



Trauma and the impact on female offending

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We now accept...

- History of child abuse (sexual, physical, emotional, neglect, deprivation, abandonment, receipt into care) is linked to higher rates of offending, mental health difficulties, substance misuse and revictimisation

What do we do about it?

- Improve our understanding of Complex PTSD
- Understand the process by which the abuse damages the individual
- Train staff to manage the consequences of abuse
- Offer suitable environments and interventions

What is trauma?

- Greek word for wound
- Brains are designed to deal with it – survival systems

Difference PTSD and Complex PTSD

- PTSD - unexpected, out of the blue, isolated incident
- Assault, car accident, witnessing death (Hillsborough disaster)
- Viewed as “Wrong time, wrong place”
- Recoverable

Complex PTSD

- At developmentally vulnerable stage
- Repeated threat
- Source of abuse is close and interpersonal
- Abuse is anticipated
- Impact on development
- Impact on attachment
- Meaning is “This is personal”

Adverse Childhood Experiences Scale (ACE)

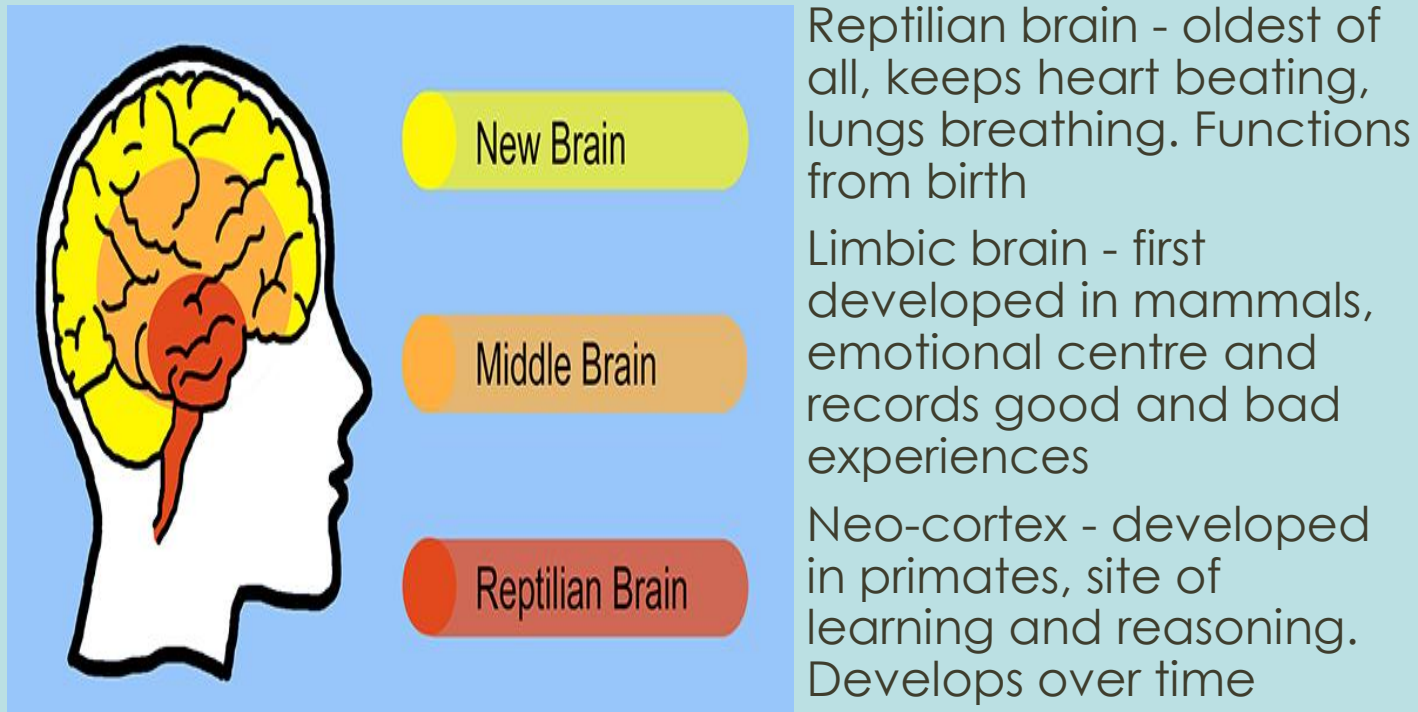
- Recurrent and severe emotional abuse
- Recurrent and severe physical abuse
- Contact sexual abuse
- Emotional neglect
- Physical neglect
- Both biological parents *not* being present
- A mother being treated violently
- An alcoholic or drug-using family member
- A mentally ill, chronically depressed, or institutionalised family member
- A family member being imprisoned

Adverse Childhood Experiences Scale

- 10 item scale
- Childhood experience of abuse, neglect and family dysfunction
- Higher ACE with female SO linked to younger age of victims
- Higher ACE also linked to increased incidence substance misuse and chronic physical and mental illness

How does the trauma
impact?

Our wonderful evolved brain





Brain's chemical response to trauma

- Adrenalin - surge of energy
- Norepinephrine - arousal hormone; blood goes to crucial areas for flight, fight, freeze
“The blood drained from his face”
- Cortisol - longer acting, maintains fluid balance and blood pressure - excess levels of cortisol suppress immune system and increase risk mental and physical health problems



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Complex trauma

- The threat is constant
- No chance to reduce levels of cortisol
- No chance or space to reflect and learn





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Impact

- Disrupted attachment – “No one is safe”
- Brain on constant alert
- High levels of cortisol, norepinephrine and adrenalin – permanent heightened state of anxiety
- Child perception “ I am bad, this is my fault” – message laid down in the neo cortex

Attachment

- The basic infant need to attach to a carer for protection
- Mechanism by which we learn our place in the world
- Process to learn how to regulate thoughts, feelings and emotions
- How we learn to self sooth

Maladaptive coping strategies

- In Complex PTSD not only has the brain learned to be on constant alert, but the disrupted attachment means the individual may have developed maladaptive coping strategies



What ever works for you

- The body and brain need to reach equilibrium
- If no safe place, use alcohol, drugs, offending, sex, violence and/or self-harm to reduce levels of stress hormones
- Self soothing strategies

Coping strategies

- Substance misuse- helps forget/ reduces anxiety/ lifts mood
- Sex - “This is how I feel loved”
- Violence - defensive, feeling powerful
- Self-harm - “real pain”, distraction
- Offending - have to feel on high alert all the time

Core schema

- I am bad
- I am shameful
- Everyone will hurt me
- I don't matter

Coping strategies

- At one point, they were effective
- In some settings they are effective
- People need to learn new strategies but no one can learn when on high alert

Prison can be a place to learn
and practice new coping
strategies



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Learning environment

- Safe
- Predictable
- Calm
- Trusting relationships
- Opportunity to try new things
- Understanding
- Lack of judgement

Staff needs

- Understand the consequences of trauma
- Help prisoners feel safe and secure
- Balance sensitivity and consistency
- Clear boundaries
- Availability of appropriate assessments for trauma-specific interventions

Can we have trauma-informed prisons?

- Trauma-informed setting is “a human services or health care system whose primary mission is altered by virtue of knowledge about trauma and the impact it has on the lives of consumers receiving services” Harris 2004
- Not just for women

Thank you for listening

