



UNIVERSITY OF
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HEALING TRAUMA EVALUATION REPORT

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HEALING TRAUMA

EVALUATION REPORT

Healing Trauma (Covington & Russo, 2016) is a brief, trauma-informed programme intervention for criminal justice-involved women designed for delivery in settings in which a short-term intervention is needed. It comprises six, ninety minute sessions in closed groups of up to ten women. The programme is peer-facilitated; specially trained prison staff train serving prison residents to deliver the intervention.

Healing Trauma adopts a strengths-based approach aimed at empowering women. In contrast to deficit-based interventions that start from the question 'what's wrong with her?' trauma-informed treatment asks 'what happened to her?' *Healing Trauma* takes the women through a process of understanding the abuse they have experienced, how it has affected them, and how widespread abuse is in women's lives. The programme presents coping skills designed to help women recover from a variety of traumatic experiences, though the primary focus is on intimate partner violence (Covington and Russo, 2016). *Healing Trauma* is designed to enable the participants see the strengths they have and help them build on these to manage symptoms of trauma that can manifest as offending-related behaviours.

Healing Trauma is a gender-responsive intervention developed from an understanding of women's pathways to crime. The programme recognises the interaction of violence, substance misuse, mental health problems, and poverty in women's offending. *Healing Trauma* is designed to help women begin to recover from the effects of trauma, discover ways to thrive, to enjoy healthier relationships and happier lives (Covington and Russo, 2016).

HEALING TRAUMA EVALUATION PROJECT

The *Becoming Trauma Informed* (BTI) tool-kit is a step-by-step guide originally designed for the National Offender Management Service (NOMS)¹ and Governors of prisons for women in England and Wales. Based on the trauma-informed curricula for criminal justice services developed by Stephanie Covington and colleagues, it details the processes involved in embedding a trauma-informed, gender-responsive culture in women's prisons (Covington, 2016).

The BTI initiative focuses on organisational behaviour. It identifies the values and principles of trauma-informed practice that should form the foundation of organisational interaction with women in the justice system. It details standards for 'enabling environments' and the roles and personal qualities of staff involved in trauma-informed, gender-responsive service delivery, based on Harris and Fallot's (2001) principles for developing trauma-informed service delivery systems. Treatment programmes such as *Healing Trauma* represent one aspect of trauma-informed service delivery.

BTI training for Prison Officers in England commenced in 2015 and is now established in all twelve women's prisons. BTI training in the long term high secure estate commenced in May 2018. Across the women's custodial estate approximately four thousand members of staff have been trained in trauma-informed practice. *Healing Trauma* was first delivered in HMP Send in February 2017. At the time of this research, it was being delivered in eight women's prisons, though the remaining four had plans to implement the programme. Almost five hundred women had completed the programme. These numbers are rendered

¹ Her Majesty's Prison and Probation Service (HMPPS) replaced the National Offender Management Service on 1 April 2017.

more significant by the fact that participation in *Healing Trauma* is voluntary. Most women self-refer to the programme. It cannot be enforced as part of a sentence plan.

Evaluations of *Healing Trauma* in the United States of America (USA) show the intervention to significantly improve symptoms of mental illness including depression, anxiety, posttraumatic stress disorder (PTSD), emotional regulation, and aggression/hostility issues (Messina and Calhoun 2018). Anecdotal evidence from women who had completed the programme in England suggested the intervention was yielding similar benefits. This project was designed to formally measure the impact of *Healing Trauma* on a range of thoughts, feelings, beliefs, and behaviours related to trauma survival and women's offending among women prison residents in England.

The aims and objectives of the *Healing Trauma* evaluation

- Using pre- and post-programme questionnaires, the evaluation aimed to measure the impact of *Healing Trauma* on mental health, specifically on depression, anxiety, psychological distress, and posttraumatic stress disorder.
- Using pre- and post-programme questionnaires, the evaluation aimed to measure the impact of *Healing Trauma* on trauma-related problems, specifically feelings of depression, anxiety, dissociation, and sleep disturbance.
- Using pre- and post-programme questionnaires, the evaluation aimed to measure the impact of *Healing Trauma* on behaviours and the regulation of emotions that can

be associated with experiences of trauma specifically anger, aggression, dispositional empathy, social connectedness, and resilient coping.

- Using post-programme focus groups, the evaluation aimed to examine the participants' experiences of *Healing Trauma* in order to understand its value and limitations from the perspective of women who have completed the intervention.

HEALING TRAUMA

PRINCIPLES, THEORETICAL UNDERPINNINGS, AND DELIVERY.

Healing Trauma is designed to help women recover from the effects of trauma in their lives. It aims to help women understand the connections between experiences of trauma and criminogenic behaviours.

Definitions of trauma

Healing Trauma uses the definition of trauma detailed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (American Psychiatric Association 2013). According to the DSM-5, trauma is 'exposure to actual or threatened death, serious injury or sexual violence' that can occur through directly experiencing the traumatic event, witnessing the event, learning that such an event has happened to a friend or relative, or experiencing repeated extreme exposure to the details of such events (American Psychiatric Association, 2013: 271). Trauma can be both an event and a response to an event that causes debilitating fear and powerlessness; '*an inescapable stressful event that overwhelms one's existing coping mechanisms* (van der Kolk and Fisler 1995: 506).

Traumatic events can take many forms. Bessel van der Kolk, prominent psychiatrist and researcher in the field of PTSD, differentiates between 'private trauma' that includes physical assault, child abuse, rape, and domestic violence, and 'public trauma' such as natural disasters, intergenerational (culture) trauma, experiences of war, and terrorism (van der Kolk, 2014). Van der Kolk suggests that there is an acknowledgement of public

trauma, a gathering of support, sympathy, and comfort that helps people cope and recover. Whereas survivors of private traumas rarely get the acknowledgement and support they need to heal, resulting in a sense of shame, isolation, and anger at having not been protected or acknowledged (Covington and Russo, 2016).

Private traumas are assiduously typical experiences for women in the justice system. It has been argued that childhood victimisation is a primary causal factor that steers girls into offending lifestyles (see for example Belknap, 2006). Studies generally report the proportion of women in prison in England and Wales who have experienced domestic and/or sexual abuse to be between 50-80% (Norman and Barron, 2011; Prison Reform Trust, 2017; Women in Prison, 2017).

Theoretical underpinnings of *Healing Trauma*

Covington and Bloom identified four key theoretical perspectives that should inform gender-responsive treatment programmes, and these underpin *Healing Trauma*. They are: pathways theory, relational theory, trauma theory, and addictions theory (Covington and Bloom, 1999, 2007).

Pathways theory: Pathways theory suggests the onset of criminality in women is triggered by experiences that are gendered. It identifies experiences of abuse, mental illness related to early life experiences, addiction, economic and social marginalisation, and relationships as key issues producing and sustaining female criminality (Brennan, Breitenbach, Dieterich, Salisbury and van Voorhis, 2012; Daly, 1992).

Relational theory: Relational theory proposes that women's psychological maturity is not based on disconnection and individuation but on building a sense of relatedness and

connection with others. The relationships experienced by women in the criminal justice system tend to be characterised by rupture and exploitation, therefore a primary goal for gender-responsive interventions is to promote and model healthy connections to family, friends, and community (Calhoun, Bartolomucci, Briar and McClean, 2005; Covington 2007). Instead of the 'self' being the key site for change, the focus is on relationship development.

Trauma theory: High rates of severe childhood maltreatment, and repeated physical and sexual abuse in adolescence and adulthood are a feature of the life stories of many women in the justice system but in particular those with mental health and substance use problems. Trauma-informed services are those that are provided for problems other than trauma but require knowledge concerning the impact of trauma (Bloom and Covington 2008). Trauma-informed services do the following:

- take the trauma into account
- avoid triggering trauma reactions or re-traumatising the woman
- adjust the behaviour of staff to support women's coping capacity
- allow survivors to manage their trauma symptoms successfully, so that they are able to access, retain, and benefit from the services.

In order to be trauma-informed, service providers also need to adopt five core values:

1. **safety:** ensuring physical and emotional safety
2. **trustworthiness:** maximising trustworthiness, making tasks clear and maintaining appropriate boundaries
3. **choice:** prioritising client choice and control
4. **collaboration:** maximising collaboration and sharing power with clients

5. **empowerment:** prioritising client empowerment and skill-building.

(Bloom and Covington 2008; Harris and Fallot, 2001)

Addiction Theory: The theoretical understanding of addiction recommended for the development of gender-responsive services is the holistic health model (Covington 2008; Covington and Bloom, 2006). This model understands addiction as a disease with emotional, psychological, spiritual, environmental, and socio-political dimensions. The holistic health model allows service providers to treat the primary problem of addiction while simultaneously addressing the issues that women bring to treatment, such as genetic predisposition, health consequences, shame, isolation, and a history of abuse. When addiction has been at the core of multiple aspects of a woman's life, the treatment process requires a holistic, multidimensional approach.

Healing Trauma is described as a gender-responsive intervention (Covington and Russo, 2016) as it acknowledges the experience and impact of living as a woman in a patriarchal society and the resulting gender-specific adversities, specifically sexual assault, sexual abuse, domestic abuse, and poverty (Bloom and Covington, 2008). The majority of offending behaviour programmes in prisons in England and Wales are based on the effective practice research and resulting risk-need-responsivity model (Andrews and Bonta, 1998). These approaches claim to be gender-neutral. As such, it is assumed that with minimal modifications rehabilitative programmes developed with men can be successfully delivered to diverse groups. Gender-responsivity re-establishes 'women' as an offender group requiring specific interventions. As Covington (2016) explains, it involves *'creating an environment – through site selection, staff selection, program development, and program content and materials – that reflects an understanding of the realities of women's*

and girls' lives and that addresses and responds to their challenges and strengths' (p.18). The principles of gender responsiveness applied by *Healing Trauma* are:

- acknowledge that gender makes a difference;
- create an environment based on safety, respect, and dignity;
- develop policies, practices, and programmes that are relational and that promote healthy connections to children, family members, significant others, and the community;
- address substance misuse, trauma, and mental health issues through comprehensive, integrated, and culturally relevant services and supervision; provide women with opportunities to improve their socioeconomic conditions;
- establish a system of comprehensive and collaborative community services.

Healing Trauma treatment strategies are based on an understanding that responding to trauma requires a multi-modal approach. The programme uses a psycho-educational approach. Treatment methods are taken from research on effective responses to trauma and an understanding of women's psycho-social development. Cognitive behavioural approaches are enriched by guided imagery, expressive arts, mindfulness, emotional freedom technique, and relational therapy.

RESEARCH DESIGN AND METHODOLOGY

The *Healing Trauma* evaluation employs a mixed methods research design in that it collected both quantitative (statistical) and qualitative (testimonial) data about the impact of participating in *Healing Trauma*. It replicates evaluations of *Healing Trauma* that have been carried out by a team in the USA and was therefore designed as a pilot study to test the value of the methods for evaluation of *Healing Trauma* in women's prisons in England.

Data collection and analysis

Questionnaires were administered to the *Healing Trauma* participants prior to the start of the intervention and on its completion. These included scales measuring symptoms of depression, anxiety, PTSD, serious mental illness, anger expression, aggression, social connectedness, resilient coping, and emotional regulation. The aim of these tests was to measure any changes in these areas that could be attributed to the *Healing Trauma* intervention. On completion of *Healing Trauma*, participants were also invited to contribute to focus groups. The aim of the focus groups was to elicit the women's experiences of participating in *Healing Trauma* in order to better understand any impacts of the programme. The combination of quantitative tests and focus groups allowed for the cross-verification of the results. Additionally, focus groups were necessary to the evaluation as, whilst questionnaires can provide important data evidencing treatment impact, the research intentionally sought to centralise the women's engagement in and experiences of *Healing Trauma* in determining its value as an intervention for women in the justice system.

Once collected, the data from the questionnaires was input to SPSS² and analysed by Madeline Petrillo and Sophie Hanspal. Paired-sample t-tests were conducted to examine differences for all participants across time for depression, anxiety, psychological distress, PTSD, trauma symptoms, anger, aggression, social connectedness, emotional regulation, and resilient coping. Statistical significance is represented by the *p-value*. This value is a number between 0 and 1 and represents the probability that the observed results would have occurred if the programme did not have an impact on the participants. The commonly accepted minimal p-value that represents statistical significance is $p < .05$. Thus, a p-value of less than .05 means that it would be safe to conclude that the observed difference between pre- and post-test scores occurred as result of the intervention having the desired impact on the participant.

Madeline Petrillo facilitated six focus groups at five of the prisons involved in the project. Two evaluations were completed at HMP Bronzefield therefore two focus groups were held at this establishment. Scheduling problems and operational issues meant focus groups could not be carried out at HMP Send nor HMP Peterborough. The focus groups were audio-recorded, professionally transcribed, and thematically analysed by Madeline Petrillo and Megan Thomas working independently using NVivo³ qualitative data analysis software. Researchers took an iterative approach to the thematic analysis. Rather than search for pre-determined themes in the discussions, the themes emerged from coding of the focus group data.

² SPSS Statistics is software used for statistical analysis of data.

³ Nvivo is a software programme used for qualitative and mixed methods research. It can be particularly helpful in the analysis of unstructured text such as interviews and focus groups.

Participants

All eight of the women's prisons delivering the *Healing Trauma* at the time of the research were invited to be included in this evaluation and seven were able to participate. Those were HMPs Bronzefield, Drake Hall, East Sutton Park, Foston Hall, New Hall, Peterborough, and Send.

The research was carried out between March and December 2018. The pre-programme questionnaires were administered within a two-week period of the commencement of the programme. The post-programme questionnaires were administered and focus groups conducted within two-weeks of programme completion. Over the course of the research, a total of 170 women completed *Healing Trauma* across all establishments involved in the project. Thirty participants completed both pre- and post-programme tests representing 17% of those who completed *Healing Trauma*. Focus groups were carried out at five of the seven prisons and comprised of groups of between three and six participants.

Participation in the research was entirely voluntary and the women could withdraw from the project at any point.

Limitations of the research

The *Healing Trauma* evaluation was designed as a pilot study and has some limitations associated with this.

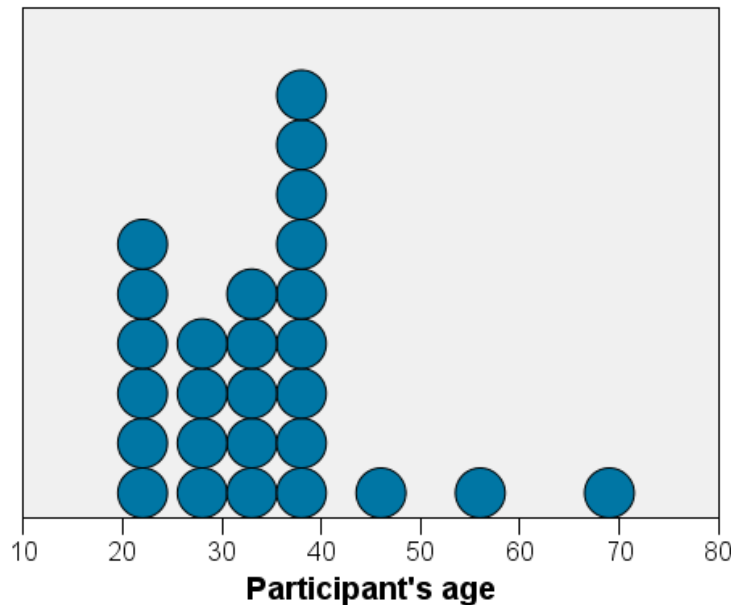
- The strength of the sample of participants is that most of the prisons delivering *Healing Trauma* are represented in the study. However, the sample of thirty participants is small. It represents 17% of the total number of women who completed *Healing Trauma* during the period this research was undertaken. A larger sample would return more robust, generalisable data on the impacts and experiences of *Healing Trauma*.
- The evaluation only includes those who completed the *Healing Trauma* intervention. The outcomes and experiences reported in this evaluation are therefore limited to those who complete the intervention.
- It was beyond the scope of this research to undertake a longitudinal study that could evaluate the longer term impacts of *Healing Trauma*, therefore the findings relate to the short-term outcomes of the intervention. Further research that includes follow-up studies would greatly enhance understandings of the impact of *Healing Trauma* on long-term outcomes for justice-involved women.
- The current evaluation does not include reconviction data. Whilst reconviction is problematic as the sole determinant of programme efficacy, inclusion of such data would enable analysis of the impact of *Healing Trauma* on recidivism.

PARTICIPANT DEMOGRAPHICS, OFFENDING, AND TRAUMA HISTORIES

Demographic information

In relation to demographic characteristics, the participants in this study were broadly representative of the wider population of women in the criminal justice system (Ministry of Justice, 2018).

The women ranged in age from 21 to 69 with most between the ages of 20 and 40 years old. This corresponds to the age profile of the general prison population⁴ (Sturge 2018)



Most of the women described themselves as white British but women from a range of race and ethnic backgrounds were represented in the study.

⁴ There is no specific data on the age profile of the female prisoner population.

Race/ethnicity of participants

	Number	Percent
White British	18	60.0
Gipsy or Irish Traveller	1	3.3
Black British	1	3.3
Asian British	3	10.0
Mixed/multiple ethnicity	3	10.0
Asian (non-British)	1	3.3
Other ethnicity	3	10.0
Total	30	100.0

Most of the participants (83%) stated they had at least GCSE level education.

Offending information

Twelve of the women in the research (40%) were in prison for violent offences including murder, manslaughter, arson, and causing grievous bodily harm (s.18). Other offences that had resulted in the women's imprisonment included possession with intent to supply class A drugs, burglary, fraud, theft, and breach of probation supervision. Ministry of Justice (2018) data showed 29% of women in custody had committed offences of violence against the person. Overall, the women in this study were serving prison sentences for more serious offences than those for which the majority of women are imprisoned.

Experiences of trauma

Experiences of trauma were assessed within the pre-programme questionnaires using the *Adverse Childhood Experiences* questionnaire (Felitti and Ander 2010) and a victimisation survey developed for the *Healing Trauma* evaluations in the USA. This was a 15-item questionnaire based on items from the *Conflict Tactics Scale* (Straus, 1979) and the *Abusive Behavior Inventory* (Shepard and Campbell, 1992)

Adverse childhood experiences (ACEs) are stressful or traumatic events that happen before the age of 18 and can have lifelong impacts on physical and mental health and behaviour. The term was originally developed in the USA for the Adverse Childhood Experiences survey 1995-1997 (Centers for Disease Control and Prevention, n.d.). Empirical studies have shown that ACEs are common, highly interrelated, and exert a powerful cumulative effect on human development (Anda, Butchart, Felitti, & Brown, 2010). Results of numerous ACE studies have found that as the number of ACEs increase in the population studied, so too do the risks of experiencing a range of physical and mental health conditions in adulthood (Felitti et al, 1998 cited in Felitti and Anda, 2010). Scores of 4 or more on the ACE questionnaire are related to smoking, obesity, alcoholism, risky sexual behaviour, and intravenous drug use. They are also powerful predictors of clinical depression and suicidal ideation (Hughes, Bellis, Hardcastle, Sethi, Butchart, Mikton, Jones, and Dunne, 2017).

ACEs have also been correlated with offending. Those with higher exposure to traumatic events are more likely to be involved in the justice system (Baglivio, Epps, Schwartz, Huq, Sheer, and Hardt, 2014). Those with higher ACE scores also tended to reoffend more quickly after completing a community-based sentence relative to their counterparts with lower ACE scores (Wolff and Baglivio, 2017). A UK study found higher ACE scores to be associated with increased likelihood of spending a night in police or prison custody, and

involvement in violence, both as victim and offender (Bellis, Lowey, Leckenby, Hughes and Harrison, 2014). Bellis et al's. (2014) study also found the prevalence of substance misuse including heavy drinking, cannabis, heroin, and crack cocaine use increased with increased ACE counts (Bellis et al, 2014).

Women are 50% more likely than men to have an ACE score of 5 or more (Covington 2017). The mean ACE score for women in this study was 4.6. 60% of the women in this study scored more than 4 on the ACE questionnaire.

The ACE findings were reflected in the women's response to the victimisation questionnaire. This asked the women to identify the context in which they had experienced different types of abuse. The extent of histories of abuse and victimisation among the women involved in this evaluation was high.

Reported histories of childhood and domestic abuse

Type of abuse	Number	Percent
Childhood abuse	17	58.6%
Domestic abuse	25	86.2%
Sexual assault by an intimate partner	20	69.0%
Sexual assault other than childhood or intimate partner abuse	6	20.7%

Only one woman in this study reported no childhood, domestic, or sexual abuse. Most women had experienced more than one type of abuse. The prevalence of childhood and domestic abuse among the women in this study corresponds with previous research on the prevalence of histories of abuse among women in the criminal justice system (Prison Reform Trust, 2017; Women in Prison, 2017).

Substance use and mental health

63% of women in this study reported using substances in the 12 months prior to their arrest. Alcohol was the most frequently used substance (n = 15) followed by prescription drugs (n = 12), crack cocaine (n = 11), and heroin/opiates (n = 10). 46.7%

of the women stated that they were receiving treatment for mental health problems whilst in custody. This was most commonly in the form of medication for depression and anxiety.

There are well-documented associations between trauma, addictions, and mental ill-health. Trauma is often at the root of mental health and substance use problems for women in the criminal justice system (Alleyne, 2006) and in turn, mental health and substance misuse problems are often at the root of offending behaviour. Bloom and Covington (2008) make the point that although PTSD is a common diagnosis associated with abuse, the most common mental health problem for women who are trauma survivors is depression. Light et al. (2013) found an association between depression and reconviction for women who have been in prison. Women suffering depression were significantly more likely to be reconvicted in the year after release than those without such symptoms (66% compared to 31% respectively). This suggests that trauma-informed approaches to treatment and intervention may indirectly help to reduce recidivism amongst women, particularly those with mental health and substance misuse needs.

FINDINGS FROM THE PRE- AND POST-PROGRAMME QUESTIONNAIRES

Changes in mental health functioning pre- and post- intervention were determined by assessing changes in reported symptoms of depression, anxiety, other psychological distress, posttraumatic stress disorder (PTSD), and other trauma-related problems.

Depression and anxiety were measured using two subscales of the self-report Patient Health Questionnaire. The Patient Health Questionnaire 9-item depression subscale measures current depressive symptomology (Kroenke and Spitzer, 2002) and the anxiety subscale is a 6-item subscale that measures anxiety symptoms felt over the past four weeks (Spitzer, Kroenke, Williams and Lowe 2006). Responses are based on a Likert-type scale ranging from 0 (*Not at all*) to 3 (*Nearly every day*). Higher scores on these subscales represent higher levels of depression and anxiety.

Psychological distress: The K6 (Kessler, Andrews, Colpe, Hiripi, Mroczek, Normand, Walters, and Zaslavsky, 2002) is a 6-item brief mental health screening tool used to assess participant's overall mental health. Responses, based on a Likert-type scale, ranging from 0 (*None of the time*) to 4 (*All of the time*), are summed into an overall score. Higher scores indicate higher levels of mental distress. A score of 10 or more denotes clinically significant psychological distress.

Posttraumatic Stress Disorder (PTSD): The Short Screening Scale for DSM-IV Posttraumatic Stress Disorder (Breslau, Peterson, Kessler, & Schultz, 1999) was used to assess the prevalence of 7 PTSD symptoms. Higher scores indicate greater symptomology.

Trauma-related problems: The Trauma Symptom Checklist (TSC-40) (Briere and Runtz 1989) is a research instrument that assesses trauma-related problems. The forty item scale assesses symptoms of *dissociation, anxiety, depression, sleep disturbance, and sexual*

problems. The TSC-40 also includes the Sexual Abuse Trauma Index (SATI). For this evaluation, the sexual problems subscale and the SATI were omitted. The women were asked how often in the preceding four-week period they had experienced a range of physical and psychological symptoms. Item responses are based on a Likert-type scale ranging from 0 (*Never*) to 3 (*Often*) resulting in scores ranging from 0-96. Higher scores represent more serious trauma-related problems in the areas identified above.

Results of the pre-/post-programme questionnaires

Symptom	Pre-Programme Mean	Post-Programme Mean	Significance
Depression	16.5	12.1	.001
Anxiety	11.0	7.1	.001
Psychological distress	14.5	11.6	.020
Posttraumatic stress disorder	12.5	7.9	.001
Trauma-related problems	54.2	45.9	.003

The most significant results are the reported reductions in depression, anxiety, and PTSD. The PHQ-9 depression subscale has cut-off scores for minimal (0-4), mild (5-9), moderate (10-14), moderately severe (15-19), and severe depression (20-17). Before the intervention, the survey results showed that 43.3% of participants were experiencing severe depression. This reduced to 23.3% after completing *Healing Trauma*.

A score of 10 or more on the anxiety subscale indicates symptoms consistent with Generalised Anxiety Disorder. Prior to *Healing Trauma*, 60% of participants reported symptoms consistent with Generalised Anxiety Disorder. Post-intervention this reduced to 33.3%.

There were statistically significant reductions in symptoms of PTSD post-intervention. A score of 4 or more on the Short Screening Scale defines cases of PTSD. It is of note that, despite significant reductions, the screening indicates that a high percentage of participants are reporting symptoms of PTSD; 96.7% before *Healing Trauma* and 86.7% on completion of the programme.

A score of 10 or more on the K6 Brief Mental Health screening tool denotes clinically significant psychological distress. The pre-post results for the K6 screening tool revealed statistically significant reductions in symptoms of psychological distress post-intervention though the mean score remained above this cut-off.

The women reported statistically significant reductions in trauma-related problems following completion of the *Healing Trauma* programme. There were reductions in all subscales measured in the test (dissociation, anxiety, depression, and sleep disturbance). Validating the results from other tests, the most significant reductions were in symptoms of anxiety and depression.

The pre- and post programme questionnaires also included tests assessing anger, aggression, dispositional empathy, social connectedness, and resilient coping. There were no statistically significant changes in any of these measures. Evaluations of the *Healing Trauma* intervention in the USA have returned statistically significant reductions on all these measures on completion of the intervention (Messina and Calhoun 2018). More research is

needed to determine the reasons that the UK results differ from those in the USA. Additionally, the lack of change in dispositional empathy, social connectedness, and resilient coping is not supported by the focus group data (see below). More research is required to identify the reasons for the lack of consistency between the questionnaire and focus group data in relation to these issues.

FINDINGS FROM THE POST-INTERVENTION FOCUS GROUPS.

The pre- and post-programme questionnaires returned valuable evidence of the positive impact of *Healing Trauma* on a range of factors related to offending and criminogenic behaviours among women in the criminal justice system. The focus groups were designed to explore the experiences behind this data. The focus groups allowed the participants to reflect on how they experienced the *Healing Trauma* intervention and the extent to which they feel it has contributed to addressing issues related to their offending. This element of the project was of utmost importance. Correctional programmes commonly treat participants as passive recipients of interventions. Women in the criminal justice system in particular are rarely afforded the space to comment on the extent to which programmes are valuable to their efforts to heal and change. For this reason, it was vital that this element of the research centralised the women's voices. The project aimed to provide a platform for the women's reflections, insights, and experiences in order to determine the true value of *Healing Trauma* to women in custody. The focus groups explored three broad themes;

- the women's experiences of *Healing Trauma*,
- the changes they perceived in themselves as a result of the intervention and
- the main learning they would take from the programme.

***'I feel I can talk now.'* The healing power of the shared story**

The most prevalent theme to emerge from the focus groups was the significance of 'opening up.' A feature of trauma-informed practice is a recognition of the power of telling your story (Covington and Russo 2016). All the focus groups discussions centred on the value of letting down barriers. The ability of the programme to facilitate the telling of their stories was cited as the most beneficial aspect of the *Healing Trauma* programme in all the focus groups.

Personally, I've opened up quite a lot over this programme and got... I've spoke about things that I needed to open up about really. That's helped me. (FG 3)⁵

...and then we all decided to share our stories, and some of us had bad stories, you know what I mean, and – well, I think it's the best thing that anyone could do. (FG 6)

The women explained that 'opening up' and telling their stories felt possible in the group because they realised that they had shared experiences.

Once you have opened up you realise we're not judging anybody. You know, we've all been through some kind of trauma. And a lot of them are very similar, although we do think we're the only ones. At that time when it's happening to you, you feel that you're the only person it's ever happened to (FG 3)

⁵ To protect the anonymity of participants, the six focus groups are referenced as FG 1, FG 2, etc.).

And it's a brave first step as well, because I know some people there which definitely hadn't shared or said anything and never felt like they could or should, and the shame that comes with a lot of things silences you. And then to hear one person be brave enough, then it was like a domino effect, all of a sudden everyone felt that empowered and that brave. So yeah, I thought the course made a massive difference really, it's changed the way that I feel now – I still find it difficult to be able to speak about feelings, but I know that you can and the silence only breeds the isolation and makes it worse. So sometimes it's good to speak out (FG 6).

Within this theme of 'opening up' and sharing stories, the women spoke of *Healing Trauma* as, quite literally, giving them a voice, enabling them to talk, and the importance of the ability to talk to their healing.

I think I've opened my feelings up more because like I said before I was a very closed box person and didn't want to...you can't change the past so why talk about it, was my attitude before. What's the point in hurting yourself over again because you can't change it. But in fact talking about it leads to ideas and that on how to feel a bit better about yourself. (FG 2)

And this one thing coming here, I've been able to open up about it and say, well this is how I'm feeling. When you're asking questions and that, looking back over some questions, it's like, well yeah, I went through that too, and other people have gone, well yeah, I did as well. And then we discuss how we've dealt with it and what we feel about dealing with the future differently. So I think that's...I feel I can talk now. (FG 6)

'To find a genuine safety net in here is a rarity.' The role of the group

The 'group' was cited by all the focus groups as central to positive experience of *Healing Trauma*. Trauma-informed practice has a focus on relationships, recognising the significance of relational development to women's lives. Participating in *Healing Trauma*

clearly forged strong bonds between the participants and also between the participants and facilitators.

Perhaps the most powerful function of the group was creating a safe, comfortable space in which the women could talk freely.

So it's going through it and seeing everyone else is also on the same level as you, because sometimes when you're going through those kinds of situations you feel alone, but in the group I felt really comfortable, the people teaching it were great and it felt good. I wanted to attend every week, whereas normally I wouldn't, I wanted to go, I wanted to go every week, it was good for me. (FG 1)

I think it was deep but it was so comfortable, the group got to a point where it was just very intimate, it was only us and then it was you and actually everyone felt comfortable, no one felt like they couldn't speak about and say what they...no one felt scared to say anything. I think everyone respected each other's opinions and everyone respected each other as individuals, everyone just felt so comfortable. It felt like you were just sitting with your friends and having a chitchat, it didn't feel like you were being judged on why you were there, so yeah, that was good. (FG 1)

The women linked this experience of the group as comfortable to it being a space where they could talk without judgement about the traumatic experiences in their lives

I think because we all got to know each other a bit more and we realised we weren't the only ones that had been through such bad things. Like, we've all kind of been through similar things, and we're here to help each other through it as well. (FG 3)

Despite the ultimately positive experiences of the group, it was one of the elements of the intervention that provoked most anxiety prior to the commencement of the programme.

I was really anxious about it. I mean for me it was more not knowing. Obviously being in a group and not knowing what kind of people are going to be with me. Are they going to judge me for certain things? But actually we had a brilliant group; everybody was just supporting each other. So it was actually a really good experience. (FG 2)

Healing Trauma required the participants to work with other residents. Sometimes these were women they didn't know or of whom they had somewhat negative, pre-conceived ideas.

I think being put in a situation where especially if you didn't know anyone else in the group and then having to go through it and build up a trust so you could talk to them. But as soon as you got into the group and that you realised that everyone's been through something similar and you learn to open up. But going into that first session where you don't know anybody, that was the hardest bit for me I think. (FG 5)

So, to start off with I felt uncomfortable because... it's like S, I always...I never really got on with S because the way she is like, but when you sit down and you actually talk to her she's completely different, do you know what I mean? (FG 4)

It's good though to be honest, it is. I never thought I'd be sitting in groups talking my business in front of people because I think they're nousey bastards, do you get me? (FG 3)

On *Healing Trauma*, the women are asked to take a chance on putting aside differences, putting aside the stress of the prison environment, putting aside the unspoken rules about trusting other 'prisoners' and to see each other simply as women who have had similar experiences and who want to heal.

I felt there was quite a lot of camaraderie afterwards as well, like because you'd shared it with someone, they knew and they didn't go off and tell anyone, but they also then checked on you again later and it forged a bond after that. Like me and K have got such a good bond now, and that fully came from that group and has carried on ever since. I think once you learn to trust someone on that sort of level, you'll have a bond that won't break again, especially in an environment where you're taught not to trust, it's so much institutionalisation that you're not used to making friends, and even if you do you're not meant to trust them and the environment and setting is quite stressful. But to find a genuine safety net in here is a rarity. (FG 6).

The focus group discussions suggest that sharing stories within a group is essential to the efficacy of the programme. The women learn from this that they can have shared experiences with and learn from people who they see as different from themselves, and that they can trust one another with experiences in their life about which they felt intense shame. For those who completed the programme, the experience of placing trust in others resulted in the development of supportive relationships.

‘A first step to changing your outlook, to healing yourself and moving forward.’ Healing Trauma as the start of a process.

Each focus group was asked what they would identify as the worst thing about *Healing Trauma*. Every group spontaneously responded that they would like the programme to be longer. This was expressed in the focus groups discussions as a feeling that *Healing Trauma* was an important first step and the start of a process of recovery and change.

‘Cause obviously six sessions, it can’t get to everything you need to get to I suppose, but it feels... What is it, is it just that first... It’s like a first step almost? Yeah, a first step to changing your outlook, to healing yourself and moving forward. I’d do it again. I’d do it over again. (FG 3).

I have really gone through the workbook, I’ve answered questions and all that, and as you go, there are more things that you want to answer, there are more things that you want to talk about, there are more things that you want to go through. So I think six weeks is not enough. I would have liked it to be a bit more longer, like probably 12 weeks or so (FG 1).

In-keeping with the feeling that the programme was the start of a process, some of the participants spoke of ongoing emotional and psychological difficulties that the intervention had helped, but not fully resolved. They expressed a sense of personal responsibility for how they use what they had learnt from *Healing Trauma* in the future.

I think the biggest challenge is that it’s taken so many years to get here and it’s whether I’m ready to put the work to get to where I want to be, because at the beginning we wrote three goals what we want to achieve, and the onus is now on me to actually do the work because nobody else can heal me other than myself (FG 1).

It has opened many doors for me and I think I have to keep on working on it (FG 2).

‘I’m like woken up, and like you talk to other people and you realise your self-worth and, you know, you are strong.’

Empowerment and gaining strength.

The focus groups explored with the women if and how they felt they had changed as a result of participating in *Healing Trauma*. A central theme to these discussions can be summarised as feeling empowered and liberated.

I feel like I’m more stronger and more confident in myself after doing the course. I feel like it’s helped me gain more confidence and speak out a lot more, I used to hide away and bottle things up, but I don’t anymore, I come and speak to people if I need to (FG 6).

I’ve come to realise we’re in an ongoing theatre, we put these masks on every day and possibly what you see is not what’s really going on. And I think we – well, I personally feel that we learn how to suppress a lot of things, so it’s very...after years of doing that, it’s very refreshing to actually say, you know what, I’m not managing with this, could you help me (FG 1).

The women spoke of how feeling stronger and more confident enabled them to make important changes in their lives. One respondent explained that having completed the programme, she had had a restraining order placed on her abusive ex-partner.

Cause I wanted to do something before I come into jail, but it was taking a time and I think I was put like...oh, what’s the word for it? I was pushing it out my mind a little bit. Do you know what I mean? And saying, I’ll do it then. But now it’s made me want to do it more now... I’m like woken up and like you talk to other people and you realise your self-worth and, you know, you are strong (FG 3).

I just thought, do you know what it was a five year relationship and towards the end... Basically I realise now I started standing up for myself and saying, no I don’t want to wear that or I don’t want to go there. And, I just put it down that the relationship fizzled out and it was just a battle of wills and we just disagreed in the end. But now, doing this, I thought well no we didn’t, he was actually controlling you all that time. I think it’s quite empowering (FG 5).

‘Not being too harsh on myself, forgiving myself a bit more, that’s what I’m taking back:’ Self-acceptance, forgiveness, and letting go of shame.

When reflecting on how *Healing Trauma* increased the women’s confidence, the women explained that the intervention forced them to reflect on and face aspects of their lives they had tried to suppress. It is conceivable that this process could induce trauma. Both becoming aware of victimisation that had previously not been recognised as such and the process of uncovering suppressed trauma seemingly have the potential to re-traumatise. Importantly, the women did not experience this process as negative. Whilst they speak of the challenges of engaging in this type of work, the outcomes are presented as self-acceptance, forgiveness, and letting go of shame.

I think the challenging thing is because there’s a new topic every week, it’s actually you individually going back to that space, because you put it off for so long where people offer you help but me personally, I’ve never taken up that help. But I did go and I did enjoy it, because I felt comfortable, it was me opening up to what had happened and then it just brings back memories and stuff, but it didn’t bring it back in a negative way for me, it felt positive, it was very positive for me, I left thinking and feeling positive, I didn’t leave wanting to go back and cry, it felt good (FG 1).

Behind my door, sometimes I did feel like, oh why did I start it because obviously because you’ve suppressed it you don’t really want to deal with it, but I have to deal with it because I can’t just keep on burying it. So yeah I think it was a good thing for me to do because it’s helped me. I think I’m on the right track now (FG 2).

When you look at someone else and you think they’re such a good person and you know they’ve been through it and half the time you think you can’t be a good person because it’s why it happened to you and that’s why you went through that, because you’re the bad one, there’s something wrong with you. But when you see someone and you think so much of them, you think, oh my God, it can’t be just because of what’s happened because they’re great and they’ve been through it, so it just changes your perspective on it (FG 6).

I mean, not being too harsh on myself, forgiving myself a bit more, that's what I'm taking back (FG 1)

Reflecting the findings from the questionnaires that 86% of the women in this study had experienced domestic abuse, the area of their lives that the women most associated with their offending and with their criminogenic behaviours (eg: substance misuse) were their intimate relationships. The woman valued the learning they were able to take from *Healing Trauma* that resulted from the opportunity to reflect on past relationships and what they want from future relationships.

I think for me it was that it gave me a chance to address certain things, like things that I'd blocked out. Being able to notice things I wouldn't have noticed before. Like abusive relationships, there's more things I can notice before it gets into a relationship (FG 2).

Because when you're going through it you don't actually really understand it, you don't accept certain things, but week by week we've gone through things and looked at different stages and different signs, and then you do understand it well, you think, yeah, that is what happened, that's not right, you can actually start to accept that it's not your fault, you're not to blame for what's happened (FG 1).

I think it was accepting that it happened to you, the fact that you let it happen to you. Because with me it was that a lot of things that actually we went through, like the early signs about an abusive person and stuff. Like they were all there, I was just blind to them. I was just oblivious to it. Then I blame myself for letting things happen to me because had those things been addressed then none of it would have happened, I wouldn't even have ended up in prison. So a lot of things I do blame myself for. Yeah so it's sad that I didn't want to address it. So it was shocking for me actually wanting to address it (FG 4).

In these discussions it was evident that this process of recognising past experiences of victimisation did not leave the women feeling re-traumatised or stuck in an unhelpful victim

narrative. As evidenced above, feelings of empowerment and liberation were the most common outcome. An additional effect of this process was that it challenged the women to accept responsibility for their own harmful behaviours.

'Cause like I've been violent to my partner and that and...I've been resistant to violence. You know what I mean? And I think that's a good thing because, you know, it's alright dealing with everything that you've had to put up with, but you've got to accept responsibility as well (FG 3).

I enjoyed it, I think it has helped because I know a lot of stuff now, I know the differences now between good and bad relationships, I know what I need to change in myself as well (FG 1).

I think in the beginning I didn't really understand what we were going to do, so every week was a good revelation. Some of it probably not so comfortable to deal with because I think sometimes it's easier to blame others than to actually take ownership for our part in what did happen, because nothing can happen to you without – okay, some things without your consent, yeah. There were bits, you know, like from childhood and I remember struck a chord with me. There was a questionnaire we did I think about some issues and...Was it ACE? Then there were two weeks about what do healthy relationships look like, what do you want to see in it, what are the things that are important for you, and it was very good to actually focus at a time like this when you actually have time to think, you know what, that actually is now important to me, where maybe in the past it wasn't (FG 2).

Rather than resulting in a negative victim identity, the process of recognising and understanding victimisation experiences enabled the women to better understand their own agency and responsibility.

***'I've just been coping better with stuff.'* Building resilience.**

The focus group discussions revealed how the women felt *Healing Trauma* helped them to think differently about stressful situations and, consequently feel more in control of their responses.

I actually learned a lot, I realised that your socialisation plays such an important part, and until you're aware that that is not acceptable, it will remain...you will not challenge it. So learning what the characteristics are and what power control relationship features are will be very helpful in the – especially now and in the future, to be able to identify those things, you know, that in the past they left you thinking, okay, I'm not comfortable with this, but because of your socialisation you're like, okay, I'll just get on with it. And how to take care of yourself, because I think that as women that is one of our biggest problems, where we're so willing to give up what we know is important for us for the benefit of everybody else. (FG 1)

The women spoke of how they felt they had learnt to cope better by understanding and accepting when things are out of their control, be that past experiences or challenges related to their imprisonment.

It's like when something's happened or something's upcoming I could never... I don't know how to explain it. It was out of my control but I couldn't accept that it was out of my control, and I were always trying to do something about it and I couldn't so I were getting stressed out. Whereas now I've learned to accept that it's out of my control, there's nothing I can do, and I've just been coping with stuff better. (FG 5)

It's like I were waiting to receive a document, and I worried so much about receiving it and trying to put off wanting to deal with things when I got out and then it just came and I was shocked at how well I dealt with it...If you put something off it's harder to come back to it, and then you keep putting it off and it gets harder and harder, whereas if you just deal with it at the time it's a lot easier, whereas before I wouldn't have (FG 5)

The extracts from focus group 5 above illustrate how, following *Healing Trauma*, the women felt better able to cope not just with the internal emotional impact of their past experiences, but also with current stressors related to the situation they were in.

‘...sometimes in order to ensure the next generation is not repeating these mistakes, it’s for you to actually learn and change that culture.’ Learning to communicate

Of particular significance in relation to learning to cope with the stress of imprisonment was that the women spoke of feeling better able to communicate about their experiences and behaviour to their families as a result of *Healing Trauma*.

Like another big thing that really shifted in me as well is explaining it to your kids why it happened, yeah, because when it happens it’s not just me suffering, you know, my kids, my grandkids, it affected them as well, it was a ripple effect, yeah? So, me being able to sit down and say, right, listen, you know, it was because of this, because of that. I never lied to them, they understood about all my childhood, and they get it now, they understand it, and that’s taken so much pressure from me, and sadness to be fair, it’s lifted them in a way because they get it. There’s nothing worse than a kid imagining it... So, being able to sit down, explain to your children why it happened and what happened without it being horrific...they understand it better because you know how to speak about it because you understand your own trauma (FG 4).

I come from a culture where going into therapy or talking about issues is like, nah, nah, nah, it’s not the done thing. And it’s realising that sometimes in order to ensure the next generation is not repeating these mistakes, it’s for you to actually learn and change that culture. Because I grew up in a home where there was domestic violence and I think that’s what made me accept some things, and so if my daughter, my son see those things, they then think it’s acceptable, and when do you break the cycle? And I think it’s about the secrecy, you know, where we don’t talk about some issues, and it’s about how do you sensitise yourself and others (FG 1).

The course is what you want in a relationship with everyone, with your family, you name it...and you notice... what you need as a person, you know, because we do interact with a lot of people in life and we need that (FG 6).

I think it's just learning something new every week, so it's not...you don't just look at just the relationship wise, you look at friendships, you look at just everyone individually, whereas before I would look at everyone the same, I'd just feel like, I can't trust anyone, I can't do this and I can't do that (FG 1).

'Healing Trauma, it's about you, yourself.' Comparing Healing Trauma with other interventions.

A unique attribute of the *Healing Trauma* intervention is that it is a programme designed to respond to the factors that contribute to women's offending. Where accredited offending behaviour programmes are offered in women's prisons, the programmes are often generic or 'gender-neutral.' This justifies their delivery to people of any gender, but it is widely accepted that these programmes are based on normative understandings of male offending behaviour (Kendall 2013; Covington and Bloom 1999). In light of this, it seemed important to understand how the women felt *Healing Trauma* compared to other programmes and treatment they completed during their time in prison.

I think personally I've done a lot of one-on-one therapy and group therapies and the anger management therapies, but I found that this course, the main difference, even though it gives you all the tools, was basically breaking down the solitude that doesn't necessarily come with those other groups. And the camaraderie really just makes such a difference, I can't stress how much of a difference it made to feel not alone in these massive acts that have controlled your life and still control your life in so many behaviours. Just to know other people experience it just made you feel like you could just take the mask off and think, I'm not alone, I don't have to be quiet about it, I don't have to be ashamed about it, I can know just from looking at someone that they've been through it, I've been through it, and we'll get through it. (FG 6)

Like I've tried counselling and I think that from counselling because you're having to talk about it and it's bringing everything back up and you're not overcoming the situation, how you're feeling, because you're just going over and over the same thing. Whereas from this just to sit back and take it all in and understand why you feel like you do and why you're in that situation and how to move forward... And I've tried everything, tablets, and nothing's ever...so I've really benefited from this. (FG 5)

[Anger management intervention] focused on 'you've been hurt so you're hurting other people,' so it was putting the blame on you type of thing. I don't think it was meant to come across that way, but that's the way I took it. Because it was always well, you've been abused in that way so does that give you the right to go out and use drugs? and stuff like that, and then you've escalated it. Where Healing Trauma is completely different. It doesn't focus on anything other than your emotions and trauma and that. So I'd say it doesn't compare to it at all (FG 5)

Healing Trauma, it's about you, yourself. You know, like TSP⁶ it's about...it's not just about you. But I think Healing Trauma, it's about you (FG 3)

One participant had previously completed a therapeutic community (TC), an experience she had found profoundly challenging but crucial to her personal development. She spoke of how *Healing Trauma* included aspects of the therapeutic community approach in a form that was more widely accessible,

⁶ TSP refers to the Thinking Skills Programme, an accredited programme focused on cognitive skills development for men and women assessed as medium risk of reoffending:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/782896/descriptions-accredited-programmes.pdf

I found that you had odd bits from the TC which is basically TC stripping back your life right back to as far as you can remember and you've got to pinpoint and work out what went wrong and how it went wrong and then how you're going to cope with it and how you're going to do that properly without hurting the next person....you're not only going back in your own life experiences but you're listening to another group of seven of you, and that is the hardest thing I've ever had to do. So yeah, going back to Healing Trauma, it was bits and bobs of the TC but on a slightly lighter note because it was quite hard there...It's like gets you aware, it's good enough to get you aware, and yeah, it's tough... a lot of ladies don't have a long enough sentence to do something like a TC, but they get to understand what trauma is... (FG 6)

In the focus groups, we discussed specific skills from the *Healing Trauma* intervention that had contributed the learning the women had taken from the programme.

The grounding exercises, I've been using them and I find them very beneficial, so I've got two in my toolkit... (FG 1)

... everything that I've taken from the group I make sure that I do every day. Even if it's just the five senses thing, I try and make sure that I do it. (FG 5)

I sort of get into this rumination cycle and I drive myself crazy, but now I can just sort of practice a little bit of mindfulness with it. (FG 1)

The grounding exercises were cited as helpful specifically in managing flashbacks and self-harming behaviours, as in this example,

They've give me techniques to stop me having night terrors, flashbacks, stuff like that. Because it was a thing with how to deal with them at the end of it, and that's really helped me. And the relaxation techniques and mindfulness as well, that helped me take out...like when I wanted to self-harm and that I've done them instead (FG 5)

Although the experience of participating in *Healing Trauma* was overwhelmingly positive for the women, it was not without its challenges. One such challenge related to returning to the normal prison regime after the programme.

Obviously when you talk about certain things and then when you go back and you think on it, you have some more thoughts come to you and that was then behind closed doors, when you're locked in (FG 2)

For me personally, once I've come here and I've opened up, I've been going off crying about everything. And then I go back to my room and think, oh shit. Do you know what I mean? And I know that I can take a bit of time and then go to work, but I think, just get there and just do your work ... But I think, like I said, I've amazed myself when I think the way I'm controlling some of my emotions (FG 3)

Some weeks were a bit tough, because you go back to your wing and you've probably peeled a bit of that onion that's left you feeling vulnerable and brought back – let me call them unpleasant memories from the past. But you can't change that, it's about, okay, that's done and dusted, how do I pick and learn from that, so I'm not repeating the same mistakes, and just let it go, forgive yourself and let it go (FG 1)

Most establishments gave women a choice about returning to work after the session. Many of the women mentioned the accessibility of the group facilitators and BTI Leads to help them if they felt overwhelmed. Additionally, as exemplified in the quotations above, the women tended to reframe this challenge by positively reflecting on their growth. For others, as explained here, the group space felt like a safe space to leave their reflections.

Yeah, because at the end we did all mindfulness techniques and that, so they tried to make it at the end after we've had the session we do something relaxing, and then we'd sign out and say how we're feeling and that. And they always made it clear, Mr F and the facilitators, that if we ever needed to talk to anyone about anything that they'd always be there and listen. So even though yeah, it might have been a hard session and we might have felt a bit down going back to the wing, but we all knew if we needed to we could just walk out and get the help if we needed it (FG5).

Personally my feelings stayed in that group and that was sunshine for us, and that's where we could put our feelings, we could talk about it another time and they were safe, you know (FG 6).

'We've all got a big story.' Healing Trauma as a gender-responsive intervention.

It was evident in the discussions that the women understood the experiences that had contributed to their offending behaviour to be gendered. The women were asked whether *Healing Trauma* was a good programme to have in women's prisons and if so, why. Their responses illustrate that the intervention resonates because of its focus on the ways in which their experiences are gendered.

I think it's really important because, a lot of women end up in prison have been through domestic violence and I just think it's a really good cause to bring into prisons...with giving the women the help and support they need. (FG 5)

We've all got a big story. Most of us are damaged souls and somewhere we've chosen the wrong path and it's ended us in prison. (FG 2)

I think it's essential really. It should be on everyone's sentence because I think most women in prison have been through something, like, traumatic. (FG 3)

There is ongoing debate about the value of gender-informed correctional programming. Scholars have critiqued gendered justice frameworks as potentially drawing more women into the criminal justice system, erasing their diverse experiences, backgrounds and needs, legitimating the expansion of women's imprisonment, over-emphasising women's victimhood, and individualizing women's needs in the context of a responsibilising agenda

that underplays the relevance of structural factors in women's criminalisation (see, for example, Carlton and Seagrove 2013). Whilst important, these concerns have to be considered against the reported benefits of gender-informed programmes for the women who participate in the interventions.

***'I felt like a monster when I come in...because I didn't think I was capable of what I did.'* The impact of *Healing Trauma* on reoffending.**

The capacity for correctional programmes to reduce reoffending has, for many years now, been the measure of their success. A reconviction study was beyond the scope of this project. However, the women were able to explain how the learning from *Healing Trauma* would help them avoid offending in the future. For some, the programme left them feeling more motivated and confident to overcome offending-related behaviours.

I think it's a valuable course, because without it, it'd be a case of, right, you're in jail, lock up and shut up type thing. Do you know what I mean? But it is good for you to...for reoffending or anything, you know. Like, I don't want to go back out and get drunk and get myself in all this state...I went out and I've ended up coming back. Now I'm really changing my thinking. I don't want to go out and use drinking as a crutch you know, it's good. It's a good thing (FG 3)

I have touched drugs in here, but it's [Healing Trauma] made me more certain that I don't want to touch them again. It was like, that was my... I was craving it and it weren't what I was craving. Now I'm more focused on leaving that behind me and working on staying clean and keeping clean (FG 1)

This increased motivation and confidence was related to gaining a better understanding of the factors that contributed to their behaviour. The acknowledgement that their offending was something they had done, not the entirety of who they are, opened up the possibility of behaving differently.

I mean two or three years I had counselling and they didn't touch nothing like this Healing Trauma group touch, the traumatic events and what happens with a traumatic event that you don't realise, which way it can spiral out, whether you mask it with drugs, drink, aggressive behaviour. It made me realise that you're not a bad person, yeah? If you've...if you're in jail for violence because of your past, yeah, it makes you understand that you're not a bad person, yeah, and it is okay to feel sad, it is okay to get angry, and the understanding helps you get through it. Without this I didn't understand why I did what I did, yeah? ...So, that aspect of it, that, I think it's brilliant, absolutely brilliant, what it makes you feel inside because when you...I mean I felt like a monster when I come in. I don't know whether anybody else did, because I didn't think I was capable of what I did (FG 3)

CONCLUSION

The group doesn't focus on the actual trauma. You don't have to talk about what happened and that. It focuses on the aftermath. Especially before the group I thought the trauma itself was the worst thing ever, but actually it's not, it's the aftermath and emotions that you feel after your trauma, the guilt, the shame, everything like that. So it's all right dealing with the trauma, but you've got to deal with your emotions after it and about the trauma as well to actually move on from it, and that's what the group does (FG 5)

Healing Trauma is no panacea. It cannot undo lifetimes of trauma, abusive relationships, addictions, mental health problems, aggressive behaviour, and involvement with the criminal justice system. That said, this evaluation, though limited in scope at this point, suggests it has positive impacts on the emotional and psychological well-being of the women who complete the programme, and therefore on factors that contribute, either directly or indirectly, to their offending.

In-keeping with the findings of evaluations of *Healing Trauma* in the USA (Messina and Calhoun 2018), the women in this evaluation reported significant reductions in symptoms of depression, anxiety, psychological distress, PTSD, and trauma-related problems after completing the *Healing Trauma* intervention. Results from this evaluation differed from those in the USA as there were no significant differences in feelings of anger or aggression. Nor did the questionnaires reveal significant changes in social connectedness or resilient coping. However, the data from the focus groups suggests the women did experience improved feelings of social connectedness. They also commented on and provided examples of the ways in which *Healing Trauma* had taught them to cope with a range of stressors.

The most striking feature of the focus group discussions was how positively the women had experienced *Healing Trauma*. *Healing Trauma* provides a safe space in which the women can examine the most damaging and shameful aspects of their lives, where they can both speak up and hear other women's stories. The intervention requires them to tolerate and

overcome emotional and interpersonal challenges and trust in the process of forming relationships based on openness and their shared experiences. In doing so, they learn that they are not alone, that they are not to blame for their experiences of victimisation, that they cannot change their pasts but can make some choices about their futures. The women's experiences of *Healing Trauma* reflect the core values of trauma-informed practice; safety, trustworthiness, choice, collaboration, and empowerment. On completion of the programme, the women report increased self-awareness and self-acceptance resulting from better understanding the links between their experiences and criminogenic behaviours. They experience increased confidence. They learn to trust and communicate meaningfully both within and outside of the group space. They gain specific coping skills to help them respond to ongoing emotional challenges safely and without relying on alcohol or drugs.

The results of this small evaluation suggest gender-responsive, trauma-informed interventions are effective in helping women address the factors that bring them into the justice system. As one participant explained when I asked what they would say about *Healing Trauma* if they had the ear of the Justice Minister;

I would say to them that anyone who's come to prison, and I personally really think especially women, haven't just come here because they're bored or haven't got something better to do. It's normally really serious trauma they've undergone, and maybe several of them, that led to this event, this is the catalyst, this is... We need to treat the symptoms of that and the Healing Trauma really does that, and it makes you a human being again and puts you back in touch with those feelings that you boxed away and told yourself that you weren't allowed to feel. And if we want to release people as functioning members of society, we need to give them that time to heal (FG 6).

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