

Traumatic stress

in the criminal justice system



Professor Andrew Forrester,
Professor of Forensic Psychiatry, Cardiff University

01

Other affiliations:



Traumatic stress in the criminal
justice system

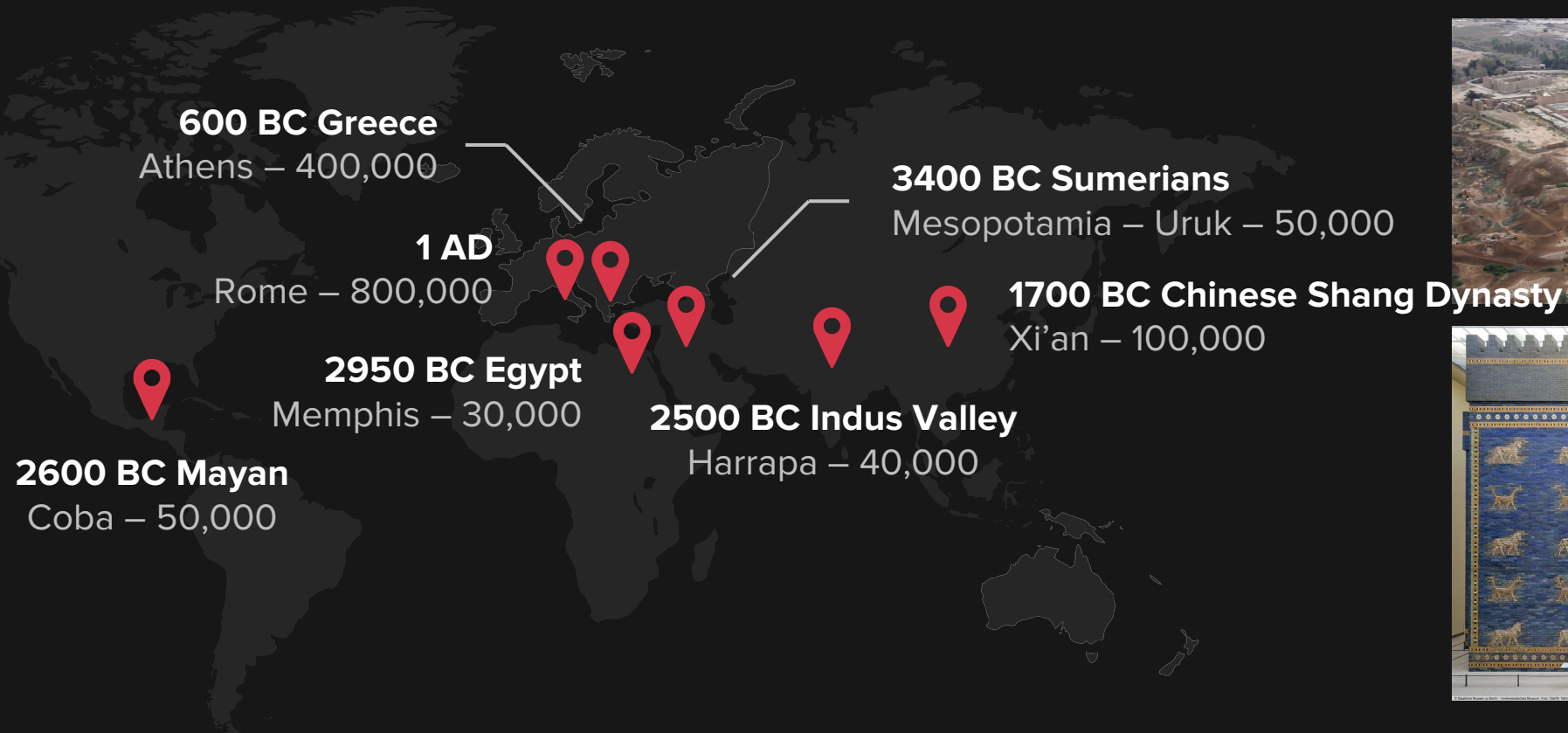


Section 01

Past

Traumatic stress in the criminal justice system

Prisons in the ancient world



Traumatic stress in the criminal
justice system

Egypt – the necessity to preserve public order to ensure universal balance

- Judiciary, legal procedures, punishments
- Public punishments preferred to death
- A “Great Prison” at Thebes
- Expected to work, escape was a very serious crime

Assyria – imprisoned thieves, people deserting royal service, smugglers and those evading taxes

- Foreign captives, forced labour
- Often confined in granaries
- Babylon – prisons (Bit kilī) had an important role for confining criminals

Peters, E. (1998). Prison before the prison: the Ancient and Medieval Worlds. In the Oxford History of the Prison. Oxford University Press. Ed Morris & Rothman.

Traumatic stress in the criminal justice system

Greece – Plato, in Gorgias (380 BC)

“Now the proper office of all punishments is twofold: he who is rightly punished ought either to become better and profit by it, or he ought to be made an example to his fellows, that they may see what he suffers, and fear to suffer the like, and become better”

- Deterrence – widely present in ancient thought
- Correction – only became important much later

Rome

- Filthy, underground, poorly lit and ventilated
- Designed to cause torture
- Mostly held people condemned to die

Siculus (1st BC)

Perseus, King of Macedonia – captured and imprisoned

“The prison is a deep underground dungeon, no larger than a dining room that could hold 9 people, dark and noisome from the large numbers of people committed to the place, who were men under condemnation on capital charges”

“With so many shut up in such close quarters, the poor wretches were reduced to the appearance of brutes, and since their food and everything pertaining to their other needs was all so foully commingled, a stench so terrible assailed anyone who drew near it that it could scarcely be endured”.



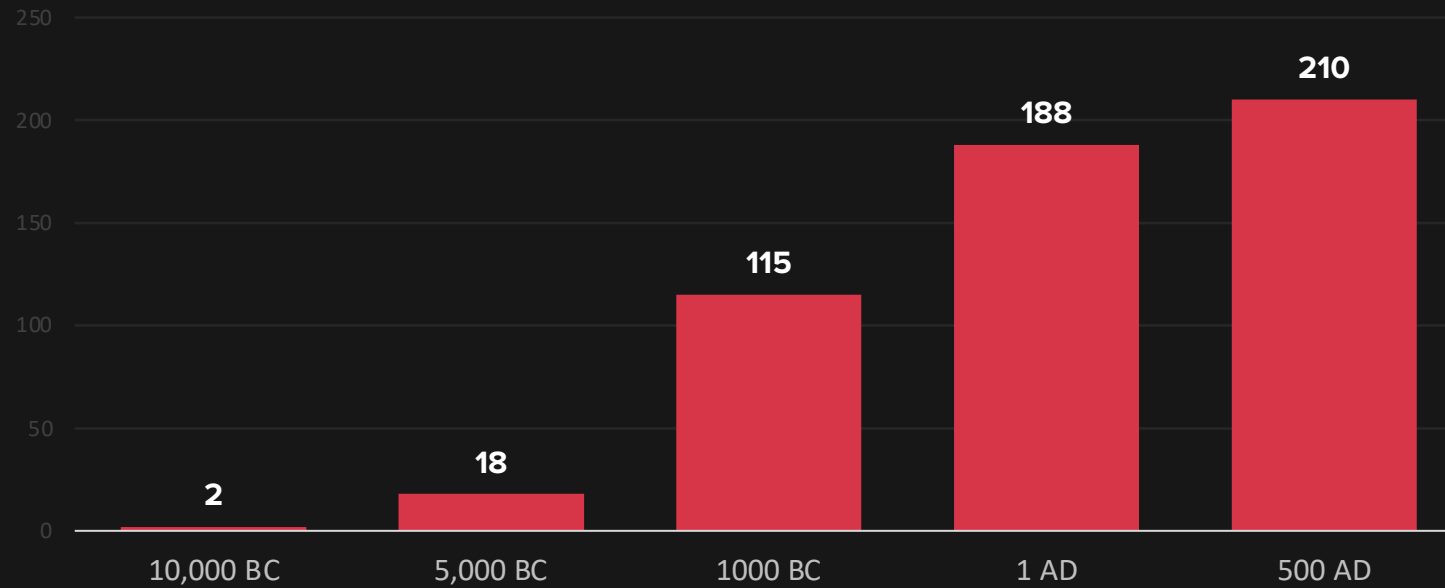
06

The Mamertine Prison, Rome

- Dungeon, below the city sewers
- Short stay only, while awaiting execution
- St Peter and St Paul were held here before being crucified

Traumatic stress in the criminal
justice system

Global human population (millions)



- Incapacitation
- Deterrence
- Retribution
- Reformation

Klein Goldewijk, K., Beusen, A., Van Drecht, G., & De Vos, M. (2011). The HYDE 3.1 spatially explicit database of human-induced global land-use change over the past 12,000 years. Global Ecology and Biogeography, 20(1), 73-86.

Medieval prisons

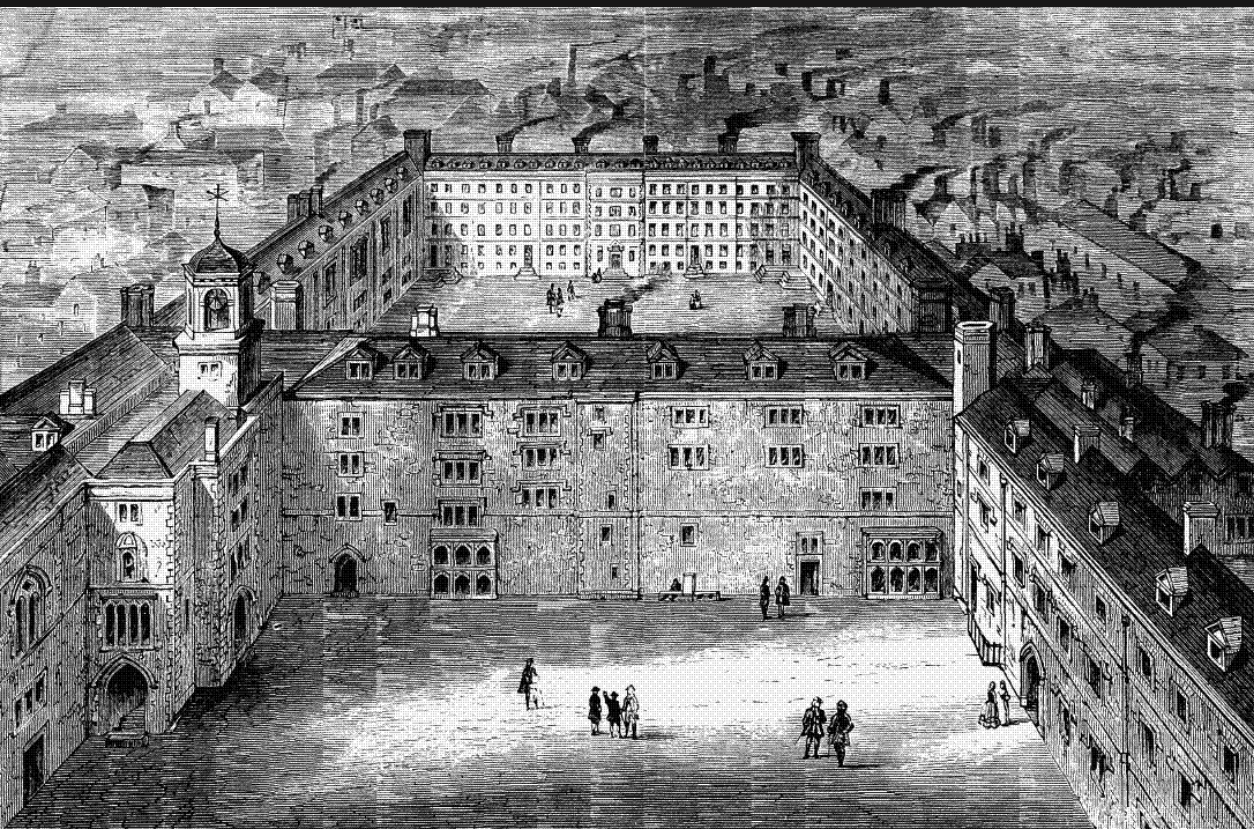
- Prisoners were visible and accessible
- Busy - priests, families, friends, charities, physicians, prostitutes
- Not cut off from wider society
- Rarely provided - meals, spiritual guidance, education, healthcare
- 1376 - 1531: 25% of wills in London bequeathed money to prisoners
- Not pleasant, but often tolerable
- Prone to epidemics - e.g., plague
- Torture, chaining, political imprisonment, execution

Geltner, G. (2006). Medieval prisons: between myth and reality. History Compass (4), 1-14.

Friar Felix Fabri's description of a Venetian prison in 1484:

"In one prison I saw more than forty poor inmates walking around, crying for mercy. In another I saw imprisoned artisans seated at their workbenches and earning salaries despite their condition. In another cell I saw wealthy merchants playing dice and chess, their women standing outside the gates with their servants and slaves, talking to their husbands."

"[The guards] watched over many prisoners with much less caution, thereby offering many the opportunity to escape, especially when they notice that an inmate's adversary is unreasonably cruel . . . To be sure, those who are imprisoned for grave offenses and who are likely to receive a death penalty, are kept in stricter conditions, though they are tolerable."



09

Organised prisons

- 17th C – opposition to execution, particularly for lower level crimes
- Move away from public spectacles of violence
- Towards incarceration and hard labour
- Deterrence
- Rehabilitation - moral instruction, obedience, “correction”

Traumatic stress in the criminal
justice system



Section 02

Prison reformers

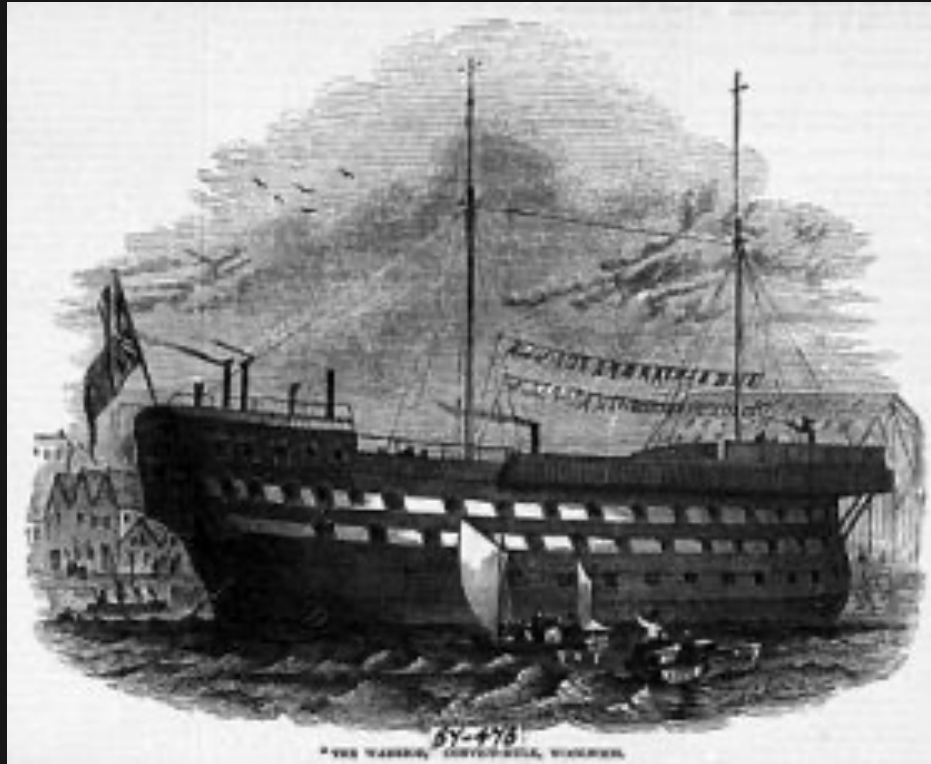
Traumatic stress in the criminal justice system

Transportation

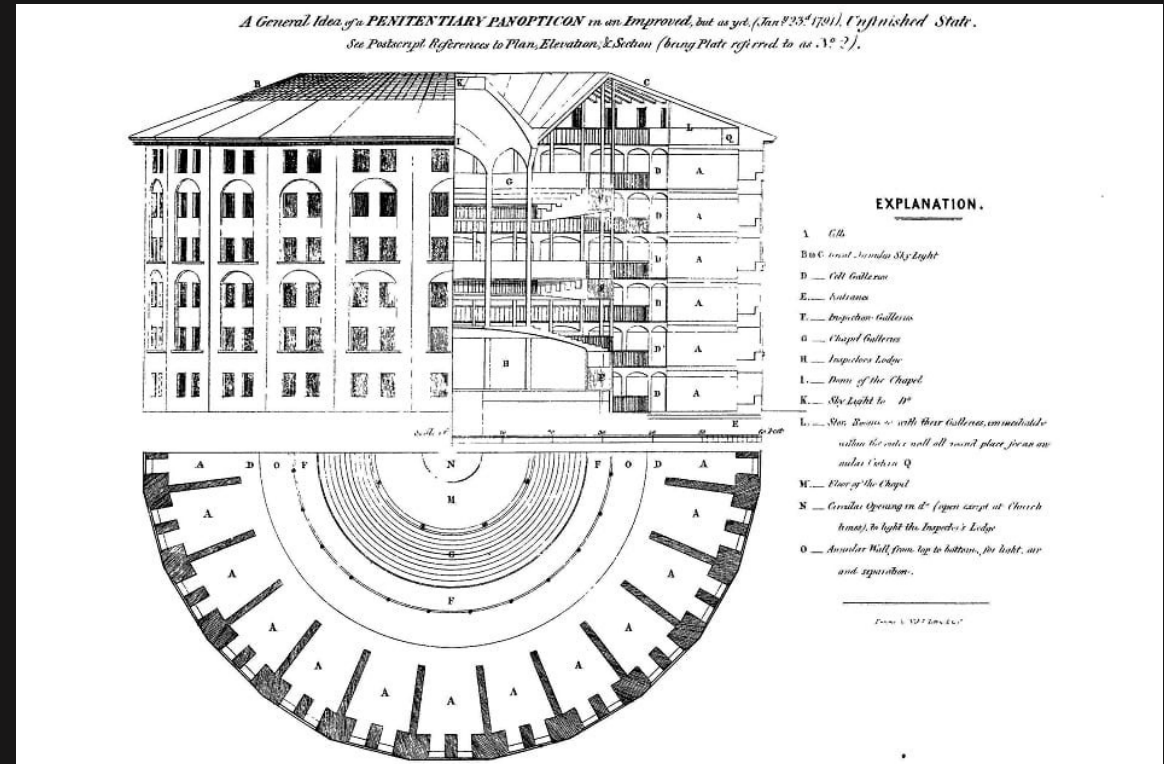
- To North America from the 17th C until 1776
- To Australia - 1787 until 1840
- 162,000 sent to Australia
- Overcrowding, poor food, shackled
- Rat infestations, cholera, dysentery, death
- Release for good behaviour
- Many received certificates of freedom

Prison reform

- 1765 - Cesare Beccaria - On Crimes and Punishments
 - Against the death penalty
- 1777 - John Howard – The state of the prisons
- 1816 – Elizabeth Fry – Association for the reform of female prisoners
- 1816 - Bentham's panopticon design
- 1866 - The Howard League for Penal Reform



The Hulk Warrior (1781)



Panopticon prison design (1791)

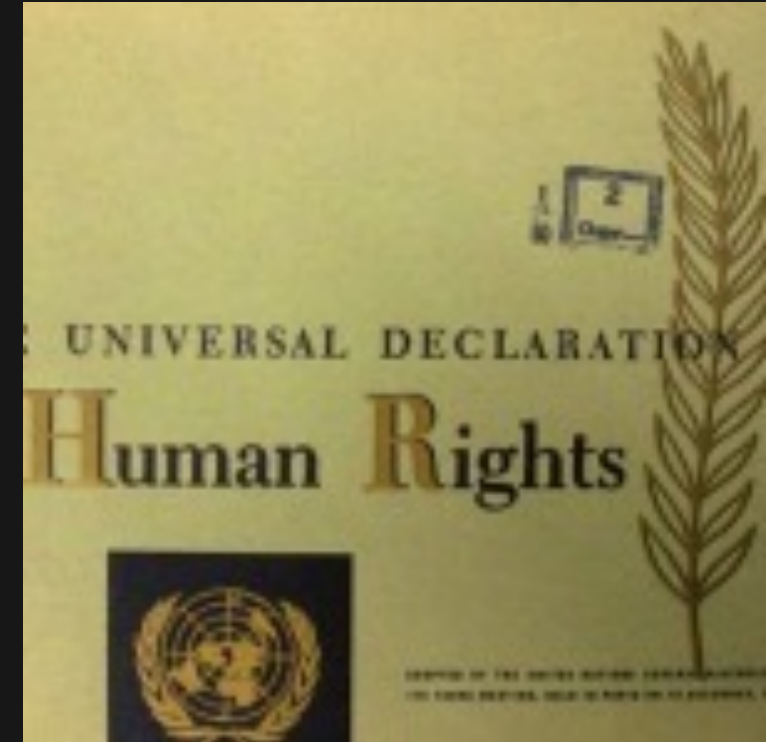
Traumatic stress in the criminal
justice system



The development of ideas

- 19th Century – prison medical services
- 20th Century – could treatment be more humane than punishment?
- 1921 – The Commissioner of Prisoners
 - *“The opinion has been growing in intensity for some years that mental and physical disabilities may largely contribute to the commission of crime”*
- 1959 – The Home Office
 - *“A psychiatrically experienced doctor can do much to help disturbed prisoners not only to adjust themselves to prison life but also to change their general attitudes so that they make a better adjustment in society after release”*

- Universal declaration of Human Rights (1948)
 - Foundation document
 - “Common standard of achievement for all peoples and all nations”
 - Articles 1-2: dignity, liberty, equality
 - Articles 3-5: right to life, prohibit slavery and torture
 - Articles 18-21: freedom of thought, opinion, expression
 - Articles 22-27: Economic and social rights, including healthcare
- Human rights law
- European Convention on Human Rights (1953)
- UN Convention against torture (1984)
- Convention on the rights of persons with disabilities (2008)
- UN Minimum rules for the treatment of prisoners (The Mandela Rules, 2015)



15



A prison treadmill, 1895

Traumatic stress in the criminal
justice system



Nelson Mandela (1918 – 2013)

Traumatic stress in the criminal
justice system



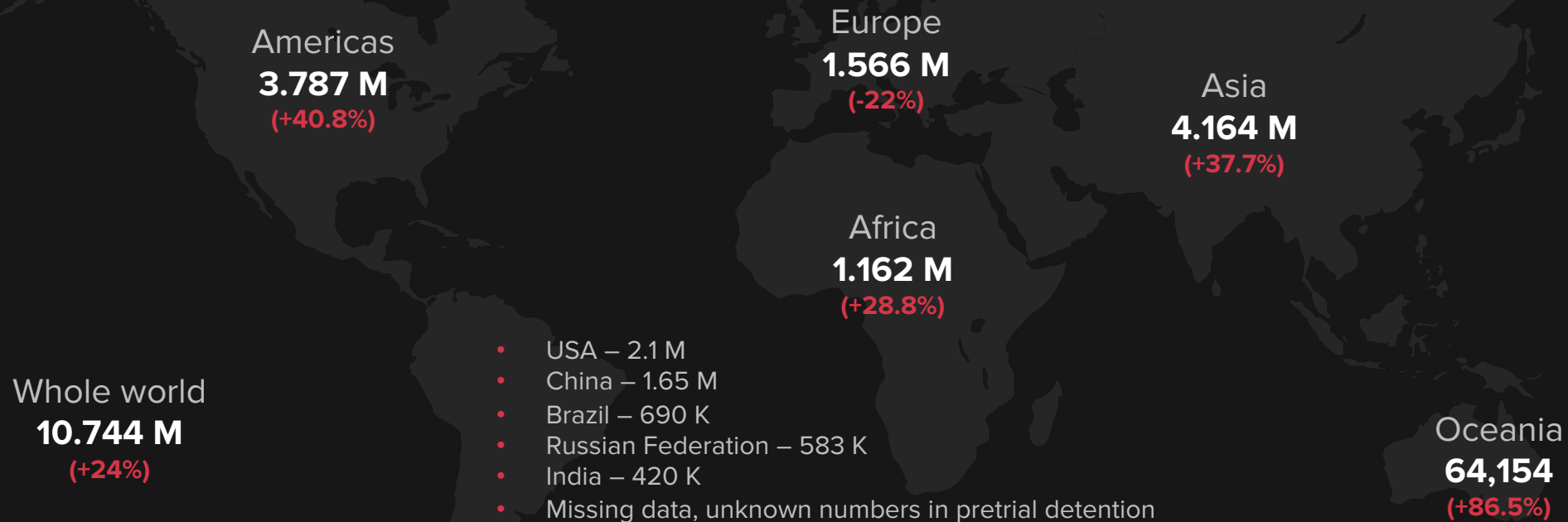
Section 03

Present

Traumatic stress in the criminal justice system

World prison population list

(Walmsley, 2018)



Traumatic stress in the criminal
justice system

Morbidity levels

Fazel, S., & Seewald, K. (2012). Severe mental illness in 33 588 prisoners worldwide: systematic review and meta-regression analysis. *The British Journal of Psychiatry*, 200(5), 364-373.

Psychosis
3.6% male and 3.9% female prisoners

Depression
10.2% male and 14.1% female prisoners

Fazel, S., Xenitidis, K., & Powell, J. (2008). The prevalence of intellectual disabilities among 12 000 prisoners—A systematic review. *International journal of law and psychiatry*, 31(4), 369-373.

Intellectual disabilities
0.5% – 1.5%

Baggio, S., Fructuoso, A., Guimaraes, M., Fois, E., Golay, D., Heller, P., ... & Wolff, H. (2018). Prevalence of attention deficit hyperactivity disorder in detention settings: a systematic review and meta-analysis. *Frontiers in psychiatry*, 9, 331.

ADHD
26.2%

Baranyi, G., Cassidy, M., Fazel, S., Priebe, S., & Mundt, A. P. (2018). Prevalence of posttraumatic stress disorder in prisoners. *Epidemiologic reviews*, 40(1), 134-145.

PTSD
6.2% male and 21.1% female prisoners

Fazel, S., & Danesh, J. (2002). Serious mental disorder in 23 000 prisoners: a systematic review of 62 surveys. *The lancet*, 359(9306), 545-550.

Personality disorder
65%

Traumatic stress in the criminal justice system

Concerns



Pre-trial
detention



Torture and
abuse



Death penalty



Political
prisoners



Overcrowding



Hidden
information

Focus – Pretrial Detention:

- 15 million pre-trial detainees per annum, 30% at a given time
- Varies between regions
- 2014 – 4 months in Europe, 3 years in Nigeria
- Some have released pre-trial populations during the pandemic
- But increased detention because of Covid violations
- Likely more expensive than alternatives – est \$13.6 billion US

Problems:

- Lack of alternatives
- Inability to pay bail fees
- Many know little about their rights
- Not enough lawyers, inadequate legal aid
- Increased violence and abuse – e.g. torture to gain confessions

Penal Reform International (2021).

Focus - Death penalty

- 657 executions in 20 countries in 2019
- China, Iran, Saudi Arabia, Iraq, Egypt
- 26,604 subject to death sentences
- Many proceedings do not meet international standards for fair trials

Amnesty International, 2021 – Death penalty facts and figures

Case example

Villahermosa prison, Cali, Colombia:

“Villahermosa prison holds 6,128 inmates with a capacity for 1,667, meaning that overcrowding is at 267%. There is on average one shower and one toilet for every 200 inmates, medication shortages, and a short psychiatric visit once a month for the 75 prisoners in the mental health unit.”

Reference: Colombia Reports, 2014



Traumatic stress in the criminal
justice system

23

Case example

Bangladesh

- 204% capacity
- 73,000 prisoners
- $\frac{3}{4}$ pre-trial
- 1200 – death penalty
- One psychology post – vacant
- No formal mental health services
- No systematic screening
- Acutely unwell can be referred to hospital
- Absence of research

- 170 million people
- High population density
- Lower middle income category
- 220 psychiatrists
- 50 clinical psychologists

Traumatic stress in the
criminal justice system


Human rights and social justice

United Nations General Assembly .
The UN standard minimum rules for
the treatment of prisoners (the Nelson
Mandela Rules). New York: United
Nations General Assembly, 2015.

Minimum standards

Forrester, A., & Piper, M. (2020). The
WPA's prison health position
statement and curriculum. World
Psychiatry, 19(1), 125.

Mandela Rules

- 
- Respect, dignity and value
 - Non-discrimination
 - The purpose of imprisonment
 - Reintegration
 - Education, training and work
 - Separation of categories (e.g., men and women, remand and sentenced, younger prisoners)
 - Accommodation – sleeping, windows, hygiene, sanitation
 - Clothing, bedding, food
 - Exercise and sport

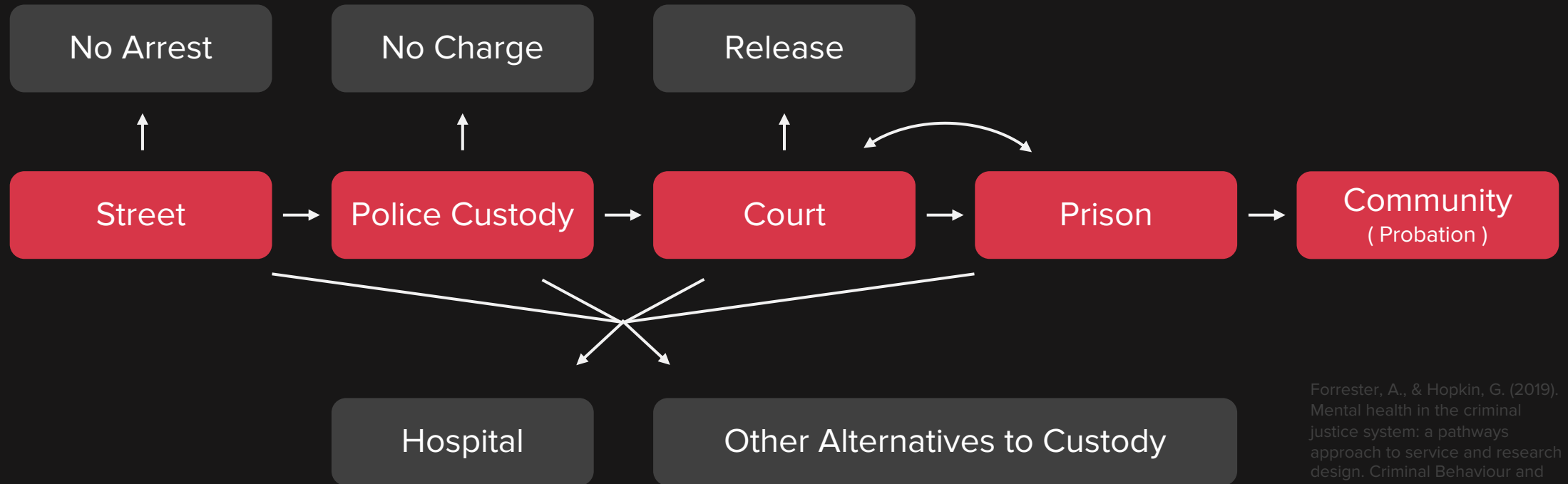
Healthcare services:

- “The provision of health care for prisoners is a State responsibility. Prisoners should enjoy the same standards of health care that are available in the community, and should have access to necessary health-care services free of charge without discrimination on the grounds of their legal status.”
- “The health-care service shall consist of an interdisciplinary team with sufficient qualified personnel acting in full clinical independence and shall encompass sufficient expertise in psychology and psychiatry.”
- “All prisons shall ensure prompt access to medical attention in urgent cases. Patients who require specialised treatment or surgery shall be transferred to specialised institutions or civil hospitals.”
- “Clinical decisions may only be taken by the responsible health-care professionals and may not be overruled or ignored by non-medical prison staff.”

Vulnerable / marginalised groups

- **Neurodevelopmental conditions**
 - Reference: McCarthy, J., Chaplin, E., Underwood, L., Forrester, A., Hayward, H., Sabet, J., ... & Murphy, D. (2016). Characteristics of prisoners with neurodevelopmental disorders and difficulties. *Journal of Intellectual Disability Research*, 60(3), 201-206.
- **Cognitive impairment / dementia**
 - Reference: Brooke, J., Diaz-Gil, A., & Jackson, D. (2020). The impact of dementia in the prison setting: A systematic review. *Dementia*, 19(5), 1509-1531.
- **Brain injury**
 - Reference: Durand, E., Chevnard, M., Ruet, A., Dereix, A., Jourdan, C., & Pradat-Diehl, P. (2017). History of traumatic brain injury in prison populations: A systematic review. *Annals of Physical and Rehabilitation Medicine*, 60(2), 95-101.
- **Foreign national prisoners**
 - Reference: Till, A., Sen, P., Chaplin, L., Grange, E., Exworthy, T., & Forrester, A. (2019). The mental health of foreign national prisoners. *Journal of forensic and legal medicine*, 62, 14-18.
- **Indigenous people:**
 - Reference: Heffernan, E. B., Andersen, K. C., Dev, A., & Kinner, S. (2012). Prevalence of mental illness among Aboriginal and Torres Strait Islander people in Queensland prisons. *Medical Journal of Australia*, 197(1), 37-41.

Pathways



Forrester, A., & Hopkin, G. (2019). Mental health in the criminal justice system: a pathways approach to service and research design. *Criminal Behaviour and Mental Health*, 29(4), 207-217.

Models **Stepped care**

	Who is responsible for care?	What is the focus?	What do they do?
Step 05:	Inpatient care, crisis teams	Risk to life, severe self-neglect	Medication, combined treatment, ECT
Step 04:	Mental health specialists, including crisis teams	Treatment-resistant, recurrent, atypical and psychotic depression, and those at significant risk	Medication, complex psychological interventions, combined treatments
Step 03:	Primary care team, primary care mental health worker	Moderate to Severe depression	Medication, psychological interventions, social support
Step 02:	Primary care team, primary care mental health worker	Mild Depression	Watchful waiting, guided self-help, computerized CBT, exercise, brief psychological interventions
Step 01:	GP, practice nurse	Recognition	Assessment

Wellbeinginfo.org

National Institute for Health and Care Excellence (2009)

Quality Network for Prison Mental Health Services (2018)

Grilo, C. M., White, M. A., Masheb, R. M., Ivezaj, V., Morgan, P. T., & Gueorguieva, R. (2020). Randomized controlled trial testing the effectiveness of adaptive "SMART" stepped-care treatment for adults with binge-eating disorder comorbid with obesity. *American Psychologist*, 75(2), 204.

Organising prison healthcare

Screening

Triage

Assessment

Intervention

Reintegration

Some relevant papers:

Martin, M. S., Colman, I., Simpson, A. I., & McKenzie, K. (2013). Mental health screening tools in correctional institutions: a systematic review. *BMC psychiatry*, 13(1), 1-10.

Simpson, A.I., Gerritsen, C., Maheandiran, M., Adamo, V., Vogel, T., Fulham, L., Kitt, T., Forrester, A. and Jones, R.M., 2021. A systematic review of reviews of correctional mental health services using the STAIR Framework. *Frontiers in psychiatry*, 12.

Hopkin, G., Evans-Lacko, S., Forrester, A., Shaw, J., & Thornicroft, G. (2018). Interventions at the transition from prison to the community for prisoners with mental illness: a systematic review. *Administration and Policy in Mental Health and Mental Health Services Research*, 45(4), 623-634.

Forrester, A., Till, A., Simpson, A., & Shaw, J. (2018). Mental illness and the provision of mental health services in prisons. *British Medical Bulletin*, 127, 101 – 109.

Forrester, A., & Hopkin, G. (2019). Mental health in the criminal justice system: a pathways approach to service and research design. *Criminal Behaviour and Mental Health*, 29(4), 207-217.

Release

- Pratt, D., Piper, M., Appleby, L., Webb, R., & Shaw, J. (2006). Suicide in recently released prisoners: a population-based cohort study. *The Lancet*, 368(9530), 119-123.
- Kinner, S. A., Gan, W., & Slaunwhite, A. (2020). High Rate of Fatal Overdose After Release from Prison In BC, Canada: A Data Linkage Study. *International Journal of Population Data Science*, 5(5).
- Hopkin, G., Evans-Lacko, S., Forrester, A., Shaw, J., & Thornicroft, G. (2018). Interventions at the transition from prison to the community for prisoners with mental illness: a systematic review. *Administration and Policy in Mental Health and Mental Health Services Research*, 45(4), 623-634.
- Jarrett, M., Thornicroft, G., Forrester, A., Harty, M., Senior, J., King, C., ... & Shaw, J. (2012). Continuity of care for recently released prisoners with mental illness: a pilot randomised controlled trial testing the feasibility of a critical time intervention. *Epidemiology and Psychiatric Sciences*, 21(2), 187-193.
- Evans, C., Forrester, A., Jarrett, M., Huddy, V., Campbell, C. A., Byrne, M., ... & Valmaggia, L. (2017). Early detection and early intervention in prison: Improving outcomes and reducing prison returns. *The Journal of Forensic Psychiatry & Psychology*, 28(1), 91-107.





Section 04

Police custody and the courts

Traumatic stress in the criminal justice system

What do we know about mental health presentations in police custody?

- Baksheev, G., Thomas, S., & Ogloff, J. (2010). Psychiatric disorders and unmet needs in Australian police cells. *Australian and New Zealand Journal of Psychiatry*, 44, 1043-1051.
- Payne-James, J., Green, P., Green, N., McLachlan, G., Munro, M., & Moore, T. (2010). Healthcare issues of detainees in police custody in London, UK. *Journal of Forensic and Legal Medicine*, 17, 11-17.
- McKinnon, I., & Grubin, D. (2013). Health screening of people in police custody – evaluation of current police screening procedures in London, UK. *European Journal of Public Health*, 23, 3, 399-405.
- McKinnon, I., & Grubin, D. (2014). Evidence-based risk assessment screening in police custody: the HELP-PC study in London, UK. *Policing: A Journal of Policy and Practice*, 8(2), 174-182.
- Noga, H. L., Walsh, E. C., Shaw, J. J., & Senior, J. (2015). The development of a mental health screening tool and referral pathway for police custody. *European journal of public health*, 25(2), 237-242.

Demographic and clinical characteristics of 1092 consecutive police custody mental health referrals

Andrew Forrester^{a,b,d}, Chiara Samele^a, Karen Slade^c , Tom Craig^{a,b} and Lucia Valmaggia^{a,b}

^aInstitute of Psychiatry, Psychology and Neuroscience, King's College London, UK; ^bSouth London and Maudsley NHS Foundation Trust, The Maudsley Hospital, London, UK; ^cDivision of Psychology, Nottingham Trent University, London, UK; ^dNottingham Trent University, UK

ABSTRACT

The 43 police forces in England and Wales have made over 13 million arrests in the last decade. Yet, despite this high volume criminal justice system activity, and evidence of substantial health morbidity across the criminal justice pathway, mental health services in police custody have only been patchily developed, and the literature in this area is limited. Referrals ($n = 1092$) to a pilot mental health service operating across two police stations in a London borough were examined over an 18-month period in 2012/2013. The referred group had high levels of mental health and substance misuse problems (including acute mental illness, intoxication and withdrawal), self-harm, suicide risk and vulnerability (including intellectual disability), with some important gender differences. Although this work has limitations, the findings are broadly consistent with the small existing literature and they confirm the need for services that are sufficiently resourced to meet the presenting needs.

ARTICLE HISTORY Received 15 February 2016; Accepted 30 June 2016



Court attendees

- Shaw, J., Creed, F., Price, J., Huxley, P., & Tomenson, B. (1999). Prevalence and detection of serious psychiatric disorder in defendants attending court. *The Lancet*, 353(9158), 1053-1056.
- James, D. V. (2006). Court diversion in perspective. *Australian & New Zealand Journal of Psychiatry*, 40(6-7), 529-538.
- Bradley, K. J. C. B. (2009). *The Bradley Report: Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system (Vol. 7)*. London: Department of Health.
- Forrester, A., Hopkin, G., Bryant, L., Slade, K., & Samele, C. (2020). Alternatives to custodial remand for women in the criminal justice system: A multi-sector approach. *Criminal Behaviour and Mental Health*, 30(2-3), 68-78.
- Chaplin, E., McCarthy, J., Marshall-Tate, K., Ali, S., Xenitidis, K., Childs, J., ... & Forrester, A. (2021). Evaluation of a liaison and diversion court mental health service for defendants with neurodevelopmental disorders. *Research in Developmental Disabilities*, 119, 104103.

A hand holding a crystal ball over a dark landscape. The crystal ball shows a reflection of a landscape with water and a horizon. The background is a dark, misty landscape with a body of water and a distant horizon.

Section 05

Issues arising

Traumatic stress in the criminal justice system

Prison update



Scotland, England and Wales have the highest imprisonment rates in Western Europe
(136 / 100k, 131 / 100k)

The prison population has risen by 70% in the last 30 years

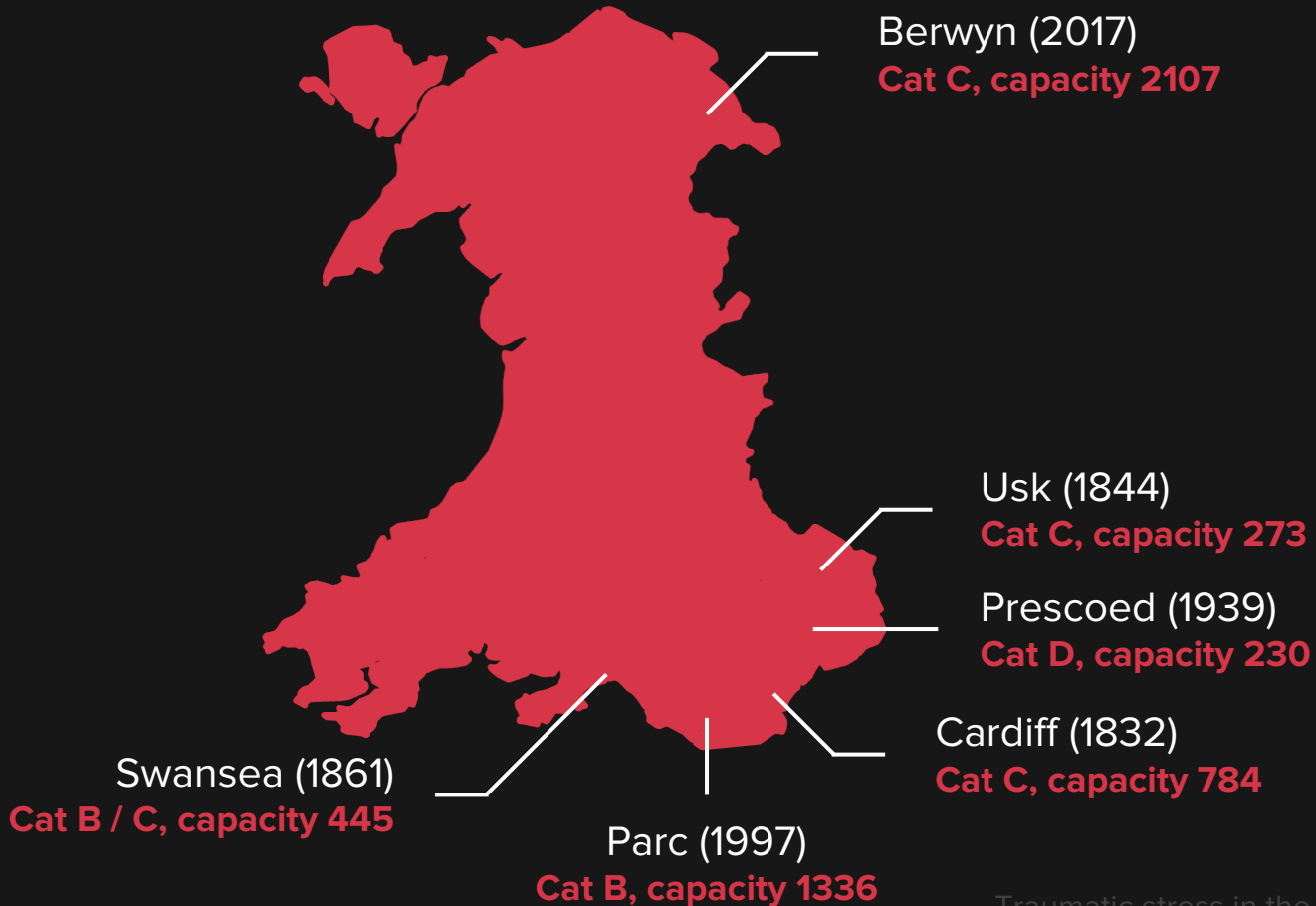
In England and Wales:

- 47,000 people sent to prison in the year to June 2020
- 65% had committed a non violent offence
- 47% sentenced to six months or less
- Prison is being overused
- Self inflicted death is six times more likely than in the general population

Bromley Briefings Winter 2021

Traumatic stress in the criminal
justice system

The prisons in Wales



total capacity = 5175

Facer-Irwin, E., Karatzias, T., Bird, A., Blackwood, N., & MacManus, D. (2021). PTSD and complex PTSD in sentenced male prisoners in the UK: prevalence, trauma antecedents, and psychiatric comorbidities. *Psychological Medicine*, 1-11.

7.7%
ICD-11
PTSD

16.7%
ICD-11
CPTSD

Traumatic stress in the criminal
justice system

Social characteristics of adult prisoners

Characteristic	Prison population	General population
Taken into care as a child	24% (31% for women, 24% for men)	2%
Experienced abuse as a child	29% (53% for women, 27% for men)	20%
Observed violence in the home as a child	41% (50% for women, 40% for men)	14%
Regularly truant from school	59%	5.2% (England) and 4.8% (Wales)
Expelled or permanently excluded from school	42% (32% for women, 43% for men)	In 2005 >1% of school pupils were permanently excluded (England)
No qualifications	47%	15% of working age population
Unemployed in the four weeks before custody	68% (81% for women, 67% for men)	7.7% of the economically active population are unemployed
Never had a job	13%	3.9%
Homeless before entering custody	15%	4% have been homeless or in temporary accommodation

Prison and criminal justice workstream

Traumatic stress in the criminal
justice system

Polar I

- Understand what services for PTSD and C-PTSD currently exist in the prisons in Wales
 - Integration
 - Transitions
 - Understanding complexity
- Understand where there are gaps
- Pilot training in trauma-enhanced practice for frontline staff

Polar II

- Expert consensus process
- Design optimal traumatic stress pathway
- Implement training across Wales
- Consider the delivery of additional clinical services

Issues to consider

Managing co-morbidities, including mental illness, substance misuse and personality disorder

Working across agencies and disciplines

Improved and more therapeutic environments, with effective rehabilitation

Greater use of community alternatives

Disciplinary sanctions, including care and separation

Offender personality disorder pathway:

- Shared ownership, joint responsibility, joint operations
- Whole systems pathway – “community to community”
- High risk of harm – primarily managed through the criminal justice system
- Formulation based approach
- Psychologically and socially informed
- Training and supervision for staff

Psychologically informed planned environments (PIPEs)

Preparation PIPE

Progression PIPE

Approved Premises PIPE

Case

- 21-year old man
- Taken into care as a child
- Father – domestic violence perpetrator with extreme right wing views
- Mother – dependent upon cocaine
- Physically abused by father, emotionally abused by both parents
- ADHD diagnosed at aged 7
- Excluded from school on numerous occasions for behaviour that was 'out of control'
- Left care, regularly using alcohol and cannabis
- Unemployed
- Periods of homelessness
- Convicted of common assault at 16
- Convicted of attempted murder and GBH at 21

- Likely untreated ADHD
- Complex PTSD
- Alcohol and cannabis dependence
- Misuse of other substances
- Possible earlier psychotic episode
- Historical self harm and fluctuating suicidality



Quotation:

“Prison is a second-by-second assault on the soul, a day-to-day degradation of the self, an oppressive steel and brick umbrella that transforms seconds into hours and hours into days.”

Mumia Abu-Jamal



Quotation:

“The darker the night, the brighter the stars”

Fyodor Dostoyevsky