



THE CORRECTIONAL NURSE

Inspiring

Professional Correctional Nursing Practice

July 2025

This month I have been working on a new class at The Correctional Nurse Educator – Trauma-Informed Care for the Correctional Nurse, and I wanted to share some important points with you today in our newsletter. Every day, correctional nurses step into a world where having a patient with a history of trauma (physical and mental) is not just common—it's expected. Behind the walls and the razor wire, we often care for individuals who have endured a lifetime of adversity, abuse, and marginalization. Trauma-informed care is not just another healthcare buzzword—it is a powerful, evidence-based framework that can transform how we care for our patients in the correctional setting.

Incarcerated individuals experience trauma at significantly higher rates than the general population. Many report early childhood abuse, intimate partner violence, sexual assault, loss, institutionalization, and systemic discrimination. Unfortunately, the environment of incarceration—authoritarian, rigid, isolating—can re-traumatize individuals who are already struggling with complex emotional and physiological wounds. This is why trauma-informed care is not optional—it's essential.

The trauma-informed approach challenges us to reframe the way we view patient behavior. Instead of asking, "What's wrong with this person?" we ask, "What happened to them?" This shift allows us to see past what may be labeled as "noncompliance" or "manipulation" and recognize possible coping mechanisms rooted in survival.

Correctional nurses are uniquely positioned to observe subtle cues and build relationships that foster healing. But to do this effectively, we must first recognize how trauma can manifest. Trauma responses can look like:

Hypervigilance or startling easily
"Shutting down" or dissociation during care
Avoiding exams, particularly those involving touch
Refusing to answer questions
Outbursts of anger or emotional dysregulation
Difficulty trusting staff—especially authority figures

On the surface, these behaviors may seem oppositional or disruptive. In truth, they may be rooted in past experiences of harm. For example, a patient who declines a physical exam might not be "difficult"—they might be a survivor of sexual assault terrified of being touched without control. A patient who goes silent during an assessment may not be ignoring you—they could be dissociating, a common trauma response.

When we approach our patients with empathy and curiosity rather than judgment, we create the foundation for safe and respectful care. The Substance Abuse and Mental Health Services Administration (SAMHSA) outlines six principles that form the foundation of trauma-informed care:

1. Safety – Ensuring physical and emotional safety for patients and staff.
2. Trustworthiness & Transparency – Being honest and consistent.
3. Peer Support – Encouraging healing through shared experience and connection.
4. Collaboration & Mutuality – Reducing power imbalances and working together.
5. Empowerment, Voice, and Choice – Supporting autonomy and self-determination.
6. Cultural, Historical, and Gender Awareness – Honoring each person's identity and experience.

In correctional healthcare, this might look like:

- Knocking before entering a patient's space—even a cell.
- Asking for consent before touching or starting a procedure.
- Explaining what will happen next in plain language.
- Allowing time for questions and actively listening to concerns.
- Avoiding authoritative or punitive language.
- Offering choices whenever possible, such as "Would you prefer to sit or lie down while I suture your hand?"

These small actions help reduce fear, increase engagement, and promote dignity—even within the constraints of our secure environment. In a system where control and obedience often dominate interactions, trauma-informed communication can be revolutionary. Here are a few techniques that make a difference:

Use person-first language: Say "a person with a substance use disorder" instead of "addict."
Normalize and validate feelings: "Many people feel anxious during medical exams. You're not alone."
Provide clear, step-by-step explanations of what you're doing.
Avoid threatening or coercive language. Instead of "Look, you need to sit still and do this right now," say, "Let's work together to get through this."
Give choices whenever feasible: "Would you like me to explain the examination before we begin, or would you rather we just get started?"

Even our tone and body language matter. Calm, steady voices and non-threatening posture can help a patient feel safer in a system that often feels unsafe.

Correctional nurses don't need special certification or extra time to deliver trauma-informed care. What we need is awareness, consistency, and a willingness to see our patients through a different lens. Trauma-Informed Care is not a checklist—it's a philosophy that can and should guide every interaction we have.

Incorporating trauma-informed principles into practice improves patient outcomes, supports professional effectiveness, and can help mitigate burnout. It reinforces our core responsibilities: to provide care, ensure safety, and promote healing for our patients in correctional settings.

Newsworthy Notes

The American Correctional Nurses Association currently has two calls for action - the first is nominations for Correctional Nurse of the Year and the second is Nominations for Elections. Please find all information and necessary paperwork at the [website](#) and consider participating!!

Upcoming Conferences

[NCCHC](#) Mental Health Conference July 20-21, 2025 in San Francisco, CA.

[American Correctional Association](#) 155th Congress in Denver, Colorado, August 21-26, 2025.

The [Western American Correctional Health Services Association](#) (WASCHA) will hold its Fall Conference "Shaping the Future of Healthcare in Carceral Settings" October 22 - 24, 2025 in Sacramento, CA.

[NCCHC](#) Fall Conference in Baltimore, MD will be held November 1-5, 2025.

CorrectionalNurse.Net

This month at [CorrectionalNurse.Net](#) we will be discussing the clinical topic Women's Health in Corrections and professional topics like the 2025 ANA Ethics update.

As always, announcements for new blog posts will be posted on our FaceBook pages and on Instagram.

Please [FOLLOW US](#) and check back often to ensure that you get notification of new posts!

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Correctional Nurse Educator

Our 50% off featured class this month at [The Correctional Nurse Educator](#) is *Laboratory Diagnostics for the Correctional Nurse*. I hope you enjoy it!

Remember, The Correctional Nurse Educator will work with your group to provide quality, accredited continuing education classes at a discounted and affordable cost that are specifically for Correctional Nurses.

VISIT THE CORRECTIONAL NURSE EDUCATOR NOW

Nursing Behind the Wall

This month at [Nursing Behind the Wall](#) you will meet Finn, a juvenile patient with a lump on his neck and fever.

VISIT NURSING BEHIND THE WALL NOW

In closing, I appreciate you taking the time to read this newsletter, and I hope that you will find our sites interesting and educational. Our profession of Correctional Nursing is unique and sometimes challenging, but always very important to our patients. The impact we make is far-reaching, even if it is not always evident as we care for our patients. I have ALWAYS been proud to say that I am a Correctional Nurse – I hope that you are as well!!

Lori

Inspiration

