

# Exploring and Healing Invisible Wounds: Perceptions of Trauma-Specific Treatment from Incarcerated Men and Women

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## Abstract

Despite the alarming rates at which justice-involved individuals experience trauma, there is great hesitancy to discuss and address trauma in prison-based programs for fear of re-traumatization and decompensation. Recently, a series of studies assessed the efficacy of brief trauma-specific interventions for incarcerated men and women (Exploring Trauma and Healing Trauma, respectively). The quantitative results of these pilot studies showed positive and consistent improvement in anger, aggression, and psychological well-being across multiple facilities, varying levels of custody, and models of delivery. The current study adds to this literature by examining the corresponding qualitative data collected through participant focus groups and written feedback. Post-program feedback surveys for over 1,000 women and over 800 men and focus group summaries from 21 women and 23 men were compiled and analyzed using deductive thematic analysis. Participants' feedback of the brief, trauma-specific interventions was overwhelmingly positive. They commented on the program's structure, content, and overarching benefits. Underlying themes included appreciation for the facilitators, the safety of small groups, the ability to discuss trauma without judgment, skills to address and control anger, gaining self-respect and empathy, and healing relationships and childhood wounds. Final comments included requests for more availability and more intensive trauma-based programs. The qualitative findings centralize the participants' subjective experiences of the program, providing a more in-depth exploration into the pilot studies outcome results. The findings further suggest that justice-involved men and women with histories of trauma and abuse can heal in a custody setting if the program content addresses such histories with safety and appropriate program materials.

## Keywords

Adolescence • Incarcerated • Trauma • Anxiety • Depression

## Introduction

Among incarcerated men and women in the United States, experiences of trauma are the norm rather than the exception. Justice-involved men and women consistently report a significantly higher prevalence of childhood trauma and victimization compared to the general population [1-4]. In fact, the victimization and violence experienced in childhood often continues throughout their lifetime and into their custodial life [5-8].

Among a group of 675 incarcerated women and 616 incarcerated men, over 50% of the men and the women reported experiencing emotional neglect under the age of 18. Between 60% and 71% reported verbal and physical abuse growing up, having only one parent living at home, and substance use in the household. Fifty percent of the women and one quarter of the men reported sexual abuse [9,10]. For many survivors of adverse childhood experiences (ACEs), abuse in their adult lives is also common. Among 916 incarcerated women who reported ACEs, over 79% reported continued physical abuse into adolescence and adulthood, with 78% reporting severe physical abuse and 40% reporting forced sex as an adult [10]. Adult violence continues for men as well, among 801 incarcerated men, 56% reported continued physical abuse as an adult and 60% reported continued severe abuse [11].

ACEs have repeatedly been shown to be correlated with adult mental and physical health problems and the leading causes of death [12-14]. However, emerging literature indicates that ACEs among incarcerated populations are particularly concerning given the strong correlation with violence against others. Although the pathways to substance use and crime differ for men and women, converging evidence suggests that ACEs are directly and indirectly related to anger, violence, aggression, and arrest for both men and women [15-19,2]. The significant relationship between ACEs and violence is particularly clear. Among the 657 incarcerated men who reported experiencing minor physical abuse under the age of 18, 66% perpetrated minor physical abuse against others as an adult. Of 581 men who experienced severe physical abuse under the age of 18, 69% perpetrated severe physical abuse against others [11]. This pattern was replicated among incarcerated women [10]. Among 657 women who reported experiencing minor physical abuse under the age of 18, 70% perpetrated minor physical abuse and among 631 who reported severe physical abuse, 69% perpetrated severe abuse.

Given the aggregate negative impact of trauma and victimization represented in the lives of justice-involved men and women, the field would benefit from research that identifies effective services that reduce the cycle of violence and abuse. However, the opportunity for trauma-specific treatment during incarceration is sparse to non-existent. Trauma-related needs are avoided due to the mistaken belief that prison is an inappropriate environment to address histories of trauma [20,9]. Yet, a growing body of research shows that when interventions target histories of trauma and current traumatic experiences, outcomes are improved [20-24,10,11]. Thus, there is a necessity for trauma-specific interventions that increase successful relational behaviors while decreasing victimization and perpetration of violence.

The foundation for the present study's trauma-specific interventions is built upon trauma theory [25,26]. Trauma theory proposes that early trauma influences one's perceptions of and reactions to life events [27]. Moreover, exposure—particularly early or chronic—to traumatic events may result in mental health problems [28,29], substance use [30,31], repressed anger [32,33], and violent behavior [34,11,5]. The curricula outlined in the present study sought to provide incarcerated individuals with resources to process their trauma safely and with tools to manage the long-lasting negative repercussions of these experiences.

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## Materials and Methods

### Healing trauma and its implementations

**A brief intervention for Women and exploring trauma:** A Brief Intervention for Men is six-session brief, trauma-specific interventions designed for criminal justice-involved women [35] and men [36] who have experienced trauma associated with ACEs and adult victimization. Healing Trauma (HT) and Exploring Trauma (ET) are manualized interventions with Facilitator's Guides and Participant Workbooks. The materials are gender responsive, taking into account how trauma impacts women and men differently. Both are theoretically based and are designed for delivery in settings in which a short-term intervention is needed. The interventions are considered trauma-specific due to their strong emphasis on therapeutic skills, coping and grounding exercises, and mindfulness as primary treatment modalities for trauma. Ultimately, the central focus of these interventions is to build participants' understanding of trauma, its process, and its impact on ones' inner (e.g., thoughts, feelings, beliefs, values) and outer self (e.g., behavior and relationships).

HT began implementation at three women's prisons in July 2017, including a reception center, among a population of high-need women (e.g., those who often have conflict with others and multiple rule violations), and a movement-restricted Security Housing Unit (SHU). In July of 2017, ET also began implementation in three men's prisons with multiple levels of security risk classification: Level II, Level III, Level IV and SHUs. The programs were comprised of six weekly, 2-hour small group sessions (8-10 participants). The program was run with closed groups (i.e., the same participants begin and end the sessions without new participants entering the group) and no prison staff were present in the room during groups. Thus, the participants were able to establish trust with their group members and build rapport with their facilitators.

### Exploring trauma outcome studies

The findings outlined below are based on the quantitative research data collected between 2014 and 2019 of the HT and ET programs operating within CDCR institutions. Results from the 39 SHU women and 186 SHU men who participated in the Program Director-facilitated HT and ET programs demonstrated initial support for the efficacy of the brief interventions. The SHU women exhibited significant improvement across depression, anxiety, PTSD, aggression, anger and social connectedness [7]. Effect sizes were moderate to large in size, with the largest impact on physical aggression. Significant improvement was found for the same measured outcomes for the SHU men [22]. Effect sizes were small to moderate in size, with the largest impact on depression, trauma symptom severity, and anxiety.

An experimental study was also conducted implementing a peer-facilitated model of delivery with 131 ET male participants and 90 control group members in a Level III prison yard. Significant improvement was found for the intervention group compared to the control group on anxiety, depression, mental health, trauma symptoms, and three out of four anger measures [22]. The results from the peer-facilitated model among 682 women also demonstrated strong support for the efficacy of HT. The women exhibited significant improvement on over 90% of the outcomes measured on pre- and post-intervention surveys. Effect sizes were small to moderate, with the largest impact on depression, PTSD, and anger [10].

The cumulative quantitative research has demonstrated the efficacy of the brief trauma-specific interventions for incarcerated women and men at all levels of risk classification with program staff or peer-led delivery models. The current study adds to the literature by examining the corresponding qualitative data collected during the pilot study phase from all facilities. Exploration of the qualitative data is a necessary component in the continuing evaluation of these interventions, as they centralize the participants' subjective experiences of the program and comprehensively determine the value and feasibility of these brief trauma interventions within the prison setting.

### Research methodology

Research and process evaluation approvals were obtained from the Office for Protection of Human Subjects and the California Department of Corrections and Rehabilitation's Research Oversight Committee. The studies began in July of 2017, focus group data collection ended in 2018, and program evaluation data collection ended in June 2019.

### Program participants and recruitment

Flyers describing the programs were posted in the housing units by the Program Directors at each prison. Anyone who did not have a conflict with the programming schedules was eligible to participate in the program and evaluation. Residents who signed up met with the research staff to learn more about the opportunity to participate in the pilot studies and focus groups. A total of 1,118 women and 830 men participated in the HT and ET programs over the course of 2 years.

Using descriptive and inferential statistics, participant characteristics and trauma exposure for the full sample are described by gender. Descriptive statistics included percentages, means, and measures of variance. Frequency tables were used to examine cell sizes for categorical variables and non-normality for continuous variables.

One third of the women who participated in HT identified as Latina, 29% as White, and 19% as Black. As for the men who participated in ET, a little over half identified as Latino, 19% as White, and 19% as Black. The average participant within both programs was 37 years old (SD=0.81) and the majority were never married (48%). While women (88%) and men (84%) reported similar substance use rates in the year leading up to their arrest, more women (62%) endorsed having a mental health diagnosis in their lifetime compared to men (51%). On average, participants in both groups were arrested 13 times (M=13.07, SD=21.25) in their lives, but the age of first arrest was lower, on average, among men (M=16.51, SD=7.56) compared with women (M=21.35, SD=9.26). Relatedly, men had spent more time incarcerated (MYears=16.39, SD=9.38) in their lifetime compared with the women (MYears=7.16, SD=7.42). On average, participants reported five ACEs in the pre-program survey (MWomen=4.88, SD=2.82; MMen=4.63, SD=2.71). The most common adverse events endorsed by the women included parental separation (70%), household substance use (63%), verbal abuse (59%), emotional neglect (56%), physical abuse (54%), and sexual abuse (52%). Most commonly endorsed among the men included parental separation (70%), verbal abuse (63%), household substance use (63%), physical abuse (60%), and emotional neglect (47%). Just under a quarter of the men reported experiences of sexual abuse in the present sample.

### Focus group procedures

To explore participant insight and satisfaction with the programs, they were invited to take part in confidential focus groups. A sign-up sheet was posted by the Program Directors and provided to the research staff. Due to the overwhelming response rate, focus group participants were chosen randomly from those on the sign-up sheet. Voluntary written feedback from those who were not selected for the focus groups has also been included. Written feedback was collected via a post-program survey, which included open-ended questions asking participants to share any thoughts, feelings, or feedback they had regarding their experience with the programs.

Prior to the start of the focus groups, research staff read the informed consent procedures and provided each participant with a copy. All participants in the focus groups were reminded that their input would be anonymous and confidential. An experienced moderator on the research team conducted the focus groups, covering topics such as: motivation for participating in the programs, how HT and ET differ from other prison programs, the best aspects of HT and ET, and how participants feel they have benefitted from the programs. Focus groups took place in a private room, without staff present, among 8-10 participants, and lasted approximately 60 minutes. Discussions were digitally recorded, transcribed, and destroyed.

Responses to the open-ended feedback surveys and focus group questions were compiled and analyzed using the deductive thematic analysis method [37]. Based on previously posed questions about perceptions of program content and benefits, the transcribed data was coded initially by categories pertaining to the program's structure, content, and overarching benefits. Multiple queries were conducted to identify themes within categories and to examine relationships between the themes, and the codebook was adjusted to facilitate axial coding (whereby categories are linked together). Participants' focus group responses and written feedback quotes were randomly chosen within the identified themes and are reported for the women and men while indicating the level of security risk classification.

## Results

Specific demographic characteristics were not collected from the focus group participants. Written feedback was provided by nearly 95% of the women and men who completed post-intervention surveys. In total, 21 women and 23 men participated in the focus groups. Participants' feedback of HT and ET were overwhelmingly positive. In their reflections, the participants commented on the program's structure, content, and overarching benefits (Table 1).

### Program structure

Both women (51.4%) and men (43.5%) noted that the way the programs were structured contributed to the positive experiences they had with the groups. Namely, they identified the program facilitators and group sizes as advantageous in creating safe spaces, allowing them to open up, feel connected to others, and productively learn from their peers. A few participants noted that they appreciated the opportunity to spend time outside of their cell.

**Facilitators:** Women (24.3%) were more likely than men (14.5%) to express appreciation for their facilitators; however, the nature of the praise between men and women was similar. Specifically, they noted the facilitator's ability to make them feel comfortable:

1) I enjoyed the way the Facilitators made me feel. Felt like being a part of a family. Safe, valued, and special. (Man, Level II written evaluation)

2) Plus, the facilitators were awesome. I wasn't afraid to ask questions or comment on our group sessions. (Woman, written evaluation)

The importance of the facilitators' active participation in the program:

1) I thank the ladies for coming and sharing their stories and opening up to us. It really shows that they want to help us change. (Woman, written evaluation)

Program structure	
Facilitator	I am very grateful and appreciative of the time the facilitators gave to teach a very awesome program for trauma. They were insightful, caring, and sincere. (Exploring trauma participant)
Safety	We were allowed to express ourselves without judgement and without feeling or experiencing the shame of our personal thoughts or experiences. (Exploring trauma participant)
Program content	
Trauma processing	Understanding the material opened my mind to how I was modeled by beliefs based on my childhood environment. It's amazing- a lot of the information I apply to my life as an adult so that I no longer react to situations. I simply understand today I can respond knowing where those thoughts, feelings, and behaviors stem from. (Healing trauma participant)
Skill development	I liked the guidance provided on how to best resolve conflict among people. I believe that its very educational, and it's helpful within the prison system and in the outside world. Thank you so much for this opportunity to better myself, help my family and my chances for a safer eventual return to society. (Healing trauma participant)
Program benefits	
Self-awareness	I feel this program made me understand how I ended up in my situation today and how I can change my behavior pattern and become successful for once in my life. (Healing trauma participant)
Self-respect	I believe that any woman who has survived domestic violence, incest, battered women's syndrome, and any trauma would benefit from this class to learn their own truths. (Healing trauma participant)
Empathy	It's showed me to be open; that not all strangers are hostile or should be treated otherwise. To stop and think before reacting-how to connect as well. It's really helped me a lot. (Exploring trauma participant)
Control	It's showed me how to deal with situations differently. That violence or force is not a solution ever but only a setback in my well-being. To stop and think before reacting—how to connect as well. It's really helped me a lot. (Exploring trauma participant)
Hope	By admitting these issues, I can begin to trace the cause of my destructive behaviors, deal with them effectively, and begin the process to heal and move forward. (Exploring Trauma participant)

**Table 1.** Highlighted participant insights.

2) I appreciate the women who taught this class and also made healing trauma a part of their life experience. Thank you for showing up and showing out (Woman, written evaluation). And specific qualities that they valued in their facilitators:

1) I am very grateful and appreciative of the time the Facilitators gave to teach a very awesome program for trauma. They were insightful, caring, and sincere. (Man, Level IV, written evaluation)

2) The facilitators are very patient and objective. They offered support and explained clearly the different situations that we learned. (Woman, written evaluation)

3) I'm thankful for (Exploring Trauma). It really helped me. I thought it was going to be bullshit but [he] pushed me out of my comfort zone, and I'm thankful for him! (Man, SHU written evaluation)

**Safe space:** Related to the small group sizes and the comfort that facilitators were able to establish within the groups, many women (10.1%) and men (13.5%) mentioned that the groups felt like safe spaces:

1) I thought it was perfect. It was a really good class. And it brought people in the class closer, which is a good thing because it made it comfortable to talk to each other. (Woman, focus group)

2) We were allowed to express ourselves without judgment and without feeling or experiencing the shame of our personal thoughts or experiences. (Man, Level III written evaluation)

3) I had a great experience learning a bit of why I might be the way I am. [He] helped me ask myself some questions I never had before. Just having someone to listen to me without judgment helped me. (Man, SHU focus group)

**Opening up:** Because the structure of the group facilitated the sense safety for many participants, women (23.0%) and men (15.9%) in these programs felt encouraged to "open up" and recognized the value in doing so:

1) I think that Healing Trauma is one of the better programs that I've been in because the group is small and you get more interaction. More people are willing to open up. so it tends to get to be deeper and people are more willing to share. Once one person shares some deep feelings about what they've been through then it makes you want to also kind of a little bit share and then it gets more and more. (Woman, SHU focus group)

2) I feel very blessed that I worked with people and shared my experiences and feelings with other men that want to change. (Man, Level III written evaluation)

3) From what I experienced this program helps a lot of participants feel secure in the group so that helps a lot of us open-up on personal issues. (Man, SHU focus group)

**Peer connections:** Similarly, the women (17.4%) and men (16.2%) in these programs valued the ways in which the groups connected them to their peers. Because the group cultivated a safe, open space for them to share, participants were able to recognize and bond with their group mates over similar histories and experiences:

1) I thought it was perfect. It was a really good class. And it brought people in the class closer, which is a good thing because it made it comfortable to talk to each other. (Woman, focus group)

2) Exploring Trauma has given me a chance to sit with other participants and see that I am not alone. We think alike and have the same problems. (Man, Level III written evaluation)

3) It was a humble experience. There was a sense of camaraderie among the group. I've made new friends and became enlightened and gained perspective and outlook on a lot of things. (Man, Level IV focus group)

**Facilitate learning:** Additionally, the women (6.8%) and men (14.5%) in these programs recognized the value in hearing from their peers. They were able to share coping strategies and learn directly from others who carried similar experiences and struggles:

1) I believe by going more in depth on the subjects, we can get more insight on not just each other's experience but learn the different ways to handle our experiences. I realize through this group that we come from different backgrounds but experience the same trauma. (Man, Level II written evaluation)

2) What I liked about it was that when we get to express ourselves, we learn from each other. (Woman, focus group)

3) [Exploring Trauma] has been a great experience. Reading and hearing from my peers is something that I'll always cherish. Here I am, 46 years old and still learning. (Man, Level II written evaluation)

**Change in setting:** Some participants (2.6% of women; 1.5% of men) appreciated that the program offered them a more nurtured environment that qualitatively felt different than the typical prison environment:

1) My favorite part was coming. It was just somewhere different other than just being in this prison. It seemed like we were somewhere different to be able to process our problems. It wasn't like being surrounded by inmates it was actually like being surrounded by support. (Woman, focus group)

2) My favorite part was coming out and interacting with other people because we are so isolated back here. And it was good interaction and it was like freeing your brain a little bit and you get to talk about your feelings and express yourself. (Woman, SHU focus group)

## Program content

Over half of women (54.1%) and men (58.0%) highlighted the uniqueness and benefits of the material covered. Specifically, they appreciated the opportunity to process unaddressed trauma and develop tools and skills useful to them as they move forward.

**Digging deep:** Participants (18.9% of women; 23.2% of men) appreciated that these programs encouraged them to dig deep, guiding them to reflect on the impact that past experiences have on their current cognitions, emotions, and behaviors:

1) This class got me back to my childhood. It makes me see why most of my life I was a lonely person and why I was very angry with any other people around me. Now I see the trauma over me (my past was the key). Thank you for your time on us. (Man, Level II written evaluation)

2) I believe it was very enlightening because it educates people that are in prison that been coming back and forth all of their life and never understood why, and been told all their life that they were failures, but been able to be educated and able to find the root of the problems, and address the "why's." (Man, Level III written evaluation)

3) Yeah, it does, it touches on so many different levels in Healing Trauma and I've been in counseling and I've been in recovery, but this does take it to a different level. Things that you don't even realize, you know. It's a really, really good class. (Woman, focus group)

4) Understanding the material opened my mind to how I was modeled by beliefs based on my childhood environment. It's amazing-a lot of the information I apply to my life as an adult so that I no longer react to situations. I simply understand today I can respond knowing where those thoughts, feelings, and behaviors stem from. (Woman, written evaluation).

**Trauma processing:** In discussing the benefits of "digging deep," some participants identified the value in processing their trauma. Women (18.9%) and men (14.5%) mentioned the importance in recognizing their trauma, identifying triggers, and understanding its impact:

1) I like how there was a connection in regard to trauma that was different, the issue was the same, like everybody goes through something

and it affects them in a painful way even though some people trauma was bigger and some was smaller, you still go through the same thing. Some of us don't even know what started it and they tell us to think back, feel back and really dig deep so you can have the healing and it does work. We went in our room and we started talking about, like 'this is what happened' you know, and it started healing the minute you sit there and think about it. (Woman, focus group)

2) I thought I knew all about myself as a man. That men like myself made mistakes and we must admit to our wrong doings and try to amend for our mistakes. However, Exploring Trauma taught me to look back and find the cause of the choices we made, and I found out the choices I made stem from a childhood wound/traumatic event I experienced that I never addressed until this session. I never looked that far back into my childhood to realize what happened in my childhood really affected me as a grown man the way it did. (Man-Level III written evaluation)

**Skill development:** In addition to the processing of trauma and other childhood experiences, the program equipped participants with concrete tools and skills to use as they prepare to engage in life outside of prison. Appreciation for these skills and resources were expressed by women (27.0%) and men (29.0%) alike:

1) My participation in Healing Trauma has impacted me in a positive way because now I know what I need to do to get out of here and stay clean and not come back here because I'm going to go to other resources that I never even knew existed. (Woman, focus group)

2) I just want to say thank you for helping me build my foundation and giving me some tools to stand strong by this new change in my life. (Woman, CIW written evaluation)

3) I want to thank Healing Trauma for healing the pain I was suffering and helping with the anger I hold inside. I don't have to be angry if I just take the simple steps I've learned in Healing Trauma. (Woman, written evaluation)

4) I really highly appreciate it a lot-for all the staff and instructors who run these groups, to give us inmates new life skill tools for the future at our release. I have learned a lot of stuff in 6 weeks. The program helped me out on my life skills and healing a lot of pain that I didn't know how to heal. Thank you for the advice and tools you showed us. (Man-Level II written evaluation)

Indeed, the information learned was so impactful that some felt inclined to share it with others:

5) I liked the guidance provided on how to best resolve conflict among people. I believe that its very educational, and it's helpful within the prison system and in the outside world. I'm thinking of sharing it with family members, as I strongly believe they need it. Thank you so much for this opportunity to better myself, help my family and my chances for a safer eventual return to society. (Man-Level II written evaluation).

## Program benefits

Thanks to the structure of and material covered in HT and ET, the programs imparted various tangible and unique benefits on participants, including heightened self-awareness, rediscovered self-respect, increased empathy, improved relationships, a greater sense of control, and hope for the future. These benefits were recognized by the majority of women (63.5%) and men (68.1%).

**Self-awareness:** Men (33.3%) were more likely than women (21.6%) to identify heightened self-awareness as a benefit of their program. For these individuals, ET and HT provided them with a framework to understand their emotions, thoughts, and behaviors:

1) I feel that I have learned a lot about myself and why I have made poor choices in my life. It brought the good in me and helped me a lot in my recovery. (Man-Level II written evaluation)

2) To me, this is the best group I have attended, and I have had many all my life. I got to know me better and discover problem areas I never knew existed. Now I feel more in control and aware. (Man-Level III written evaluation)

3) I feel this program made me understand how I ended up in my situation today and how I can change my behavior pattern and become successful for once in my life. (Man, Level III written evaluation)

4) I also realized through the literature I've been disassociated for a long time. It's time to get connected again. (Woman, written evaluation)

**Self-respect:** Thanks to this heightened understanding of the underlying causes of their feelings and behaviors, many women (14.9%) and a handful of men (4.3%) discovered a sense of respect for themselves. This self-respect took the form of unlearning ingrained, harmful beliefs:

1) I believe that any woman who has survived domestic violence, incest, battered women's syndrome, and any trauma would benefit from this class to learn their own truths. (Woman, written evaluation)

2) It's taught me more patience and to be more tolerant of myself and my own issues as well as others and to realize that, have more understanding, especially when other people are concerned and myself. (Woman, focus group)

3) From the first lesson, I started to open my eyes and accept that I am not a bad person when I misbehaved without really understanding why I would do that. I am so grateful for giving me these positive thoughts and really changing me. (Man-Level III written evaluation)

**Improved confidence and independence:**

1) Now I can do whatever I want to do, before I didn't have confidence but now I know I can, I can do anything, I can accomplish anything. Now I have, I don't know, people say when I talk they listen, and I have influence. I can either influence positive or negative so it kind of encouraged me because that's what I want to do, I want to mentor people down the road. (Woman, focus group)

2) I feel very much secure within myself. I feel freed from my past. (Woman, written evaluation) And setting necessary boundaries:

1) It taught me to open up more and it helped me distinguish what my boundaries and triggers were and instead of always wanting to fight, I learned to talk more instead of being aggressive and wanting to fight. (Woman, focus group)

2) I am more aware of how I want to be treated in any friendship/relationship. (Woman, written evaluation)

3) I learned that also I'm not alone and that I am worth more than I've always thought I was, and that it's okay to let my yes be yes and my no be no. (Woman, focus group).

**Empathy:** HT and ET facilitated the development of increased empathy in participants. Women (5.8%) and men (8.2%) mentioned that they better understood and were more tolerant of others:

1) It's showed me to be open; that not all strangers are hostile or should be treated otherwise. To stop and think before reacting-how to connect as well. It's really helped me a lot. (Man, Level III written evaluation)

2) Now I have a thing where when I communicate with people, I don't just think about me. I think about what they're going through, because usually, a lot of people tend to be selfish. 'Me, me, me' but then after I realize what this person is going through. Certain things trigger people, so I'm more patient, I'm more understanding, and it's just easier for me to communicate now, because I'm looking for both sides. (Woman, focus group)

**Improved relationships:** Some participants (4.1% of women; 11.6% of men) indicated that the skills and knowledge they developed over the course of the program provided them with a framework to develop better relationships:

1) When I first began Exploring Trauma, I was doing it all for the wrong reasons. But after the second session, I began to really listen to exactly what the curriculum had to really offer me to become a better version of myself, and to allow the remainder of my 3½ years of my 18-year sentence to recreate myself as the best father, son, brother, uncle, human being, and (one day) husband I can become. (Man, Level IV written evaluation)

2) I recommend it to every woman in here. It showed me how to be a survivor and not a victim and that I can have a better life and relationships. It helps to see the ladies doing so well in life even in prison. (Woman, written evaluation)

**Control:** Participants (13.5% of women; 17.4% of men) reported that the programs helped them recognize that they are in control of their behaviors, emotions, and reactions:

1) Since participating, I have learned how to use grounding techniques to control my anger. (Man, SHU focus group)

2) I like the fact that I was able to understand that anger is a secondary emotion, so if I was to understand or acknowledge the issue beforehand, it would be helping me to eliminate the anger factor. That was cool to understand. Overall, it was quite helpful to know that I wasn't the only one having issues understanding why the things that got me mad got me mad. (Man, Level IV written evaluation)

3) It's showed me how to deal with situations differently. That violence or force is not a solution ever but only a setback in my well-being. To stop and think before reacting-how to connect as well. It's really helped me a lot. (Man-Level III written evaluation)

This realization was associated with a sense of empowerment:

1) Now I feel more in control and aware. I am not running away or not acknowledging my problems. I work on them every day. (Man-Level III written evaluation)

2) It has made me feel empowered with myself it has helped me realize that I am in control over my trauma and that it does not control me. (Woman, written evaluation) And instilled a sense of responsibility for their actions:

3) Healing Trauma makes a difference not only in my day or week but my own thought process and it makes me think that every decision that you make is a critical one, not only to myself but the ones around me and in my life, my decisions can be a huge impact on someone else's life even if it's not directed toward them. (Woman, written evaluation)

**Hope:** Ultimately, HT and ET created spaces for the women (18.9%) and men (24.6%) to heal from their past and cultivate hope for their futures:

1) And the tools that are taught in the group are "violence" prevention regarding any experience to help you overcome your past and future successfully. (Man-Level II written evaluation)

2) By admitting these issues, I can begin to trace the cause of my destructive behaviors, deal with them effectively, and begin the process to heal and move forward. (Man-SHU focus group)

3) I feel this program made me understand how I ended up in my situation today and how I can change my behavior pattern and become successful for once in my life. (Man-Level III written evaluation)

## Program content

Over half of women (54.1%) and men (58.0%) highlighted the uniqueness and benefits of the material covered. Specifically, they appreciated the opportunity to process unaddressed trauma and develop tools and skills useful to them as they move forward.

## Improvements

A few participants had suggestions on how to improve the programs moving forward. More commonly mentioned among men (13.0%) than

women (2.7%), was the recommendation that the programs be longer:

1) It is too short of a group. I feel that 6 weeks/1 time a week isn't enough time to fully grasp as much useful information and practice grounding techniques to get the full effect of the program. (Man-Level III written evaluation)

2) I feel like to be too quick. I'd suggest adding another day of the week to allow more time to get through the session, so that we'd be able to have more time to complete our workbooks. (Man-Level III written evaluation)

3) The impact that Healing Trauma had on me is it made me want to go to more groups because the group was so enlightening that it really made me want to research other groups and participate in a lot of groups because it was not what I thought it would be. (Woman, SHU focus group)

Available to more people:

1) I also think this class should be available to all participants. If I would have been able to enroll in the groups in the beginning that would have given me more time to evaluate my actions. Thank you. (Man, SHU written evaluation)

2) I believe everyone should be required to take this course it really is necessary under these circumstances. (Woman, CIW written evaluation)

And incorporate more intensity:

1) This is an excellent group for many. It would get better with an advanced level. (Man-Level II written evaluation)

2) People should be encouraged to take this program more than once. I believe the more times you take it, the more you will get out of it. It was pretty fun. It went fast. (Man-Level IV written evaluation)

## Discussion

HT and ET were designed to be brief, manualized interventions for criminal justice-involved women and men who have experienced trauma and violence associated with ACEs. Previous outcome studies utilizing quantitative methods found significant improvements in participant's psychological wellbeing, aggression, anger, and social connectedness across the various prison settings in which these six-week interventions were implemented [22,10,7]. This study adds to the previous findings through the qualitative exploration of the written feedback and focus group data collected from participants. This study shows the feasibility and the tremendous respectability of the provision of these gender-responsive and trauma-specific interventions during incarceration.

Participants from all facilities and levels of risk classification noted that the program provided them with tangible skills that helped them feel more in control of their anger, emotions, thoughts, and behaviors and improved their ability to cultivate and maintain relationships with others. Additionally, participants expressed that they felt an increased self-awareness, rediscovered self-respect, were more empathetic towards others, and had a greater sense of hope for the future after completing the programs. Not only do these results expand on the established significant benefits of participating in HT and ET, but they also elucidated the benefits that may be more personally important to justice-involved individuals searching for help in their recovery.

Furthermore, this study uniquely contributes to the literature by exploring the specific features of HT and ET that participants highlighted as vital to the programs' desirability. Notably, participants expressed immense gratitude towards their facilitators, both peers and program staff, and indicated that the facilitators played an instrumental role in their growth. Results suggest that it is imperative for facilitators of trauma-centered interventions to be well-trained in the lifelong impact of childhood and current traumatic experiences. Facilitators must also focus their efforts on cultivating a

nonjudgmental safe space for the group. Participants appreciated the programs' closed, small group structure as it provided a sense of safety, fostered peer connections, facilitated learning, and encouraged participant discussions. The findings underscore that the trust built within the group is a critical element to program success.

Importantly, the findings add to the growing body of literature correcting the misconception that prison is an inappropriate setting to address past trauma. This position overlooks the fact that experiences in prison can trigger memories of previous traumatic events and that incarceration in itself is a traumatic event [38]. Trauma and violence continue in custodial life and must be appropriately addressed. The HT and ET curricula offered participants invaluable insight into the roots of many of their maladaptive thoughts and behaviors and provided them concrete tools to combat the adverse, lasting effects of past and current trauma. Participants were especially appreciative of the tools and materials that the programs provided to process their childhood experiences and traumas. According to the participants, to recognize, process, and discuss their traumas allowed them to begin the healing process and made room for the growth ultimately achieved through the programs' content. Positive reception to the programs were further demonstrated in participants' proposed desire for advanced trauma-specific programs and more time to digest the HT and ET curricula.

## Limitations

It is important to note that participant feedback was only provided from participants who completed HT and ET. In subsequent studies, it could be valuable to collect qualitative data from those who prematurely withdraw to better understand what motivates those decisions and to inform future development of trauma-centered intervention programs within the prison setting. However, as the programs were six-session brief interventions, the majority of those who signed up completed the programs.

## Implications

The prevalence of residents with unrecognized and untreated trauma can negatively affect and further complicate the prison environment. However, trauma-specific interventions are only a piece of the puzzle that is needed to create a trauma-informed environment within corrections. Creating a trauma-informed organization incorporates the use of trauma-informed principles for the organization as a whole. A prison that is responsive to and promotes the mental health of those housed within its walls is also more likely to be an organization that promotes the overall morale and well-being of staff. The goal is to move from a trauma-informed organization to become a trauma-responsive organization, which acknowledges the incidence of trauma and incorporates appropriate staff training, interventions, policy, and practices [39-41].

## Conclusion

The cumulative quantitative and qualitative findings from the HT and ET brief-interventions provide robust support that trauma-specific, manualized interventions can be successfully implemented during incarceration and well-received among diverse justice-involved populations. The HT and ET programs continue to operate in the SHUs and the general population facilities. Based on the results of the previous studies, the HT and ET programs have been expanded to be inclusive of gender-diverse populations and are also operating within 4 facilities in California.

## References

- James, Bonta, and D.A. Andrews "The Psychology of Criminal Conduct." *Routledge* (2016).
- Allan, Horwitz, Cathy Spatz Widom, Julie McLaughlin and Helene Raskin White. "The Impact of Childhood Abuse and Neglect on Adult Mental Health: A Prospective Study". *J Health Soc Behav* 42(2001):184-201.
- Nena, Messina, and Christine Grella "Childhood Trauma and Women's Health Outcomes in a California Prison Population." *Am J Public Health* 96(2006):1842-1848.
- Nena, Messina, Christine Grella, William Burdon, and Michael Prendergast "Childhood Adverse Events and Current Traumatic Distress: A Comparison of Men and Women Prisoners." *Crimin Just Beha* 34(2007):1385-1401.
- Sheryl, Kubiak, Gina Fedock, Woo Jong Kim, and Deborah Bybee "Examining Perpetration of Physical Violence by Women: The Influence of Childhood Adversity, Victimization, Mental Illness, Substance Abuse, and Anger." *Violence and Victims* 32(2017):22-45.
- Walter, de Keseredy "In search of safety: Confronting Inequality in Women's Imprisonment." *Critic Criminology* 25(2017): 619- 621.
- Messina, Zwart, and Calhoun S "Efficacy of a Trauma Intervention for Women in a Security Housing Unit." *Arch Wom Health Care* 3(2020):1-9.
- Nancy, Wolff, Jing Shi, and Jane A. Siegel "Patterns of Victimization among Male and Female Inmates: Evidence of an Enduring Legacy." *Viol Vic* 24(2009):469-484.
- Nena Portia, Messina, and Mitchell Schepps "Opening the Proverbial "Can of Worms" on Trauma-Specific Treatment in Prison: The Association of ACEs to Treatment Outcomes." *Clinic Psycho Psychoth* (2021).
- Messina Nena, and Zwart E "Breaking the Silence and Healing Trauma for Incarcerated Women: Peer-Facilitated Delivery of a Brief Intervention." *MOJWH* 10(2021): 8-10.
- Messina Nena "The Trajectory of Violence and Addiction among Incarcerated Men and Women: The Efficacy of Trauma-Informed Treatment." Workshop: Promoting Culturally Responsive Treatment and Recovery Across the Pacific: Presented at Guam's Virtual Conference on Substance Use Disorders. Virtual (2020).
- Robert, Anda, Charles Whitfield, Vincent Felitti, and Daniel Chapman et al. "Adverse Childhood Experiences, Alcoholic Parents, and Later Risk of Alcoholism and Depression." *Psychiatric Services* 53(2002):1001-1009.
- Dube SR, Felitti VJ, Dong M and Chapman DP "Childhood Abuse, Neglect, and Household Dysfunction and the Risk of Illicit Drug Use: The Adverse Childhood Experiences Study." *Pediatrics* 111(2003):564-572.
- Vincent, Felitti, Robert F Anda, Dale Nordenberg, and David F Williamson "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: Adverse Childhood Experiences (ACE) Study." *Am J Prev Med* 14(1998):245-258.
- Lynn, Dowd, Penny A. Leisring, and Alan Rosenbaum "Partner Aggressive Women: Characteristics and Treatment Attrition." *Viol Vict* 20(2005):219-233.
- William, Holmes, and Gail Slap "Sexual Abuse of Boys: Definition, Prevalence, Correlates, Sequelae, and Management." *JAMA* 280(1998):1855-1862.
- Kernsmith P "Gender Differences in the Impact of Family of Origin Violence on Perpetrators of Domestic Violence." *J Fam Viol* 21(2006):163-171.
- Jane, Siegel, and Linda Williams "The Relationship Between Child Sexual Abuse and Female Delinquency and Crime: A Prospective Study." *J Res Crime Delinq* 40(2003):71-94.
- Tami, Sullivan, Katharine Meese, Suzanne Swan, and Carolyn Mazure "Precursors and Correlates of Women's Violence: Child Abuse Traumatization, Victimization of Women, Avoidance Coping, and Psychological Symptoms." *Psych Women Quart* 29(2005):290-201.
- Lisa, Najavits, Roger Weiss, and Sarah Shaw "The Link Between Substance Abuse and Posttraumatic Stress Disorder in Women: A Research Review." *Am J Addict* 6(1997):273-283.
- Messina, Nena, Christine E. Grella, Jerry Cartier, and Stephanie Torres "A Randomized Experimental Study of Gender Responsive Substance Abuse Treatment for Women in Prison." *J Subs Abuse Treat* 38(2010):97-107.
- Messina, Nena, and Burdon W "The efficacy of the Moving Beyond Violence and Building Resilience Program: Final report." *Calif Depart Correct Rehabil* (2018).

23. Lisa, Najavits, and Denise Hien "Helping Vulnerable Populations: A Comprehensive Review of the Treatment Outcome Literature on Substance use Disorder and PTSD." *J Clin Psych* 69(2013):433-479.
24. Preeta, Saxena, Nena P. Messina, and Christine E. Grella "Who Benefits From Gender-Responsive Treatment? Accounting for Abuse History on Longitudinal Outcomes for Women in Prison." *Crim just behave* 41(2014):417-432.
25. Judith Lewis, Herman "Complex PTSD: A syndrome in Survivors of Prolonger and Repeated Trauma." *J Traum Stress* 5(1992):377-391.
26. Herman "Trauma and recovery." NY: *Basic Books* (1997).
27. Kathleen, and Kendall-Tackett "Physiological Correlates of Childhood Abuse: Chronic Hyperarousal in PTSD, Depression, and Irritable Bowel Syndrome." *Child Abuse & Neg* 24(2000):799-810.
28. Emily A. Greenfield, and Nadine F. Marks "Identifying Experiences of Physical and Psychological Violence in Childhood that Jeopardize Mental Health in Adulthood." *Child Abuse & Neg* 34(2010):161-171.
29. Mindy, Mechanic, Terri Weaver, and Patricia Resick "Mental Health Consequences of Intimate Partner Abuse: A multidimensional Assessment of Four Different forms of Abuse." *Viol Against Women* 14(2008):634-654.
30. Kristina, Hedtke, Kenneth Ruggiero, Monica Fitzgerald and Heidi Zinzow et al. A Longitudinal Investigation of Interpersonal Violence in Relation to Mental Health and Substance use. *J Consul Clinic Psycho* 76(2008):633-647.
31. Nena, Messina, and Christine Grella "Childhood Trauma and Women's Health Outcomes in a California Prison Population." *Am J Public Health* 96(2006):1842-1848.
32. Amy, Newman, and Christopher Peterson "Anger of Women Incest Survivors." *Sex Roles* 34(1996):463-474.
33. Kristen, Springer, Jennifer Sheridan, Daphne Kuo, and Molly Carnes "Long-term Physical and Mental Health Consequences of Childhood Physical Abuse: Results from a Large Population-based Sample of Men and Women." *Child Abuse & Neg* 31(2007):517-530.
34. Sandra, Thomas "Women's Anger, Aggression, and Violence." *HCWI* 26(2005):504-522.
35. Covington SS and Russo R. "Healing Trauma: A Brief Intervention for Women CD-Rom." MN: *Hazelden* (2011).
36. Covington S and Rodriguez R "Exploring Trauma: A Brief Intervention for Men. Center City, MN: *Hazelden Publishing*." (2016).
37. Virginia, Braun, Victoria Clarke "Using Thematic Analysis in Psychology." *Qualit Res Psycho* 3(2006):77-101.
38. Kubiak SP, and Rose IM. "Trauma and Posttraumatic Stress Disorder in Inmates with Histories of Substance Use." (2007).
39. Sandra L. "Bloom Organizational Stress and Trauma-informed Services." *PHPWMH* 5(2010):295-311.
40. Covington S and Bloom SL. "Moving from Trauma-Informed to Trauma-Responsive: A Training Program for Organizational Change." *Center City, MN: Hazelden Publishing* (2018).
41. Stephanie, Covington "A Woman's Journal: Helping Women Recover." *John Wiley & Sons* 18(2019): 99-111.

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