# Healing Trauma: A trauma-informed brief community intervention for women.

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Abstract

Healing Trauma (Covington and Russo 2011, 2016) is a trauma-informed, gender-responsive brief intervention for criminal justice involved women in the community. This article explains the programme’s theoretical underpinnings, principles and treatment strategies and briefly outlines the content of each session. It comments on the current landscape of community supervision in England and Wales that has seen women-centred provision diminish, accentuating the need for a brief, community-based treatment programme designed specifically to address the experiences of trauma and adversity that underpin so much of women’s offending.

Keywords: women, trauma-informed, community interventions, programmes, gender-responsive, community supervision.

There is ample evidence indicating that custodial sentences risk vastly exacerbating the vulnerabilities that draw women into the criminal justice system (Prison Reform Trust 2017; Corston 2007). In their guidance on working with women, Her Majesty’s Prison and Probation Service (HMPPS) states that investing in trauma-informed provision offers the best chance of reducing women’s reoffending (HMPPS 2017). The One Small Thing initiative (www.onesmallthing.org) is working to raise awareness of trauma-informed approaches and interventions based on the work of Dr Stephanie Covington and colleagues at the Center for Gender and Justice in the United States (www.centerforgenderandjustice.org; www.stephaniecovington.org) and supports their implementation in prisons and community-based services for women in England and Wales.

Healing Trauma (Covington and Russo 2011, 2016) is a trauma-informed, gender-responsive brief intervention for criminal justice involved women in the community. This article explains the programme’s theoretical underpinnings, principles and treatment strategies and briefly outlines the content of each session. Definitions of trauma and its link to offending behaviour are examined and discussed in the context of women’s pathways to crime. The article comments on the current landscape of community supervision in England and Wales that has seen reductions in women-centred provision, accentuating the need for a brief, community-based treatment programme designed specifically to address the experiences of trauma and adversity that underpin so much of women’s offending.
Women and community sentences.

Reoffending rates indicate that women fare better on community sentences than imprisonment. Seventy per cent of sentenced women entering prison in the year to December 2016 were serving sentences of less than six months (Prison Reform Trust 2017). The reoffending rate for women leaving custody having served short sentences is sixty-one percent, compared to twenty-eight percent for those starting community orders (Wood, Cattell, Hales, Lord, Kenny and Capes 2013). Yet Courts seem increasingly reluctant to use community orders. Between 2011 and 2015, there was a twenty-eight percent decrease in community orders imposed on women, despite a seven percent rise in the number of women coming before the Court. There have been significant increases in the use of Suspended Sentence Orders, up fifty-one percent between 2006 and 2015, and substantial decreases in the use of out of court disposals for women over the same period (Ministry of Justice 2015b). The Ministry of Justice (2015b) points to changes in legislation as a possible explanation as there has been no corresponding increase in the seriousness of women’s offending, though sentencers and responsible officers in Court have been found to be unclear about what provision exists for women in the community and have noted the lack of rehabilitative activities designed specifically for women (HMIP 2016). Up-tariffing from out of court disposals and community orders to suspended sentence orders increases the risk of women serving short periods in custody, known to be the most disruptive and least effective response to their offending.

Gender-specific adversities are a factor in women’s criminality (see for example Belknap, 2007; Daly 1992). In comparison with men, women in the criminal justice system are more likely to share a history of physical and/or sexual abuse, be the primary caretakers of young children at the time of arrest and have separate, distinct physical and mental health needs (HMPPS 2017). Their involvement in crime is often economically motivated, driven by poverty and/or substance abuse (Corston 2007). The Equality Act 2010 places a duty on probation providers to avoid gender-based discrimination in service provision. This duty is essentially interpreted as services offering the same provision to men and women. A focus on being ‘gender-neutral’ rather than gender-informed has largely meant applying programmes developed for men to rehabilitative work with women. As a minority of the offender population, it has been argued that women are disadvantaged by treatment programmes designed around the needs of men (Van Wormer, 2010; Corston, 2007; Borrill, Maden, Martin, Weaver, Stimson, Farrell and Barnes, 2003). Some accredited programmes are unavailable to women because static criminogenic factors determining eligibility exclude many women who tend to enter the criminal justice system at a later age and for less serious offences than men. Failure to complete an inappropriate intervention can lead to
unnecessary enforcement action, or to the woman being labelled as resistant to change, nor
does it help to address her underlying needs. Whilst acknowledging the importance of
gender-specific provision, Her Majesty’s Prison and Probation Service (HMPPS 2017) cite
only the Choices, Actions, Relationships and Emotions (CARE) programme as an example
of a programme accredited for women. This programme has only been delivered in a small
number of prisons and never been adopted by probation services.

It has often been stated that women are ‘correctional afterthoughts’ in the Criminal Justice
System. This seems to be supported by the lack of gender-informed community provision.
Shoehorned into a system designed ‘by and for men,’ women on probation supervision often
find themselves subject to intervention that fails to address the gendered nature of their
pathways into crime. The Corston Report (2007) provided an impetus to develop high
quality, gender-informed community services for criminal justice involved women. A clear
strategy emerged to support women through policy, funding commitment, the expansion of
specialist services and links between statutory and third sector organisations (Clarke 2014).
This led to the development of a network of women’s centres offering holistic, gender-
specific interventions to women in the criminal justice system in conjunction with former
Probation Trusts. Women on community supervision could attend appointments and access
rehabilitative interventions at women’s centres instead of attending the probation office.
Women’s centres offered gender-informed, needs-based, holistic, individualised services.
Though provision was patchy with some areas better provided for than others, evidence
coming out of the centres both in relation to the women’s experiences and reduced
reconviction was promising. An analysis by the Ministry of Justice (2015a) examined the
impact of receiving support from women’s centres on recidivism and found such support to
have a statistically significant impact on reducing reoffending, with the difference estimated
to be as high as nine per cent (Ministry of Justice 2015a).

Since The Offender Rehabilitation Act 2014 such provision has been increasingly at risk.
The Act introduced post-sentence supervision for all released prisoners. This meant that for
the first time, those sentenced to less than twelve months in custody would be supervised on
release by a Community Rehabilitation Company (CRC). During the consultation phase of
the transforming rehabilitation (TR) policy, there was concern raised that the extension to
sentences would disproportionately impact on women, over half of whom are subject to
sentences of less than three months (Ministry of Justice 2016a). The Offender Rehabilitation
Act 2014 stipulated that CRCs must identify and address the particular needs of women.
Last year, the All Parliamentary Group on Women in the Penal System launched an enquiry
into the impact of the TR policy on women’s services finding that many narrowly interpreted
their duties towards women as offering the option of a female officer and not compelling
women to participate in all male unpaid work placements; ‘evidenced-based and high quality services were not protected or incentivised’ (Howard League for Penal Reform 2016: 4). The recent HM Inspectorate of Probation’s (2016) thematic review of services in the community for women who offend found that women’s centres have been particularly vulnerable. Many have seen a decline in funding from CRCs and tendering processes that put their continued existence at risk. Women in minority groups are likely to be particularly badly affected by weaknesses in the provision of specialist, gender-specific, culturally appropriate, local services. Since the introduction of the Offender Rehabilitation Act 2014, there has been a sixty-eight percent increase in the number of women recalled to prison and women are more likely than men to have multiple recalls during their post-sentence supervision period (Ministry of Justice 2015b). The vast majority of the recalls are for failure to keep in touch and technical breaches rather than reoffending. These trends point to a crisis of confidence in the capacity of community supervision to effectively address the factors that contribute to women’s crime and the need for gender-informed approaches to intervention in probation services.

**Trauma and Gender: Definitions, processes and responses.**

Trauma is the ‘exposure to actual or threatened death, serious injury or sexual violation...’ (American Psychiatric Association 2013: 271). Exposure can be as a result of directly experiencing or witnessing a traumatic event. Traumatic events can take many forms; catastrophic injury and illnesses, extremely painful, frightening medical procedures, discrimination, emotional, sexual or physical abuse including intimate partner abuse, assault and rape. 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).

Exposure to trauma is not limited to experiencing or witnessing traumatic events. It can also result from toxic and relentless stress (Bloom 2013). Encountering stress and suffering is a natural part of life but it is important to distinguish this from stress resulting from trauma. *Toxic stress* occurs as a result of repeated, prolonged and intense activation of the brain’s stress response. When toxic stress is experienced in childhood it can alter brain functioning with problematic long term consequences. As Bloom (2013) states, exposure to toxic stress is being used as a way of understanding the acute effects of repetitive childhood physical abuse, sexual abuse, neglect, and witnessing intimate partner abuse. These are assiduously typical experiences for women in the criminal justice system. It has been argued that childhood victimisation is the primary causal factor that steers girls into offending lifestyles (Belknap, 2007). Studies generally report the proportion of women in the criminal justice
system who have experienced domestic and/or sexual abuse to be between 50-80% (Norman and Barron, 2011).

Relentless stress refers to the wear and tear on the body and brain resulting from unremitting over-activity of the physiological systems normally involved in adapting to environmental challenges (Bloom 2013). Relentless stress results from persistent adversity such as poverty, intersectional discrimination, lone parenting, lack of opportunity and multi-generational caregiving. Turner, Finklehor and Ormod (2006 in DeHart et al., 2014) found women in the criminal justice system are likely to have endured ‘non-victimization adversity’ such as bereavements, the imprisonment of primary caregivers, persistent family conflict and living with parents with substance misuse and mental health problems.

Covington (2016) further explains how the risks of experiencing trauma after childhood are gendered. In adolescence, boys are at increased risk of experiencing trauma if they are gay, young men of colour or gang affiliated. For an adult man, the risk of abuse and violence most commonly comes from being in combat or being a victim of crime. Men are most likely to be harmed by an enemy or a stranger. Women are most at risk in relationships. They are most likely to be harmed by a family member, lover or partner (Covington 2017). For women in the criminal justice system, individual traumatic events and trauma resulting from toxic and relentless stress accumulate and frequently define their life experiences.

Trauma impacts a person both physically and psychologically. Symptoms and behavioural manifestations of trauma include hyper vigilance, violent outbursts, suicidal ideation, self-harm, disassociation, flashbacks, mood disorders and eating disorders (Blume 1990; Hermann 1992 in De Cou, 2002). Internally, trauma can impact on the thoughts, feelings, values and beliefs that can contribute to offending. For example, the belief that people cannot be trusted, and that the world is an unsafe place. Externally trauma impacts on relationships and behaviour. Many women who are trauma survivors experience difficulties in their relationships. Parenting, for example, can ‘trigger’ trauma responses. A child can be a reminder of abuse experienced in their own childhood, overwhelming them with the emotions they experienced at the time (Covington and Russo 2011). The painful emotional states and subsequent behaviour in response to trauma can be placed into three categories: retreat, self-destructive action and destructive action (Covington and Russo 2011). Whilst these responses are normal reactions to extreme situations, they are also factors that can contribute to offending behaviour.

Why a trauma-informed approach is a gender-responsive approach.

Gender differences are a critical consideration when designing programmes for women. Across jurisdictions women commit fewer offences, less serious offences, and present a
lower risk of reoffending and of causing harm than men (Ministry of Justice 2014; Corston 2007). Women have distinct criminogenic needs related to experiences of abuse. Whilst there is debate about the nature of the link between victimisation experiences and offending behaviour in women, it is incontrovertible that a relationship exists (Blanchette and Brown 2006). This is not to say that victimisation causes women’s offending, but that mechanisms developed to cope with victimisation can be criminogenic (Blanchette and Brown 2006). Women frequently come into the criminal justice system as a result of the criminalisation of their striving to survive experiences of abuse, poverty, repeated trauma and poly-victimisation (DeHart et al, 2014; Chesney-Lind & Pasko 2013; Daly, 1992).

Trauma is often at the root of mental health and substance misuse 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 posttraumatic stress disorder (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 (sixty-six percent compared to thirty-one percent respectively). This suggests that trauma-informed approaches to treatment and intervention may help reduce recidivism amongst women, particularly those with mental health and substance misuse needs. Bloom and Covington (2008) reiterate this point in citing Jordan and colleagues findings that despite having been in mental health treatment, some women continued to engage in criminal behaviour (Jordan, Federman, Burns, Schlenger, Fairbank & Caddell, 2002). They hypothesise that women’s mental health disorders are often trauma-related and previous treatment has focused on the psychological aftereffects of the victimisation; the substance misuse, the self-harm, the diagnosed mental disorder, but not the trauma itself.

Accepting the centrality of violence and trauma to other major life problems such as substance misuse, homelessness, and mental health stability that are pathways to involvement with the criminal justice system, it is now considered necessary for all service providers to become trauma-informed if they want to be effective (HMPPS 2017).

**Becoming Trauma Informed: A tool-kit for women’s community service providers.**

The *Becoming Trauma Informed* (BTI) tool-kit is a step-by-step guide originally designed for the National Offender Management Service (NOMS) 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 for community service providers working with women in the criminal justice system (Covington 2016).

The BTI initiative focuses on organisational behaviour. It identifies values and principles of trauma-informed care that should form the foundation of organisational interaction with women in the criminal 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) work on developing trauma-informed systems. Treatment programmes represent one aspect of trauma-informed service delivery.

Healing Trauma is trauma-informed programme intervention for criminal justice involved women in the community. Adapted from Covington’s Beyond Trauma (2003) curriculum, it comprises six ninety minute sessions in closed groups of six to ten women. In contrast to other programme provision for women in the criminal justice system, Healing Trauma has been developed from an understanding of the realities of women’s lives and their gendered pathways to crime.

**Healing Trauma: Theoretical underpinnings and principles.**

Healing Trauma is designed to help women begin to recover from the effects of trauma and discover ways to enjoy healthier relationships. Covington and Bloom identified four key theoretical perspectives that should inform gender-responsive treatment programmes and these underpin Healing Trauma: pathways theory, relational theory, trauma theory and addictions theory (Covington 2000; Covington and Bloom 2006; Bloom and Covington 2008).

**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 (Daly 1992; Brennan, Breitenbach, Dieterich, Salisbury and Van Vooris, 2012).

**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). 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 criminal justice system but in particular those with mental health and substance misuse problems. Trauma-informed services are those that are provided for problems other than trauma but require knowledge concerning the impact of trauma (Covington, 2000; 2008; Bloom and Covington 2006).

**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. It is consistent with research that indicates drug addiction is a brain disease that disrupts the mechanisms responsible for generating, modulating, and controlling cognitive, emotional and social behaviour. It understands addiction as a progressive disease with increasingly severe biological, psychological and social problems over time.

Six principles form the basis of trauma-informed, gender-responsive treatment. The leading principle is an acknowledgement that gender makes a difference and that treatment for women needs to be responsive to this difference. Principle two is the creation of an environment based on safety, respect and dignity. The third principle states that interventions should be relational and promote healthy connections to children, family, significant others and the community. The forth principle asserts that substance misuse, trauma and mental health should be addressed through comprehensive, integrated, and culturally relevant services supported by appropriate supervision. Principle five states that interventions should provide women with the opportunities to improve their socio-economic circumstances through education and training in recognition that most women in the criminal justice system are economically disadvantaged. Principle six is the establishment of a system of community supervision and re-entry with comprehensive, collaborative services to support women in navigating through disparate and fragmented provision. As Bloom and Covington explain, ‘There is a need for wraparound services – that is, a holistic and culturally sensitive plan for each woman that draws on a coordinated range of services within her community’ (Bloom and Covington, 2006, p.14).

**Healing Trauma: Delivery**

Experiencing trauma is isolating so group work is the preferred means of delivering trauma-informed intervention. Groups show others have similar experiences and therefore adhere to the principle of connectedness. The choice of programmes facilitators is identified as crucial to a positive group experience though Covington (2017) stresses that whilst facilitation skills and content expertise are relevant, the personal qualities of the facilitator are more important. ‘Good facilitators’ are identified as ‘trustworthy, credible, available,
reliable/consistent, hopeful, warm/compassionate, emotionally mature and energetic.’ (Covington 2017: 30). They should also maintain healthy boundaries that respect confidentiality, be committed to and interested in women’s issues, have a multi-cultural sensitivity and responsiveness and all-female groups should have a female facilitator. If a facilitator is a trauma survivor, she needs to feel confident that she is at a place in her own recovery that will allow for healthy and positive outcomes for herself and the women in the group.

**Healing trauma: Treatment strategies.**

Healing Trauma aims to enable the participants see the strengths they have and build on these to help them deal with intense emotions in healthy ways. The programme takes the women through a process of understanding the abuse they have experienced and how it has affected them. They learn about what abuse is and how widespread it is in women’s lives. The programme presents coping skills designed to help women deal with a variety of traumatic experiences though the primary focus is on intimate partner violence (Covington and Russo 2011). 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, eye movement desensitisation and reprocessing and relational therapy. These are designed to help women link some of their current difficulties to their experiences of trauma.

The six sessions follow the same format. Each session starts with ‘quiet time’ and ‘check in.’ These enable the participants to focus on engaging with the session, share how they are feeling at the start of the group and revisit what stood out from the previous session. This is followed by an information/education element using interactive exercises; these can be creative activities, physical activities and small group/pair discussions. The sessions include ‘grounding’ exercises. These work to decrease disassociation, a psychological response involving a process of separating mind and body often used by trauma survivors to disassociate themselves from distress. Grounding exercises help the participant manage emotional discomfort by making them more aware of the present using mindfulness techniques. There are ‘self-soothing’ exercises in each session such as guided imagery or visualisation exercises. These provide the women with strategies that enable them to feel safe and relaxed in situations that are stressful or overwhelming. The inclusion of these exercises acknowledges that previous strategies are likely to have included harmful
behaviours such as substance misuse or self-harm. Each session ends with a reflection on what the participants will take from the session and there are ‘between-session’ activities for the participants to work on independently.

**Healing Trauma Session One: Welcome and introduction to the subject of trauma.**

The opening session explains how the group intends to help the participants. It explains that group members will learn more about abuse and how widespread it is in women’s lives, that it will help the participants become aware of their strengths and increase the skills they need for healing and that they will learn exercises and techniques that can help them feel more grounded and safe. The session explores common concerns related to trauma in the form of questions that can torment trauma survivors: why did this happen to me? What did I do wrong? Why do I feel so ashamed? Why did people hurt me? Why is life such a struggle? What do I do now? The session offers the women a definition of trauma and information on how trauma impacts on the inner (thoughts, feelings, beliefs and values) and outer (relationships and behaviour) selves. The participants complete an art activity decorating their folders with meaningful images they then discuss with the group. The grounding exercise in this session is the ‘five senses’ exercise. It encourages the participants to silently identify five things they can see, four things they can touch, three things they can hear, two things they can smell and one thing they can taste. The reflection asks the participants to write or draw about their experience in the group.

**Healing Trauma Session Two: Power and Abuse.**

In session two, the quiet time, check-in and review of the last session are followed by educating the participants about traumatic events. The women are asked to identify different types of traumatic experience, then are given information about gender and abuse. The participants complete a focus questions exercise on social messages and gender expectations asking them how boys and girls are treated differently, what it means to ‘act like a woman,’ what it means to ‘act like a man,’ culminating in a guided imagery exercise on what it would be like if our roles were reversed. The session goes on to explain the connection between power and abuse. The Power and Control wheel is used to guide the women in describing how different types of abuse are experienced. Characteristics of abusers are explained. The session ends with a ‘safe space’ guided imagery exercise.

**Healing Trauma Session Three: The Process of Trauma and Self-Care**

The third session explains the process of trauma and teaches techniques for self-care. The learning on the process of trauma links past experiences and responses to trauma to current stress and existing painful emotional states. It illustrates the connections between these and
harmful behaviours. This helps the women connect the dots between their past experiences and present problems. This is followed by teaching the women both physical grounding techniques based on mindfulness practices and mental grounding techniques to help with stress management. The session goes on to explain and model self-soothing; how the women can feel calmer and more grounded when they are being bombarded by intense emotions. The session then works on developing personal boundaries using a physical exercise. The reflection encourages the women to identity one thing they have learnt about themselves.

**Healing Trauma Session Four: The ACE questionnaire and anger.**

In this session the participants complete and discuss the Adverse Childhood Experiences (ACE) questionnaire (Felitti and Anda 2010). The questionnaire asks ten questions related to experiences of physical and sexual abuse and neglect during the respondents first eighteen years of life. The study on which it is based found those with scores of 4+ on the test were at greater risk of physical and mental ill-health, substance dependency and vulnerability to violence (both as perpetrators and victims). The purpose of this exercise is to help the women understand how trauma can contribute to physical and mental health issues and addictions. They are then taught techniques for self-care if trauma is part of their life story. They learn about the concept of SEEDS (Arden 2014), five factors that can help cultivate energy, productivity and happiness.

Social connectivity: being in connection and relationship with others.
Exercise: has positive impact on physical and psychological well-being.
Education: try to learn something new each day
Diet: the food we eat either nourishes or starves our brains.
Sleep: Our brains and bodies need rest to regenerate each day.

The session goes on to explore anger, helping the women understand the emotions that come to be expressed as anger, rage and violence. It uses a guided imagery exercise to help the women safely explore anger and the triggers to anger. The session ends with a self-soothing exercise aimed to help women let go of negative emotions.

**Healing Trauma Session Five: Healthy Relationships.**

Session five starts by asking the women to define a healthy relationship and examines how women grow and develop in relation to others (Miller 1986). Characteristics and principles of healthy relationships are shared with the women using an interactive group exercise. An exercise asking the women to identify what they want in relationships is completed using the
‘relationship wheel’, the contrast to the power and control wheel. The women participate in a facilitated discussion on characteristics of a healthy relationship. A ‘wheel of love’ diagram encourages the women to think of love not only as a feeling but as a behaviour supported by respect, mutuality and compassion. The reflection asks the women to identify the most important part of the session and the session ends with a grounding exercise which can be led by a group member.

**Healing Trauma Session Six: Love, Endings and Certificates.**

The final session helps women understand what they bring to relationships. It uses a focus questions exercise and creative arts to enable each participant to depict her history of love and how she would like to experience love in the future. It helps the participants learn how to end relationships respectfully. This is supported by an appreciation activity whereby, in one or two words, everyone in the group says something they appreciate about the other group members. The session ends with comment on the ‘spiral of trauma.’ This illustrates that whilst trauma will remain part of the women’s life experience, healing creates the opportunity to connect the inner self; the thoughts, feelings, values and beliefs, with the outer self; behaviour and relationships.

**Research findings.**

Gender-responsive treatment has been developed in response to the body of research documenting the higher prevalence of trauma exposure and co-occurring substance use and mental health disorders among women in the criminal justice system. Evaluation studies have examined whether trauma-informed, gender-responsive treatment produces different outcomes in relation mental health, substance misuse and offence-supportive attitudes.

Saxena, Messina and Grella (2014) carried out a randomised control trial of two treatment groups, comparing outcomes of a standard therapeutic community programme with gender-responsive programmes from which the Healing Trauma programme was adapted. The study measured the impact of gender-responsive treatment on depression and number of substances used. It concluded,

‘GRT (gender-responsive treatment) has shown potential for mitigating negative outcomes (depression and substance use) associated with histories of abuse for incarcerated women. Women who had experienced prior traumatic events improved their psychological status and decreased the number of substances they used in the trauma informed, gender responsive substance abuse treatment group. Even when controlling for the presence of clinical level trauma distress (i.e., PTSD), GRT successfully moderated the associations between abuse and depression and abuse and substance use’ (Saxena et al 2014: 427).
These findings support previous evaluations that found women who completed these programmes reported less substance misuse, lower levels of depression and fewer trauma symptoms including anxiety, sleep disturbance and disassociation after completing the programmes (Covington, Burke, Keaton & Norcott, 2008).

Healing Trauma is in the process of being evaluated in both the US and the UK. Early evaluation results from the US indicate statistically significant reductions in depression post treatment (Hawke, 2014). The estimated rate of PTSD also decreased on completion of the programme. Of one hundred and seventy-six participants in the study, over eighty-nine percent said they had met the treatment goals they identified for themselves and over ninety-four percent said they would recommend the programme to others. The women reported the most helpful aspects of the programme to be a safe place to discuss their experiences with other women who had similar experiences (Hawke 2014).

At first glance, the challenge of making probation services trauma-informed may appear insurmountable. The philosophical transformation required in this era of managerialism and preoccupation with risk seems immense. But our prisons have taken on the challenge. The Becoming Trauma Informed tool-kit and the Healing Trauma programme were developed for use by community service providers but are suitable for implementation and delivery in prisons and training and roll-out is currently underway across the female custodial estate in the England. Prisons are traumatising environments. There were twelve self-inflicted deaths of women in custody in 2016. Despite representing only five percent of the population women accounted for twenty-one percent of all self-harm incidents in prison in the year to June 2016 (Prison Reform Trust 2017). It seems incongruous that as probation provision for women withers from neglect, prisons are emerging as the place in the criminal justice system where women can access gender-responsive, trauma-informed interventions. The National Offender Management Service (NOMS 2015) identified that in order to reduce reoffending among women, there are seven priority targets for support and intervention; addressing substance misuse problems, addressing mental health needs, building emotional management skills, helping women develop and maintain a pro-social identity, helping women believe in their ability to control their lives and achieve their goals, improving family relationships and helping women build their social capital. By adopting trauma-informed approaches and properly funding community services such as women’s centres using these approaches, probation providers have an opportunity alleviate some of the psychological effects of trauma and respond to the needs of women whilst addressing factors that put women at risk of offending.
This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

For information on how to access the Becoming Trauma Informed Tool-kit and Healing Trauma for your organisation, please visit: www.onesmallthing.org.uk

For information on Stephanie Covington’s trauma-informed curricula, please visit: www.stephaniecovington.org
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