

No Such Thing as a Trauma-Informed Prison: The State's Own Sources Agree¹

The Baker Administration's campaign to open a new women's prison has been flawed from the start. Lack of transparency, absence of input from incarcerated and formerly incarcerated women on whether a prison is needed and irregularities in the call for proposals are [well-documented](#). Scholars and [activists](#) alike question the need for a \$50,000,000 prison project at a time when the number of incarcerated women has steadily declined.

In trying to make the case for the project, the Department of Correction describes the proposed prison as a "trauma-informed" and "therapeutic" space--descriptors that are intended to resonate with current concerns regarding extremely high rates of health challenges and histories of abuse among incarcerated women.

However, while it is indeed true that poor health and abuse are common pathways to prison for women, there is [no rigorous research](#) showing that prisons are appropriate or effective as therapeutic institutions. Rather, studies show that [prison is more likely to traumatize than to heal](#).

Still, continuing with the inherently unsound prison campaign, on March 3, 2021 the Massachusetts Designer Selection Board selected the architectural firm HDR as the top choice to negotiate with the Division of Capital Asset Management and Maintenance (DCAMM) for a half-million dollar contract to begin the process of designing a new "trauma-informed" prison for women.

Following the meeting of the Board, a group of scholars, graduate students, and social workers:

- reviewed the sources provided by DCAMM in response to a public records request; these offered **no** evidence regarding successful outcomes of so-called trauma-informed prison projects
- reviewed the information cited by HDR in response to a query from the Board regarding the research on which the firm is basing recommendations in its bid for the state contract to build a new women's prison.

Careful reading of all the sources provided reveals that neither HDR nor DCAMM cited any evidence-based research demonstrating that effective trauma-informed, gender-sensitive prisons exist.

¹ Corresponding author: Susan Sered (ssered@suffolk.edu). This memo is part of a series of documents addressing issues of women and incarceration. See also "[Debunking the Myth of Gender-Responsive Treatment in Prison](#)".

Sources provided by DCAMM explain the benefits of trauma-informed building design in a general way, focusing primarily on housing for homeless people. None of the sources address constructing and running a women's prison, trauma-informed or otherwise.

Sources cited by HDR persuasively argue for diverting women from prison rather than for building a women's prison. Research cited identifies the harms of incarceration and supports the development and funding of policies that reduce rates of incarceration. HDR's sources further emphasize the complex health challenges people in prison live with and the multiple impediments to providing quality healthcare to prisoners both off-site and within the prison.

Put bluntly, DCAMM's and HDR's own research argues **against** the Baker Administration's plan for a new women's prison. **None of the research cited suggests that prison can be a therapeutic environment for women or that prison can serve women's therapeutic needs.**

The failure to make an evidence-based case for the proposed "trauma-informed" prison confirms the claims made by scholars and by activists that **"trauma-informed" is inherently incompatible with incarceration.** The core principles critical to a healing environment for women who have experienced the kinds of traumas documented in studies of criminalized women include bodily autonomy, privacy, control over personal space, the power to choose one's companions and therapeutic providers, free access to the people with whom one builds healing relationships (such as family members), and freedom of movement. None of these principles can be actualized under conditions of involuntary confinement.

Evaluation of the sources provided by DCAMM

"References on Trauma-Informed Design Compiled by DCAMM's Office of Planning" was provided in response to DCAMM Public Records Request 21-52.

The following links and sources comprise the full list sent to us by DCAMM in response to a request to see "the source(s)—both internal and external—that the DOC and DCAMM are basing their use of 'trauma-informed design' on in public statements" (C. Russell, personal communication, February 23, 2021).

Rather than present research into what a trauma-informed women's prison should include or avoid, the sources provided seem to be an unsystematic collection of newspaper articles, blogs, radio and YouTube links, opinion pieces, and organizational websites. The material includes no evaluations or assessments of projects or approaches. And while there are a few links to descriptions of trauma-informed homeless shelters, there is no information regarding trauma-informed prisons for women. Below, we provide a brief analysis of each of the sources that DCAMM sent in response to our request.

Substance Abuse and Mental Health Services Administration (SAMHSA), a branch of the U.S. Department of Health and Human Services:

- SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach (2014). Prepared by SAMHSA's Trauma and Justice Strategic Initiative. Retrieved from: https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf.

This is a very good overview of trauma and providing services for people who have experienced trauma. However, the guidance it offers does not fit the specific limitations of a prison environment. For example, the six principles of a trauma-informed approach include "Empowerment, Voice and Choice" and "leveling of power differences between staff and clients (p. 11)."

There is no discussion of how this could happen in a prison.

The document does not include any ideas or information regarding trauma-informed prisons or jails. To the contrary, it stresses the importance of addressing trauma within the context of communities. It also mentions SAMHSA's Jail Diversion Trauma Recovery grant program.

National Council for Behavioral Health, institution representing organizations that deliver mental health and addictions treatment and services:

- Richardson, J., Ingoglia, C. (undated). National Council for Behavioral Health: Recommendations for Trauma-Informed Design. Retrieved from: <https://healingattention.org/wp-content/uploads/Trauma-Informed-Design-Summary.pdf>.

This is a three-page document that offers principles of trauma-informed design and universal design. It is not geared towards prisons and it is not research-based. The principles are very general and include things like cultural competence, cool color schemes, and limiting visual complexity such as distracting patterns. These are not particularly relevant to prison design. For example, there is no mention of how these principles could co-exist with the need for security, locked doors or prohibiting contraband in a prison.

American Institute of Architects (AIA), professional organization of architects:

- Cabeza de Baca, E. (2019). AIA's Academy of Architecture for Justice Conference 2019: Las Colinas Women's Detention and Reentry Facility: Normative and Trauma-Informed Design, human rights, opportunities for gender-responsive practice. Retrieved from: <https://network.aia.org/blogs/emilia-r-cabeza-de-baca-assoc-aia1/2019/10/07/las-colinas-womens-detention-and-reentry-facility>.

This is a brief introduction to normative design prepared for participants in an upcoming tour of a women's detention facility. The tour is organized as part of an architectural conference. This particular essay is critical of the company that built the facility, questioning why the firm's materials do not mention well-regarded information about criminalized women, but rather "the 17 awards, paint colors, and LEED status of the project."

Vera Institute of Justice, an independent nonprofit national research and policy organization:

- Scully, S., Hairston, L. (2017). Sexual Assault Awareness is Key to Keeping Girls Out of the Juvenile Justice System. Retrieved from:

<https://www.vera.org/blog/gender-and-justice-in-america/sexual-assault-awareness-key-keeping-girls-out-juvenile-justice-system>.

This is a very brief announcement of the National Sexual Violence Resource Center's Sexual Assault Awareness Month (SAAM) campaign for 2017, and a statement pointing out the high rates of sexual abuse among girls and women in the juvenile justice system. This has nothing to do with designing a prison.

- Benedict, A. (2012). Correcting corrections for women. Retrieved from: <https://www.vera.org/blog/correcting-corrections-for-women>.

This is a very brief op-ed style piece noting the ACLU's work in trying to prohibit strip-searches in women's prisons.

Other Educational and Research Institutions:

- Designing for Healing, Dignity & Joy. University of Denver Center for Housing and Homelessness Research. Promoting Physical Health, Mental Health, and Well-Being Through Trauma-Informed Design (2020). Retrieved from: <https://connectingparadigms.org/wp-content/uploads/2020/07/Designing-for-Healing-Dignity-and-Joy-FINAL-redux-1.pdf>.

This is an overview of trauma-informed design developed by a team working with homeless populations. It reflects a collaboration between the University of Denver School of Social Work and Group 14 - a sustainable design consulting firm.

The discussion of trauma is quite good and the design principles are inspiring. However, many of the criteria for trauma-informed design are not applicable in prisons. For example: privacy, personal control, choice, and empowerment.

While there are some parallels and overlaps between homeless and incarcerated populations, the design challenges seem quite different. Most important, residents of prisons are not there voluntarily and cannot leave at will.

Notably, one of their "4 tips for success" in trauma-informed design is: "Gather feedback from stakeholders throughout the process."

- Boston Architectural College (2020). Trauma Informed Design: A Look at Educational Environmental Design in a Post-Pandemic Environment. Retrieved from: https://www.youtube.com/watch?v=8t1pgy_d8Q0.

This is a long (90 minute) YouTube video. Here is the summary: "This discussion, led by BAC Faculty from Design Studies, Design for Human Health, will explore the role of designers in providing safe and sustainable futures in educational environments - including an exploration of offering design solutions to social inequities specifically looking at K-12."

While the discussion seems to include many good ideas, it is difficult to see the relevance to building a women's prison.

- University of Cincinnati School of Criminal Justice (undated). Treatment of Offenders in Institutions: Theories, Research, & Implications. Retrieved from: <https://network.aia.org/HigherLogic/System/DownloadDocumentFile.ashx?DocumentFileKey=2275f906-f873-6720-86ee-801a1c54007f&forceDialog=0>.

This seems to be a summary of a series of presentations on a variety of criminal justice topics. DCAMM may have included it because one of the presentations is on “The Relevance of Prison Architecture for Reducing Inmate Crime and Victimization.” The summary (if that is indeed what it is) is brief and general; e.g. overcrowding is not good.

- Trauma-informed design (2021). Retrieved from: <https://traumainformeddesign.org/>.

This is a single slide with a diagram identifying a framework for trauma-informed design, emphasizing hope, empowerment, connections, safety, peace of mind, and joy. The website is linked to what looks like a new organization that has not yet posted any content.

Other Organizations and Resources:

- Design Resources for Homelessness (2021). Trauma Informed Design. Retrieved from: <http://designresourcesforhomelessness.org/about-us-1/>.

This is similar to the University of Denver report on trauma-informed design and homeless populations. It has less content than that report. This item is more focused on designing for homeless people rather than trauma-informed design.

- Elder-Connors, L. (2018). Empathy in Architecture: COTS Embraces 'Trauma-Informed Design' In Shelter Renovation. Retrieved from: <https://www.vpr.org/post/empathy-architecture-cots-embraces-trauma-informed-design-shelter-renovation#stream/0>.

This is a link to a radio interview with people who are trying to build trauma-informed shelters for homeless people.

- Farrell, J. (2018). Trauma-informed design. Retrieved from: <https://cotsonline.org/2018/04/27/trauma-informed-design/>.

This is a one-page flyer about plans to incorporate trauma-informed design into a temporary shelter for homeless young people.

- Environments for Health Architecture. Garcia, A. (2020). Empathy in Architecture: Using Trauma-Informed Design to Promote Healing. Retrieved from: <https://e4harchitecture.com/empathy-in-architecture-using-trauma-informed-design-to-promote-healing/>.

This is a brief blog post that concludes, “Every environment we step into has an impact on our state of being. Using empathy and understanding to create intentionally designed spaces is at the core of what it means to be a designer. Creating from this place of compassion is a profound way to play an important role in the complex journey of healing trauma.” While a lovely sentiment, this document does not provide anything close to a blueprint for designing a prison.

• Singer, D. (2020). The Colorado Trust: Using Trauma-Informed Design, Buildings Become Tools for Recovery. Retrieved from:
<https://www.coloradotrust.org/content/story/using-trauma-informed-design-buildings-become-tools-recovery>

This is a newspaper style report on a project to provide trauma-informed housing to homeless people who had struggled in shelters in Denver.

Evaluation of sources provided by HDR

On March 3, 2021, the architectural firm HDR referenced the Sequential Intercept Model (SIM) and supplied their own publication *Providing Healthcare in the Prison Environment*² to the Massachusetts Designer Selection Board in response to questions regarding the research on which the firm is basing its recommendations in its bid for the state contract to begin designing a new women’s prison.

While both references offer sensitive and holistic understandings of the challenges faced by incarcerated women, neither reference actually responds to the question asked by the Board. Neither reference argues or demonstrates that prisons can be therapeutic environments for women. Neither addresses questions of how a prison can serve the therapeutic needs of women. Instead, both express concern regarding the harms of incarceration and explicitly urge the development and funding of policies that reduce rates of incarceration.

In the pages below, we show how these references are largely irrelevant.

Sequential Intercept Model (SIM)

SIM is a positive and well-established approach to **intercepting** paths to incarceration and **diverting** individuals from jails and prisons. It **does not provide either justification for or a roadmap to best practices in constructing a women’s prison**. Already used in Massachusetts trial courts, the SIM approach is summarized on the SAMHSA website³:

“SIM helps communities identify resources and gaps in services at each intercept and develop local strategic action plans. The SIM mapping process brings together leaders and different agencies and systems to work together to identify strategies to divert

² Daniel Redemsky (2018). *Providing Healthcare in the Prison Environment: What Services Belong Behind Bars and What Services Belong in the Community Setting?*, HDRInc.

<https://www.hdrinc.com/sites/default/files/2018-10/providing-healthcare-in-the-prison-environment.pdf>

³ <https://www.samhsa.gov/criminal-juvenile-justice/sim-overview>

people with mental and substance use disorders away from the justice system into treatment.”

Providing Healthcare in the Prison Environment: Overall Assessment

The publication *Providing Healthcare in the Prison Environment*, commissioned by HDR and written by architect Daniel Redemsky, is an overview of peer-reviewed studies of health and healthcare in prisons, asking whether care can better be provided in prison or in the community. **The studies cited overwhelmingly support expanding community-based services.**

Highlighting the many challenges to providing healthcare to prisoners, HDR explains, “Prisons are not designed to treat disease, but to incarcerate. ... Providing a patient-centered health program is difficult in a setting focused on security” (pp. 58-59). In fact, according to the publication, studies show that the longer an individual remains in prison the greater the chance they have of dying from illness.

In short, HDR’s publication **does not provide justification for constructing a women’s prison, but instead provides evidence that prisons cannot meet the healthcare needs of the people they confine.**

Providing Healthcare in the Prison Environment: Women’s Health

A full section of the HDR publication lays out the complex health problems of incarcerated women. However, it **does not cite evidence proving that these problems can be treated effectively in prison.** Rather, it points to multiple ways in which incarceration damages women and families, costs the state financially, and cannot effectively address women’s health challenges.

The studies cited explain that incarcerated women are likely to be convicted of drug-related crime, survivors of physical and / or sexual abuse, live with multiple physical and mental health problems, are especially likely to report a disability (40% of women vs. 31% of men), and to come from families in which other family members also are in the criminal justice system.

Drawing on numerous studies, HDR notes that the prevalence rate for traumatic brain injuries is approximately 65% for male prisoners and 72% for female prisoners, and that prison causes further trauma due to overcrowding, solitary confinement, violence and more. HDR emphasizes that traumatic brain injuries are associated with a range of cognitive and behavioral issues that increase chances of incarceration in the first place, incidence of problems while incarcerated, such as being disciplined by corrections staff for not following rules, and further risks of brain injury while in prison. Thus, traumatic brain injury and incarceration form a vicious cycle.

Regarding the challenges to providing reproductive health care services to incarcerated women both on and off-site, the studies cited document the high incidence of women suffering miscarriages and giving birth in prison cells, the costs and logistics involved in getting laboring women from prison to hospitals, concerns about shackling during transportation and in the hospital, loss of opportunities for mothers and babies to bond, and postpartum depression.

Exacerbating matters, the majority of incarcerated women are mothers of minor children. HDR cites studies indicating that when a mother is incarcerated the child is likely to experience trauma, and that even a short stay in prison can lead to homelessness which causes ongoing harm to mothers and children after mothers are released.

In contrast to the detailed exposition of the health challenges of incarcerated women, HDR offers a fairly brief overview of types of healthcare programming for women in prisons around the country (pp. 116ff). Though noting interest in gender-sensitive and trauma-informed programs, **no data are presented on outcomes of these or any other women's health programs.**⁴

HDR's recommendations: Neither here nor there

The final sections of *Providing Healthcare in the Prison Environment* weigh the costs and benefits of expanding medical services in prisons versus taking prisoners to healthcare facilities in the community. Both options have serious disadvantages, especially for women: **"Because of the amount of gender-specific medical and mental healthcare needed, it is difficult to provide cost-effective care and to determine where that care should take place"** (p. 137).

On the one hand, providing medical services within prison can be difficult because it requires attracting and retaining qualified providers and having sufficient space and equipment for a wide range of healthcare activities. On the other hand, bringing incarcerated women to healthcare facilities in the community can be expensive and time-consuming. (HDR cites a California finding that the cost of medical transportation can exceed \$2000 per incarcerated individual per day, p. 149). Although HDR does not mention it, every time someone is taken outside prison, corrections officers strip-search her on the way out and on the way back, which can serve as a deterrent to seeking needed medical care and can be especially traumatizing if an individual needs gynecological care.

Failing to make a case for where incarcerated people should receive medical services, or a case for prison healthcare services at all (whether provided on or off-site), HDR offers a number of modest, commonsense recommendations: better record keeping so money isn't wasted on duplicate tests, isolation of contagious individuals, improved protocols for emergency response, designing flexible spaces that can be used for a variety of healthcare purposes (for example, acute care as well as ongoing treatments such as dialysis), allowing individuals to purchase over the counter medication at the commissary so as to reduce sick calls, and expanded use of telemedicine. Yet even these recommendations are offered with a grain of salt: **"For designers, the lack of data makes it difficult to help prison officials adequately size and design their correctional health facility"** (p. 59).

⁴ A comprehensive literature review carried out in 2021 by Sered, Taft and Russell similarly found no evidence for the effectiveness of prison-based therapeutic programs, including ones designed to be gender-responsive and trauma-sensitive. See <http://susan.sered.name/ineffectiveness-of-prison-based-therapy-the-case-for-community-based-alternatives/>. Also see Prison Legal Services study of failure to comply with Massachusetts law on minimum standards for pregnant women in prison and jail: https://plsma.org/wp-content/uploads/2016/05/Breaking-Promises_May2016.pdf

Conclusion

HDR concludes that before considering how healthcare services should be provided to prisoners there must be serious discussion of how to reduce US prison populations. These measures include creating and expanding community-based services, alternatives to incarceration, implementing new sentencing policies, expanding compassionate release programs, and expanding parole options (p. 159).

These measures are consistent with certain features of the Massachusetts Criminal Justice Reform Act of 2018 as well as the SIM model, well-supported by the research literature, and consistent with the positions of organizations that advocate on behalf of justice-involved women.⁵ They **do not, however, provide support for building a new women's prison of any sort.**

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⁵ <https://www.nationalcouncil.us>