2: Characteristics of Corrections Populations

Time:	40 min.
Format:	Lecture, video, discussion
Materials:	PowerPoint, Handout: "The Truth About ACEs," Video: "Changes for Kim," flip chart and markers
Competencies:	• Recognize that incarcerated people disproportionately come from backgrounds of trauma and adversity.
	• Name mental disorders that are common among people who are incarcerated.
	• Identify proportion of incarcerated people who have serious mental illness, substance use disorders, and co-occurring disorders.

Description

This module will invite participants to think more closely about the background experience of incarcerated people and how that background might connect to mental health issues and to incarceration. By watching a video that shows changes in Kim's life, participants will observe and discuss how she becomes justice-involved and how her mental health has changed.

Before Training

Print enough copies of the handouts "The Truth About ACEs" and "Common Backgrounds of Incarcerated People" for every participant to have one.

During Training

Set Up

Introduce the topic by saying:

People don't arrive in correctional facilities as blank slates. Most have complex and often difficult backgrounds. These life experiences can be directly related to their state of mental health.
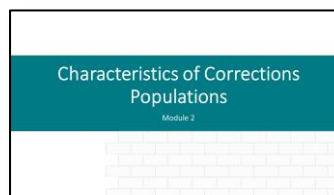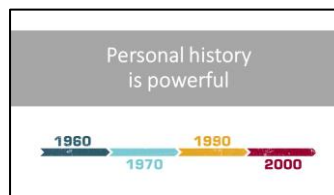
## The Adverse Childhood Experiences Study

Lecture

Present lecture:

No childhood is perfect, but an important, long-lasting study has found that some childhood experiences can greatly increase major risk factors to mental and physical health as the child grows up.

The Adverse Childhood Experiences Study has been following into adulthood children with a history of significant negative childhood experiences. The study uses a questionnaire that homes in on experiences such as whether a child has suffered abuse or neglect, has had their life threatened, has watched a parent be violently abused, lived with a parent who is unstable or addicted to substances or other similar traumatic events.
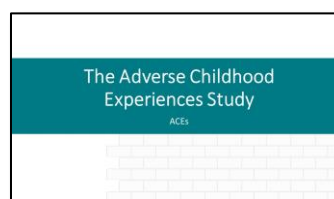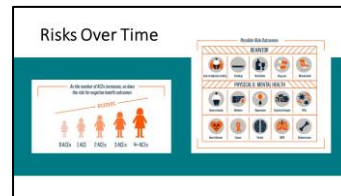
Pass out copies of the handout "The Truth About ACEs."

On your handout, you can see specifics of what these adverse experiences are. (NOTE: Read out a few for examples.)
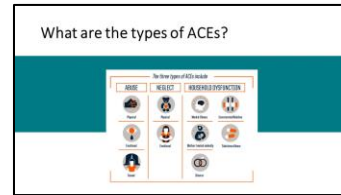
People whose history has a high number of these experiences are at greater risk for a host of illnesses and poor health outcomes as they mature, and they are at higher likelihood for early death as well.

Refer participants to the handout "The Truth About ACEs."

In your handout, you can see the risks grow with age. And you can see a list of risky behaviors and physical and mental health risks that those with high ACEs scores may face later in life. (NOTE: Read out a few as examples.)

This is troubling, isn't it? And one of the higher risks is incarceration. Let's focus on people who become incarcerated.

Common Backgrounds of Incarcerated People

Lecture

Note for facilitators: This section contains many statistics, so the infographics in the PowerPoint are important to show to help clarify what would otherwise be a very dense lecture.
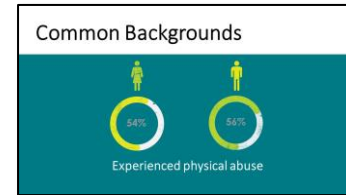
Present lecture:

The ACEs study often directly connects with large portions of the incarcerated population. Let's consider the histories of this population.

A study of 7,500 men and women incarcerated in prison shows that a majority experienced physical abuse as children (56% of men and 54% of women).

Further, 1 in 10 of incarcerated men and 1 in 2 incarcerated women experienced child sexual abuse.

Nearly 40% of those incarcerated experienced some form of physical or sexual victimization in the prior 6 months while in prison (Wolff, Shi, and Siegel, 2009).

Other types of trauma or adversity are also common in the backgrounds of justice-involved individuals. One study of women in prison indicates that, beyond child physical abuse (52%) and sexual abuse (56%), the women reported high rates of physical neglect (47%), emotional neglect (70%), and emotional abuse (63%).

Their childhood households were also likely to include mothers experiencing domestic violence (34%), a household member with a mental illness (46%), and a family member who abused alcohol or other drugs (70%). 27% grew up with a family member being incarcerated in prison.
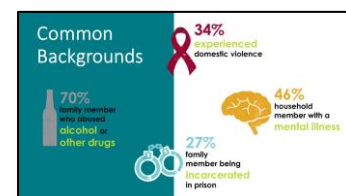
You can see that these numbers bear out what you've learned about the ACEs study.

Now, let's turn from histories to recent experience. Based on surveys of people incarcerated in local jails and state and federal correctional facilities in the United States, a substantial portion report having recent mental health problems. This includes receiving a clinical diagnosis of—or being treated for—a mental disorder in the past 12 months.

Those in local jails have the highest rates of mental health problems (64%), followed by those in state (56%) and federal (45%) prisons (see Chart; NIMH, 2016).
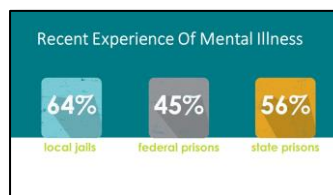
Based on clinical screening of incarcerated people, common disorders include disorders affecting emotional regulation such as depression and bipolar disorder (sometimes called manic-depression), anxiety disorders such as Post Traumatic Stress Disorder and having panic attacks, and personality disorders such as antisocial personality disorder (sometimes called psychopathy or sociopathy) and borderline personality disorder (Trestman et al., 2007).

If we focus on current diagnosis by a clinician rather than self-reporting, we find that about 15% of men and 31% of women who are incarcerated suffer from serious mental illness—major depression, bipolar disorder, or schizophrenic spectrum disorders. These are major disorders that substantially interfere with an individual's ability to function.


Research indicates that substance use disorders are nearly universal among those who are incarcerated, including dependence on alcohol, cocaine, marijuana, heroin, and stimulants (Lynch et al., 2014; Proctor, 2012a, 2012b).

Over half of these incarcerated people who are substance-dependent also have other "co-occurring" disorders such as PTSD, antisocial personality disorder, or major depression (Lynch et al., 2014; Proctor and Hoffmann, 2012).

These co-occurring disorders can be difficult to address, because it can be challenging to identify whether symptoms come from mental illness or addiction. It can become complicated trying to simultaneously or sequentially treat these varying disorders.
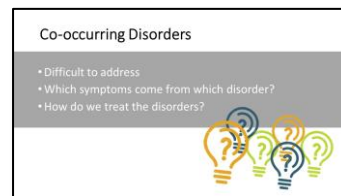
When we consider not just recent or current disorders but the lifetime history of disorders, these numbers are even higher. This is important when you consider that incarceration is extremely stressful, and that relapse or re-emergence of a disorder can be heightened in the jail or prison context.

Say:

The statistics from this module are available online at the training website if you wish to access them at a later time. The web address is www.cmhtraining.sc.edu

You may find them useful as you process today's training and think about it in the context of your workplace.

Video: "Changes for Kim"

Introduce the video:

Statistics are one important kind of data, but how those numbers are expressed in people's lives show us the actual effect of trauma and adversity in real life circumstances and choices.

Let's check in again with Kim, whom we met in Module 1.

A year has passed and Kim's life has changed. Watch this video and be ready to discuss her new circumstances and choices, and be ready to re-evaluate her mental health by using examples.

Play the video "Changes for Kim."
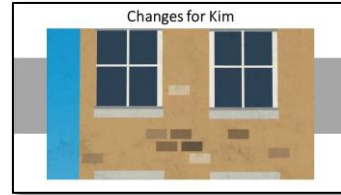
Facilitate the discussion with the following questions:

- What's happened in Kim's life? What's new?

- Let's discuss Kim's mental health again emotionally, psychologically and socially. How do your conclusions compare to her a year before?

- How is Kim's mental health now? How would you characterize it? Is there any sign it will improve any time soon?

- What are your concerns for her future?

Discussion

Facilitate the discussion with the following questions:

- Given what we've discussed today, why do you think it's important for correctional officers to learn about the mental health issues of incarcerated people?

- What are some frequent assumptions about incarcerated people that you're now aware of that may not be correct?

- How does the information in this module change your perspective, if at all, of incarcerated people you encounter?

Conclude:

Awareness of mental health issues in incarcerated people can improve your response and your workplace's safety.

SOURCES

Module 2

Abin-Lackey, C. (2014). Profiting from probation: America's 'offender-funded' probation industry. Human Rights Watch. Retrieved from https://www.hrw.org/report/2014/02/05/profiting-probation/americas-offender-funded-probation-industry

American Civil Liberties Union (2016). School to prison pipeline. Retrieved from https://www.aclu.org/issues/juvenile-justice/school-prison-pipeline?redirect=racial-justice/what-school-prison-pipeline

Anderson, E., Beemsterboer, N., Benincasa, R., and Van Werkom, B. (2014). As court fees rise, the poor are paying the price. National Public Radio. Retrieved from http://www.npr.org/2014/05/19/312158516/increasing-court-fees-punish-the-poor

Bannon, A., Nagrecha, M., and Diller, R. (2010). Criminal justice debt: A barrier to reentry. New York, NY: Brennan Center for Justice.

Brodie, J., Pastore, C., Rosser, E., and Selbin, J. (2014). Poverty Law: Policy and Practice. New York, NY: Aspen.

Carson, A. (2014). Prisoners in 2013 Bulletin. Bureau of Justice Statistics, USDOJ. Retrieved from http://www.bjs.gov/content/pub/pdf/p13.pdf

Centers for Disease Control (2016). Adverse Childhood Experiences (ACEs). Retrieved from http://www.cdc.gov/violenceprevention/acestudy/

Dolan, K., and Carr, J. (2015). The poor get prison: The alarming spread of the criminalization of poverty. Washington, DC: Institute for Policy Studies.

Human Rights Watch (2016). US: Disastrous toll of criminalizing drug use: Enforcement destroys families, undermines health. Retrieved from https://www.hrw.org/news/2016/10/12/us-disastrous-toll-criminalizing-drug-use

Lynch, S., DeHart, D., Belknap, J., Green, B., Dass-Brailsford, P., Johnson, K.*, and Whalley, E.* (2014). A multi-site study of the prevalence of serious mental illness, PTSD, and substance use disorders in women in jail. Psychiatric Services, 65(5), 670-674.

National Employment Law Project (2014). Seizing the 'Ban the Box' momentum to advance a new generation of fair chance hiring reforms. Center for Community Change. Retrieved from http://www.nelp.org/content/uploads/2015/03/Seizing-Ban-the-Box-Momentum-Advance-New-Generation-Fair-Chance-Hiring-Reforms.pdf

National Law Center on Homelessness and Poverty. (2014). No safe place: The criminalization of homelessness in U.S. cities. Retrieved from https://www.nlchp.org/documents/No_Safe_Place

National Institute of Mental Health (2016). Inmate mental health. Retrieved 8/17/2016 from http://www.nimh.nih.gov/health/statistics/prevalence/inmate-mental-health.shtml

Ocen, P. (2012). The new racially restrictive covenant: Race, welfare, and the policing of Black women in subsidized housing. UCLA Law Review, 59, 1541-1582. Retrieved from http://www.uclalawreview.org/pdf/59-6-4.pdf

Proctor, S. (2012a). Co-occurring substance dependence and posttraumatic stress disorder among incarcerated men. Mental Health and Substance Use, 5(3), 185-196.

Proctor, S. (2012b). Substance use disorder prevelance among female state prison inmates. *American Journal of Drug and Alcohol Abuse, 38*(4), 278-285.

Proctor, S., and Hoffmann, N. (2012). Identifying patterns of co-occurring substance use disorders and mental illness in a jail population. *Addiction Research and Theory, 20*(6), 492-503.

Steadman, H. J., Osher, F. C., Robbins, P. C., Case, B., and Samuels, S. (2009). Prevalence of serious mental illness among jail inmates. *Psychiatric Services, 60, 761–765.*

Torrey, E., Kennard, A., Eslinger, D., Lamb, R., and Pavle, J. (2010). More mentally ill people are in jails and prisons than hospitals: A survey of the states. Arlington, VA: Treatment Advocacy Center.

Trestman, R. L., Ford, J., Zhang, W., and Wiesbrock, V. (2007). Current and lifetime psychiatric illness among inmates not identified as acutely mentally ill at intake in Connecticut's jails. *Journal of the American Academy of Psychiatry and the Law, 35, 490–500.*

Wolff, N., Shi, J., and Siegel, J. (2009). Patterns of victimization among male and female inmates: Evidence of an enduring legacy. *Violence and Victims, 24*(4), 469-484.