

Healing Trauma Evaluation Executive Summary

A summary of the research led by Madeline Petrillo of the University of Portsmouth, funded by One Small Thing to find out what the impact of the Healing Trauma intervention has been on the women that have participated.

The full report is available on our website.

Healing Trauma has been rolled out across women's prisons in England since 2017, as part of the wider Becoming Trauma Informed programme that One Small Thing is licensed to provide in the UK.

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What?

Healing Trauma (Covington & Russo, 2016) is a brief, gender-responsive and trauma-informed intervention for criminal justice-involved women, designed for settings in which a short-term intervention is needed. It has been developed from an understanding of women's pathways to crime; it 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.

Healing Trauma comprises six, ninety-minute sessions in closed groups of up to ten women, peer-facilitated with support from specially trained prison staff. It adopts a strengths-based approach aimed at empowering women to see the strengths they have and to help them build on these to manage symptoms of trauma that can manifest as offending-related behaviours. It takes 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, and offers coping skills designed to help women recover.

Healing Trauma is voluntary. Most women self-refer to the programme. It cannot be enforced as part of a sentence plan.

Why?

Evaluations of Healing Trauma in the 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 evaluation's aims were:

- to measure the impact on mental health, specifically on depression, anxiety, psychological distress, and posttraumatic stress disorder;
- to measure the impact on trauma-related problems, specifically feelings of depression, anxiety, dissociation, and sleep disturbance;
- to measure the impact 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;
- to examine the participants' experiences and to understand its value and limitations from their perspective.

Covington, S. S., & Russo, E. M. (2016). *Healing Trauma: A brief intervention for women. Facilitator guide* (2nd Ed.). Minnesota: Hazelden Publishing.

Messina, N., & Calhoun, S. (2018). *Healing Trauma Evaluation. Year 1 findings*. Simi Valley, CA: Envisioning Justice Solutions.

How?

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

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.

Who?

All eight of the women's prisons delivering 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. 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.

The participants in this study were broadly representative of the wider population of women in the criminal justice system (Ministry of Justice, 2018):

- they ranged in age from 21 to 69 with most between the ages of 20 and 40 years old;
- most of the women described themselves as white British and women from a range ethnicities were represented in the study;
- most of the participants (83%) had at least GCSE level education;
- overall, the women in this study were serving prison sentences for more serious offences than those for which the majority of women are imprisoned;
- only one woman in this study reported no childhood, domestic, or sexual abuse and most women had experienced more than one type of abuse;
- 63% of women in this study reported using substances in the 12 months prior to their arrest with alcohol the most frequently used substance;
- almost half of the women stated that they were receiving treatment for mental health problems whilst in custody - most commonly medication for depression and anxiety.

Findings

The research looked at impact on five key areas: depression; anxiety, psychological distress, PTSD, trauma related problems. Changes in mental health functioning pre- and post- intervention were determined by assessing changes in reported symptoms. The most significant results are the reported reductions in depression, anxiety, and PTSD. 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.

Findings from the pre and post programme questionnaires

Symptom	Impact
Depression	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.
Anxiety	Prior to Healing Trauma, 60% of participants reported symptoms consistent with Generalised Anxiety Disorder. Post-intervention this reduced to 33.3%.
Psychological distress	The results revealed statistically significant reductions in symptoms of psychological distress post-intervention though the mean score remained above this cut-off.
PTSD	A high percentage of participants are reporting symptoms of PTSD: 96.7% before Healing Trauma and 86.7% on completion of the programme.
Trauma related problems	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). The most significant reductions were in symptoms of anxiety and depression.



What the Women Said



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 now talk"

The healing power of the shared story

Facilitating the telling of their stories was cited as the most beneficial aspect of the Healing Trauma programme in all the focus groups. The women explained that 'opening up' and telling their stories felt possible in the group because they realised that they had shared experiences. The women spoke of Healing Trauma as, quite literally, giving them a voice, enabling them to talk, and the importance of being able to talk so that they can heal.



"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.



"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. 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.



"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.



"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.

The women explained that the intervention forced them to reflect on and face aspects of their lives they had tried to suppress. 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. 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’ve just been coping better with stuff.”
Building resilience

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.



“...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.



“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).



“We’ve all got a big story.”
Healing Trauma as a gender-responsive intervention.

Asked whether Healing Trauma was a good programme to have in women’s prisons and why, the women’s responses tell us that it is because of its focus on the ways in which their experiences are gendered. There is ongoing debate about the value of gender-informed correctional programming. Whilst important, these concerns have to be considered against the reported benefits of gender-informed programmes for the women who participate in the intervention.



“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.

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, 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.

Kendall, K. (2013). Time to think again about cognitive behavioural problems. In P. Carlen, Women and Punishment: The struggle for justice (2nd Ed.) (pp. 182-198). New York, NY: Routledge

Covington, S. S., & Bloom, B. E. (1999). Gender-responsive programming and evaluation for females in the criminal justice system. A shift from What Works? to What is the Work? Paper presented at the 51st Annual Meeting of the American Society of Criminology. Toronto, Canada

Conclusions

The results of this evaluation suggest gender-responsive, trauma-informed interventions are effective in helping women address the factors that bring them into the justice system and have positive impacts on the emotional and psychological well-being of the women who complete the programme.

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 intervention.

Results differed from those in the USA as there were no significant differences in feelings of anger or aggression, nor changes in social connectedness or resilient coping. However, the data from the focus groups suggests the women did experience improved feelings of social connectedness and that Healing Trauma had taught them to cope with a range of stressors.

More research is needed to determine the reasons that the UK results differ from those in the USA but they probably result from the smaller sample size.

The women's experiences of Healing Trauma reflect the core values of trauma-informed practice; safety, trustworthiness, choice, collaboration, and empowerment. The most striking feature of the focus group discussions was how positively the women had experienced Healing Trauma: it provides a safe space to examine the most damaging and shameful aspects of their lives, where they can both speak up and hear other women's stories; 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 that they can make some choices about their futures. Follow-up research would help us understand the longer-term impacts of the intervention.

Thank you!

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