Taking care of staff in forensic settings

2nd International Meeting Trauma Needs in Secure Care Services
Integrating Risk, Trauma Responsive and Ethical Frameworks
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Hon Professor Dr. Geraldine Akerman

Consultant Forensic Pychologist HMPs Grendon, Springhill, Bullingdon and Huntercombe

Geraldine.Akerman@oxfordhealth.nhs.uk

@ForensicLets @GeriAkerman

Session aims

Explore the consequences a traumatised team has for service- users, staff members and the organisation

Think how we can take care of ourselves

Contemplate how trauma propagates throughout the system

Draws together themes of how we and the organisations we work for can recognise and support processes of maintaining and enhancing trauma-informed forensic practice

Incidents in secure forensic settings

- UK Government records reveal that in the Prison Service in England, staff experienced over 9000 assaults on staff in 2023 and were exposed to twice that in terms of witnessing and managing prisoner on prisoner assaults (18,033 assaults in 2023 source: MOJ/HMPPS, 2024)

- In forensic mental health settings, the national data is a little harder to come by, particularly since the disbanding of NHS Protect in 2016 meant that national data on violence towards staff stopped being collected.

- Data in one forensic inpatient settings (Male Medium and Male and Female Low secure, 135 beds across 9 inpatient teams) show that violent incidents (including sexual, physical, verbal and racial abuse) account for nearly 50% of all recorded incidents.

- Racial and verbal abuse appears underreported in forensic settings (Newman, Roche & Elliott, 2021)

- Kelly et al., (2015) who found that over a one-year study 99% of inpatient forensic staff had had some sort of conflict with a patient and around 70% of them had been assaulted in some fashion during that same period.

Impact of trauma on staff

- Exposure to traumatic events can be through directly experiencing the event, witnessing the event, having the event happen to someone close to the person, or experiencing occupational exposure (such as treating someone with injuries sustained in a traumatic event or hearing harrowing stories about a traumatic event).
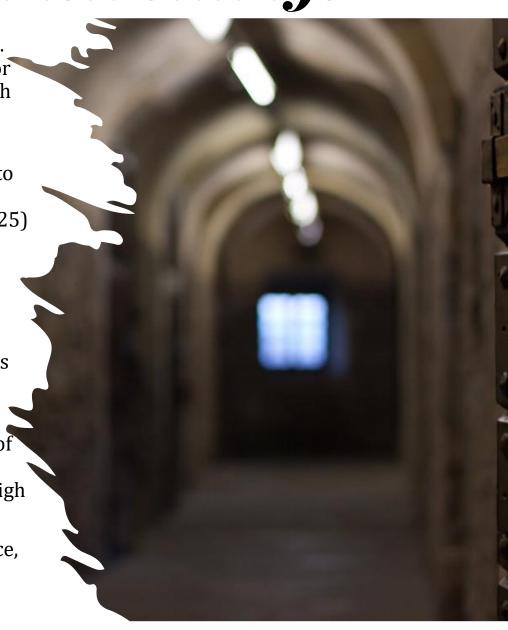
- Brain changes with traumatic event exposure and the resulting symptoms make it more difficult for traumatized people to learn and retain new information (Lambert & McLaughlin, 2019).

- The individual's environment would appear to be a central component in rehabilitation. Agencies are likely to need to provide explicit consideration to the nature of the social and physical context where individuals are expected to reside and work. Taylor and Akerman (2022) highlight how this plays a central component in rehabilitation and agencies are likely to need to provide explicit consideration to the nature of the social and physical context where individuals are expected to reside. This in turn will impact on the wellbeing of the staff (Akerman, Needs & Bainbridge, 2018). Rowsell (2025) highlights how important nature is to wellbeing

- Staff teams function under a range of threats, adversities, challenges, structures and expectations- high turnover, multiple adversities to respond to the likelihood of them becoming a "traumatised team" increase. Also, teams are operating under the condition of escalating demand against a stagnation or reduction in resources. societal expectations of what forensic services can do (Williams et al., 2019) or should be doing.

Challenges of the forensic settings

- The physical environment of prisons is known to be challenging to operate within. For example, limited access to natural light, dilapidated buildings, spaces not fit for modern day rehabilitative purposes, and unsanitary conditions threaten the health and wellbeing of both prisoners and staff (Bierie, 2012).

- Prison working culture challenges: low levels of staff autonomy, a lack of feeling valued, negative experiences of diversity and inclusion, and a perceived pressure to portray a macho image mean an already stressful environment is further exacerbated and accessing support is stigmatised Mason, Smith and Harrison (2025)

- Wellbeing literature suggests positive wellbeing is associated with increased job satisfaction, improved productivity and improved retention

- Having effective professional development strategies within prisons improves rehabilitation efforts by prison staff and reduces staff attrition. Davies and Jones (2024) highlight reflective practice and/or supervision as supportive mechanisms to protect against occupational stressors such as burnout, and to improve the support provided to people in their care.

- Mason et al., (2025) concluded key issues impacting on staff wellbeing were lack of support from colleagues, managers, the organisation, and even family, physical working environments that pose a risk to physical and psychological safety, and high workloads.

- Those that help include training and development opportunities, reflective practice, confidential whole person/person centred support services, and prayer and/or meditation and other mindfulness techniques

A Trauma informed workforce

Adult Forensics, Richard Barker, Claudia Koch and colleagues (2023)

- Approx 135 inpatients across five Male medium secure wards (4 adult, 1 LD Forensic); five low secure wards (2 Male, 2 Female, 1 "open" mixed unit)

- Community Forensic services covering Oxfordshire, Bucks and Berkshire

- Prison Integrated Mental Health Team

- E-IIRMS & Offender Personality Disorder Pathway

- 49 Psychology staff, across Clinical, Forensic, Counselling, AP's and Art and Music Therapists.

- 429 staff in clinical roles

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Themes they identified

- Knowledge
- The traumatised patient
- Traumatised team
- Barriers and obstacles

THE TRAUMATISED TEAM

"Seeing things, you can't unsee"

"It has a ripple effect on the wider team when something like that happens."

"I don't think I've dealt with it fully...I'll never forget what happened to me."

"You have to get on with it"

"I have to deal with it on my own, I don't want to
burden anyone else."

"Am I incompetent because I can't deal with it?"

"It's part of the job....someone has to do it."

"we just go back to things that can retraumatise you,
potentially without realising it."

THE TRAUMATISED TEAM

- Staff members' traumatic experiences
  - Direct & Indirect
  - Exacerbating context: Demographics: Race, gender
  - Targeted. Specific patients.
- Consequences of trauma
  - Impact on work
  - Impact on the Team
  - Symptoms
- Systemic factors
  - Resentment towards patients
  - Lack of support; 'Management'
  - Workplace triggers. Unpredictability; helplessness.

- **The Oldenburg Burnout Inventory** (OLBI) – A 16-item inventory that has been used extensively in research on burnout.

- **Burnout Test by Psychology Today** – A self-assessment exploring emotional exhaustion, cynicism, and personal impact.

- **WHO's Burnout Assessment Tool** –

- Developed by the World Health Organization to measure burnout in professional settings.

What are the signs?

- Pushing through exhaustion instead of resting

- Feeling like always have to be productive

- Feeling irritated over small things

- Procrastinating over things you can usually do

- Losing interest in hobbies/family/social connection

- Thinking a break will make you fall behind, rather than help

Check if you might have burn out

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Burnout

Trauma

Depression

Moral injury

Burnout –emotional exhaustion, detachment, feeling ineffective

Trauma-hypervigilance, numbness, emotion dysregulation

Depression-persistent low mood, hopelessness, loss of motivation, disconnection

Moral injury-Ethical distress, disillusionment, guilt and shame

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Moral injury

- Staff in secure mental healthcare settings face unique occupational challenges that may conflict with their personal or professional moral code can lead to 'moral injury'.

- Moral injury defines the distress resulting from exposure to 'potentially morally injurious events' (PMIEs) in which an individual 'perpetrates, fails to prevent, witnesses, or learns about acts that transgress deeply held moral beliefs (Litz 2009).

- Morris et al., (2022) founds levels of PMIE in secure forensic settings exceeded other healthcare settings and more parallel to military populations.

- Impact can include depression, anxiety, social withdrawal, sleeping disorder, substance abuse and suicidal ideation, so paralleling that of the population they care for. Linked to absenteeism and leaving the profession.

- Secure mental healthcare workers provide care to people who are detained against their will and whose freedoms are restricted, navigating inherent power imbalances in their relationships with those that they care for. They also contend with the demand of balancing care and managing risk, meeting both the forensic and mental health needs.

The Forensic Setting

Working in traumatised systems

- Kobina and Gilboy (2024) note traumatic events experienced in childhood may play a role in the health and well-being of the nurse, and this would be the same for custodial staff.

- Edelman (2023 p.3) champions the use of terms such as 'traumatic stress' (TS), rather than trauma. Highlights the neurological and biopsychosocial effects of traumatising experiences.

- Barker and Akerman (in press)-Organisational factors that impact on the implementation of a trauma informed pathway:

❖Effective organisational systems and processes

❖An enabling culture and leadership

❖Sufficient resources

❖Staff level factors such as effective training and supervision, staff well-being and support.

Post-traumatic growth

- Posttraumatic growth- Tedeschi and Calhoun (2004) the positive changes in one's life domains (e.g., appreciation of life, priorities, and possibilities, relationships, spirituality, and personal strength) due to cognitive processing and emotional engagement after a traumatic event.

- Post traumatic growth is important! **Enjoy the small wins. Celebrate successes.** We can be Teflon for praise and Velcro for criticism, it's evolutionary but can be changed!

- Crole-Rees, et al., (2024) interviewed staff in a custodial setting, and noted the importance of support for staff through supervision and how difficult it can be to seek help in a culture where this is not the norm. Importantly, stated their own experiences helped them to empathise with the residents and gave them an increased awareness of the importance of a trauma-informed approach.

- The term vicarious post traumatic growth to describe the positive changes to oneself and worldviews following indirect trauma exposure. Vicarious Post Traumatic Growth (VPTG) and vicarious growth are defined as the positive changes that occur cognitively, emotionally, interpersonally, and/or spiritually because of indirect trauma exposure.

What helps address this?

Space for staff to reflect on their experiences-break the chain

- Supervision

- Sensitivity/reflective practice

- TRIM practitioners

- Rehabilitative culture

- Restorative justice

- Highlighting the importance of connections, relationships

Relationships in forensic settings

- The relationship that develops between a therapist and a person they work with is paramount, Freud spoke of how the client or patient, would attach themselves to the therapist (doctor) and begin to transfer experiences from previous relationships into the therapeutic relationship. We now see this is both a natural and an inevitable relational transaction. When we work with those who have caused harm to others, we see the significance of transference dynamics in forensic therapy.

- Staff working in such settings also wear several hats, therapist, report writer, risk assessor, and one who monitors behaviour, this creates a complexity to the relationship. At times, the relationship can be severed abruptly through the client/patient moving suddenly, leaving both parties without closure, and replicating previous experiences.

- The Power Threat Meaning Framework (Johnstone et al., 2018) provides a trauma-informed way through which to navigate some of the complexities of relationships and acknowledging the inequality. This in turn lifts the burden from the member of staff.

- Mutual self-care-co-regulation, connection and shared resilience

- Make space for feelings don't suppress them-grief, anger, sense of betrayal often associated with moral injury-need to express it and heal, feel it to heal it. Normalize our feelings, co-regulate with others. Interrupt rumination, challenge self-criticism

- Ask for help early-expressing it helps connection, helps emotions transform, validates your experience, helps process moral injury

- Spend time in nature, with animals and with people

- Challenges do not affect everyone equally-privilege, power and systemic inequality shape who is at risk and the ability to recover-have collective care and systemic change and equity

- Put in boundaries between work and relaxation

- Use ways to express feelings-ritual, art, writing,

- Movement, walking, self-care, Sleep, hydration, breathing intentionally, relaxation, mindfulness, yoga, Pilates, and nutrition all help

- Support our nervous system to activate, shut down and feel safe

Working towards Trauma-Informed Care, Barker et al, (2023)

KNOWLEDGE

- Essential Trauma Training
- Trauma-informed Case Discussions

THE TRAUMATISED PATIENT

- Care plans and Re-traumatisation
- TIC Environmental project
- Restorative Justice Project

THE TRAUMATISED TEAM

- TRIM
- Debriefing Project
- Safety Project
- Supporting staff in prosecutions

BARRIERS AND OBSTACLES

- Directorate priority
- Still working on some of these issues…..

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WHAT CAN WE DO?

Rowsell et al (2024) recommend the use of restorative processes to model working through conflicted situations. Research shows a decrease in incidents, less need to move patients, and increase in positive relationships.

Use supervision, reflective practice, case discussion groups (so long as that case discussion is not built around one profession giving an *expert* view), safety huddles, "Morning prayers", "start the day" meetings, away days, staff meetings and some teaching sessions (depending upon who is doing the teaching) all present opportunities to build connection and shared values

An awareness that healthy containment in such a complex interpersonal environment as a prison wing or a forensic inpatient ward will require a multiplicity of strategies and an eye to when and what is deployed. It is useful to consider what types of containment might mitigate against a group becoming traumatised.

Nurses working in hospital-based settings with any ability to detach from work during non-working hours are much less likely to experience burnout (Cho, Han and Baek, 2024)

Foster the sense of connection that the team members have toward each other, the values they share and the wider service- creates a sense of safety and kinship that can act a social buffer for stressors and threats

Davies and Jones (2024) The framework for Trauma-informed supervision, consultancy and reflective practice note the importance of developing a trauma-informed culture within an organisation

Trauma-informed organisation would do well to supporting staff moving into management positions to go through formal leadership training (such as that provided by the NHS Leadership Academy).

Create sense of psychological safety of the group a "shared belief held by members of the team that the team is safe for interpersonal risk-taking, and that members can challenge, question and disagree without suffering consequences to their image, reputation or career"(Dekker and Edmonson, 2022)

If you are affected by anything that is/has been discussed today...

- **TRiM practitioners**
- **Health Assured**
- **The Survivors Trust**
- Find help, support and advice in your area: Survivors Trust directory of services.
- **Rape Crisis helpline – 0808 802 9999**
- Open 12am – 2.30pm and 7 – 9.30pm.
- Call to speak to a trained worker, who can also tell you where your nearest services are located if you would like face-to-face support or counselling. www.rapecrisis.org.uk
- **National Association for People Abused in Childhood – 0808 801 0331**
- Open 10am – 9pm Monday to Thursday, 10am – 6pm on Friday.
- NAPAC offer specialist support
- For more information please see their website: https://napac.org.uk/
- **SurvivorsUK**
- Online help for male survivors of sexual abuse and rape. https://www.survivorsuk.org/ways-we-can-help/online-helpline/

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Thank you for listening

- Any questions?

- Geraldine.Akerman@Oxfordhealth.nhs.uk

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Let's Talk
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