

The Six Senses: Analyzing Triggers Within Women's Jails in Middle Tennessee and

How Trauma-Informed Care Can Alleviate Retraumatization

by

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Dedication

I would like to dedicate this thesis to the women of Doors of Hope. This study would have never been possible without you all and I am forever grateful for this opportunity. I hope each of you know that you are loved, seen, valued, and you are so much more than the trauma you have experienced. Thank you for your time and effort that you put in to make this a reality. None of your stories will ever be taken lightly.

I would also like to dedicate this thesis to all of the other women who are currently incarcerated and those who will be in the future. There are people fighting for fair treatment in prisons and fighting for your rights. I hope that the future holds change and reform that will benefit you all.

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Lastly, I want to say thank you to MTSU for the experiences and memories that I have made through college. Throughout the past 3 ½ years, my goal was not to make it to graduation, but to make it to my thesis defense instead, and now, here I am. So, thank you for being a school that I love and am proud to have attended.

I truly believe that God opens doors for us throughout our lives and invites us to walk in what He has for us. This school, my (almost) husband, my family, Dr. Wright, Doors of Hope...you are all just a fraction of those blessings.

Abstract

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This first part of this thesis explores the six senses, including the gut, to identify triggers for women within Middle Tennessee jails. Working with a post-release housing organization, I was able to survey and speak with previously incarcerated women to gain knowledge about their experiences while in prison or jail. The second part of this thesis acknowledges how implementing Trauma-Informed Care practices in prisons and jails can help reduce traumatic situations and further retraumatization. While looking at sensory experiences, trauma from before incarceration and current prison and jail environments in Middle Tennessee, I was able to identify how Trauma-Informed Care could have specifically helped the women of the Doors of Hope program while they were incarcerated and potentially more incarcerated women in the future.

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CHAPTER I: INTRODUCTION

For decades, jails have been labeled as the place no one wants to go. People have heard horror stories, watched TV shows, and listened to podcasts about how people who are incarcerated are managed harshly through the most dehumanizing process of their lives. Many would argue that the people committing the crimes should be punished, but when did that turn into prisoners forfeiting their basic human rights? Beginning at the very first penitentiary developed by the Quakers in Philadelphia, one can remember, “Such Quaker activities indicated a strong sense of responsibility toward both the spiritual and physical conditions of humanity” (Cooper, 1979, p.3). Jails and prisons were always intended to be a place of rehabilitation, but that mentality is a far cry from the one that is so evident today. Simply digging a little deeper can prove that true recidivism comes when offenders are treated like human beings and feel like there is an interest in their success.

Trauma and the Justice-Involved Offender

For women offenders, a lifetime of traumatic experiences is sadly very common and is a significant contributor to their criminal activity. A working definition of trauma reads, “Trauma is created when an individual is exposed directly or indirectly to an overwhelming event/experience that involves a threat to one’s physical, emotional and/or psychological safety (Benedict, 2014, p.10). The long-time perspective of “time heals all wounds” is not always true when it comes to physical, emotional, and psychological harm. For example, if someone breaks their arm, there are certain actions that are taken to make sure their arm heals correctly with maximum support. The problem is trauma is not treated the same way. Benedict (2014) examines “Trauma’s Impact on Brain & Body” by

explaining the cycle of trauma: “Woman experiences trauma”, “Brain and body become overwhelmed; nervous system unable to return to equilibrium”, “Trauma goes untreated; woman stays in ‘stress response’ mode”, “Cues continue to trigger trauma (e.g. loud voices, searches, cell extractions)”, then “Woman reacts to trauma cues from a state of fear” (p.2). If we spent the time to deal with trauma the way we deal with a broken arm, by nurturing the wound, following up for progress, and ensuring long term mobility, imagine the changes we would see within jails and among incarcerated women.

Another question that we must explore is, “Why are these women not being approached in a different way from male offenders?” Progressive women from the 1800’s were actually some of the first to suggest that female offenders should be understood for their needs and past traumas. The reason behind most women’s imprisonment is one of three things: coping with victimization, relationships, or substance abuse (Lynch, DeHart, Belknap, & Green, 2013). This is not to say that all women are falling into these categories, but the vast majority are. For instance, Lynch et. al (2013) report that over 82% of women offenders in their study reported substance abuse disorders, 43% reported lifetime severe mental illness, and 53% met criteria for lifetime PTSD. Those with severe mental illnesses also reported more extensive histories of childhood victimizations (53% childhood physical abuse, 60% childhood sexual abuse), witnessing violence as a child (77%), experiencing adult partner violence (75%), and adult sexual assaults (56%). Kerr (1998) reported that only 14% of the women in her study did NOT report some type of physical, emotional, or sexual abuse. Almost 70% of the women offenders in her study reported experiencing all three forms of abuse in their lifetimes. Interestingly, Kerr (1998) found that the higher the security level of or within the prison, the higher the

reported rate of significant drug abuse (60-70% of maximum-security custody level, 35-45% of medium security custody level, and 10-20% of minimum-security custody level). There is strong support that the three main pathways to female adult offending can all be traced back to specific traumas that could increase the potential for retraumatization when not treated correctly. When these women were voicing the lack of understanding in jails, they were not fighting for exemption from the law, but rather, humane treatment and rehabilitation from the issues that led them to jail in the first place.

A Solution: Trauma Informed Care

From the outside, it is easy to take the position of “harsh punishment is mandatory for rehabilitation”, but what happens when we decide to fight for the right type of treatment for women prisoners? What happens when we look at their past trauma and analyze how the jail system rarely does anything to assist in the process of rehabilitation? The question is, how can the jail and prison systems make changes to decrease retraumatizing the women when they’re incarcerated?

According to the University of Buffalo, “Trauma informed care understands and considers the pervasive nature of trauma and promotes environments of healing and recovery rather than practices and services that may inadvertently re-traumatize” (2022, para. 1). Through implementing Trauma informed care (TIC) practices in incarceration settings, many prisons have started recognizing and reducing triggers among their prisoners. These new practices have reduced recidivism, lessened heightened anxieties, and have begun to eliminate retraumatization in jails.

Trauma-informed care practices teach staff alternative practices within jails as a way to reduce retraumatizing the women and shift the focus to the factors that contributed

to their criminal offending in the first place. Trauma-informed care in jails and prisons is often focused on the sensory experiences of inmates in addition to the psychological experiences of inmates to protect inmates from being triggered to their previous victimizations within the incarceration environment. The main tenets of trauma-informed care are to understand trauma and its impact, promote safety for staff and clients, provide clients with a sense of control over their everyday lives, sharing power and decision-making with all levels of staff, respecting diversity of clients, acknowledging and integrating holistic care (mind, body, spiritual, emotional), building healthy relationships amongst staff and clients, and providing understanding and hope for clients (DeCandia, Guarino, & Clervil, 2014). In the institutional corrections and jail arenas, this means reviewing institutional practices and policies and adjusting them to recognize that 1) the vast majority of women offenders have trauma in their lives that has impacted them physically, mentally, socially, and spiritually, and 2) adjusting policies and procedures to be gender-responsive and trauma-informed in ways that increase compliance and compassion for the previous trauma they have experienced (McCoy et al., 2020). With over 50% of women offenders reporting PTSD, which can be triggered through a variety of sensory and interactional experiences, it is important to understand how the things that inmates see, hear, taste, feel, and “sense” can impact their stay and influence their future offending post-incarceration. This thesis will analyze the five traditional senses, and a sixth “the gut”, from inside jails in Middle Tennessee through female prisoners’ perspectives and will assess how prominent retraumatization in the jail environment is, with particular emphasis on the sensory experiences that are most likely to lead to retraumatization. Finally, recommendations will be made on how trauma-informed care

practices have been shown to drastically reduce triggers and retraumatization within these women.

Research Focus

This study will focus on jail conditions for women offenders to assess the amount and types of retraumatization that occurs in the jail environment in Middle Tennessee. Specifically, this study will explore: 1) are women's units within Middle Tennessee jails implementing any programs and procedures that mimic trauma-informed care and/or address traumatic experiences that may have influenced the lives of women offenders? 2) Do women in Middle Tennessee jails experienced sensory retraumatization, through the noises, smells, tastes, sights, and physical interactions that occur in the jail environment? 3) Do women who were incarcerated in Middle Tennessee jails experience a "sixth sense" or gut reaction that puts them on high alert that something bad may happen in the jail? And finally, 4) are women who have histories of trauma and/or feelings of vulnerable safety levels, more likely to report jail-related trauma or triggering of earlier traumas while in the jail environment?

CHAPTER II: LITERATURE REVIEW

Trauma Pre-Incarceration

Trauma can come in all shapes and sizes and can look different for every person. Experiences that result in long-lasting traumas often come from mental, physical, emotional, or sexual abuse, loneliness, inability to obtain basic human needs, and more. When women have pre-existing trauma prior to incarceration, they will almost certainly be traumatized further while incarcerated. Cook writes, “Indeed, one study found that incarcerated females experienced on average six types of trauma in their lifetimes, with greater exposure associated with earlier age of trauma onset” (2022, para. 3). The sad thing about trauma is that it knows no age or number. For many women, their trauma began in early childhood, escalated in adolescence and teen years, and led to further trauma in adulthood before being put in jail. This lifetime of trauma leads to women feeling more depressed, anxious, and hopeless than ever before, which they will then be brought to an environment that embodies sadness, isolation, and worry.

Cook (2022) also reports,

In addition, those with more severe trauma in their past are more likely to have a history of self-harm and attempted suicide before their incarceration. And, it likely comes as no surprise that trauma is a risk factor for near-lethal suicide attempts and severe self-injurious behaviors...while these women are incarcerated (para. 5).

Again, trauma throughout a woman’s life is often amplified once they become incarcerated, leading to more unresolved issues in their lives. Past traumas are a huge factor in increased incarceration rates in women and leaving them unresolved will only lead to greater rises in women offender rates.

Experiences within Jails

It is hard for outside people to grasp exactly what happens while inside of prisons and jails because it is easy to become blind to what is shown on the television. It is also easy to become blind to the fact that inmates are human beings with legitimate, and still prevalent rights. The reality of the jail environment is far from the things displayed across social media and mental pictures. In jails, “oppressive architecture, unkempt buildings, insanitary conditions, lack of privacy, bodily invasive measures such as pat downs and control and restraint all result in an environment that is likely to induce trauma” (Petrillo, 2021, para. 10). Due to these inhumane environments, it is no surprise that women get released from prison in a worse state than when they originally went in. These women are required to shower and use the bathroom in front of other inmates and staff, told to “bend over and spread them” during routine strip searches, exposed to mental, physical, emotion, and sexual harassment, and that is only the tip of the iceberg.

Women in Jails

The Sentencing Project reported, “Between 1980 and 2020, the number of incarcerated women increased by more than 475%, rising from a total of 26,326 in 1980 to 152,854 in 2020” (2022, para. 1).

Through studies that have been conducted in England, it is reported that “Women in prison report an acutely more painful experience than their male counterparts, with many suffering complex emotional biographies and histories of community-based trauma and abuse pre-imprisonment” (Jewks et al., 2019, para. 1). They go on to explain that

In England, 65% of imprisoned women have been diagnosed with depression compared to 37% of incarcerated men, and women account for almost a quarter (23%) of all prison self-harm incidents, even though they make up just 5% of the overall prison population (Jewks et al., 2019, para. 2).

What this suggests is that the current mode of dealing with women inmates and continuing the operation of programs built from research on male inmates is going to continue to fail women offenders. The newer approaches to addressing female offending such as incorporating a recognition of traumatic backgrounds, significant numbers of adverse childhood experiences, victimization in adulthood often by significant others, and subsequent mental health and substance abuse struggles is paramount to reducing the number of female offenders in the justice system.

Sensory Experiences while Incarcerated

“Trauma theory has demonstrated how trauma lingers in the body and can be triggered by what survivors see, hear, feel and smell” (Petrillo, 2021, para. 10). Our senses are some of the most influential things that our bodies and our minds experience, as we cannot shut off our sensory reactions without there being some sort of impairment. While not included in this list, often referenced is a “sixth sense” that is the gut. Recently research has found that intuition, or “the gut instinct”, is more intimately entwined with our experiences than was once previously thought. Van Mulukom (2018) states that intuition is the brain’s ability to use current sensory experiences with previous information to predict outcomes in any given situation. This process is called “predictive processing framework” and was developed to respond to situations in the most optimal way possible. Mayer (2011) suggests that the brain-gut interaction is particularly important in both gastrointestinal functions and in emotional states which contribute to our decision-making process. Mayer (2011) refers to research conducted by Damasio which states that the body loops between the gut and the brain “may play a part not only in how somebody feels at a given moment but may also influence future planning and

intuition decision making” (Box 2, para 3). The gut is arguably the most prominent sense as it offers guidance and discretion in every situation. Many previously incarcerated women report that they could sense when something was about to happen, or they had a gut feeling about another inmate or staff member. While all of our senses run wild in fight or flight situations, most women say they remember their gut feelings more than what they saw, felt, tasted, heard, or smelled. Petrillo argues, “The intrusive sensory experience of imprisonment can both exacerbate existing trauma and be itself traumatizing” (2021, para. 10). From the slamming of the doors, to the restraints, to the smell and taste of the food, to watching the victimization of other inmates, it is hard to say that your senses would not be in overdrive as well. If it is true that sensory experiences make past traumas rear their head, then jail and prison have the potential to traumatize women every single day.

DeVeaux (2013) goes into great detail about the realities of the prison experience in his article “The Trauma of the Incarceration Experience”. After serving thirty-two years in various correctional facilities, DeVeaux (2013) outlined the outlandish experiences he witnessed from watching people get murdered, raped, and assaulted, to the verbal and psychological abuse that he and others fell subject to at the hands of staff and other prisoners. The sad truth is that more inmates than not go through the same dehumanizing and humiliating process that DeVeaux writes about, even the ones who are not incarcerated for long periods of time. Coming from someone who has witnessed the prison environment firsthand, DeVeaux (2013) writes about being stripped of his name and having it replaced by a number, being asked to be a “martyr” by staff, forced to strip naked and expose every crack and crevice of his body, and the negative psychological

effects that come from isolation, fear, and lack of knowledge. He is not the first person to experience this type of treatment and trauma in correctional facilities, and he will not be the last if changes are not made to improve the entirety of the prison system.

Bradley and Davino (2002) conducted a study that included 65 incarcerated women and reported on their experiences within the prison environment. Bradley and Davino's (2002) study was used to measure the perceived safety of incarcerated women and included measures of past trauma to take into account the results they found. Of those 65 women, "86.2% of the participants reported a history of childhood sexual abuse, 56.9% reported a history of childhood physical abuse, 67.7% reported a history of sexual abuse in adulthood, and 84.6% reported a history of physical abuse in adult relationships" (p 354). They also reported that 9.2% of women identified as not feeling safe, 24.6% identified as not feeling safe but could understand why others would feel safe, 27.7% said they do not feel safer or less safe while in prison, and 38.5% identified as feeling safer while in prison (2002). When looking at all of these statistics, Bradley and Davino (2002) found adequate "support for a reallocation of resources for primary prevention and for treatment services that might increase incarcerated women's safety outside of prison and reduce recidivism rates" (p 357). With the advances in treatments over the past 20 years since this research, it is abundantly clear that these "resources" and "treatment services" can all be found in Trauma-Informed Care practices.

The Interaction Environment

Fedock (2007) notes that the incarceration environment mimics the structure of a home environment consistent with domestic violence/interpersonal violence. The procedures implemented in the prison environment effectively dehumanize offenders

through the use of inmate numbers versus names, and the lack of control over one's decision-making, similar to that which may be found in a domestic violence situation. Having little to no control over diet, clothing, movement, reaction to stress, etc. is similar to the lack of control many domestic violence victims feel. While some may claim this is the price one pays for engaging in crime, for women offenders (really any offender who has a significant traumatic past), the journey to and the journey within the correctional environment cannot be overlooked if the goal of corrections is to rehabilitate and reduce recidivism.

Trauma Informed Care: Results and Effects

As stated by Kolis and Houston-Kolnik (2018), "Trauma-informed care is an approach used to combat the effects of unaddressed trauma, secondary victimization, and vicarious trauma within organizations" (p 3). The entire premise of TIC is about creating a space where offenders, in this case, feel safe and are not exposed to harm or further trauma due to the environment they are in. Trauma-informed care specifically requires for staff to assume that everyone who enters through the doors of prison has experienced trauma of some sort prior to incarceration and needs help establishing guidance, resilience, and independence. The first step to this help is implementing practices and treatments at prison facility levels that acknowledge past trauma and seeks to lessen re-traumatization in inmates.

Petrillo and Hanspal (2019) conducted a study across women's jails in the UK, and their findings were astounding. They implemented a *Healing Trauma* program that "...is a brief, trauma-informed programme intervention for criminal justice-involved women designed for delivery in settings in which a short-term intervention is needed" (p

3). They conducted six, small ninety-minute, closed-grouped sessions with the women in these prisons. Petrillo and Hanspal (2019) obtained pre- and post-program questionnaires that asked questions pertaining to depression, anxiety, psychological distress, PTSD and trauma-related problems. They found that "...the women in this evaluation reported significant reductions in symptoms of depression, anxiety, psychological distress, PTSD, and trauma-related problems after completing the *Healing Trauma* intervention" (Petrillo & Hanspal, 2019, p 46).

Through this study in the UK, research shows that even a few sessions with a trauma-informed focus group can make a drastic difference. Most of the women from the UK study report that the most important thing for them was that they were provided with an area to speak about their past traumas without fear of repercussion. They were given a place to think, speak, and feel freely which is not something that most inmates experience. Providing this space is only one step of Trauma Informed Care though. For prisons and incarcerated women to fully see the changes that TIC teachings can make, the environment must be willing to change as well. Jewkes and others (2019) capture the heart behind TIC perfectly and elevate the importance of the practices when writing,

It is not enough for prison staff to speak a trauma-sensitive language, or even engage in trauma-informed practice, if it is not fully embedded in the prison's culture, fabric and design philosophy. When implemented in unsuitable or even dangerous trauma-generating environments, a trauma-informed mode of engagement may be of no greater value than a disregard for imprisoned women's complex histories and biographies. (p 13)

While implementing TIC practices is the first step, it is not enough to push teachings without attempting to change the environment.

Research has shown that trauma-informed care practices and teachings heavily impact women offenders and positively sway them in the direction of independence, confidence, and a revived spirit (McCoy et al., 2020). Conducting these studies and looking at numbers are great but let us let the women speak for themselves and share their own experiences. Then, and only then, will we truly be able to see what these women have experienced and what they need in order to change those moments.

CHAPTER III: METHODOLOGY

The purpose of this project is to identify and analyze trauma triggers within women's jails using the six senses. The second purpose is to provide recommendations on how implementing trauma informed care practices in these jails would lessen retraumatization among these women. The research questions of this project are:

- 1) What senses are being triggered inside women's jails?
- 2) Do women believe they are being retraumatized?
- 3) Is the "sixth sense" something that incarcerated women experience?
- 4) Does a history of trauma make women more susceptible to jail-related trauma or triggers?

Subjects

The subjects for this project are women who have previously been incarcerated in Middle Tennessee jails and are now living in post-incarceration housing. The Rutherford County Doors of Hope program works with women offenders, both while incarcerated and after release, and offers life skills classes to these women coming from multiple counties in Middle Tennessee. Doors of Hope agreed to work alongside me as I gained information about how jails can better serve women in their facilities, and they were also able to gain knowledge about how to better serve their clients. The goal was to survey close to 50 women in Doors of Hope's post-release transitional housing throughout July and August, with some being new to the program (in the first 30 day intake phase of the program) and others being "veterans" (in the post-intake, longer term transitional living program). All participants were women, aged 18 years or older. There was not any sort of discrimination within the general population of women, except for the survey not being

given to any women who were currently suffering from a significant psychological event. I worked with Doors of Hope staff to identify any participants who may have been particularly vulnerable or may need to opt out of the survey given. The sample is a convenience sample given that I was limited to administering surveys during the summer of 2022.

Design

For this research, a staff member will be aware of our presence at all times and will even view a copy of the survey prior to administering to make sure their clients would not have an issue with the content. Participants will be made aware of the fact that their participation will not result in any direct benefits (such as pay or “good time” awards). The participants will also be made aware that they could opt out of the survey at any time with no repercussions. (See Appendix B for Informed Consent Form.) All participants will know that Door of Hope will be offering its services to all of the women participating if they experienced any distressing thoughts or feelings.

This single administered survey took about 20 to 30 minutes on average to complete as there are three sections that the women had to complete. The first was a variation of Bradley and Davino’s Safety Inventory that contained four main categories (child, teen, adult in the community, adult incarcerated) with four subcategories each (safe from 1) physical attack, 2) hurt/injury, 3) sexual abuse/assault, and 4) emotional abuse). This portion was used to gauge at what point did the trauma start for these women. Moving from small child to teen to adult pre-incarceration to adult peri-incarceration, this survey asked if they felt safe from physical, sexual, and emotional abuse during each of those stages. The Safety Inventory was measured using a validated

and reliable Likert five-point scale ranging from strongly disagree, disagree, neutral, agree, and strongly agree coded 1 for strongly disagree to 5 for strongly agree. (See Appendix A for Instrument.)

The second portion of this survey was a variation of Anderson and Pitner's Incarceration Based Trauma Scale (IBTS). This survey was originally 17 questions, 15 being on a scale from strongly disagree to strongly agree and 2 questions being open-ended. When presented to the participants, the survey was altered to include 25 questions ranging from strongly disagree to strongly agree and eight open-ended questions, further examining body search experiences and incarceration-based trauma. This alteration was to make sure all six senses were being fully covered and analyzed through this research. The purpose of the IBTS was to specifically identify which senses were being triggered and if there was one sense, or multiple, that were particularly amplified while incarcerated. The addition of the open-ended questions was to allow the participants to expand and elaborate on their thoughts about the nature of jail. The new questions were presented to Doors of Hope treatment staff to ensure they were appropriate and helped to address all of the sensory experiences the women might have while incarcerated (See Appendix A for Instrument.)

Lastly, the third section was purely demographics and was pulled directly from Anderson and Pitner's Incarceration-Based Trauma Scale. In this section, they were asked for their birth year, race/ethnicity, education level, employment history, relationship status, and status of motherhood. While race, age, education, and more do not pertain to this particular study, it does open the door for further research into if

certain people are more triggered while in jail than others. (See Appendix A for Instrument.)

Variables

The dependent variable under examination in this study was retraumatization, specifically incarceration-based trauma. Retraumatization is defined as “a conscious or unconscious reminder of past trauma that results in a re-experiencing of the initial trauma event” (Zgoda et al., 2016, para. 3). The term “triggers” is related to retraumatization in that it is the action that occurs that leads to the retraumatization. Krystina Murray defines triggers as “places, people, sounds and substances that can cause emotional or mental distress” (2021, para. 1). Operating as the independent variables were the sensory experiences of women while incarcerated. This research examined all five senses, including sight, sound, touch, taste, and feel as well as a sixth sense, the gut. Through the surveys, I asked women to identify their triggers regarding the six senses.

Ethical Considerations

There are two separate factors that could potentially cause more trauma, anger, or unpleasant feelings within this study. The first is the reality they had to have been in jail in order to answer these questions. Presenting these women with potential alternative treatment could cause them to be more upset about the treatment that they received while in the facility. The second is the potential for distress when past traumas are being relived. Because of these issues, all participants will receive an informed consent form, so they know they are free to opt-out of the survey at any time. Again, all participants will have access to the services that Doors of Hope offer in order to seek help if needed.

Validity and Reliability

As stated, the instrument administered to participants in this study was a combination of two instruments that have been validated of their own accord. Additional questions were created based on research reported on by Evelyn McCoy, in her evaluation of incarceration settings that have implemented trauma-informed practices within them. Her research focused on body searches as well as other sensory experiences that might induce retraumatization, therefore, additional questions were added to further explore the experience of body searches and the availability of resources for discussing trauma. The full instrument was sent to Doors of Hope staff for evaluation and it was confirmed that the questions were appropriate and would be useful in gathering information about the retraumatization of women offenders. The open-ended questions were confirmed to be useful and it was stated that they were clear on their face.

CHAPTER IV: RESULTS

Demographics of participants

Twenty-six surveys were administered, but the results will consist of only 25 usable survey responses as one individual stated that she had not been incarcerated so her survey has been excluded from the analysis. Nine participants were new to the transitional living program, meaning they were in their first 30 days after intake (and after being released from incarceration), and the remaining 16 participants had transitioned into the active transitional living program and were more than 30 days post-incarceration. All participants were women with an age range of 22-52. The mean age of participants was 46, with the most common ages recorded as 41-42. Twenty-three women reported their race/ethnicity, as well as the remaining demographic questions (2 respondents chose not to report demographic information) (n=23). 84% of participants reported as White/Caucasian, one participant reported that she was biracial (White and American Indian/Native American) and another participant reported that she was multiracial (White and Hispanic).

The vast majority of participants (n=19/23) reported earning a high school education or some college, and only 16% (n=4/23) reported not having achieved a high school education. 56% of respondents (n=14/23) indicated they were not employed at the time that they were incarcerated and 36% (n=9/23) reported that they were employed.

The most common relationship statuses of participants were Single/Never Married (n=8) 32%, in a Domestic Partnership (n=7) 28% or Divorced (n=4) 16%. 84% of participants indicated they had children (n=21/23), and nine participants (36%) responded that their children were living with them at the time of their incarceration

(n=9/23). For 48% (n=12) of participants, their children were not living with them at the time of incarceration.

84% of respondents (n=21) had been incarcerated previous to their most recent incarceration and 12% (n=3) were not.

Personal safety across the lifespan

The Bradley and Davino Safety Inventory was used to identify different levels of safety at various time periods within the respondents' lives. Four questions were posed for each of four different time periods/situations: childhood, teenage years, adult living on the outside, adult incarcerated. The four questions focused on different types of safety needs, including safety from physical attack, safety from being hurt/injured (a variation on physical safety), safety from sexual abuse/assault, and safety from emotional abuse. Table 1 reports percentages of respondents who did NOT feel safe at various points throughout their lives. This helped to identify respondents who had histories of trauma. Interpretation of results will be completed in the Discussion section of this paper.

Table 1: Respondents self-report of lack of safety

Type of Safety/ Life span (n=25)	NOT Safe from physical attack	NOT Safe from being hurt/injured	NOT Safe from sexual abuse/assault	NOT Safe from emotional abuse
Childhood	40%	44%	40%	56%
Teenage years	36%	32%	36%	52%
Adult living on the outside	28%	28%	40%	64%

Adult, while incarcerated	32%	32%	16%	44%
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Sensory experiences while incarcerated

The sensory experience questions identified the environmental cues within the jail environment that respondents indicated caused them distress. The statements included came from the Anderson Incarceration-Based Trauma Scale with permission of the author (Joi Anderson), as well as, three questions newly developed to identify the “sixth sense” or gut feelings of respondents, as noted in research by Mayer (2011). Additionally, questions were included in this area to identify possible areas of comfort (“I made friends with other inmates”, “It was nice to not have to worry about what I was going to eat”) that might mitigate any feelings of distress. Specifically, this area focused on identifying areas of distress through sound, sight, taste, physical interactions, conversations, service availability to address medical and psychological needs, and “gut feelings”. Table 2 reports the percentages of respondents who identified as agreeing with the statements or disagreeing with the statements related to their experiences while incarcerated. Interpretation of results will be completed in the Discussion section of this paper.

Table 2: Incarceration-Based Trauma Survey & Gut Feelings while Incarcerated

Incarceration-Based Trauma Survey & Gut Feeling	Disagreed (%)	Agreed (%)
I felt harassed by other inmates.	56%	32%

I made friends with other inmates.	12	72
I felt harassed by staff.	36	40
I felt scared.	40	52
Staff yelled a lot at me and/or other inmates.	32	56
The loud voices and/or other sounds reminded me of other times I was scared.	28	68
I felt intimidated.	36	56
I felt emotionally alone.	8	80
I was able to talk to a staff member about times I have been hurt in the past.	68	20
I felt like my concerns were addressed by staff in a timely manner.	76	12
I felt like the staff tried to keep me safe.	44	32
The jail environment was loud and noisy.	0	92
The noise was a problem for me at night when I was trying to sleep.	16	72
Lack of privacy made me feel uncomfortable and/or stressed.	16	76
I didn't like being watched when I was showering, using the bathroom, or changing clothes.	12	80
The smells in jail bothered me.	8	76
The food in jail was decent.	76	24

The taste of the food reminded me of times when I did not feel safe.	36	16
It was nice to not have to worry about what I was going to eat.	42	36
I received medical care in a reasonable amount of time when I needed it.	76	20
The jail brought in other organizations that talked to me or gave classes on how to deal with times when I was hurt by someone.	48	44
When I was searched (after visits, after transport, etc.) it was a physical body search.	4	84
Something about the jail environment reminded me of other times in my life when I did not feel safe.	40	44
I felt like I always had to be alert in jail just in case something bad would happen.	4	80
I could sense when something bad was about to happen in jail.	0	92

NOTE: Light peach = over 50% but less than 75% of respondents indicated this was an area of distress. Dark peach = over 75% of respondents indicated that this was an area of distress.

In a follow-up question, respondents were asked if they had sensory experiences while incarcerated that made them think of difficult times in their lives. 72% (n=18/24) indicated that they did experience what would be termed incarceration-based trauma. Additionally, respondents were asked if they had the option to talk with someone

about trauma/victimization and 46.2% (n=12) responded yes, while 42.3% (n=11) responded no, so for those that did respond, it appears it's almost 50/50.

Thematic responses from qualitative/open-ended questions

In addition to the safety and incarceration-based trauma scales, respondents were asked an open-ended question to further report on their experiences related to retraumatization while incarcerated. As will be discussed more fully in the Discussion section, the qualitative responses were rife with emotion, detailing both negative and positive experiences and mental states. Respondents appeared to be particularly sensitive to noises and seeing other women sharing needles and walking around naked. But a surprising number indicated that in a way the jail environment helped them – either through services, or through being so distasteful that they knew they didn't want to return.

The next section will elaborate on what these findings suggest in regard to the experiences of the respondents and will provide recommendations for addressing these findings.

CHAPTER V: DISCUSSION

This section will highlight how the research foci of this study meted out given the participants' responses to the survey questions and how that coincides with the literature on incarceration-based trauma of women offenders.

Feelings of safety

Table 1 illustrates that participants were most likely to identify that they felt vulnerable to emotional abuse while growing up and living outside of the jail environment. 56% of respondents reported a lack of safety from emotional abuse in childhood, 52% reported a lack of safety during the teenage years and a startling 64% reported a lack of safety from emotional abuse in adulthood in the community. It was interesting that 44% continued to feel unsafe or vulnerable to emotional abuse while incarcerated. Of the four safety indicators, emotional abuse was the most commonly indicated area for feelings of vulnerability by respondents. While at first glance it is striking to note how over half of the participants felt vulnerable to emotional abuse (thereby indicating experience with emotional abuse), it was even more telling that no less than 28% of respondents indicated they felt safe while out in the community, at any stage of their lives. This is startling – and different from safety assessments of the general public. This confirms research indicating that women offenders have higher rates of fear of safety than the general public as well. Four out of ten respondents noted a lack of safety in all areas throughout childhood, approximately 1/3rd to 50% noted a lack of safety in their teen years, slightly greater than one in four respondents noted a lack of safety from physical harm as adults in the community, and four out of ten noted a lack of safety from sexual assault as adults. This information is helpful in developing our

understanding of women offenders' "sixth sense" as well – if female offenders have higher levels of risk for being harmed, it is no wonder that they are sensitive to sensory cues, including one's gut feeling.

Research foci findings

Focus 1) Are women's units within Middle Tennessee jails implementing any programs and procedures that mimic trauma-informed care and/or address traumatic experiences that may have influenced the lives of women offenders?

For this focus, the Incarceration Based Trauma Survey and various open-ended questions were used to see if there was any evidence of trauma-informed care practices already being implemented in jails in Middle Tennessee. The research showed that some TIC practices, such as group therapy sessions, have made an appearance at very few facilities and most reported the severe lack of TIC practices. The majority of respondents (68%) noted that they did not have the ability to talk to staff members about times they have been hurt in the past, 76% felt like their concerns were not addressed in a timely manner, 44% felt like staff did not try to keep them safe, 76% felt like they did not receive timely medical care when needed, and 48% disagreed when asked if the jail had brought in any organizations to help them deal with past harm. One would think that at the bare minimum, there would be opportunities while in jail for people to talk about why they are there and what may have led to that, but this research shows that most jails do not offer such resources.

When asked if the prison system helped them, harmed them, or both, one woman responded, "*It did absolutely nothing for me but made me not want to go back*" (participant 025N). Another stated, "*Helped me realize that I am alone in this world and*

jail is not a good environment for me. Harmed me mentally because I realized I am so alone and triggered me to lash out at other inmates and staff members” (participant 022N). One woman even went as far as to say, *“No one cares to help you in any way”* (participant 023N). For all these women, and so many more, their jail time was less about their own experiences and spending time trying to discover why they have ended up in this position, and more about “doing their time”. It is sad to think about all the time and resources wasted on not attempting to rehabilitate these women when their time in jail could have been spent learning that they are not alone and that they can have a future outside of their past traumas.

The last thing to note when addressing the question of the presence of trauma-informed care practices in Middle Tennessee jails is the fact that four different women responded that they were only able to talk about abuse, victimization, and trauma that happened to them once they began taking Doors of Hope classes. Three other women also mentioned Doors of Hope in their responses, though it was not the only place they were allowed to speak about their trauma. Doors of Hope offers classes in the jails which means that the only opportunity that most of these women had been through these few classes ran by one organization. Along with those four that mentioned Doors of Hope, four others blatantly said that they were never able to talk about their past trauma while in jail. One respondent expressed their feelings by saying, *“Jail/prison staff don’t care about us inmates. We get treated like shit, but they play like they care about us. They do not give a shit”* (participant 021N).

This research shows that many respondents agree that the jails they were placed in have barely- if any, indicators of trauma-informed care practices. They agree that they

were not heard, seen, or cared for with their past trauma taken into perspective. In the medical and public health areas, even when the situation is short-term, - akin to a jail stay – the causes for the ailment are determined and a treatment plan is developed. It makes sense that this same perspective could be applied in the jail environment and is when trauma-informed care principles are integrated into the practice and procedures of the incarceration environment. It should be no wonder that offenders end up back in the same vicious cycle after release from prison...because nothing is being done to teach them anything different when they have the chance.

Focus 2) Do women in Middle Tennessee jails experience sensory retraumatization, through the noises, smells, tastes, sights, and physical interactions that occur in the jail environment?

Table 2 findings were highly informative in identifying how prominent incarceration-based trauma is for the respondents of this study, and how strongly acute the “sixth sense” is for them as well.

Sounds

Sounds were a particularly distressing area for the participants of this study. 68% were distressed by loud voices or other sounds, especially because they were directly connected to other times when loud noises were distressing. 56% were distressed by the staff yelling and 72% noted difficulty sleeping because of the noise levels in jail. One respondent stated, *"The noises made me feel trapped and when I was little my grandpa would yell and so did my ex-boyfriends"* (participant 018V). Another noted that there were *"Loud, rude, abrasive women from all walks of life. I was exposed to behaviors,*

personalities, attitudes, and personal stories that I'd never encountered before. It was a shock. The loud noises reminded me of the rages that both of my ex-husbands put me through and triggered my PTSD" (participant 019V).

Seeing and Being Seen

Being seen is shown to be a major problem for most respondents. 76% reported that the lack of privacy made them feel uncomfortable and/or stressed, and 80% agreed that they did not like being watched when showering, using the bathroom, or changing clothes. It was noted in the literature review that women offenders have significant victimization histories, including sexual abuse/assault and domestic violence in which they are subjected to controlling behavior, the inability to have privacy, and significant physical and emotional harm. Being watched while using the bathroom, getting dressed, and showering can mimic those same circumstances. Trauma-informed care practices urge staff to allow inmates privacy while still ensuring that they are safe in every environment. This research shows that those basic rights to privacy have been forfeited in most prison environments.

After viewing the results, it seems that the things that inmates see in prison have an equally negative effect on mental health as being seen does. One woman reported that she *"watched people use dirty needles with each other but [she] had seen that in life anyways"* (013V). Another woman stated, *"Women walking around naked. I was brutally raped 3 years ago by a man I knew, and his girlfriend was an accessory"* (participant 026N). The things that these women are seeing while in prison can be triggering for some as they have likely seen similar things before being incarcerated. Being exposed to the same things that may have led you to jail in the first place is not beneficial as it reminds

the inmates of their past, which could lead to retraumatization is associated with a negative memory or relapse if the opportunity is given. For many, the things that are seen in prison will result in revisiting trauma that was never dealt with in the past.

Smells and Tastes

Smell and taste findings were not as prominent as the other senses, but results for these senses still supported the sensory traumatization hypothesis. 76% of respondents reported that the smells in jail bothered them, 76% said that the food was not decent, and 16% agreed that the food reminded them of a time when they did not feel safe. One woman said, *“The lack of smell bothered me more. Aroma therapy would be great in prison”* (participant 023N). When asked if there were any sensory experiences that made them think of difficult times, one respondent replied, *“Just being hungry when I was out of commissary, and it reminded me of being hungry on the streets”* (participant 002N). Another woman even noted that she cannot stand the smell of bleach after being incarcerated. Even something as simple as food can trigger memories that have resulted in trauma, like being homeless or not having access to meals. While the findings were not as evident for these senses, smells and tastes are still senses that are being triggered within the prison environment.

Physical Interactions

For this research, physical interactions were studied in more than one space. 84% reported that when they were searched it was a physical body search. 19 respondents reported that when a search was done it was by the same sex, but one reported that it was opposite sex. One woman reported that during a physical body search, the correction officer *“kept making me spread and bend down further and cough”* (participant 026N).

Another woman said that the person doing her search kept yelling at her to “*bend over and spread ‘um*” (participant 008V). One woman even said, “*I felt like she thought I wasn’t doing it right because I was hiding something. I have PTSD so I was triggered, and I had a hard time understanding her directions*” (participant 026N). While it is necessary to ensure the safety of the inmate and others by conducting searches, TIC practices explain ways to do so without further traumatizing the ones being searched. These results showed that forceful and aggressive physical body searches are not productive and stir up past traumas in these moments.

Focus 3) Do women who were incarcerated in Middle Tennessee jails experience a “sixth sense” or gut reaction that puts them on high alert that something bad may happen in the jail?

Gut reaction was one of the most prominent findings throughout all of this research. 80% of respondents agreed that they felt they always had to be alert just in case something bad was going to happen in jail and an astounding 92% agreed that they could sense when something bad was about to happen in jail. It is incredible to see that this sense was heightened the most when in the jail environment. For many, this feeling of constantly being on edge has been consistent throughout most of their lives because of the atmosphere and places that they encountered. This lifelong alertness is in no way beneficial for one’s mental, physical, or emotional health as they always feel the need to protect themselves. The sixth sense can produce just as much trauma for this reason. This trauma is being relived everyday while in jail because of the gut feelings that these women are experiencing when exposed to this environment.

Focus 4) Are women who have histories of trauma and/or feelings of vulnerable safety levels, more likely to report jail-related trauma or triggering of earlier traumas while in the jail environment?

This research has shown that women who have histories of trauma are more likely to report jail-related trauma. 44% of respondents reported that something about the jail environment reminded them of other times in their lives when they did not feel safe. When examining Table 1, it is also shown that physical and emotional abuse data stays fairly consistent across childhood, teenage years, adult pre-incarceration, and adult while incarcerated, with the numbers only varying by a maximum of 20% across one category. This data shows that the women who were surveyed, who have histories of trauma, also reported that they did not feel safe in some way while incarcerated.

Many respondents mentioned throughout their open-ended questions that they were “triggered”, had “PTSD”, had been “brutally raped”, and others that point to the fact that they were traumatized prior to coming into the jail. But, most of the people who mentioned past traumas went on to explain what it is about the jail environment that makes them relive those times in their lives. This research shows that the jail environment does trigger earlier trauma as well as produce new ones.

Given the small sample size, it was challenging to run chi-square and t-test analyses to determine if respondents who identified as being vulnerable in any one of the safety categories were more likely to report incarceration-based trauma. However, there was one interaction that was found to be marginally significant when agree and disagree categories were collapsed to allow for more distinct cell coverage. Respondents who

indicated they were vulnerable to emotional abuse as adults while “on the outside” indicated that they were more likely to be retraumatized by the lack of privacy in the jail setting ($\chi^2 = 15.252$, $df = 8$, $p < .054$).

“When jail goes right” and other unexpected findings, in general

One thing from the research that was very surprising was the number of respondents who stated that jail “harmed” and “helped” them. It seems a bit contradictory for these women to answer with both, but upon further examination, it all points to the same idea. One woman responded to the harm or help questions by saying, “*Helped with decision to remain sober, but harmed because experiences made me afraid to ever go back*” (participant 007V). Another woman said, “*Helped me by getting clean and building my relationship with God, but also harmful by the way guards treat you like you are garbage*” (participant 002N). In reality, none of these “helpful” things have anything to do with the treatment or experience of the inmates, but it shows consistency with the “scared straight” tactic that is prevalent in most jails. These women also never reported that their decisions to remain sober and clean were in any way encouraged by the jail, rather it was the lack of resources that prompted this. Alternatively, many women noted that jail helped them by getting them into substance abuse treatment “*helped me get into rehab*” (participant 001N); and “*It helped me get off drugs*” (participant 006V). Many women reflected that it made them think about the choices they were making and helped them to focus on their relationships with God, “*God works everything out when and how it’s supposed to*” (participant 013V); “*Jail helped me. I graduated the M.R.T. program and found God while incarcerated*” (participant 020N).

Through this research, it was unexpected that so many of the respondents would offer in-depth suggestions when asked what they would change about jails to promote success after release. Thirteen women out of twenty-five mentioned implementing more programs and/or classes. Eight women said that more resources for post-incarceration needed to be shared in jail, three women included “counseling” in their answers, and others wrote about the treatment of women, work release, and drug treatment. One of the tenets of trauma-informed care is to include the perspectives of the client base (in this case formerly incarcerated women) in the development of trauma-informed approaches. That is encouraging and this research identifies just how useful, and practical, that information can be. It is hopefully not too far-fetched to imagine a world where the words of the women who have just gone through this experience are valued and implemented to not further traumatize the ones who will inevitably come after them.

It should be noted that there was one participant who indicated that she was placed at a jail that seemed to have trauma-informed care practices. She was the respondent who indicated she was able to complete the M.R.T. program. M.R.T. is the Moral Recognition Therapy program and is utilized by the Doors of Hope staff in their transitional living program. It is a cognitive behavioral treatment program that is used with justice-involved persons who have substance abuse issues and has been found to be very effective with women offenders (Burnette et al., 2005). While M.R.T. is more commonly found in prisons, perhaps because of the time and resources it takes to implement the program, there is at least one Middle Tennessee jail that appears to be investing in it as well; and for the participant who was incarcerated at that facility, she really had only positive things to say about the jail and did not experience incarceration-

based trauma. She also stated that they started a trauma class at the jail she was at so that was progressive and unique as well.

Comparison to previous research

The research from this study does align closely with the studies of others who have explored trauma-informed care and sensory trauma. Overall, this research does seem to confirm the literature previously laid out as it is consistent with most other findings. Alternatively, this research is not similar to other studies on incarceration-based trauma in women offenders because it includes a “sixth sense”, the gut. In that way, the research from this study can help grow areas of exploration into TIC in jails because it can be shown that jails heighten every single sense of incarcerated women.

Recommendations for Middle Tennessee jails

The women of Doors of Hope, and I, have many recommendations for Middle Tennessee jails. The first would be to be open to growth. It has been shown time and time again that these women are being retraumatized within the walls of jails, and that will never change without acknowledging why these things are happening. When asked for suggestions for jails, one woman wrote, “*The treatment of women needs to be better*” (participant 002N). So many others wrote about needing more classes and organizations inside the jails. If these women are willing and able to learn and try to work past their current situations to be better, the staff within the jails, and the ones outside who have influence, must be willing to meet them where they are at and provide resources. We can no longer be surprised when so many women are re-entering jails, but the jail has not provided rehabilitation for them the first time they arrived. My suggestion would be to be

open to the changes that TIC practices could bring. The least we can do is try. As stated by Miller and Najavits (2012):

There is sometime great reluctance to open the trauma “can of worms” given the prison environment and the limited clinical resources available. Yet, trauma-informed correctional care and staff training can go a long way toward creating an environment conducive to rehabilitation and staff and institutional safety (p. 6).

Another recommendation that many of the women had for the jail was for them to assist with post-incarceration procedures. One woman suggested, “*Make sure they have a safe place to go, make sure they have clothes and a place to eat upon release, and jobs upon release*” (participant 008V). Another respondent wrote, “*There needs to be a place for women to go instead of on the streets once released*” (participant 026N). This process could be so simple and easy to implement. For example, have clothes drives for inmates to have when they are released, coordinate with restaurants to get inmates free meals until they are back on their feet, call Doors of Hope and other transitional living facilities to try to set inmates up for success when they leave...there are countless options on how to help with this issue.

Lastly, through this research, it has been shown that most of these women feel like the staff did not care about their success or their failure. One woman wrote, “*The staff do not care...they do not even care in jail. There is no one advocating for people*” (participant 026N). Another wrote, “*The staff are way more aggressive than any other inmate*” (participant 023N). Lastly, 80% of respondents agreed with the statement, “I felt emotionally alone”. My biggest recommendation for jails in Middle Tennessee is to start caring about the inmates. If we cared enough to seek out resources that are willing to

provide that space for the inmates, it would make a world of difference in Middle Tennessee jails.

Study limitations

Two main limitations were found at the conclusion of this study. First, the number of respondents (n=25), and the availability/convenience sample nature of the respondent pool, limit the possibility of generalizing out to all women offenders incarcerated in Tennessee. This was known at the beginning of the study because this study was exploratory by design, but it was hoped that at least 50 respondents would be able to be secured. A larger sample would have been ideal, but time constraints limited the number of women that were available to complete the survey. Secondly, the fact that respondents were of one primary race/ethnicity (White/Caucasian) suggests that the results are even more limited to White women in particular. It would be worthwhile to expand the survey to a more diverse population of women offenders especially given the disproportional representation of African American/Black and Hispanic/Latina women in incarceration settings.

Future research

The findings from this study highlight the need for jails and prisons to implement/adopt trauma-informed approaches when dealing with women offenders. Much of the previous literature was confirmed through this study – namely that a high proportion of incarcerated women have histories rife with trauma and are retraumatized in the jail environment. Future research should seek to include a more racially/ethnically diverse pool of respondents and continue conducting this same research in the jail environment (which more often does not have programming for

female offenders – also a highlighted theme in this study). It would be helpful to add self-report questions regarding substance use preferences (drug of choice, alcohol use/abuse) and mental health diagnoses so future researchers can identify if specific forms of sensory distress while incarcerated are linked to particular substance use/abuse and mental health struggles.

Final Thoughts

Haas and Clements (2019), in their discussion of building a trauma-informed system of care in Johnson City, TN, tell us “No beginning is too small nor is any amount of progress insignificant” (p. 16). TIC is close by – maybe Middle Tennessee and the jail systems in the region are next.

After being able to complete this research alongside the women of Doors of Hope, I am a bigger advocate for Trauma-Informed Care practices within jail now more than ever. Incarceration-based trauma is a relatively new topic, but what has been found is that re-traumatization can occur within the walls of jails. After looking at sensory trauma as well, I believe that that could be one of the biggest indicators in eventually trying to illustrate that incarceration-based trauma is a very real thing that inmates experience. I fully believe that trauma-informed care approaches could lessen retraumatization and harm, and I believe that this research helps show that.

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Appendix A: Survey Instrument

Survey Questions

The following questions are meant to focus on how safe you felt at various points in your life, including your time in jail. Some women have stated that jail sometimes felt safe when compared to what they experienced outside of jail. We are interested in the feelings of safety or lack of safety that you have felt at various moments in time.

NOTE: We appreciate your participation in this survey. If at any time you would like to stop answering questions, please feel free to do so. You can place your survey in the collection box mentioned previously.

Please (X) check the box that you feel describes your feelings best.

Feelings of safety at various points in time	Strongly Disagree	Disagree	Neutral (No opinion)	Agree	Strongly Agree
When I was a small child, I felt safe from being physically attacked by someone.					
When I was a small child, I felt safe from being hurt/injured by another person.					
When I was a small child, I felt safe from being sexually abused or assaulted.					
When I was a small child, I felt safe from being emotionally abused by another person.					
When I was a teen, I felt safe from being physically attacked by someone.					
When I was a teen, I felt safe from being hurt/injured by another person.					
When I was a teen, I felt safe from being sexually abused or assaulted.					
When I was a teen, I felt safe from being emotionally abused by another person.					
When I was an adult living outside of jail, I felt safe from being physically attacked by someone.					
When I was an adult living outside of jail, I felt safe from being hurt/injured by another person.					
When I was an adult living outside of jail, I felt safe from being sexually abused or assaulted.					
When I was an adult living outside of jail, I felt safe from being emotionally abused by another person.					
When I was an adult living inside of jail, I felt safe from being physically attacked by someone.					
When I was an adult living inside of jail, I felt safe from being hurt/injured by another person.					
When I was an adult living inside of jail, I felt safe from being sexually abused or assaulted.					
When I was an adult living inside of jail, I felt safe from being emotionally abused by another person.					

The next set of statements focuses on your experiences while you were incarcerated. We are interested in understanding your experiences in jail as they relate to how the jail environment itself contributes to a feeling of safety or lack of safety and in what ways.

Please X the response that best describes your feelings while in jail:	Strongly Disagree	Disagree	Neutral (No opinion)	Agree	Strongly Agree
I felt harassed by other inmates.					
I made friends with other inmates.					
I felt harassed by staff.					
I felt scared.					
Staff yelled a lot at me and/or other inmates.					
The loud voices and/or other sounds reminded me of other times I was scared.					
I felt intimidated.					
I felt emotionally alone.					
I was able to talk to a staff member about times I have been hurt in the past.					
I felt like my concerns were addressed by staff in a timely manner.					
I felt like the staff tried to keep me safe.					
The jail environment was loud and noisy.					
The noise was a problem for me at night when I was trying to sleep.					
Lack of privacy made me feel uncomfortable and/or stressed.					
I didn't like being watched when I was showering, using the bathroom, or changing clothes.					
The smells in jail bothered me.					
The food in jail was decent.					
The taste of the food reminded me of times when I did not feel safe.					
It was nice to not have to worry about what I was going to eat.					
I received medical care in a reasonable amount of time when I needed it.					
The jail brought in other organizations that talked to me or gave classes on how to deal with times when I was hurt by someone.					
When I was searched (after visits, after transport, etc.) it was a physical body search.					
Something about the jail environment reminded me of other times in my life when I did not feel safe.					
I felt like I always had to be alert in jail just in case something bad would happen.					
I could sense when something bad was about to happen in jail.					

Based on your responses above, we have four follow-up questions for you so we can understand your experiences a little better.

1. Have you been incarcerated before this most recent time?
If YES...
 - a. Was the most recent time better, worse, or about the same as the previous time(s)?

2. Were there experiences that you had (noises, smells, tastes, things you saw – or that you witnessed to others) that made you think of difficult times in your life? If so, how do you think that affected your ability to deal with incarceration?

3. Do you feel like the prison/jail environment helped you, harmed you, or both? Can you explain your response a bit?

4. What would you change about the prison/jail system to help women who are incarcerated be successful when they are released?

Facility and Jail Staff Interactions

1. When a body search was conducted, was the correctional officer a person of the same sex, opposite sex, or did both same-sex and opposite-sex correctional officers perform searches? Did the sex of the CO matter to you at all?

2. When a body search was conducted, was the process explained to you as it happened?
 - a. Did the tone of voice of the CO conducting the search bother you? Please describe.

3. Did you ever get a chance to talk about any abuse, victimizations, or trauma that happened to you? Please describe.

Thank you for completing our survey instrument (in part or in full). This concludes the questions we have for you that will help us to better understand what types of impacts the jail/priso environment may have on women. We have a few more questions for you, just asking for some basic information about you so we can see if the experiences noted are common or different for people with different backgrounds.

Basic Information Questions

1. In what year were you born? _____
2. What would you describe yourself as? (Please use X to mark your response)

American Indian/Native American ____

Asian ____

Black/African American ____

Hispanic/Latino ____

Pacific Islander ____

White/Caucasian ____

Biracial ____ (Please feel free to describe, if you would like): _____

Multiracial ____ (Please feel free to describe if you would like): _____

Prefer not to respond _____

3. What is your highest level of education?

Education	(Please use X to mark your response)
Elementary School	
Middle School	
Some High School	
High School	
Some College	
Associates Degree	
Professional Degree (certification, licensure)	
Bachelor's Degree	
Master's Degree	
Doctorate Degree	
Other (please describe)	

Please use the space below to specify the area of your certification/licensure/degree, if you would like:

4. Were you employed prior to incarceration? Yes ____ No ____
5. What is your relationship status? (Please use X to mark your response)

Status	XX		XX
Single/Never Married		Married	
Legally Separated		Divorced	
Living with Significant Other		Domestic Partnership	
Other (Please describe below, if you would like)		Prefer not to share	

6. Do you have children? Yes ____ No ____
 - a. How many children do you have? _____
 - b. How old is your child(children)? _____
 - c. If YES, were your children living with you prior to incarceration? Yes ____ No ____

Appendix B: Informed Consent Form

Verbal Informed Consent Review

Study Title: The Five Senses: Analyzing Incarceration Based Traumas within Women's Jails and Prisons in Middle Tennessee

Primary Investigator: Victoria Brown, MTSU Student, Honors College, vhb2d@mtmail.mtsu.edu

Faculty Advisor: Dr. Elizabeth Wright, Department of Criminal Justice Administration, Elizabeth.Wright@mtsu.edu

The following information is provided to inform you about the research project in which you have been invited to participate. The investigators must answer all your questions and you must be given a signed copy of the Participant Informed Consent Form.

- Your participation in this research study is voluntary.
- You are also free to withdraw from this study at any time without loss of any benefits.
- In the event new information becomes available that may affect the risks of benefits associated with this research study, you will be notified through Doors of Hope staff so that you can make an informed decision at that time.

We are going to provide you with a survey that you can choose to fill out in full, in part, or not at all. We're interested in learning about whether the experiences and environment of jail and/or prison have a traumatizing impact on women who may have experienced traumas prior to incarceration.

This survey will be filled out by you using pen/pencil. We will be asking you to fill out questionnaires that ask you to reflect on sounds, sights, tastes, smells, and physical interactions that occur while in the jail/prison environment to better understand how the overall environment impacts or triggers memories of difficult or challenging times in the past. Most of the questions asked will be done using a scale where you will choose your level of agreement with a statement, but some questions will ask you to write in a response, to your comfort level.

The information that will be collected from you will be used to fulfill the requirements of an Honors project for Victoria, to inform people about the impact of incarceration on trauma in the lives of justice-involved women.

We hope that the information you provide will help us to understand how we can adjust jail and prison environments to decrease the triggers that may exist that retraumatize incarcerated women.

We believe the survey may take up to 30 minutes to complete, but if you want to take a little longer that is fine too.

We know that the questions asked could cause some emotional discomfort as they relate to the sensory experiences you have had within the jail/prison environments that might remind you of previous victimizations or abuse. The Doors of Hope staff have seen a copy of the survey and have stated they will be available to talk with you if any of the questions cause you discomfort. If any questions do cause you discomfort, please know that is not our intent and we are truly sorry.

Whether you decide to participate or not, we have brought in some baked goods and you are welcome to help yourself to them at any time.

Thank you for taking time out of your class to listen to our talk, and we will now pass out the surveys. Again, if you do not want to participate, or you begin the survey but do not want to finish it, that is completely fine. We will have a collection box at the front of the room into which you can place the copy of the survey you have. We will not ask you to place your name on the survey or consent form at all – we will be reading a list of questions to ensure that we are all on the same page about this study and your participation.

Appendix C: Letter of support from Doors of Hope



2/18/2022

To Whom It May Concern:

The Doors of Hope program works with current and formerly incarcerated women offenders in the Rutherford County, TN and surrounding counties. Our programs are best explained in the following description provided on our website (www.opendoorsofhope.org – Our Services tab):

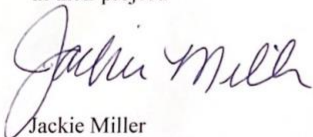
“We provide a safe, recovery-based environment in which case managers, therapists, recovery specialists and life coaches assist clients on their journey toward health and wholeness. We offer hope and help to the ex-offender who chooses to embrace positive values and re-focus her life according to those values, changing her future from the inside out. By teaching values and life skills during incarceration and helping with reentry challenges upon release, we see recidivism rates reduced as ex-offenders learn to become responsible, respectable, contributing members of our community.

We accomplish our mission by providing safe housing and other basic needs. However, it is more than just a safe place to live: living in the transitional housing program requires involvement in a forward-moving, highly structured reentry program designed to rebuild a shattered life and learn a new, stable, sober way of living at a fairly rapid pace. The program is designed to provide 12-months of accountability and empathic case management in a recovery-based environment.”

Dr. Elizabeth Wright is one of our Board Members and approached us about working together on a project to better understand the sensory triggers that might occur to women incarcerated in the jail environment and thus result in retraumatization of the women.

We are happy to work together on this project and are very interested in the results, as our staff has received training in trauma-informed care and we are committed to reducing the retraumatization of the women with whom we work. The women in our post-release program have all spent time in the jail environment and therefore would be able to speak to sensory triggers in that space. We will work with Ms. Brown and Dr. Wright to coordinate the most appropriate times in which they can administer the survey to our community-based clients.

Please consider this document our letter of support and partnership with Ms. Brown and Dr. Wright in their project.


Jackie Miller
Executive Director

Empowering women to break the cycle of addiction, homelessness, and incarceration.

Appendix D: IRB Approval

IRB

INSTITUTIONAL REVIEW BOARD
Office of Research Compliance,
010A Sam Ingram Building,
2269 Middle Tennessee Blvd
Murfreesboro, TN 37129



IRBN008 - PROTOCOL APPROVAL NOTICE

Monday, June 27, 2022

Protocol Title *The Five Senses: Analyzing Incarceration Based Traumas Within Women's Jails in Middle Tennessee and How Trauma-Informed Care Can Alleviate Retraumatization*

Protocol ID 22-3141 7i

Principal Investigator Victoria Brown (Student) **Faculty Advisor:** Elizabeth Wright

Co-Investigators Meredith Dye*

Investigator Email(s) vhb2d@mtmail.mtsu.edu; elizabeth.wright@mtsu.edu

Department Psychology (PI), Criminal Justice (FA), and *Sociology and Anthropology

Funding NONE

Dear Investigator(s),

The above identified research proposal has been reviewed by the MTSU Institutional Review Board (IRB) through the FULL COMMITTEE REVIEW mechanism under 45 CFR part 46 and 21 CFR part 56. This protocol was initially reviewed by the IRB at a convened meeting which was conducted in accordance with the HHS requirements on 5/31/22. The IRB reviewed your revised documents and determined that you have satisfactorily addressed all of the concerns brought up during the review. A summary of the IRB action and other particulars in regard to this protocol application is tabulated as shown below:

IRB Action	APPROVED for ONE YEAR		
Date of Expiration	6/30/2023	Date of Approval: 6/27/22	Recent Amendment: NONE
Sample Size	FIFTY FIVE (55)		
Participant Pool	Target Population: Primary Classification: General Adults (18 or older) Specific Classification: Previously incarcerated female subjects (Subpart C – Additional Protection for Prisoner Subjects applies)		
Type of Interaction	<input type="checkbox"/> Non-interventional or Data Analysis <input type="checkbox"/> Virtual/Remote/Online interaction <input checked="" type="checkbox"/> In person or physical interaction – Mandatory COVID-19 Management		
Exceptions	Verbal consent is permitted		
Restrictions	1. Mandatory ACTIVE Informed Consent administered anonymously. 2. Other than the exceptions above, identifiable data/artifacts, such as, audio/video data, photographs, handwriting samples, personal address, driving records, social security number, and etc., MUST NOT be collected. Recorded identifiable information must be deidentified as described in the protocol. 3. Mandatory Final report (refer last page). 4. CDC guidelines and MTSU safe practice must be followed		
Approved Templates	IRB Templates: In-person Informed Consent Non-MTSU Templates: Recruitment, Verbal Informed Consent and Debriefing		
Research Inducement	NONE		
Comments	NONE		

Post-approval Requirements

The PI and FA must read and abide by the post-approval conditions (Refer "Quick Links" in the bottom):

- **Reporting Adverse Events:** The PI must report research-related adversities suffered by the participants, deviations from the protocol, misconduct, and etc., within 48 hours from when they were discovered.
- **Final Report:** The FA is responsible for submitting a final report to close-out this protocol before **6/30/2023** (Refer to the Continuing Review section below); **REMINDERS WILL NOT BE SENT.** Failure to close-out or request for a continuing review may result in penalties including cancellation of the data collected using this protocol and/or withholding student diploma.
- **Protocol Amendments:** An IRB approval must be obtained for all types of amendments, such as: addition/removal of subject population or investigating team; sample size increases; changes to the research sites (appropriate permission letter(s) may be needed); alternation to funding; and etc. The proposed amendments must be requested by the FA in an addendum request form. The proposed changes must be consistent with the approval category and they must comply with expedited review requirements
- **Research Participant Compensation:** Compensation for research participation must be awarded as proposed in Chapter 6 of the Expedited protocol. The documentation of the monetary compensation must Appendix J and MUST NOT include protocol details when reporting to the MTSU Business Office.
- **COVID-19:** Regardless whether this study poses a threat to the participants or not, refer to the COVID-19 Management section for important information for the FA.

Continuing Review (The PI has requested early termination)

During its convened meeting on 5/31/22, the IRB also determined, through a majority vote, that the continuing review (CR) can be approved through the EXPEDITED process as this study meets the requirement criteria. Although this protocol can be continued for up to THREE years, The PI has opted to end the study by **6/30/2023**. The PI must close-out this protocol by submitting a final report before **6/30/2023**. Failure to close-out may result in penalties that include cancellation of the data collected using this protocol and delays in graduation of the student PI.

Post-approval Protocol Amendments:

The current MTSU IRB policies allow the investigators to implement minor and significant amendments that would fit within this approval category. **Only TWO procedural amendments will be entertained per year** (changes like addition/removal of research personnel are not restricted by this rule).

Date	Amendment(s)	IRB Comments
NONE	NONE	NONE

Other Post-approval Actions:

The following actions are done subsequent to the approval of this protocol on request by the PI/FA or on recommendation by the IRB or by both.

Date	IRB Action(s)	IRB Comments
NONE	NONE	NONE

COVID-19 Management:

The PI must follow social distancing guidelines and other practices to avoid viral exposure to the participants and other workers when physical contact with the subjects is made during the study.

- The study must be stopped if a participant or an investigator should test positive for COVID-19 within 14 days of the research interaction. This must be reported to the IRB as an "adverse event."
- The MTSU's "Return-to-work" questionnaire found in Pipeline must be filled by the investigators on the day of the research interaction prior to physical contact.
- PPE must be worn if the participant would be within 6 feet from the each other or with an investigator.
- Physical surfaces that will come in contact with the participants must be sanitized between use

- **FA's Responsibility:** The FA is given the administrative authority to make emergency changes to protect the wellbeing of the participants and student researchers during the COVID-19 pandemic. However, the FA must notify the IRB after such changes have been made. The IRB will audit the changes at a later date and the FA will be instructed to carryout remedial measures if needed.

Data Management & Storage:

All research-related records (signed consent forms, investigator training and etc.) must be retained by the PI or the faculty advisor (if the PI is a student) at the secure location mentioned in the protocol application. The data must be stored for at least three (3) years after the study is closed. Additional Tennessee State data retention requirement may apply (*refer "Quick Links" for MTSU policy 129 below*). The data may be destroyed in a manner that maintains confidentiality and anonymity of the research subjects.

The MTSU IRB reserves the right to modify/update the approval criteria or change/cancel the terms listed in this letter without prior notice. Be advised that IRB also reserves the right to inspect or audit your records if needed.

Sincerely,

Institutional Review Board
Middle Tennessee State University

Quick Links:

- Post-approval Responsibilities: <http://www.mtsu.edu/irb/FAQ/PostApprovalResponsibilities.php>
- Expedited Procedures: <https://mtsu.edu/irb/ExpeditedProcedures.php>
- MTSU Policy 129: Records retention & Disposal: <https://www.mtsu.edu/policies/general/129.php>

