



Creating A Place Of Healing and Forgiveness:

The Trauma-Informed Care Initiative at the Women's Community Correctional Center of Hawaii

PROGRAM AT-A-GLANCE

Recognizing that most inmates are trauma survivors and many common prison routines can re-traumatize women, the Women's Community Correctional Center of Hawaii, under the leadership of Warden Mark Kawika Patterson, works to create "a place of healing and forgiveness" through its Trauma-Informed Care Initiative (TICI).

TICI is a unique collaboration among the facility administration, staff, and inmates; community non-profits; state and federal agencies; educators and researchers; and volunteers from churches and civic groups.

Reducing the use of restraints and isolation has been a focus of the training and activities of TICI, since these interventions are likely to re-traumatize women who are trauma survivors and cause trauma responses in women who had not previously experienced trauma.

With a focus on educating staff, inmates, community partners, and the public about the value of trauma-informed environments and practices in healing, TICI creates opportunities for women to "live a forgiven life."

A group of women in green work clothes poses for the camera, smiling broadly, proudly displaying a six-foot wreath they crafted from flowers and foliage grown on the grounds. Nearby, women tend rows of hydroponic salad greens and herbs grown for the facility's kitchen, while others clear brush by a rushing stream. In the welding shop, an artist works on a large sculpture of an orchid. Women living in an open unit whose walls are painted brightly with tropical birds and flowers prepare for their jobs in the community and walk together to the bus stop beyond the main gate. Across the yard, mothers and their young children play and picnic in a grassy yard or under a pavilion constructed by community volunteers; child care workers offer parenting tips.

These activities may seem unusual on the grounds of a correctional facility, but they are consistent with the mission that Warden Mark Kawika Patterson has pursued at the Women's Community Correctional Center of Hawaii (WCCC) since his arrival there as warden in 2006: To create a place where incarcerated women can live a forgiven life; a place of healing and transformation.

The WCCC has taken a community building approach to culture change at the facility within a trauma-informed framework. Warden Patterson was inspired by the Hawaiian concept of the pu`uhonua, a place of refuge, asylum, peace, and safety. Under the ancient system of laws known as kapu, in which law-breaking was punishable by death, someone who broke a law and was able to make his or her way to a pu`uhonua would receive sanctuary. There, a priest performed a ritual that absolved the person of blame, which allowed the law-breaker to return to their village

and resume their life. The spirit of pu`uhonua – the opportunity to heal and live a forgiven life – informs the vision that is changing the environment for both incarcerated women and staff at WCCC.

An inmate at WCCC:

- is more likely than the general population of Hawaii to be a woman of Hawaiian/part-Hawaiian ethnicity (40%)
- is likely to report childhood and sexual victimization (60%)
- is likely serving time for either a felony drug charge (35%) or property offense (36%)
- is likely to have experienced some violence in her life (80%)
- is likely to have a history of substance abuse (95%) and mental health problems (33%)
- is likely to be the mother of at least one child (60%)

Trauma and Its Impact on Women

What is Trauma?

Violence, and the trauma that it causes, is pervasive in our society. The literature shows that the vast majority of women in prison are trauma survivors, as are the majority of all women with substance abuse and/or mental health problems.^{1,2} An understanding of the impact of trauma on women's lives, how trauma survivors develop coping mechanisms that can bring them to the attention of law enforcement, and what strategies can help trauma survivors to heal, were all key to changing the environment of WCCC.

Trauma occurs when an external threat overwhelms a person's coping resources. Whether an event is experienced as traumatic is unique to each individual; the most violent events are not always those that cause the deepest wounds. Trauma can result in specific manifestations of psychological or emotional distress, and it can affect many aspects of the survivor's life over time: her relationships, her ability to cope with stress, her physical health, and her ability to make her way safely in the world. Trauma can happen to anyone, but some groups are particularly vulnerable due to their circumstances, including women and children, people with disabilities, and people who are homeless or living in institutions.

SOME POTENTIAL SOURCES OF TRAUMA:

- emotional, physical, and/or sexual abuse in childhood
- abandonment or neglect (especially of small children)
- sexual assault
- domestic violence
- experiencing or witnessing violent crime
- institutional abuse
- cultural dislocation or sudden loss
- terrorism or war
- natural disasters
- chronic stressors like racism and poverty
- accidents
- invasive medical procedures
- historical violence against a specific group, such as slavery or genocide
- any situation where one person misuses power over another

1 Bloom, B., Owen, B., & Covington, S. (2003). *Gender-responsive strategies: Research, practice, and guiding principles for women offenders*. Washington, DC: National Institute of Corrections.

2 Browne, Miller, & Maguin (1999). Prevalence and Severity of Lifetime Physical and Sexual Victimization Among Incarcerated Women. *International Journal of Law & Psychiatry*, 22(3-4), 301-322.

Trauma's Effects on Individuals

A landmark study on the effects of "adverse childhood experiences," known as the ACE study, confirms both the extraordinary pervasiveness of trauma and the nature and extent of its impact on physical, emotional, and psychological health, as well as its social impact. The study, a collaboration between Kaiser Permanente and the federal Centers for Disease Control (CDC), looked at the connection between childhood trauma and future health issues among more than 17,000 enrollees in a California HMO, measuring individuals' "ACE scores" (the number of adverse childhood experiences). Adults with high ACE scores were much more likely than others to have serious physical health issues (including heart disease and diabetes), psychiatric symptoms, and health risk behaviors including substance abuse, smoking, and unsafe sex.³

The interpersonal impact of trauma can be devastating. Trauma destroys trust, so survivors may have difficulty establishing close relationships. It can undermine one's sense of safety; survivors may engage in seemingly counterproductive behavior in their quest to regain a feeling of control over their environment, which can further erode relationships.

The Consequences of Historical Trauma

The impact of historical trauma is of particular concern for the 40% of WCCC inmates of Native Hawaiian descent, who are disproportionately represented among the prison population (Native Hawaiians make up only 10% of the State's general population). As described by Maria Yellow Horse Brave Heart, a Lakota, historical trauma is the "cumulative emotional and psychological wounding...spanning generations, which emanates from a massive group trauma."⁴ As Brave Heart notes, the loss of traditional roles and cultural touchstones, and the resulting discrimination and poverty often faced by indigenous people in these circumstances, can leave the whole group with feelings of failure and hopelessness that are transmitted down through the generations.

For Native Hawaiians, the trauma of the cultural disruptions that resulted from the U.S. overthrow of the Hawaiian monarchy in 1893 is still evident. Native Hawaiian culture was traditionally matriarchal, so women

3 Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P., & Marks, J.S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14, 245-258.

4 Brave Heart, M.Y.H. (2005). *From intergenerational trauma to intergenerational healing*. Keynote address at the Fifth Annual White Bison Wellbriety Conference, Denver, CO, April 22, 2005.

may feel the loss of traditional roles especially keenly. This can make them vulnerable to trauma responses such as elevated suicide rates, substance abuse, mental health problems, coping mechanisms that appear self-sabotaging, unresolved grief, and physical ailments.

Institutional Practices Can Re-Traumatize

Many common practices that are considered “business as usual” within institutions like psychiatric hospitals and prisons can be sources of re-traumatization for survivors. Retraumatization happens when a situation, interaction, or environment that replicates the events or dynamics of the original trauma activates the overwhelming feelings and reactions associated with the initial trauma. Because trauma survivors were often powerless during the original event, any situation in which they have no control over what happens to them can be retraumatizing. This includes very blatant examples like strip searches, restraint, or being placed in seclusion or isolation, but it can also include less obvious forms of control, such as restrictions on freedom of movement and restricted access to visitors. While prisons conceptualize many of these activities as security measures, they can, in fact, make inmates feel unsafe and can result in trauma-driven “acting out” behavior.

Healing from Trauma

Despite the heavy toll that trauma can take, the good news is that human beings are very resilient and that healing from trauma is possible with the right kind of services and supports. Much has been learned about helpful interventions for trauma survivors in the past 20 years. A wide range of trauma-specific interventions are now available to address the symptoms of trauma. These include integrated models for trauma and substance abuse treatment, manualized group counseling models, prolonged exposure therapy, body-based interventions, eye movement desensitization and reprocessing (EMDR), and many others.

The field of trauma-informed care has also emerged in the past 20 years. Rather than focusing on treating trauma symptoms, trauma-informed care is a philosophy for reorganizing service environments to meet the unique needs of survivors and to avoid inadvertent re-traumatization. Trauma-informed practices support resilience, self-care, and healing. In trauma-informed settings, everyone is educated about trauma and its consequences, and everyone is mindful of the need to make the environment more healing and less re-traumatizing for both program participants and staff.

There is an understanding that, for trauma survivors, regaining control over their environment is the priority, so these settings emphasize safety, choice, trustworthiness, collaboration, and empowerment to the greatest extent possible.⁵

I came out [of prison] looking forward to fixing my past mistakes. I didn't realize that what happened to me – growing up without a mother, being beaten by my partner – was “trauma.” At WCCC, I learned about trauma, how it contributed to what brought me here. I had a chance to work on my issues and change my attitudes and behavior. I was honest with myself for the first time. I'm still working on myself; I want to make it right.

— Daphne, WCCC parolee and TICI volunteer

Planning and Implementing the WCCC Trauma-Informed Care Initiative (TICI)

When Warden Patterson and his team recognized that the vast majority of women at WCCC were survivors of trauma, they understood that many of the crimes that led to incarceration, particularly drug offenses, were rooted in women’s responses to traumatic experiences. They realized, too, that the prison environment and many of the routine practices in the correctional system had the potential to re-traumatize women. It became clear that changes already underway to operationalize the idea of *pu`uhonua* at WCCC could be implemented within the framework of a trauma-informed approach.

In response, Warden Patterson and his colleagues developed the WCCC’s Trauma-Informed Care Initiative (TICI), a unique collaboration among the facility administration, staff, and inmates; community-based non-profit organizations and foundations; state and federal government agencies; educators and researchers; and volunteers from churches, civic organizations, and the broader community. TICI was developed as a community-based participatory research project.

TICI was funded by grants from the Office of Hawaiian Affairs, the State’s Mental Health Transformation State Incentive Grant (MH TSIG) received from the federal Substance Abuse and Mental Health Services

⁵ Fallot, R.D. & Harris, M. (2008) Trauma-informed services. In Reyes, G., Elhai, J.D., & Ford, J.D. (Eds.) *The Encyclopedia of Psychological Trauma* (pp. 660-662). Hoboken, NJ: John Wiley.

Administration (SAMHSA), and the University of Hawaii's Mental Health Services Research, Evaluation, and Training program. **The project has four primary goals:**

- To establish universal trauma screening for all WCCC inmates
- To establish a uniform trauma assessment process for women who screen positive for a history of trauma
- To provide basic trauma awareness and sensitivity training to all WCCC employees
- To facilitate the development and coordination of trauma-specific mental health treatment within WCCC

Planning for TICI began with an exploratory meeting in late 2008 that included Warden Patterson, WCCC's mental health staff, leaders from the Department of Public Safety's health and mental health staff, the MH TSIG evaluation faculty from the University of Hawaii, and the MH TSIG Director. One outcome of the meeting was recognition of the need to understand the extent to which programs serving WCCC women were currently identifying and addressing trauma.

Needs Assessment

With input from local and national experts, the MH TSIG evaluation faculty developed a Trauma Treatment survey in March 2009, which was subsequently sent to onsite programs, contractors, and voluntary providers serving women at WCCC. Analysis of the data from the 12 respondents found that "a consistent, comprehensive, and coordinated approach across all providers and programs that offer trauma-informed assessment and care to the women at WCCC is lacking and needed."⁶ For example, six of the 12 programs provided trauma assessments, but they did not use a common framework nor standardized trauma assessment instruments. It was also determined that there was no mechanism in place for sharing assessment findings among the providers and programs. Only two programs or providers asked questions about cultural issues, and while four respondents asked about historical trauma, their questions tended to be about individual inter-generational trauma, not historical trauma of an entire cultural group. Six programs provided trauma-specific treatment, but there was little commonality among the approaches offered.

⁶ *Trauma Treatment Survey for the Women's Community Correctional Center: Draft Summary October 19, 2010.* WCCC Trauma-Informed Care Initiative.

Planning

After completion of the needs assessment, a TICI leadership team was created, made up of Warden Patterson; Toni Bissen of the Pū'a Foundation, an organization engaged in healing and reconciliation efforts that address consequences of the 1893 overthrow; Gina Camara, Ph.D., WCCC Mental Health Section Administrator; Sgt. Dawn Clemente, WCCC Safety and Training; Michelle Pope of the Bridge Program; Daphne Hookano; Mehana Hind; Wesley Mun; and Steven Onken, Julie Takishima, and Patrick Uchigakiuchi of the University of Hawaii. They convened a larger Working Group including representatives of community-based non-profit organizations, contractors serving WCCC women, community volunteers, and state agency representatives. The Working Group's charge was to plan and implement activities to meet the four TICI goals described above. The Working Group and its sub-groups (Task Groups), which met regularly, focused on developing: culturally appropriate, gender-specific measures for trauma assessment; a training program for all WCCC staff; and recommendations for ensuring a comprehensive trauma-informed system of care for WCCC.

To promote stakeholder buy-in to the TICI work, in July 2010 WCCC hosted a luncheon gathering of 25 guests from the community. The guests were invited to participate based on their expertise and interest in trauma and gender-specific, culturally sensitive mental health and substance abuse services for women in the criminal justice system. A number of women serving time at the facility also participated in the gathering, and lunch was prepared by WCCC women. The purpose of the meeting was to share information on TICI plans and goals in the "talk story" manner that is central to Native Hawaiian culture, gather the feedback and opinions of the guests about TICI plans, and invite attendees from the community to actively participate in the project's work. The majority of guests strongly agreed that they "were inspired to participate in the project because of what they learned about the women's experiences with trauma" and "could contribute to the project in a way that is consistent with their strengths and interests."⁷

⁷ *Evaluation Results from 7.22.2010 Luncheon Gathering.* Prepared by Julie Takashima and Annette S. Crisanti, Research Corporation of the University of Hawaii.

An Assessment Task Group was formed with representatives from WCCC staff and community stakeholders who have expertise in these areas. As a starting point for their work to develop screening and assessment protocols, the group reviewed the research literature and held focus groups with WCCC inmates to hear their views about the optimum timing of screening and assessment and modalities that would be likely to yield active participation in these activities. In their planning, the group considered factors unique to correctional settings. For example, women newly arrived at WCCC are likely to feel overwhelmed, may be in the process of withdrawing from drugs, and may have trust issues with staff, all of which could interfere with their willingness or ability to participate fully in screening and assessment at intake. The Task Group's goal was to create a screening and assessment process that empowered the inmates as fully as possible, to yield the most useful results.

Training on Trauma-Informed Care

The next major step in planning and implementing the TICI involved three days of intensive training provided by SAMHSA's National Center on Trauma-Informed Care (NCTIC) in September and October 2010. The audiences for these events included contractors and non-profit agencies serving WCCC women, community-based TICI participants, and the interested general public, as well as WCCC and other correctional system staff.

A 2½-hour awareness training, *Understanding and Responding in a Trauma-Informed Way*, was presented at five different locations on Oahu; three of these sessions were open to the public (one was also made available to outlying areas by video conference), one was at WCCC, and one was at Oahu Community Correctional Facility, a facility for men. The goals of the training were to familiarize people with the characteristics and positive impact of trauma-informed systems, the psychological and neurobiological effects of trauma, and how to avoid or mitigate trauma and re-traumatization in forensic settings. A key message was that trauma affects the lives of staff as well as people receiving services, and strategies for dealing with the impact of staff trauma were provided. The training was provided for WCCC inmates as well. A total of 285 individuals from various organizations participated in these sessions, including 110 WCCC staff.

This introductory training was followed by two opportunities to participate in a day-long training by NCTIC on the Trauma, Addiction, Mental Health, and

Recovery (TAMAR) model of group treatment for trauma. TAMAR is a structured, manualized 15-week program developed specifically for trauma survivors in correctional settings, which provides inmates with basic information on the multiple ways in which trauma impacts people. It also teaches the development of coping skills. The modules integrate education about childhood physical and sexual abuse and its impact on survivors as adults with cognitive-behavioral and express therapy principles and activities. The TAMAR sessions were by invitation only, and were geared toward criminal justice professionals and those providing services to people in the correctional system. A total of 73 individuals from various organizations participated in the TAMAR training, including 13 staff each from WCCC and Oahu Community Correctional Center (OCCC).

A team from the WCC Trauma-Informed Care Initiative participated in a two-day invitational meeting, sponsored by SAMHSA's National Coordinating Center to Reduce and Eliminate the Use of Seclusion and Restraint, *Preventing Violence and Promoting Recovery Through Positive Culture Change*, in Baltimore in November 2010. Six institutions from across the country – two inpatient psychiatric hospitals, two forensic psychiatric facilities, a juvenile justice facility, and WCC, along with a countywide trauma collaborative – came together to discuss their progress toward becoming trauma-informed and to learn from each other and from national experts, including trauma survivors. Each site shared innovative tools, programs, and practices, such as the successful implementation of multisensory comfort rooms and restorative justice initiatives. Warden Patterson presented about WCCC's TICI and shared a story of WCCC women spending time with their children, which many meeting participants found very moving.

Recognizing that one-time training alone is not sufficient to create culture change, WCCC requested training and technical assistance through SAMHSA's Promoting Alternatives to Seclusion and Restraint Through Trauma-Informed Care. In March 2011, three trauma survivors supported by SAMHSA spoke to 110 WCCC women about the principles and values of peer support, survivor participation and leadership, and the process of developing and maintaining peer support programs. The presentations, also offered to women in the community-based transition program *Ka Hale Ho'āla Hou No Nā Wāhine*, included sharing of survivor art, writing, and music. The presenters worked with staff to raise awareness about the key role peer support plays in healing from trauma.

Strategic Planning

In April 2011, a SAMHSA consultant facilitated two days of strategic planning with the TICI team, Working Group, and other partners to develop mechanisms to maintain and expand the reach of the TICI. An awareness training, *Understanding and Responding in a Trauma-Informed Way*, was repeated on Oahu and on three neighbor islands, where it was offered to staff and providers in health, mental health, judiciary, corrections, substance abuse, and social services fields, as well as first responders and people receiving services and their families.

The warden's attitude and vision have made this a different place. He has a willingness to take risks with people. He believes in us and wants to give everyone a chance to heal. Since the staff learned about trauma, they act differently. Some staff used to be hostile, but now they explain the rules calmly, they don't yell. They take more pride in their jobs. It has changed their negative, judging attitudes to acceptance and understanding.

— Roberta, WCCC inmate

TICI Accomplishments

TICI is still an ongoing work in progress, but some important milestones have been reached in implementing aspects of the program.

Trauma Screening and Assessment

The Assessment Task Group developed an innovative approach to trauma screening and assessment, largely based on the feedback they received from women in the inmate focus groups. The women felt that, because entering prison is such a traumatizing experience in itself, intake is not the best time to ask probing questions about past traumatic experiences. Instead, trauma screening and assessment has been incorporated into a new 10-week orientation program delivered by peer leaders and members of the assessment team which is designed to help ease the adjustment to prison life. Entitled *You Hold the Key to Getting Out and Staying Out: A Transformative Process of Hope and Opportunity*, the goal of the orientation is to provide vital information about prison life and to establish a sense of trust and safety before asking sensitive questions about women's trauma history. Trauma assessment occurs in weeks 9 and 10 of the program, following modules on healing opportunities, community building, and self-care.

Workforce Development

In December 2010, under the leadership of WCCC Director of Safety and Training Sgt. Dawn Clemente, a nine-module training curriculum designed for corrections officers and other WCCC personnel was completed. The purpose of the curriculum is to enable correctional officers to understand trauma and its impact, to identify potential trauma triggers, and to gain the skills and techniques to engage women in a helpful way when responding to manifestations of trauma. Further goals are to establish an effective working partnership between security staff and clinicians; to prevent trauma, victimization, and re-traumatization; and to prevent staff traumatization. The curriculum is seen as a key ingredient in creating, growing, and maintaining a trauma-informed environment throughout the facility.

The TICI Working Group recognized the need for ongoing information sharing and skill building for WCCC staff and community partners on issues related to trauma and trauma-informed care. They have adopted a model for sustaining knowledge transfer and skill uptake that was developed by the Mountain West Addiction Technology Transfer Center (MWATTC) as a guideline for sustaining and furthering the project's training activities.

Using Trauma-Informed Practices to Reduce Seclusion and Restraint

The reduction of seclusion (called "isolation" in the correctional system) and restraint has been a focus of the training and activities of WCCC's Trauma-Informed Care Initiative, in recognition of the fact that these interventions are likely to re-traumatize women who are trauma survivors and to cause trauma responses in women who had not previously experienced trauma. Steve Onken, Ph.D., Co-Principal Investigator for the TICI, was an original member of SAMHSA's National Steering Committee for Alternatives to the Use of Restraints and Seclusion, and his commitment to this issue helped focus the group's awareness of the need to address these matters from a trauma perspective. As the lead in working with the TICI Training Task Group and coordinating trainings provided by NCTIC consultants, Dr. Onken helped ensure that all of the training, workshops, and dialogue sessions included content on understanding the trauma impact of restraint and seclusion on those being restrained and/or secluded as well as on staff who were involved in doing restraint and/or seclusion. All training activities included strategies and tools to help lessen the use of restraint and seclusion, with the ultimate goal of eliminating these

traumatizing practices. This issue was also addressed in NCTIC's organizational assessment with the TICI and the resulting strategic planning sessions.

A training provided to WCCC staff on *Bridging Trauma in a Correctional Environment* addresses the use of trauma-informed practices as a tool for reducing and eliminating seclusion and restraint. In addition, Dr. Onken and Co-Principal Investigator Patrick Uchigakiuchi have provided WCCC with model policies for its consideration regarding "debriefing," a critical strategy in reducing the usage of restraint and seclusion. Warden Patterson and WCCC Mental Health Section Administrator Dr. Gina Camara are also pursuing the creation of comfort/sensory rooms at WCCC. These rooms have been successfully used in psychiatric inpatient units and other institutional settings as an effective tool for calming and de-escalation that can prevent the use of restraint or seclusion. A comfort or sensory room is a space that is designed in a way that is calming to the senses and is furnished with items that are physically comfortable and pleasing to the senses in order to provide a sanctuary from stress. Comfort rooms can help teach individuals calming techniques that work for them to decrease agitation and learn positive self-calming techniques.

Additional Resources to Build the Pu`uhonua

By embracing a trauma-informed framework for their efforts to transform the correctional environment into a place of healing, the WCCC leadership and staff have added value to the many existing programs at the prison that are helping women recover from trauma, substance abuse issues, and mental health problems. The resources available to women at WCCC include the following:

Maintaining the Bonds Between Mothers and Children

Most of the WCCC women are mothers, and staff recognize that maintaining the bonds between incarcerated mothers and their children is vital to healing from trauma and preparing women for successful return to the community. There are several programs addressing these needs, including Kids Day, regularly scheduled days when children can come to the facility and spend time with their mothers through organized activities such as games, face-painting, and art projects. There are also evenings when teens can join their mothers for movies and conversation.

Special events, such as visiting the zoo together, offer the chance for mothers to bond with their children away from the correctional environment. Keiki O Ka `Āina Family Learning Center provides mentoring to children and their current caregivers, as well as to mothers, with the goal of providing a safe and nurturing environment for the children and preventing the risk of neglect and abuse among children of incarcerated parents. They conduct parenting classes and provide a preschool program.

Trauma training has really opened our eyes. I know there is hope to break the cycle of trauma – they can still learn to parent. I see the mothers beginning to take responsibility, to transform their lives for the sake of their keiki (children). Early childhood educators need training to identify trauma in the keiki so they can get help and we can break the cycle.

— Memory Ku, Coordinator,
Strengthening Keiki of Incarcerated
Parents Partnership, Keiki O Ka `Āina
Family Learning Centers

Enhancing the Physical Environment

Prisons are not generally warm and welcoming places, but under Warden Patterson's leadership, much has already been accomplished to make the buildings and grounds more inviting. For example, in many buildings, the typical institutional colors are gone, replaced by bright colors, murals, and paintings of the local Hawaiian flora and fauna done by WCCC artists. In a grassy yard, a large open-air pavilion with picnic tables was constructed by volunteers from the community, using donated materials; this provides space for programs that allow mothers to spend quality time with their children. Inmate work crews are clearing brush and landscaping parts of the grounds near a stream, creating an oasis of Native Hawaiian plants. Warden Patterson's next goal is to replace a paved courtyard between living units and classrooms with grass and gardens.

Education

Lack of education and job skills are huge barriers to successful community reentry for women leaving prison, and WCCC addresses these needs through GED classes as well as a range of vocational training programs. In partnership with a local community college, a culinary services program offers college credit and job skills, and the trainees work in the WCCC kitchens. A welding training program prepares women with a marketable, well-paying skill, and flower arranging is another trade program. A comprehensive transition to six months post-reentry. A range of other courses, including personal development topics, spiritual growth and healing, and creative writing, are available. Mother Read, a family empowerment and literacy program, helps women improve their reading skills to make reading with their children a more rewarding experience. The Olelo Broadcasting program teaches marketable skills in media production and broadcasting, and creates videos about WCCC programs.

Substance Abuse Treatment

Four distinct substance abuse treatment programs are available to women at WCCC, including Addiction Treatment Services provided by the Salvation Army and a Residential Drug and Alcohol Program that combines treatment with an education program to ensure that women have the best chance for successful reentry. Ke Aluala Lo'i, a unique partnership with the Garden Club, combines substance abuse treatment with an opportunity for women to plant, maintain, and care for traditional Hawaiian agricultural terraces. Total Life Recovery (TLR) is a full-time, faith-based program that offers addiction treatment, one-on-one counseling, and classes on topics ranging from music, leadership, hula, and spiritual topics. A unique aspect of TLR is its hydroponics program, a partnership with an Oahu garden club, The Outdoor Circle, whose members volunteer their time to teach and supervise the trainees. Here, women learn how to grow salad greens and herbs for the WCCC kitchen and propagate landscape plants that the Outdoor Circle members sell in the community to fund the program.

Reentry/Transition Programs

The Bridge is a 15-bed open housing unit (i.e., no corrections officers are stationed there) providing transitional substance abuse services and assisting women in developing mind, body, and spiritual wellness to support their reentry. Many women in the program have jobs outside the facility. They also participate in community

re-integration activities to reduce the rate of recidivism and parole violations.

TJ Mahoney Associates runs Ka Hale Ho'āla Hou No Nā Wāhine: The Home of Reawakening for Women, a trauma-informed, community-based residential work furlough program that helps women transition successfully to the community. The program provides assistance and training in finding and keeping employment, building life skills, and developing social networks. The focus is on empowering women by teaching skills for dealing with overwhelming feelings.

Trauma-informed care provides a unifying framework for our transition program. We don't use pathologizing language – we speak plain English. Rather than "steps," we talk about widening circles of healing. Women shouldn't have to go back to step one if they mess up – we help them refocus and continue to widen the circle. We guide women from blaming and victimhood through ambivalence to empowerment and resiliency.

— Lorraine Robinson, Director,
Ka Hale Ho'āla Hou No Nā Wāhine:
The Home of Reawakening for Women
(TJ Mahoney Associates)

Community Outreach/Community Volunteers

Warden Patterson has made community outreach a priority. Women from WCCC regularly go into the community to discuss the impact of trauma, read from their creative writing, and show videos produced by Olelo Productions about WCC programs, presenting to audiences in churches, schools, colleges, civic groups, and other organizations. In addition to raising awareness about trauma and the needs of women in the correctional system, this outreach has resulted in the recruitment of community volunteers for projects and programs at the facility, such as the picnic pavilion built by volunteers.

Keys to Success

While the Trauma-Informed Care Initiative at WCCC has clearly been guided by the spiritual values of Native Hawaiian culture, one can identify a number of factors that have been crucial to the project's success which could be easily adapted and incorporated into trauma initiatives in correctional and other institutional settings on the mainland.

Inspirational Leadership

Warden Patterson's passion for transforming WCCC into a *pu`uhonua* within a trauma-informed framework, and his ability to communicate that vision in a manner that has built excitement, motivation, and commitment among staff, inmates, non-profit groups, and the broader community, is a central factor in TICI's ongoing success.

Becoming a Learning Organization

The TICI leadership and Working Group recognize that changing the organizational culture is a complex, multi-year process that must be constantly attended to, and that one-shot trainings are not sufficient to bring about fundamental change. In addition to multiple training opportunities over an extended period of time, culture change is nurtured through supervision, Working Group meetings, cross-fertilization among partner organizations, and by example.

Survivor Participation

The meaningful participation of parolees and women currently at WCCC is integral to TICI's success. Women receive the same training as staff and are involved in meetings and events. Parolees are members of the Working Group, and their perspectives are sought out, respected, and incorporated into the vision.

Community Involvement

In most communities, what goes on behind prison walls remains a mystery, and there is often a lack of understanding and interest about incarcerated individuals. Warden Patterson has made a point of involving the WCCC women in outreach to the community, which puts a human face on the issues of trauma found within

correctional facilities. By fostering understanding of the impact of trauma on the women's lives and showing concretely that healing and growth are possible, this outreach benefits both the community and WCCC by making community volunteers an integral part of the change effort.

Partnering with Other Governmental Agencies, Academia, and Community-based Non-Profits

Working together with other governmental agencies, such as the Office of Hawaiian Affairs and the Department of Health's Adult Mental Health Division, has brought both funding and outside expertise to the TICI. Including researchers and evaluators with experience in trauma and system transformation from the University of Hawaii ensured that the project had an ongoing evaluation that provided feedback to the process. The active participation of community-based non-profit groups brought in expertise in a range of human service fields and helped educate these helping agencies about the impact of trauma.

When I first came here, I cried all the time and isolated myself. I joined a creative writing class, and now I go out and share my writing in churches and schools. Now I have friends, go to programs. What changed for me is that I have learned about myself; I've matured and grown. The learning was all for growth – life has more meaning for me now.

— Earlily, WCCC inmate

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