

Chapter 7

Reducing Mass Incarceration Through Trauma- Informed Pedagogy: Reshaping Responses to Trauma in America

Belinda Marie Alexander-Ashley
Independent Researcher, USA

ABSTRACT

This chapter outlines strategies and practices that align with the Substance Abuse and Mental Health Services Administration’s trauma-informed approach applied to school pedagogy in the United States to minimize or prevent trauma, especially for students referred to the school-to-prison pipeline, consequently reducing mass incarceration. With the onset of the COVID-19 pandemic in 2020, the United States’ health crisis exposed a vulnerability for people of color, poorer communities, and those incarcerated, stressing a need to respond expediently to address trauma in marginalized communities. The Adverse Childhood Experiences Connection referred to childhood trauma as “America’s hidden health crisis.” Focusing on trauma for school-aged youth offers a path to preventing or minimizing trauma. Research suggests that more robust, multidisciplinary research, with an intentional purpose to transform teacher practices and responses to disciplinary conduct, is needed.

INTRODUCTION

Mass incarceration in the United States spans decades, often finding its origins in trauma experienced by incarcerated individuals during their school age years, which affects millions of children and their families, disproportionately impacting poorer communities, African Americans, and Latinos (Drucker, 2020). For many, their introduction to the criminal justice system began with misbehavior related to trauma and referral to the school-to-prison pipeline. In 2020, COVID-19 further exacerbated the risk of trauma

DOI: 10.4018/978-1-7998-7473-7.ch007

through isolation, anxiety, food insecurity, poverty and racism requiring an effective means to address these needs (Elmagraby, 2021). A trauma-informed pedagogy offers an opportunity to equip teachers with training and resources needed to prevent or diminish inequity and empathize with students' needs. The objective of this chapter is to present strategies and sound practices aligned with the Substance Abuse and Mental Health Services Administration's (SAMHSA) trauma-informed model, an evidence-based approach, to minimize or prevent further trauma to elementary students by reducing the flow into the school-to-prison pipeline and consequently shrinking mass incarceration in the United States.

MASS INCARCERATION AND TRAUMA

The author was employed for 23 years within the probation system, listening to countless formerly incarcerated citizens' experiences, backgrounds and stories. From interviews with formerly incarcerated men, several common themes emerged including physical or witnessed trauma, uncertainty concerning their children's future and feeling like their voices were not being heard or valued. Over half the males interviewed reported experiencing childhood physical trauma, which was consistent with research data indicating 56% of incarcerated males in the United States experienced or witnessed trauma during their childhood (Wolff & Shi, 2012). This led to the author's interest in pursuing strategies and practices that diminish or prevent the risk of childhood trauma and slow the flow of students into the school to prison pipeline.

Over two million people are imprisoned in the United States, and another five to seven million are under community supervision (Drucker, 2020). This rate of incarceration far exceeds any other nation, and research does not support higher incarceration increasing public safety in the United States. According to Michelle Alexander (2012), systemic racism is the driving force behind mass incarceration, especially for people of color in the United States, creating a racial caste system typically felt by youth (Alexander, 2012). Within this racial caste system, youth exposed to systemic racism have an increased risk of inequities that may negatively impact them in adulthood requiring teachers to be equipped with the tools to deal effectively with their trauma.

Many people who are incarcerated have undiagnosed mental health conditions, varying levels of trauma, and an array of backgrounds and negative experiences stemming from their childhood. Most of the trauma and challenges occurred at a time when they were engaged in relationships with teachers and others in the school system presenting an opportunity for intervention by school administrators. Traumatic responses often manifest as misbehavior or disruptions in classrooms, highlighting the importance of teachers, administrators, and other staff having the skills, abilities, and training in safe, supportive school environments. A classroom equipped with the appropriate trauma-informed skills helps students identify their strengths from within and value their uniqueness (Seligman, 2011).

For minority and poorer communities disproportionately experiencing the criminal justice system, trauma is worsened by the stigma of imprisonment, discrimination, and racism (Simran et al., 2018), which is shown to increase the risk of stress, depression (Noh & Kaspar, 2003), hypertension (Williams & Neighbors, 2001), cardiovascular disease (Lewis et al., 2006), and specific cancers (Taylor et al., 2007). Failing to provide preventative health care until issues become life threatening needlessly risks lives and drives up associated costs within the prison system, as well as upon release. Additionally, restricted access to health care or bias in the health care system poses a greater threat to the safety of the patient creating a health crisis.

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