THE SQUARE ONE PROJECT

REIMAGINE JUSTICE

EXECUTIVE SESSION ON THE FUTURE OF JUSTICE POLICY

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HARM REDUCTION AT THE CENTER OF INCARCERATION

The Square One Project aims to incubate new thinking on our response to crime, promote more effective strategies, and contribute to a new narrative of justice in America.

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The Executive Session was created with support from the John D. and Catherine T. MacArthur Foundation as part of the Safety and Justice Challenge, which seeks to reduce over-incarceration by changing the way America thinks about and uses jails.

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The American correctional system is not a system of accountability that rehabilitates people as it purports to do. Instead, it is a system of pain and punishment with reverberating impact on the people confined there, the people who work there, and the families and communities of both.

The reach of the pain from our current correctional system extends beyond the barbed wire fences and into our homes, our schools, our churches, and our communities. It's in the soul of the 8-year-old girl who sits in the classroom wondering if her father will make it home safely from prison. It's in the touch of the mother pumping breast milk into the sink of her cell and longing to hold her newborn son. It's in the heart of the correctional officer who coaches the neighborhood soccer league but can't shake feelings of doom and fear. It's in the thoughts of the officer's wife as she kisses him goodbye and hopes that he returns home safely. The trauma generated by correctional institutions is real and felt by tens of millions of people every day. For this reason, I believe we must all make transformational changes in the here and now to reduce the harms caused by these systems.

For more than ten years, I worked for and eventually led the Cook County Jail in Chicago, Illinois—one of the largest single site jails in the country with a population that ranged over time from approximately 10,000 people when I started in 2006 to approximately 6,000 people when I retired in 2018, plus a staff of approximately 2,300 people. During that time, I experienced dozens of encounters that cumulatively form my perspective on the scope of trauma in correctional facilities and the opportunities for harm reduction. I retraced the final moments of numerous men and women confined in the facility that died by suicide; I attended the funerals of staff members who died too soon as a result of being constantly overtaxed, both physically and emotionally; I visited the hospital beds of staff who had been assaulted; I looked in the eyes of men and women who were being disciplined, fired, and laid off;

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and I looked in the faces of tens of thousands of young children with tears in their eyes as they were leaving their loved ones at the massive jail complex.

Nothing prepared me for the trauma that existed within correctional facilities. There was no playbook on how to defeat the feelings that kept me awake at night in anticipation of the next incident—a massive fight, a fire, a suicide, a hostage situation, a murder, an escape, a death, a rape—all things that I encountered several times during my tenure in corrections. These are the experiences of every person touched by correctional facilities. Staff see it; the people confined in the facilities live it; and family members hear about it.

The traditional perspective of trauma views people who are incarcerated, staff, and communities as distinct entities. With this framing we cannot fully understand the mechanisms of trauma at work, nor the opportunities for harm reduction. This paper offers my perspective: I am a former jail warden, a family member of a person who was incarcerated, and a family member of a current correctional professional. In this paper, I redefine the scope of trauma in the context of incarceration, quantitatively and qualitatively. I explain where policy currently misses opportunities to reduce harm and how Sheriffs and Correctional Commissioners are constrained. Finally, I propose a new framework for action that is both systemic and practical, ending with a case study and process and policy implications for correctional system leaders. □

THE TRADITIONAL PERSPECTIVE OF TRAUMA VIEWS PEOPLE WHO ARE INCARCERATED, STAFF, AND COMMUNITIES AS DISTINCT ENTITIES. WITH THIS FRAMING WE CANNOT FULLY UNDERSTAND THE MECHANISMS OF TRAUMA AT WORK, NOR THE OPPORTUNITIES FOR HARM REDUCTION

REDEFINING THE SCOPE OF TRAUMA IN CORRECTIONAL INSTITUTIONS

Trauma is commonly understood as an event that is experienced or witnessed by a person as harmful or life-threatening and that has lasting consequences on the person's mental, emotional, spiritual, physical, and social wellbeing (Substance Abuse and Mental Health Services 2014). In this context, the experience is individualized and thus doesn't fully capture the depth and range of the impact of trauma. Even when the reality of trauma in correctional institutions is fully appreciated, policies often only focus on programs for people who are incarcerated, as if they are the problem, instead of on the system itself. In doing so, they miss the opportunity to support the men and women who work in these institutions and carry the weight of things seen and unseen.

Neither people who are incarcerated nor correctional staff live in isolation. They have families who are directly and indirectly exposed to their own traumatic experiences and who feel the impact of the trauma faced by their loved ones through the ways in which they interact. The prevalence of trauma among people touched by correctional institutions far surpasses the prevalence within the general community. Because of the connections that exist among us and the large number of people who are confined in and work in correctional institutions, the scope of the impact of trauma is substantial. There are approximately 2.3 million people confined in our nation's jails and prisons. And every year, people are placed in jails 10.6 million times and more than 600,000 people enter our nation's prisons (Sawyer and Wagner 2020). On any given day, approximately 2.7 million U.S. children have a parent who is incarcerated, and more than 5 million children have experienced parental incarceration in their lifetime (Peterson, Cramer, and Fontaine 2019). Perhaps even more striking is the fact that 113 million, or 1 in 2, U.S. adults have experienced the incarceration of an immediate family member (for example, parents, siblings, spouse, romantic partner, or a co-parent) (Enns, Yi, Comfort, Goldman, Lee, Muller, Wakefield, Wang, and Wildeman 2019). Additionally, jails and prisons are staffed with approximately 415,000 correctional officers and a significant number of civilians (U.S. Bureau of Labor Statistics 2018). Each of these people is connected to larger communities, extending the reach of trauma far beyond what has been measured.

BECAUSE OF THE CONNECTIONS THAT EXIST AMONG US AND THE LARGE NUMBER OF PEOPLE WHO ARE CONFINED IN AND WORK IN CORRECTIONAL INSTITUTIONS, THE SCOPE OF THE IMPACT OF TRAUMA IS SUBSTANTIAL

ALMOST EVERY PERSON CONFINED IN OUR NATION'S JAILS AND PRISONS HAS BEEN EXPOSED TO TRAUMA PRIOR TO OR DURING THE PERIOD OF DETENTION

PREVALENCE OF TRAUMA AMONG PEOPLE WHO ARE INCARCERATED

Almost every person confined in our nation's jails and prisons has been exposed to trauma prior to or during the period of detention (Wolff, Shi, and Siegel; 2009; Wolff, Huenig, Shi, and Frueh 2014, and Adams, Houston-Kolnik, and Reichert 2017). One study of 592 adult men confined in a high-security prison found that virtually all of the respondents (99 percent) reported experiencing at least one traumatic event in their lifetime that involved violence directed towards them and involved injury or shock (Wolff et al. 2014). Almost 71 percent of the group reported experiencing a traumatic event prior to age 18—more than half of the men reported being hit with an object that caused bleeding or left marks, and more than 30 percent reported being threatened or harmed with a gun or a knife.

Another study found that 98 percent of women who were incarcerated had at least one traumatic experience prior to incarceration (Green, Miranda, Daroowalla, and Siddique 2005). Intimate partner violence was the most common experience. Similarly, Lynch et al. (2012) found that 86 percent of women confined to jail reported experiencing sexual violence in their lifetime, 77 percent reported physical or sexual violence from a partner, and 60 percent reported experiencing violence from a caregiver prior to age 18.

And during incarceration, the experience of trauma is multiplied. A study of approximately 7,500 men and women confined in 13 U.S. prisons illuminated how harmful the prison environment is for people who are incarcerated (Wolff et al.2009). More than 35 percent of the men and 24 percent of the women reported being physically victimized by either a staff member or another person who was incarcerated in the last six months in the prison. The highest percentage of physical victimization for men occurred by staff (25 percent vs 21 percent by another person who was incarcerated), whereas women were more likely to be physically victimized by another person who was incarcerated (21 percent) than by a staff member (8 percent). More than 10 percent of the men who were incarcerated and more than 24 percent of the women who were incarcerated reported experiencing sexual victimization in the previous 6 months in the prison. Men who experienced sexual victimization were more likely to have been victimized by a staff member (8 percent) than by another person who was incarcerated (4 percent).

The effects of trauma exist on a continuum. The experience of traumatic stress typically follows exposure to a traumatic event, but most people are able to recover shortly thereafter. For some people, the exposure to traumatic events happens with such frequency, duration, or intensity that they are at increased risk of developing posttraumatic stress disorder (PTSD). PTSD is a mental health condition with symptoms that are serious, persist for more than one month, and create significant distress or impairment to a person's daily functioning (American Psychiatric Association 2013). Symptoms include intrusive memories of the traumatic event; avoidance of conversation, places, people, or activities that remind the person of the traumatic event; negative thoughts and emotions; and changes in the person's physical and emotional reactions (American Psychiatric Association 2013). In the general community, an estimated 3 to 6 percent of men who experience a traumatic event go on to meet criteria for PTSD at some point in their lifetime (American Psychiatric Association 2013). Yet Wolff et al. (2014) found that 60 percent of the 95 percent of incarcerated men who have experienced direct physical violence in their lifetime have experienced moderate to severe symptoms of PTSD, while 29 percent have experienced severe symptoms.

DURING INCARCERATION, THE EXPERIENCE OF TRAUMA IS MULTIPLIED. A STUDY OF APPROXIMATELY 7,500 MEN AND WOMEN CONFINED IN 13 U.S. PRISONS ILLUMINATED HOW HARMFUL THE PRISON ENVIRONMENT IS FOR PEOPLE WHO ARE INCARCERATED. MORE THAN 35 PERCENT OF THE MEN AND 24 PERCENT OF THE WOMEN REPORTED BEING PHYSICALLY VICTIMIZED BY EITHER A STAFF MEMBER OR ANOTHER PERSON WHO WAS INCARCERATED IN THE LAST SIX MONTHS IN THE PRISON

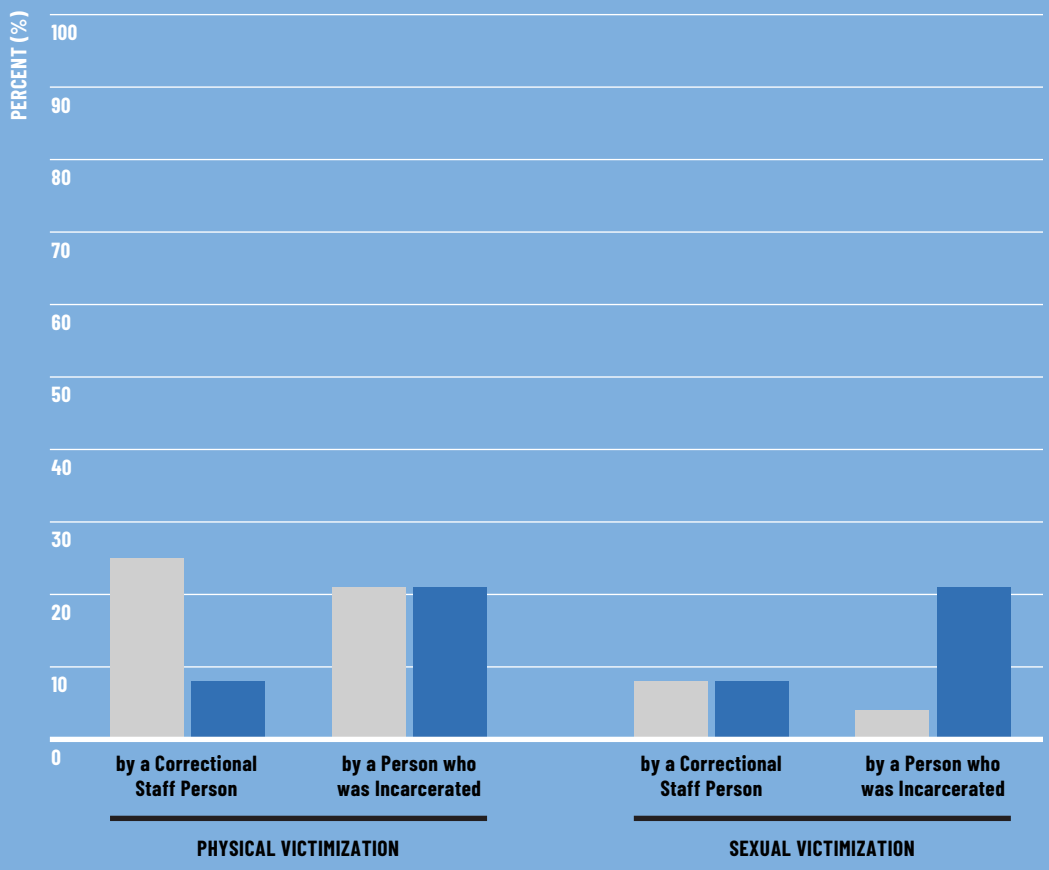

FIGURE 1

Prevalence of Physical and Sexual Victimization of People Incarcerated.

Source: Wolff et al. 2009.

TRAUMA IN CORRECTIONAL INSTITUTIONS ALSO AFFECTS CORRECTIONAL STAFF

PREVALENCE OF TRAUMA AMONG CORRECTIONAL STAFF

The increased prevalence of trauma and PTSD in corrections is not limited to the people incarcerated in these institutions, although no other group's experience of trauma is as dehumanizing. Trauma in correctional institutions also affects correctional staff. In 2013, Desert Waters Correctional Outreach completed a study of 3,599 correctional professionals from 49 states and 3 U.S. territories to determine the prevalence of PTSD and depression in this group (Denhof and Spinaris 2013). They found that 27 percent of the entire sample met criteria for a diagnosis of PTSD and approximately 26 percent met criteria for depression with a high rate of comorbidity between the two. Prevalence rates were even higher among security staff—with more than 34 percent meeting the criteria for PTSD and 31 percent meeting criteria for depression with high comorbidity between the two. It is important to compare these percentages to the prevalence in the general public where approximately 7 percent of all U.S. adults have had a major depressive episode or experienced PTSD in their lifetime (National Institute of Mental Health 2017a; National Institute of Mental Health 2017b).

Correctional professionals experience direct and indirect traumatic events at significantly higher rates than other professionals (Spinaris, Denhof, and Morton 2013). Direct exposure can occur when correctional professionals are assaulted (physically, sexually, with bodily fluids) by persons detained in the institution.

Indirect exposure to traumatic events occurs when correctional professionals:

- witness, respond to, or hear about a violent incident such as a colleague being assaulted or a colleague assaulting a person who is incarcerated, self-harming behavior among staff and people who are incarcerated, and death;
- see videotaped incidents involving assaults and other violent acts;
- witness an escape from the institution;
- read or hear about the reported crimes of people who are incarcerated; or
- listen to the traumatic experiences of staff and people who are incarcerated.

Additionally, the nature of the work requires correctional staff to consider "what-if" scenarios at all times to remain vigilant

and prepared to respond appropriately. It was a well-rehearsed scenario for me to stand at the front of the tier and talk with the officer for a few minutes to assess his or her ability to respond quickly and appropriately if something occurred and scan all of the people detained in the unit to see if there was tension. If I saw several people standing against the wall with sneakers on and shoelaces tied tight, I would not go further, because I recognized that the possibility for an incident was significant (I was trained that tightly tied shoelaces was an indication of increased tensions in the living unit and that the probability of a fight was high). On the contrary, if I saw people sitting at tables and playing cards or standing in flip flops and laughing with each other, I would walk throughout the unit and sit down to play cards because the risk was less salient though still present. Ironically enough, in the more than ten years that I worked in corrections I was never threatened nor physically harmed by any person who was incarcerated—only a sworn officer.

As a result of the direct exposures to trauma that correctional staff face, family members are often concerned about the physical safety of their loved ones every time they go to work. As the wife of a correctional professional, I am no exception. And when I worked in the jail, my husband worried just the same.

CORRECTIONAL PROFESSIONALS EXPERIENCE DIRECT AND INDIRECT TRAUMATIC EVENTS AT SIGNIFICANTLY HIGHER RATES THAN OTHER PROFESSIONALS

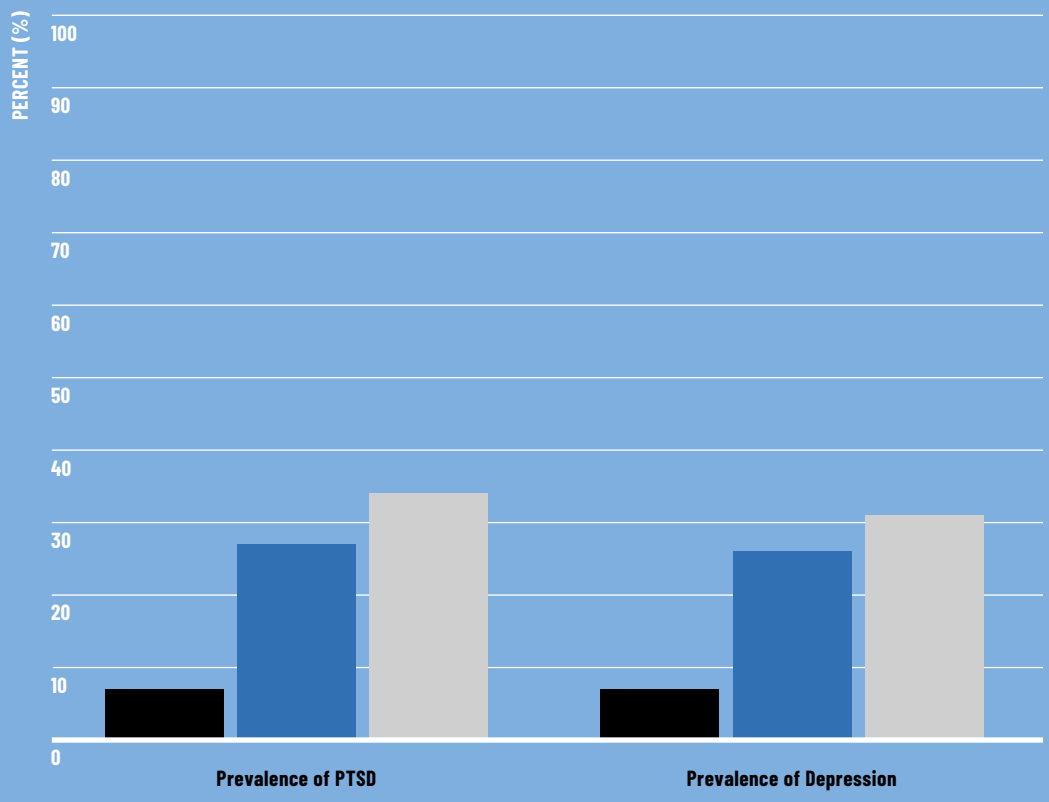

FIGURE 2

Prevalence of PTSD and Depression Among Correctional Professionals, Correctional Security Staff, and the General Population.

Sources: National Institute of Mental Health 2017a and National Institute of Mental Health 2017b.

PREVALENCE OF TRAUMA AMONG FAMILIES

Incarceration not only affects the people who are detained in the institution and the people who work there, but it also affects their families. As a child of a parent who was formerly incarcerated, and the wife of a correctional professional, I'm still dealing with the traumatic effects of both.

More than 2.7 million children in the United States currently have a parent who is incarcerated and more than 5 million children (7 percent of all children in the United States) have had a parent incarcerated at some point in their life (Cramer, Goff, Peterson, and Sandstrom 2017). This not only disrupts the family dynamic, but also the financial stability of the home and the community. Approximately 13 percent of children living in poverty have experienced parental incarceration compared to 4 percent of children whose household income is at least twice the federal poverty level (Cramer et al. 2017).

While most studies have focused on the number of parents in prison, less is known about the number of parents in jails (Cramer et al. 2017). To better understand the prevalence of parental incarceration in jails, I partnered with the Cook County Sheriff's Office in Chicago to gather one year of self-reported data from people remanded to the custody of the jail. The Cook County Sheriff's Office found that from approximately March 2019 through February 2020, 73,539 children under the age of 18 were impacted by parental incarceration in Cook County. On average, each person entering Cook County Jail had at least one child under the age of 18, and the average daily population during the period of review was approximately 5,000 people. Taking into account the people newly admitted to the jail as well as those who were already confined there, we now know that close to 80,000 youth under the age of 18 and presumably living in Cook County, Illinois experienced parental incarceration in one

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year. According to 2010 census data, that represents approximately 7 percent of the youth under the age of 18 living in Cook County (Census Viewer 2010).

Parental incarceration affects children differently than other forms of parental separation because of the uncertainty of the duration, the threat of harm to their loved one, and the shame and stigma that is often linked to the experience. When children are too young to fully understand why they are separated from a parent who is incarcerated, feelings of abandonment and rejection can be magnified (Cramer et al. 2017). While not a universal experience, youth without positive adult support, or youth with an unhealthy relationship with a parent who is incarcerated, are often at increased risk of traumatic stress, emotional distress, and social problems such as rule-breaking and law-breaking behavior, engagement in the criminal justice system, poor school performance, risky health behaviors, and chronic health conditions (Parke and Clarke-Stewart 2002). Youth who have positive supports and a healthy relationship with their parent who is incarcerated are better able to actualize the innate strengths that exist within them, thereby increasing their likelihood for positive life outcomes.

Everyone within a correctional facility (staff and the people detained in the facility) is exposed to traumatic events at a significantly higher rate than the general population. In this sense, the institution itself is traumatic. And because of the connective tissue that exists among all of us, the impact of this traumatic system spreads beyond the institutional walls and into families and communities.

PARENTAL INCARCERATION AFFECTS CHILDREN DIFFERENTLY THAN OTHER FORMS OF PARENTAL SEPARATION BECAUSE OF THE UNCERTAINTY OF THE DURATION, BECAUSE OF THE THREAT OF HARM TO THEIR LOVED ONE, AND BECAUSE OF THE SHAME AND STIGMA THAT IS OFTEN LINKED TO THE EXPERIENCE

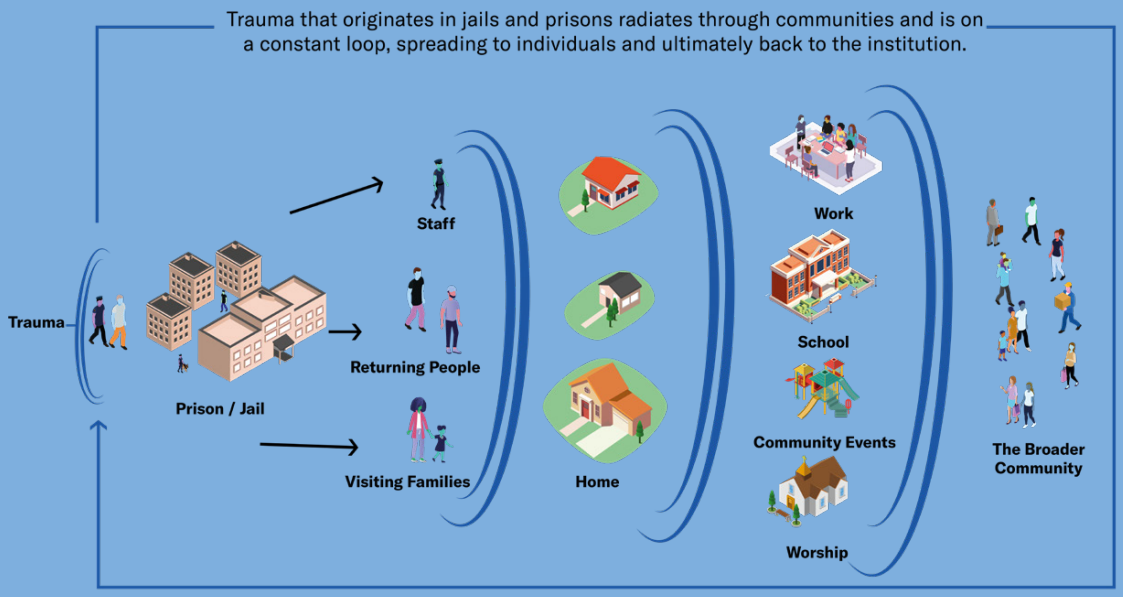

FIGURE 3

The Spread of Trauma from Correctional Institutions Through Community.

Trauma that originates in jail/prison radiates through community and is on a feedback loop back to the institution.

Source: Chicago Beyond.

IMPACT OF TRAUMA ON INTERPERSONAL RELATIONSHIPS

In normal human development, the brain undergoes many changes throughout the lifespan. Depending on the age of the person at the time of exposure to trauma, the specific impact will be different. Three primary areas within the brain are generally impacted by traumatic stress: the prefrontal cortex, the anterior cingulate cortex (ACC), and the amygdala (Bremner 2006; Sweeton 2017). The prefrontal cortex is responsible for rational thinking, planning, problem-solving, empathy, and awareness of other people. The ACC, which is connected to the prefrontal cortex, is partly responsible for regulating our emotions. The amygdala helps to determine if something is a threat, and if so it produces fear, which results in our fight, flight, or freeze response. When traumatic stress is experienced, the body experiences dramatic changes in cortisol levels, a hormone that facilitates survival responses. As a result of trauma, the areas that regulate thinking and emotions become underactive, while the area that regulates fear becomes overactive (Bremner 2006; Sweeton 2017). So with exposure to frequent, prolonged, or intense traumatic stress, people are more likely to experience chronic fear and have a hard time regulating their thoughts and feelings.

When a person who has a history of trauma is incarcerated and experiences continued dehumanization or when a correctional professional experiences job-related traumatic stress, they are at increased risk of significant personality change, including more negative perceptions of the world; difficulty experiencing joy, hope, meaning, and other spirituality changes; difficulty regulating their emotions; acting out behavior; and conflict in interpersonal relationships (Bremner 2006; Sweeton 2017).

Figure 3 illustrates how trauma extends beyond a person. When a traumatic event occurs at a correctional facility, everyone who experienced, witnessed, or heard about it is at risk for experiencing significant negative impact. That could include dozens of people. Once each of the dozens of staff and people who are incarcerated make contact with family members, the experience may be described in conversation or the impact may be felt by the person's interactions. Taking into account the number of immediate family members, the impact may then be expanded from dozens to hundreds of people. Each of those hundreds of people interact with others at work, school, places of worship, community events, and other places, and

can have those interactions impacted by what they experienced, witnessed, or heard. The impact from there spreads throughout the larger community.

Fortunately the neurological changes that occur following traumatic stressors can be minimized with intervention and healing supports (Bremner 2006; Sweeton 2017). This is true for everyone, including people who are incarcerated, correctional staff, and families. One of the most important things that can be done to assist people with correcting the neurological impacts of trauma is to de-activate the fear center by creating environments where people feel safe (Bremner 2006; Sweeton 2017). When people feel physically and psychologically safe, they are better able to activate and strengthen the thinking and emotional centers of their brains, thereby making better decisions and are less likely to act out negatively. □

WHEN A TRAUMATIC EVENT OCCURS AT A CORRECTIONAL FACILITY, EVERYONE WHO EXPERIENCED, WITNESSED, OR HEARD ABOUT IT IS AT RISK FOR EXPERIENCING SIGNIFICANT NEGATIVE IMPACT

CURRENT RESPONSES TO TRAUMA IN CORRECTIONAL INSTITUTIONS

EXISTING FRAMEWORK FOR MITIGATING TRAUMA IN CORRECTIONAL INSTITUTIONS

One of the most widely used models for becoming a trauma-informed institution was developed by the Substance Abuse and Mental Health Services Administration (SAMHSA). According to SAMHSA (2014), a trauma-informed institution is one that recognizes the prevalence, signs, and impact of trauma and responds by integrating knowledge about trauma into policies and procedures and actively trying to avoid re-traumatizing people.

If correctional facilities were to use the SAMHSA model, we would see some improvements to today's correctional systems. Some staff would feel valued and have a positive outlook on their jobs, which would improve some of the conditions for the people detained in the institution. Many people within the facility would be knowledgeable about trauma and the impacts of it, but that knowledge alone has no clear pathway to harm reduction nor does it elevate the need to reduce the harm caused to children and families impacted by incarceration.

While this and other existing frameworks addressing trauma are beneficial, we have already established the importance of moving beyond understanding trauma to actively reducing harms imposed by the institution. This process requires more than avoidance of re-traumatization; it requires action. These institutions must acknowledge the harm that is inherent and centralize harm reduction in every facet of operation. And the models that exist do not fully encompass what, in my experience, is necessary to get us there, especially mitigating the effect on families. Because families are natural extensions of people and almost immediately experience the impact of trauma, one of the primary areas of focus for correctional facilities must be to support positive family engagement. In 2016, the U.S. Office of the Assistant Secretary for Planning and Evaluation (ASPE) studied re-entry success in a sample of 1,000 men from across 5 states who were re-entering the community from correctional facilities (Lindquist, Steffey, Tueller, Feinberg, McKay, and Bir 2016). The study found that men who had more contact with their families during the period of incarceration were more likely to become employed, more likely to financially support their children, more likely to have a positive relationship with the co-parent upon release, and were less likely to be re-incarcerated. □

A SHIFT TOWARDS HARM REDUCTION

THE REALITY IS THAT SAFE SPACES DO NOT EXIST FOR PEOPLE WHEN THEY ARE INCARCERATED AND "ACTING OUT" BEHAVIOR CAN BE THE ONLY TOOL AT THEIR DISPOSAL TO INCREASE THEIR SENSE OF SAFETY

MAKING THE CASE FOR HARM REDUCTION

As a correctional administrator, I often considered how I could help to shift the institution from a system of punishment and trauma to one of harm reduction, but there were countless challenges to consider. I was responsible for the lives of more than 8,000 people who were incarcerated and staff in a facility with high gang tensions, tense relationships among staff, a significant number of people with complex emotional and behavioral health needs, and a budget that would not allow for costly tools and programs.

Given all of the challenges and day-to-day activities that correctional administrators contend with, there is often very little time left to think through how to best approach harm reduction. Perhaps the most significant challenge I faced was myself. About midway through my tenure as a correctional administrator, I started to feel the impact of the job. I wasn't sleeping. I was eating poorly. I was slowly losing parts of myself to the institution, but I did not see it. On the surface, I thought I was relatively comfortable interacting with the men and women confined in the institution even though gang tensions were high. What I later realized was that I was not only on high alert inside of the jail, but I was easily triggered at home and in the community. It was a conversation with my husband that helped me realize that I was hurting as a result of how I approached the job, and I needed to start my own healing process. Specifically, I needed to create enough space between me and the job that I could take better care of my physical and emotional health and be better prepared to help the people detained in the institution and staff to take better care of their health. I realized that by acknowledging my own need for healing, I could also acknowledge the needs of others. The steps that I took to get back to a healthier version of myself gave me a foundation for what could help the staff and the people detained in the facility, the staff, and ultimately their families and the larger community.

I started by creating a safe space for myself. To create that space, I set aside specific times in the day when I would close my office door or go for a walk outside of the institution. I recognized that it was not easy for staff to find space for themselves outside of their breakroom, so we created a relaxation room for them to take 15 minutes to relax during their lunch break.

The reality is that safe spaces do not exist for people when they are incarcerated and "acting out" behavior can be the only tool at their disposal to increase their sense of safety. It was not uncommon for a young

THE HEADLINE IS THAT WHEN WE TREAT PEOPLE WITH HUMANITY AND COMPASSION AND INVEST IN THE STRENGTHS THAT ALREADY EXIST WITHIN THEM, WE EFFECTIVELY TAKE STEPS TO REDUCE THE HARMS THAT THESE INSTITUTIONS CAUSE

man or woman to threaten or to attack a person housed in their cell for fear of being attacked when sleeping. It was for this reason that we recognized a need to increase the number of living units focused on programming in the facility. As we tracked incidents, we realized that people who participated in enrichment programming were less likely to act out. And we found that staff who were interested in facilitating some of these programs were more likely to have positive interactions with people who were incarcerated.

When staff and the people detained in the institution would share their concerns with me, I started being more transparent with them about the complexities of the problems they identified and inviting them to assist with finding solutions that would work for all. Typically, correctional institutions have paramilitary communication practices, requiring staff and the people detained in the institutions to direct their communications to their immediate supervisors. It was my experience that both groups were harmed by things that the executive staff knew nothing about, creating a greater divide. I made it a practice to walk through the institution multiple times throughout the week and connect directly with them. At first, each walk ended with a list of problem areas. As we tackled some of the identified problems, my interactions became more conversational. Through those interactions, I started to see similarities between the ways that I experienced the jail as harmful and the ways that staff and the people detained there experienced the jail.

Understanding the value of connection, we created more opportunities for staff and the people detained in the institution to see value and similarities in each other. We instituted dozens of programs for the people detained in the facility including mental wellness, employment skills training, education, and spiritual groups. We also championed a staff-led movement to create positive work environments that encouraged fellowship and healthy lifestyle practices. In the first year, the movement garnered the support of a quarter of the staff.

The headline is that when we treat people with humanity and compassion and invest in the strengths that already exist within them, we effectively take steps to reduce the harms that these institutions cause. □

A FRAMEWORK FOR HARM REDUCTION IN CORRECTIONAL INSTITUTIONS

THE STAAC FRAMEWORK

To acknowledge the importance of reducing harms caused by the institution to the people detained in correctional facilities, the staff and their families, I created the Safety, Transparency and Trust-building, Agency, Asset-based Approach, and Connectedness (STAAC) framework. The intention of the STAAC framework is aspirational and outlines necessary shifts in correctional system policy, procedure, and training to support the intersection of harm reduction for the people detained in the facility and their families, correctional staff and their families, and the larger community. As consideration for all stakeholders must occur simultaneously, institutions must also simultaneously elevate each of the framework components. For example, it is imperative that institutions acknowledge that safety cannot be present where connectedness is not allowed. The framework supports the notion that even in a system that is inherently traumatic, we must shift the values of the institution so it is rooted in humanity and compassion.

Safety: The people detained in the facility, correctional staff, and their families and communities feel physically and psychologically safe and are held accountable when they cause harm. Interpersonal interactions, programs, resources, signage, procedures, and more all promote a sense of safety.

Transparency and Trust-building: The people detained in the facility, correctional staff, and their families and communities must be made aware of policy, institutional operations, and data points to build trust and collaboration between these groups.

Agency: The people detained in the facility, correctional staff, and their families and communities have the tools and resources to support their own healing and support the healing of their peers. Although incarceration historically inhibits agency among people who are detained and their families, the centralization of harm reduction requires these institutions to actively increase the ability of these two groups to act in their own best interest towards healing.

Asset-based Approach: The facility administrators and policy makers believe in the strengths of the people detained in the facility, correctional staff, and their families and communities and build upon these strengths to promote voice, build resilience, and influence harm reduction through language, programs, policies, procedures, and training. The people detained in the facility, correctional staff,

THE FRAMEWORK SUPPORTS THE NOTION THAT EVEN IN A SYSTEM THAT IS INHERENTLY TRAUMATIC, WE MUST SHIFT THE VALUES OF THE INSTITUTION SO IT IS ROOTED IN HUMANITY AND COMPASSION

and their families and communities also believe in the strengths of each other and build upon those strengths.

Connectedness: Positive interpersonal interactions are essential to harm reduction. The facility actively promotes positive interpersonal connectivity and seeks to minimize power dynamics within and across the people detained in the facility, the people who work there, and their families and communities to reflect the collective responsibility of harm reduction.

While the shift towards harm reduction is a multi-year journey, I have listed a few tangible ways that the framework can be implemented. Some of the strategies are more difficult to implement than others. More important than the list of strategies is the need to center harm reduction for everyone touched by the institution in such a way that no one group experiences injury as a result of institutional policy, practice, and training.

FOR PEOPLE DETAINED IN THE INSTITUTION

Acknowledge the magnitude of the trauma that people detained in the institution experience and raise their awareness about the importance of self-care techniques (**Agency**).

Engage people detained in the institution in discussions about the policies and procedures. Administrators should be prepared to discuss the purpose of the policies and procedures as it relates to the intersection of safety for the people detained in the facility, the staff, and the larger community and to incorporate feedback when applicable (**Safety; Transparency and Trust-building; Agency; Asset-based Approach; Connectedness**).

— Policies, procedures, post orders, and staff should use person-first language when talking with or about people detained in the institution, referring to them as people instead of "inmate," "detainee," or "offender."

Engage people detained in the institution in discussions about the supports they believe would be beneficial to them. Administrators should be prepared to incorporate the feedback received (**Transparency and Trust-building; Agency; Asset-based Approach**).

Facilitate onsite programming for mental wellness, substance use services, education, life skills (e.g., computer skills, banking and budgeting, resume writing), parenting skills, peer support, and job training skills (**Safety; Agency; Asset-based Approach; Connectedness**).

Ensure facility disciplinary practices are humane and focused on accountability in lieu of punishment (**Safety; Agency; Asset-based Approach**).

Make the correctional environment as aesthetically pleasing and relaxing as possible using calming paint, soft music, plants and flowers, etc. (**Safety**).

Provide re-entry services including a network of support services building off of the institutional programs that were offered (**Safety; Agency; Asset-based Approach; Connectedness**).

FOR FAMILIES OF PEOPLE DETAINED IN THE INSTITUTION

Acknowledge the trauma that families of people detained in the institution experience and work to limit the continuation of harm (**Safety**).

Offer seminars to families where they are able to offer feedback about institutional policies and procedures. Administrators should be prepared to explain the purpose of the policies and procedures as it relates to the intersection of safety for the people detained in the facility, the staff, and the larger community and to incorporate feedback when applicable (**Safety; Transparency and Trust-building; Agency; Asset-based Approach; Connectedness**).

Develop a family engagement program (**Safety; Trust-building and Transparency; Agency; Asset-based Approach; Connectedness**).

- Administrators should engage families of people detained in the institution in ongoing discussions about the supports they believe would be beneficial to their healing and provide access to these supports.
- The correctional system should actively seek out partnerships with community organizations focused on supporting the wellbeing of the family unit.
- Families should be informed of the potential stressors their loved ones who are incarcerated faces and how to effectively engage with them in visits, phone calls, letters, and upon release from the facility.
- The correctional system should provide comprehensive family engagement efforts such as family-friendly visitation that allows for physical contact and child-centered activities. Video visitation should only be used as an adjunct to in-person visitation or in emergent situations.
- Families should have access to free telephone communication with their loved ones who are incarcerated.

Provide correctional staff with pre-employment and annual training on effective engagement with children and families. Training should include information on the impact of parental incarceration on children and effective ways to engage with children and families. Additionally, the training should allow staff opportunities to practice, ask questions, and reflect on experiences (**Safety; Agency; Asset-based Approach; Connectedness**).

Make the correctional environment that families experience (e.g. visitation spaces, bonding rooms, and pick-up locations) as aesthetically pleasing and relaxing as possible—using, for example, calming paint, soft music, plants and flowers, and child-friendly signage and play areas. (**Safety**).

Reduce the harms experienced by families entering and exiting the institution (**Safety**).

FOR STAFF

Engage staff in ongoing discussions about policies and procedures and what they believe would help them feel safer. Administration should be prepared to explain how positive interactions reduce the likelihood of violence; explain the purpose of policies and procedures as it relates to the intersection of safety for staff, the people detained in the facility, and the larger community; and increase transparency with all stakeholder groups when violence is used (**Safety; Transparency and Trust-building; Agency; Asset-based Approach; Connectedness**).

Engage staff in ongoing discussions about the healing supports they believe would benefit them. Administration should be prepared to incorporate the feedback (**Transparency and Trust-building; Agency; Asset-based Approach**).

Train all staff, including administrators, on effective ways to engage with others (**Safety; Agency; Asset-based Approach; Connectedness**).

Incorporate comprehensive staff wellness seminars into the pre-employment and annual trainings. The trainings should include a staff resource guide for services within and outside of the department (**Safety; Agency; Asset-based Approach**).

Make the work environment as aesthetically pleasing and relaxing as possible using calming paint, soft music, plants and flowers, etc. (**Safety**).

Acknowledge the experiences of trauma for staff and raise their awareness about the importance of self-care techniques (**Agency**).

FOR FAMILIES OF STAFF

Acknowledge the impact of trauma on the families of employees and raise their awareness about the importance of self-care techniques. Administration must be prepared to provide access to the resources necessary for the self-care of staff families (**Agency**).

Offer seminars to employee families about the stressful nature of the job, signs of toxic partner stress, and wellness resources for the staff and their partners (**Transparency and Trust-building; Agency; Asset-based Approach; Connectedness**).

Engage families in discussions about the supports they believe would be beneficial to them and make attempts to incorporate their feedback in the organization (**Transparency and Trust-building; Agency; Asset-based Approach**).

As correctional facilities make the necessary shifts towards harm reduction, they will likely inspire the shift within other organizations. More importantly, correctional facilities will position themselves to be rooted in and accountable to the community.

As the award-winning author S. Kelley Harrell said, "We don't heal in isolation but in community." □

CASE EXAMPLE OF HARM-REDUCING PRACTICES IN A CORRECTIONAL INSTITUTION

FAMILY-FRIENDLY VISITATION PILOT AT COOK COUNTY JAIL

The Sheriff of Cook County Jail had long been wanting to support children who were visiting their loved ones who were incarcerated. In 2020, Chicago Beyond, an impact investor focused on youth equity and where I serve as the Managing Director of Justice Initiatives, partnered with the jail to revise its policies, procedures, training, and visitation to reduce harms associated with family visitation for the people detained in the facility and their children and families. In an effort to create a model for family-friendly visitation that would allow for widespread use by all people detained in the correctional facility, increase family engagement, and garner staff buy-in, Chicago Beyond developed the following visitation model (see Figure 4).

DIMENSION 1: INSTITUTIONAL TRANSFORMATION AND ENGAGEMENT

Family Engagement: Understanding the number of children impacted by parental incarceration; identification of family needs; development of community resource guides for families; and referrals to community programming and support (**Transparency and Trust-building; Agency; Asset-based Approach; Connectedness**).

Policies: Language changes to reflect person-centered references; harm-reducing practices that center the experiences of children and families; and inclusion of information specific to contact visitation and key elements of the experience (**Safety; Transparency and Trust-building; Agency; Asset-based Approach; Connectedness**).

Culture and Environment: Clear vision shared by facility leadership and articulated to staff; staff training; and provision of cohort wellness programming and parenting classes to build opportunities for peer support (**Safety; Transparency and Trust-building; Agency; Asset-based Approach; Connectedness**).

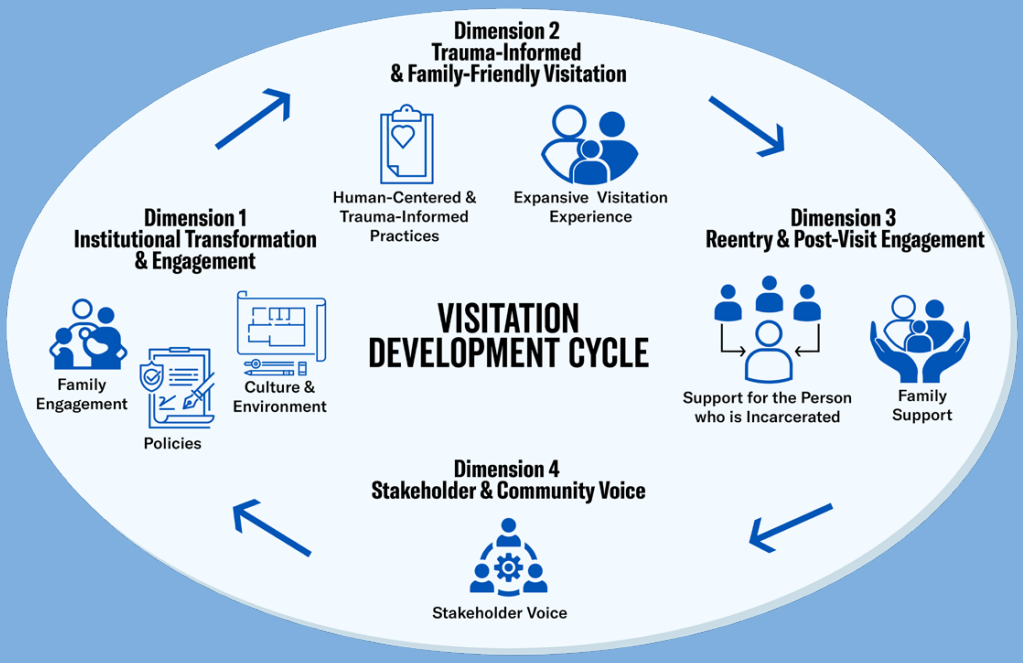

FIGURE 4

Jail Visitation Development Cycle. Source: Chicago Beyond.

DIMENSION 2: TRAUMA-INFORMED AND FAMILY-FRIENDLY VISITATION

Human-Centered and Trauma-Informed Practices: Non-invasive and trauma-informed searches of families; casual clothing for staff and people who are incarcerated; humanistic interactions between staff and people who are incarcerated and families/community; and calming rooms for families and people who are incarcerated to use prior to and following the visit (**Safety; Transparency and Trust-building; Agency; Asset-based Approach; Connectedness**).

Expansive Visitation Experience: Authentic family interactions (e.g., playing games; sharing snacks); support from non-uniformed correctional and programming staff; structured programming during the visit; and spaces that are appropriate for multiple ages (**Agency; Asset-based Approach; Connectedness**).

DIMENSION 3: RE-ENTRY AND POST-VISIT ENGAGEMENT

Support for the Person Who Is Incarcerated: Re-entry planning starting at intake into the facility; transition support when transitioning to prison and to the community (**Safety; Agency; Asset-based Approach; Connectedness**).

Family Support: Access to community programming and support; access to resources (**Safety; Transparency and Trust-building; Agency; Asset-based Approach; Connectedness**).

DIMENSION 4: INCORPORATING STAKEHOLDER AND COMMUNITY VOICE

Stakeholder Voice: Community feedback that ensures the facility is engaging in harm-reducing practices and offering authentic engagement for families; staff debriefings; and sharing of information on infraction reductions to build buy-in (**Transparency and Trust-building; Agency; Asset-based Approach; Connectedness**).

In partnership with the local children's museum and a trauma-focused mental health organization, we piloted two visitation experiences to demonstrate the positive impact of this visitation model. One visitation occurred outside of the correctional facility in the children's museum, and the other occurred in an area of the correctional facility that was temporarily repurposed for child-friendly visitation using exhibit structures from the children's museum. Both visits had key elements that were rooted in harm reduction, including the elimination of uniforms for the people detained in the facility as well as the staff (they were allowed to wear their personal clothing), humane security practices, positive engagement between the staff and others using given names as opposed to terms like "offender" or "inmate," family activities, and case management services for families to access community resources (see Figure 4).

Because the facility is in the process of expanding the visitation model throughout the jail, quantitative outcome data is not yet available. As the visitation model is expanded with fidelity, it is anticipated that more families will be able to maintain positive relationships with their loved ones who are incarcerated, people who are incarcerated will have greater re-entry success, and the facility will experience a decrease in incidents. Qualitatively, both visits were deemed successful by correctional staff, the participating fathers, and their families. At the moment that the doors of the visitation room opened and children ran to their fathers to embrace them, everyone in the room was overcome with emotion. For two hours, the room was filled with fathers, children, and staff (sworn and civilian staff from each partner organization) who helped to facilitate play instead of filling the stereotypical roles occupied by staff and the people confined. One participating father expressed his thoughts in a post-visit meeting, saying "Seeing my kid and being able to have this opportunity motivates me to be a better dad." During a post-visit debrief, one four-year-old daughter said, "I feel better knowing that my daddy has friends in here." In a debriefing with correctional staff, one staff member stated, "The visit helped change how law enforcement relates to the community and combat the stigma and bias associated with law enforcement." □

TABLE 1

Family-Friendly Visitation Pilot at the Cook County Jail

VISIT STRUCTURE
Trauma-Informed Environment:
Touch visits
Limited carceral elements (e.g., wires, bars) clearly present
Fathers and officers dressed in plain clothes
Time check on remaining visitation time to allow families time to prepare for goodbyes
Staff:
All staff (including officers) positively engaged with children
All staff (including officers) positively engaged with fathers and used person-first language
Visit Activities:
Various activities for youth of different ages
Lunch available throughout the visit
Photo booth for family pictures
Children received books selected by fathers with signed messages
Bilingual mental health clinicians on-site

PRE-VISIT ACTIVITIES
Fathers selected from an in-custody wellness program
Fathers placed into a 'cohort,' which allowed the visit to feel more comfortable given familiarity
Fathers attended parenting classes
Calming room allocated in case a father needed to de-escalate
Transportation assistance offered to families
Tailored orientation scripts for families and fathers in English and Spanish
Joint trauma training for staff
POST-VISIT SUPPORT
Case Manager present to talk with families and share information about available resources
Community resource packets available for families

CONCLUSION

Incarceration is traumatic, and the institutions charged with that function—prisons and jails—operate in a way that is most traumatic for the people who are incarcerated, and also for the staff who work in them, families, and the broader community. This paper has tried to reconceive how prisons and jails might function if addressing trauma was adopted as a first priority. The project of harm reduction is critical from this perspective. There are many specific measures that can be used in correctional settings to decrease harm, including incarcerating fewer people. But the key ideas center around one core concept: correctional leaders promoting human interaction that is respectful, warm, and supportive in contexts of safety and mutual trust. □

□ **THE KEY IDEAS CENTER AROUND ONE CORE CONCEPT: CORRECTIONAL LEADERS PROMOTING HUMAN INTERACTION THAT IS RESPECTFUL, WARM, AND SUPPORTIVE IN CONTEXTS OF SAFETY AND MUTUAL TRUST**

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