



**A COMMUNICATION  
GUIDE FOR TALKING  
WITH PATIENTS**

WITH A HISTORY OF  
CRIMINAL JUSTICE  
INVOLVEMENT

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As a primary care provider, you strive to give your patients the highest quality care possible. This guide contains communication techniques that can help all of your patients, but can especially help create a safe, respectful space for patients who choose to disclose a history of **criminal justice involvement (CJI)**.

If your patient does disclose, or if you find out about their history through other means, you can use these communication strategies to build trust, help the patient regain control of their health, and minimize any concerns they have about your role, their health and the health care system.

## 1 / Use person-first language

Using person-first (or people-first) language maintains focus on the individual instead of defining or labeling people in terms of an associated condition, characteristic or experience. When using person-first language, the subject is a person with a condition and is not identified by their condition. For example, instead of identifying someone as “a diabetic” you would acknowledge that they are “a person with diabetes.”

Use the following examples of person-first language with your patients to help you establish respectful communication and convey to your patients that a history of CJI does not define them or the care they receive.

WORDS TO AVOID	PHRASES TO USE INSTEAD
Ex-offender, former felon, ex-criminal, ex-convict, delinquent	Person with a history of criminal justice involvement
Convict, inmate, offender, prisoner, felon	Person who is/was incarcerated, person with a history of criminal justice involvement
Parolee, probationer	Person on parole, person on probation, person under community supervision, person with a history of criminal justice involvement
Drug abuser, addict, junkie, drug user, alcohol abuser, substance abuser, dope fiend	Person who uses (or injects) drugs, person with a substance use disorder, person living with a substance use disorder
Drug abuse, substance abuse, alcohol abuse	Substance use or misuse
Clean	Currently abstaining from drug use, making changes to drug use
Noncompliant, unmotivated, resistant, non-adherent	Not adherent to medication, facing challenges with adherence, opted not to, has not begun treatment
High-risk group, higher risk group	Highly affected communities, underserved populations

Adapted from The Fortune Society’s Social Justice and Health Equity Symposium: Care for People at the Intersections.

## 2/ Employ a trauma-informed approach in your practice

Significant trauma can directly affect health<sup>1</sup> and affect a person's ability to manage health care and adhere to treatment.<sup>2</sup> Physical and emotional trauma is common in all populations, but in particular, it is a near-universal experience of justice-involved individuals.<sup>3,4</sup> Traumatic life events can occur prior to justice involvement, but prison and jail stays can also cause severe trauma.

Certain events (e.g., loud noises; invasive physical handling; lack of control, choice or agency) may trigger traumatic memories and associated reactive symptoms. These events or triggers can retraumatize patients.<sup>5</sup>

Realize the impact of trauma and **create a space in which your patients feel safe and respected.**

- Minimize perceived power differentials between health care staff and patients by **making decisions together.**
- Make sure patients can express their thoughts and concerns. **Recognize and validate their experiences,** feelings, choices and autonomy, and build on their strengths by **listening carefully and actively.** This can help affirm and empower them to make their own choices and improve their health.
  - *“I’m here to help you take care of yourself. Feel free to ask any questions, express any concerns or stop me if you feel uncomfortable at any time.”*
  - *“I want to help you identify and meet your goals, particularly for your health and quality of life.”*

The experience of criminal justice involvement can include repeated violations of an individual’s personal space, and may result in the patient feeling uncomfortable with physical touch and the physical examination. Prevent retraumatization and help your patients feel safe and respected by using comforting, clear explanations before and during the physical exam. **Be sensitive to patients’ responses to physical touch and the physical examination.**

- **Provide a brief summary of which parts of the body will be involved in the physical examination** at the beginning of and throughout the appointment.
- Take the time to **carefully explain what you are doing and why you are doing it.**
  - *“Now I need to perform an examination that will involve you removing your outer layer of clothing. I’ll be touching your head, neck, chest and stomach with my hands and a stethoscope. Is that OK?”*
  - *“Please let me know if you become uncomfortable with anything I’m doing, at any point. Let me know if you feel any discomfort as I examine you.”*

## 3/ Normalize the conversation during the clinical encounter

Use everyday words with your patients. Use **clear, simple language** to explain any complicated or unfamiliar terms and concepts. Make sure your patients feel **their needs are acknowledged** and let patients know how you can help. This is particularly important for patients who have a history of CJJ. They may not trust you because of past experiences of stigma, discrimination and trauma.

### Here are examples of normalized conversations.

- “My goal today is to get to know you a little better, to listen to you and to check into your health.”
- Clearly describe your role as a primary care doctor and what your patient can expect from you.
  - *“As your primary care doctor, I am your point person for your general health. I perform routine checkups, work with you to plan needed treatments, and focus on prevention and wellness. I am your partner in health and it is my job to make sure you’re as healthy as possible. I can also connect you with specialist health care providers, as well as services and community resources to support your social needs.”*
- Identify your patient’s priorities, acknowledge progress and positive efforts, and identify challenges.
  - *“What things in your life are most important to you? Are there health issues you are particularly concerned about?”*
  - *“What do you feel is positive in your life right now?”*

- *“What challenges are you facing?”*
- *“What are some things you do to deal with challenges?”*
- Check to see if you and your patient are on the same page.
  - *“OK, let me check that I’ve understood you correctly. So you are most interested in \_\_\_\_\_. Is that correct?”*
- **Offer options and opportunities for your patients to choose** their own treatment plan (e.g., medication preferences, referral locations). Address concerns about side effects and adherence to medications.
  - *“You have choices when it comes to which medications you can take. Let’s talk about the different medications so you can choose the best option for you.”*
  - *“Do you have any concerns about taking medications, in general, or specifically with the medication we’ve chosen together today? Do you have any challenges in your life — such as health insurance access, employment, family situation or housing — that might affect your ability to take your medications as prescribed?”*
- **If your patient decides to disclose their involvement in the criminal justice system:**
  - **Emphasize that the primary care services you offer are not part of the criminal justice system**, including jails, prisons, probation or parole systems. Reinforce privacy and confidentiality.
  - Providing this reassurance is important when caring for people with a history of CJJ because their only interaction with health care providers may have been during their criminal justice involvement.

- *“As your primary care provider, it is important you know that I have no connection, nor do I share any information with the criminal justice system, including parole and probation systems. Everything we talk about here today is confidential, between you and me, and cannot be shared outside of this office without your permission.”*
- *“I’m going to ask you a number of questions. I ask my patients these questions because we know that people’s experiences with the justice system can affect their health.”*
- **If your patient discloses a history of CJI, do not ask for information about specific charges or convictions.** Ask only about their previous health care experiences while involved with the criminal justice system.
  - *“How did you take care of your health while you were incarcerated?”*

## 4/ Identify your personal limitations and biases

We all hold biases about people. These may be unconscious (implicit) or conscious (explicit) stereotypes and attitudes about people and their circumstances. Among health care providers, bias can change how you interact with and make health care decisions for each patient.<sup>6</sup>

In particular, we should consider implicit racial bias, given that the criminal justice system disproportionately affects people of color. Black and brown people are often implicitly criminalized or unconsciously perceived as threatening, based on the color of their skin alone.

Here are some techniques you can use to minimize the impact of bias in the way you talk with and treat your patients with a history of CJJ.<sup>7,8</sup>

- **Recognize the biases you may have** about people with a history of CJJ and don't allow those biases to influence your decisions or interactions.
- Consciously **focus on the specific individual before you and their circumstances.**
- Try to **empathize with the patient's reality.**
- **Focus on building trust and facilitating a partnership** with your patient.

In the U.S., there are complex policies and attitudes toward people with a history of CJJ, but those policies and attitudes are changing. As a primary care provider, you can be part of that change as well as a trusted partner to people with a history of CJJ, helping to guide them toward healthier lives.

**To view the references in this guide,**

visit [nyc.gov/health](https://nyc.gov/health) and search for **criminal justice toolkit**.

