The Effects of Childhood Trauma on Offending in Female Inmates.

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Study Area: HMP Style.

Study Time Frame: 5 weeks.

The research paper key focus is on how the trauma effects female prisoners in later life in the offending system. HMP Style is one of the biggest female prisons in the UK and is currently overstretched due to the rise in female offending. In the last few years, we have seen an increase of 18 per cent in the prison population of women offenders.

The study looked at how childhood trauma effects women who offend and what can be done to prevent re offending. 85 per cent of all women that enter the prison system are from a childhood trauma background. With nearly half of them having suffered from domestic violence at some point in their adult life.

HMP Styal has a capacity of approximately **480 to 486 female inmates**. The prison consists of **16 detached Victorian houses**, with most housing around **20 women** each. The main prison buildings were built as an orphanage in the 1890s which closed in 1956. The site opened as a women's prison in 1962 when female prisoners from Strangeways were transferred in. It has two induction wings that house females as they are coming into the prison. As well as a mental health unit and mother and baby unit.

From 1983 Young Offenders were admitted and in 1999 a wing was added to accommodate unsentenced female prisoners following the closure of Risley's remand centre, increasing the prison size by 60%.

As of the latest published data, there are approximately **3,600 women** currently imprisoned in England and Wales, which represents about **4%** of the total prison population. This number is expected to rise to **4,200 by 2027**. The majority of women in prison are serving sentences for non-violent crimes, such as drug-related offenses and petty theft.

Authorism:

The impact of authorism and its effect on the offender in the prison system has long been push aside as something that cannot be repaired. All offenders who have suffered from childhood trauma will have authorism and lack of respect for the system. Many

have spent their childhood in chaotic households with social services having a big impact on making major decisions in the offender's families lives.

When one adds in the behaviours of the childhood trauma adult, one can see why the system does not work for the offender and more needs to be done to address the relationship between the system and the offender. Better education for prison officers in childhood trauma and how it effects the behaviour. More inhouse programs directed at trauma recovery needed, addressing the established behaviours in the offender that has foamed since childhood.

Also, one found a lot of issues around conduct of the prison officers. Which occurred in the highest levels in the male prison officers. Officers saying their own personal views on the offender with negative criticism and mis use of negatives given out. Using the reward system as a power tool in some cases. One, must remember these officers were few and far apart but still had a negative impact on the offenders. inappropriate sexual comments to offenders, one must remember a lot of the offenders involved in the study, 50 per cent had suffered sexual abuse as children.

With many women having conduct, defiant and anti-social behaviour due to the childhood trauma pathways within their behaviour. Adding in authorism, following the rules become a problem and being told what to do. We see it more in younger prisoners as the older you get the more hormones drop and behaviour is not as visible.

Relationships:

Childhood trauma having a knock-on effect in adult relationships later in life. Women being the befriend and tend will try to fix their partners. Tending to go into relationships with people who have suffered trauma themselves. Due to having the same mindset and behaviours. Most women having suffered domestic violence at some point in their lives. One must also remember that women too can be violent towards men after enduring violence and then come the violent partner in the relationship if they have suffered from childhood trauma due to the inner rage within them the trauma has left.

When attachment is effect, one becomes under attentive or over clingily, the balance to achieve healthy attachment learnt through experience and wisdom in later life.

Women in prison transfer their own problems on to tending for someone else, weaker than themselves. Others are in avoidance attachment and refused to bond with anyone, as the paranoid and racing thoughts go into overdrive in crisis. As the childhood trauma is now producing survival mode thought process, enhanced due to the prison environment.

Self-harm:

We see extreme levels of self-harm, as the offender in the prison system is struggling to cope with the changes that have occurred within their lives and unable to process their emotions or anger. Two deaths occurred within the study, one on the wing and the other in the kitchen.

A lot of problems around medication and not having their medication on time, or the medication dose has changed or is unavailable. Which occurred throughout the system, with the effects seen in self-harming. Levels. Highest numbers recorded on Mirtazapine with nearly half the population on the medication named.

Limited access to self-harm programs or understanding of the triggers that effect the self-harm cycle. Rehabilitant needs to begin with building protective positive factors within the offenders whilst in the prison system. Throughout the study period there was no evidence of prevention, only of medical assistant when required if it was bought to staff's attention. Shortages in staff, making time limited per inmate.

Women having highest rate of anxiety and depression due to living in their heads. One also sees negative thought process regarding themselves and what they can achieve, few believe in themselves. Most have been labelled their whole life's and 60 per cent live in deprived areas on the outside.

Sudden changing of cells, routine and order then becoming a pressure cooker to build up within the person. Self-harm being the main release of pressure due to lack of coping skills knowledge.

Racing negative thoughts and paranoid feeling of mistrust of new people building an anger within the person when in a crisis environment with fear of threat around them. Then has a knock-on effect, it triggers memories due to feeling under threat as in their childhood.

Support System within the Prison.

The support system within the prison for inmates provided by other offenders, was one of the key factors to lower anti-social behaviour and self-harming levels. These women, many are serving long sentences, are an anchor for many prisoners during their stay in HMP Style. The offer a chat, guidance in the chaotic prison wing and in the houses. They understand how important it is to feel safe and are the most remarkable women I have ever encountered. They offer support and the need for a shoulder to cry on when required and for younger prisoners these women are often seen as mothers of the prisons.

Sleep pattern:

Half the women were on night meds or given high doses of Mirtazapine at teatime. The teatime meds line was extremely busy and included 60 per cent of the inmates.

At 3am women with raw unprocessed trauma would be awake, unable to sleep. Most had some foam of night meds. The prison environment enhancing their night terrors.

Education:

The incredible work of the teachers at the education unit in HMP Style, was inspiring. Although limited on funding and what they can provide. They provide a much-needed service to the offenders within the prison. They took the time to get to know their students and their needs. High levels of women suffering from childhood trauma will be dyslexia and the unit was speciality designed to cater for this and to enhance the learning experiences of inmates. The staff were compassionate about their work and professional.

More than half of the offenders were extremely creativity, producing amazing artwork, fashion, music and 90 per cent had high levels of problem solving. Many had started using drugs and alcohol very young to numb the childhood trauma and had given up on their dreams.

After release:

Prisoners being held in decaying, **short-staffed prisons** with poor resettlement support are being set-up to fail. The claim comes as part of our written evidence to the House of Commons Justice Committee. The Committee is currently undertaking an Inquiry into **prison.**

Over stretched probation services then having a knock-on effect on failed resettlement support plans. Leading to an increase in re calls back to prison. Limited access to mental health services and problems occurring in medication deliverance in the community.

Drug and alcohol use risk then becomes increased due to the bleak situation the offender has come out of prison to.

With little support from services, due to all the services being overstretched, unfunded and staff shortages at present in the UK.

Programs and therapy are centred around the trauma in the UK; we need to be using cognitive and sensory tools to control the behaviours within the person that the trauma has created. Both must be together for the person to enter childhood trauma recovery.