financial problems
  - Childcare, family relationships
  - HIV /AIDS Stigma, racism, social injustice, police harassment
Post Traumatic Stress

- Trauma experiences often overwhelm a person's coping resources and often leads people to find a way of coping that may work in the short run but may cause serious harm in the long run.

- Fight – Flight – Freeze

- Traumatized people are often unaware of what is causing their behavior

- PTSD and exposure to ongoing violence occurs more frequently for Justice Involved Individuals
ACEs are potentially traumatic events that can have negative, lasting effects on health and well-being.

They are common and occur in clusters and if you have one you are 87% likely to have another

ACEs are linked to:
• risky health behaviors
• chronic health conditions
• low life potential
• early death.
9 ACES

1. Emotional/Physical Abuse
2. Sexual Abuse
3. Emotional/Physical Neglect
4. Domestic Violence – Battered Mother
5. Single Parent Homes – Due to Separation/Divorce/Death
6. Substance Abuse - One or Both Parents
7. Incarcerated Parent(s)
8. Parent(s) Suffering From Mental Illness
9. Parent(s) Suffering From Chronic Illness
- An ACE Score of 4 or more correlates with multiple risk factors for chronic disease and risky health behaviors.
- An ACE score of 6 or more correlates with a 20 year decrease in life expectancy.
# ACE Scores by Gender

**CDC/Kaiser Study with Insured patients**

<table>
<thead>
<tr>
<th>Number of Adverse Childhood Experiences (ACE Score)</th>
<th>Women</th>
<th>Men</th>
<th>Total</th>
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<tr>
<td>0</td>
<td>34.5</td>
<td>38.0</td>
<td>36.1</td>
</tr>
<tr>
<td>1</td>
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<td>27.9</td>
<td>26.0</td>
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<td>2</td>
<td>15.5</td>
<td>16.4</td>
<td>15.9</td>
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<tr>
<td>3</td>
<td>10.3</td>
<td>8.6</td>
<td>9.5</td>
</tr>
<tr>
<td>4 or more</td>
<td>15.2</td>
<td>9.2</td>
<td>12.5</td>
</tr>
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</table>
## ACE Scores in Different Populations

<table>
<thead>
<tr>
<th></th>
<th>Women</th>
<th>Men</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>11th Street Patients</td>
<td>Original Study</td>
<td>11th Street Patients</td>
</tr>
<tr>
<td>0</td>
<td>6.8%</td>
<td>34.5%</td>
<td>3.9%</td>
</tr>
<tr>
<td>1</td>
<td>12.5%</td>
<td>24.5%</td>
<td>9.9%</td>
</tr>
<tr>
<td>2</td>
<td>18.5%</td>
<td>15.5%</td>
<td>14.5%</td>
</tr>
<tr>
<td>3</td>
<td>14.6%</td>
<td>10.3%</td>
<td>16.4%</td>
</tr>
<tr>
<td>4 or more</td>
<td>47.5%</td>
<td>15.2%</td>
<td>55.3%</td>
</tr>
</tbody>
</table>
Gender Differences

- **Women:** Most common traumatic experience is childhood sexual abuse, followed by intimate partner violence.

- **Men:** witnessing someone being killed or seriously injured, followed by physical assault, and childhood sexual abuse.

- **Both Men and Women:** childhood sexual abuse is a risk factor for crime; trauma may shape pathways to criminal behavior, for example, by increasing a person’s risk for violence and substance abuse.
Trauma in Correctional Settings

Institutional Environments and Practices trigger trauma-related memories and symptoms

- frequent discipline
- lack of privacy
- restricted movement
- pat downs, and strip searches
A Contrast In Prison: Women

Women are often much safer in Prison

- at high risk for anger and hostility, which is linked with behavioral problems during incarceration.
- female offenders who have experienced sexual abuse often experience multiple triggers while incarcerated that evoke symptoms such as disorientation and disconnection.
- do not fully engage in or benefit from the cognitive-behavioral therapy interventions often implemented in prison.
MEN are rarely safer in prison

- risks of sexual assault and the threat of lethal violence trigger high levels of unease and aggression directed at others
- particularly for those who were traumatized early in life.

- When trauma and PTSD co-occur, treatment is less likely to be successful than it is for men with no PTSD. Men who have both trauma and PTSD also fare more poorly in therapy than those with other co-occurring disorders.
## High Rates of trauma and PTSD in WLHIV

### Meta-analysis of all studies among US WLHIV

<table>
<thead>
<tr>
<th>Categories</th>
<th>Number of Studies</th>
<th>Pooled n</th>
<th>Prevalence (%)</th>
<th>95% Confidence Interval</th>
<th>Reference Prevalence</th>
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<tbody>
<tr>
<td>Intimate Partner Violence</td>
<td>8</td>
<td>2285</td>
<td>55.3</td>
<td>36.1 - 73.8</td>
<td>24.8</td>
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<td>Childhood Sexual Abuse</td>
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<td>3013</td>
<td>39.3</td>
<td>33.9 - 44.8</td>
<td>16.2</td>
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<tr>
<td>Childhood Physical Abuse</td>
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<td>1582</td>
<td>42.7</td>
<td>31.5 - 54.4</td>
<td>22.9</td>
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<tr>
<td>Childhood Abuse Unspecified</td>
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<td>232</td>
<td>58.2</td>
<td>36.0 - 78.8</td>
<td>31.9</td>
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<tr>
<td>Lifetime Sexual Abuse</td>
<td>8</td>
<td>1182</td>
<td>61.1</td>
<td>47.7 - 73.8</td>
<td>12.0</td>
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<tr>
<td>Lifetime Abuse Unspecified</td>
<td>6</td>
<td>1065</td>
<td>71.6</td>
<td>61.0 - 81.1</td>
<td>39.0</td>
</tr>
<tr>
<td>Recent PTSD</td>
<td>6</td>
<td>499</td>
<td>30.0</td>
<td>18.8 - 42.7</td>
<td>5.2</td>
</tr>
</tbody>
</table>

29 studies met our inclusion criteria, resulting in a sample of 5,930 individuals.
The HIV Care Continuum in the US, 2011

People are not faring nearly as well as they should be.

The HIV Care Continuum in the US, 2011

Ratios depicted are for illustrative purposes only and are not based on attributable risk data.
The HIV Care Continuum in the US, 2011

Recent and lifetime trauma explain part of the problem.

Ratios depicted are for illustrative purposes only and are not based on attributable risk data.
The HIV Care Continuum in the US, 2011

Interventions need to address trauma and co-occurring disorders

Ratios depicted are for illustrative purposes only and are not based on attributable risk data.
Predictors of Mortality in WLHIV over time

**Women’s Interagency HIV Study**

Largest cohort of HIV-positive women in the country

- Over 80% of deaths in 1995 were AIDS-related
- By 2012, ≈ 17% deaths were AIDS-related
- Most were due to violence, overdose, and suicide.

**Women’s HIV Program at UCSF**

- Only 3/19 (16%) deaths over past decade were likely due to HIV/AIDS.
- Others: violence (2/19), suicide (3/19), substance abuse (5/19), cancer (2/19), lung disease (1/19), car accident (1/19), or unknown (2/19).

= **Trauma is killing more women living with HIV than HIV itself**
National Registry of Evidence-Based Program and Practices (US):
24 interventions for various types lifetime trauma; 14 for PTSD

Examples Include:
- Trauma-specific cognitive behavioral therapy (CBT)
- Prolonged Exposure Therapy for PTSD
- Trauma-specific peer support/expressive therapy

Medications
- Eye Movement and Desensitization and Reprocessing (EMDR)
- Mindfulness/yoga

Seeking Safety
- Skills Training in Affective & Interpersonal Regulation (STAIR)
- Living in the Face of Trauma (LIFT)

* = not comprehensive; some listed are not included on SAMHSA site
Trauma Informed Care Programs

Trauma Informed Care recognizes:

- The Survivor’s need to be respected, informed, connected and hopeful regarding their own recovery
- The interrelation between trauma and symptoms of trauma such as substance abuse, eating disorders, depression, and anxiety
- The need to work in a collaborative way with survivors, family and friends of the survivor, and other human services agencies in a manner that will empower survivors and consumers
Shifting Treatment Perspectives

- Not what’s wrong with you but what happened and how can I support you
- SPI safety prior to investigation
- Emphasize Behavioral and emotional regulation
- Foster and Support Resilience
- Create a comprehensive treatment environment involving all levels of staff in care
Trauma-informed Primary Care

SCREENING
Inquiry about current & lifelong abuse, PTSD, depression and substance use.

ENVIRONMENT
Calm, safe, empowering for both patients and staff.

FOUNDATION
Trauma-informed values, robust partnerships, clinic champions, support for providers and ongoing monitoring and evaluation.

RESPONSE
Onsite and community-based programs that promote safety and healing.

The key principles of Seeking Safety

1) **Safety** as the overarching goal (helping clients attain safety in their relationships, thinking, behavior, and emotions).
2) **Integrated** treatment = working on both trauma, substance abuse and co-occurring issues at the same time
3) **A focus on ideals** to counteract the loss of ideals in both trauma and substance abuse
4) **Four content areas:** cognitive, behavioral, interpersonal, case management
5) **Attention to clinician processes:** clinicians' emotional responses, self-care and peer and administrative support
Stages of Trauma Recovery

- **Stage One: Establishing Safety**
  - Securing safety
  - Stabilizing symptoms
  - Fostering self care

- **Stage Two: Remembrance and Mourning**
  - Reconstructing
  - Transforming

- **Stage Three: Reconnection**
Common Treatment Elements

- Four Integrated Modalities
  - Individual Counseling
  - Group Counseling
  - Parent and family Groups
  - Ongoing support groups for Staff

- Emphasis on Emotional and Behavioral Regulation DBT and ROBT

- Access to Intensive Case Management

- Crisis Intervention Services
Resilience is …

- Feeling connected to caring family and community
- Positive view of self
- Mindfulness Self-regulation skills
- Good outcomes are possible in spite of serious threats, pressure or toxic stress
- Motivation to be effective in your environment