A Qualitative Review of a Trauma Intervention for Women in a Segregated Housing Unit

by Kirby Sigler, Nena Messina, and Stacy Calhoun*

Women, Trauma, and Segregation in Prison

There is an abundance of research outlining the negative psychological effects of imprisonment due to the harsh, dangerous, and stressful nature of confinement. Even more detrimental is the increased physical and mental stress for those who are sentenced to segregated housing units (SHUs). Segregation is often used as a disciplinary tool for crimes that take place during incarceration. Thus, segregation is a secondary sentence imposed by the correctional facility that is unrelated to the conviction for which the person is incarcerated (Browne, Cambier & Agha, 2011). Research on segregation during imprisonment has concluded that these circumstances are correlated with adverse psychological affects (Arrigo & Bullock, 2008; Grassian, 2006; Haney, 2003; 2018, Reiter, 2016; Smith, 2006; Winters, 2018). Haney (2018) specifically noted that many of the negative affective conditions experienced by residents in the SHU are analogous to those of trauma victims. The American Psychological Association (2016) suggests that segregation exacerbates existing psychological vulnerabilities and can trigger trauma symptoms.

Much of the current effort to understand the short- and long-term impacts of segregation is focused on incarcerated men. This is largely because there are more men in prison and in segregation overall. Research has shown, however, that incarcerated women are significantly more often diagnosed with mental health issues than their male counterparts (Langan & Pelissier, 2001) and that many women in prison are victims of life-long trauma and abuse (e.g., physical abuse, sexual abuse, intimate partner violence; Cauffman, 2008). Following the analytic model described in the adverse childhood events (ACEs) studies (Felitti et al., 1998), Messina and colleagues interviewed 427 men and 315 women comparing their histories of ACEs (Messina et al., 2006). The authors found that women offenders had much greater exposure than men to ACEs and more often reported continued sexual abuse in adolescence and adulthood. The trauma that results from such abuse has been found to increase the likelihood of physical and mental health problems and antisocial behaviors among women (Messina & Grella, 2006).

Kruttschnitt and colleagues (2002) found that childhood trauma was highly correlated with female-perpetrated violence. Violent and aggressive behaviors in prison predominantly result in disciplinary action and sentencing to the SHU. Women who suffer from life-long trauma and who are given an SHU sentence are likely to fall victim to the adverse effects associated with isolation. Without intervention, these women's circumstances could result in reoccurring violence and aggression, which may lead them into a cyclic pattern of offense and re-traumatization.

The current project summarizes the stories and perceptions of women who participated in a brief trauma intervention while serving a sentence in a California SHU.

The American Psychological Association suggests that segregation exacerbates existing psychological vulnerabilities and can trigger trauma symptoms.

Study Method

Healing Trauma (HT; Covington & Russo, 2016) is a brief, trauma-informed intervention for criminal-justice-involved women designed for delivery in settings in which a short-term intervention is needed. It comprises six, two-hour sessions in closed groups of up to six to eight women. The HT program focuses on three core elements:

- Understanding what trauma is;
- The process of trauma; and
- The impact trauma has on both the inner self (thoughts, feelings, beliefs, values) and the outer self (behavior and relationships).

The program content specifically addresses childhood trauma, family and relationship dysfunction, and victimization. The program also challenges antisocial norms to reduce the violence and aggression that have made a large impact on many of the women's lives. The HT curriculum includes a variety of therapeutic approaches, including cognitive behavioral therapy (CBT), expressive arts, mindfulness, and guided imagery. Included in the program are a facilitator guide and a participant workbook. Each HT session is guided by a trained facilitator who attended a two-day, in-depth training facilitated by the program's author, Stephanie Covington, Ph.D.

See *QUALITATIVE REVIEW,* next page

**Kirby Sigler, B.S., is a research assistant at Envisioning Justice Solutions, Inc. (EJS). Nena Messina, Ph.D., is a principle investigator at UCLA Integrated Substance Abuse Programs (ISAP) and president and CEO of EJS. Stacy Calhoun, Ph.D., is principle investigator at ISAP and vice president of EJS. Dr. Messina can be reached by email at nena@envisioningjusticesolutions.com.*

This pilot project would not have been possible without the strong support and engagement of the California Department of Corrections and Rehabilitation (CDCR) lead administrators such as former Female Offender Programs Services (FOPS) Director Jay Virbel and current FOPS Director Amy Miller and the institutional staff at the California Institution for Women (CIW), including Warden Molly Hill, Associate Warden Richard Montes, Lieutenant Joseph Spinney, and Community Research Manager Ronnie Shoupe. We would also like to acknowledge retired Captain Rochelle Leonard for her unwavering dedication and facilitation of the Healing Trauma program and to thank the supervising psychiatric social workers Karen Vertti and Claire Samuelson for their voluntary assistance with the delivery of the program in the segregated housing unit (SHU). We are also grateful for CDCR's and CIW's continued support of the program, graduations, and ongoing navigation of the program in a difficult environment. Finally, we are indebted to the women who so kindly volunteered their time, insights, ideas, and reflections on participating in Healing Trauma to this project. Led by a desire to improve program provision for women in segregated housing, they confidently and openly discussed their experiences of participating in Healing Trauma in the focus groups despite the sensitivity of some of the subject material.

The pilot project was funded by the CDCR's Department of Rehabilitative Programs (DRP), via the Innovative Grant Round III. CDCR contracted with the Center for Gender and Justice to provide the brief intervention. The Center for Gender and Justice provided a subcontract to Envisioning Justice Solutions, Inc., for the evaluation component of the pilot project.

QUALITATIVE REVIEW, from page 5

Implementation of the HT Curriculum

The HT program was implemented in the SHU at the California Institution for Women (CIW) in 2017. The HT program was a pilot study funded by the California Department of Corrections and Rehabilitation (CDCR), Female Offender Programs Services (FOPS). CDCR contracted with the Center for Gender and Justice to provide the brief intervention, and the Center for Gender and Justice provided a subcontract to Envisioning Justice Solutions, Inc. (EJS), for the independent evaluation component of the pilot project.

SHU women who wished to participate in the HT program verbally expressed their interest to the institutional staff overseeing the program. The majority of women who expressed a desire to participate and who appeared to have enough time left on their SHU term participated in the program. However, some individuals were transferred back to the general population or to another institution before they were able to complete their program. In all, a total of 58 women participated in HT during the project period, with 64% graduating from the program (i.e., completing at least five sessions).

The HT program was facilitated by a trained program coordinator to a maximum of six women per group. The facilitator was not a CDCR staff member. The women were given the participant workbooks and were able to participate in the group within the SHU with the use of secured desks. Women were required by the institution to be shackled to the desks at all times while they were free from their cell. Upon completion of the program, participants were invited to contribute to focus groups. The aim of the focus groups was to elicit the women's experiences of participating in HT while housed in an SHU and to better understand any impacts of the program. Focus groups were a necessary component of the evaluation to centralize the women's engagement and experiences of HT in determining its value and feasibility of a brief trauma intervention delivered in a SHU.

Study Participants

All women housed in the SHU at CIW who had enough time remaining on their SHU term to fully complete the six-week curriculum were eligible to participate in the program. A total of 58 women participated in HT during their SHU term. As part of a larger evaluation of the HT program in the SHU, four focus groups were conducted with 21 women who had graduated from the program.

Table 1: Demographics (N = 21)

	M	SD
Age	35.71	8.73
	N	**%**
Ethnicity		
Latina	7	33
White	4	19
Black	6	29
Multiracial	4	19
Marital status		
Never married	12	57
Legally married	2	10
Living together	3	14
Separated/divorced/widowed	4	19
Education		
No high school degree	12	57
High school degree/GED	4	19
Vocational	1	5
Some college/college degree	4	19

Each woman self-reported characteristics such as ethnicity, educational level, arrest history, drug and alcohol use history, and childhood and adulthood experiences with trauma (see Tables 1 through 3). Table 1 provides basic demographic information and shows that the SHU focus group participants had a mean age of 36 years. A little over a third of the focus group participants self-identified as Latina, about 29% as black, 19% as multiracial, and 19% as white. Over half of the focus group participants reported that they were never married. Finally, over half of the focus participants did not have a high school degree; about 19% had a high school diploma or GED; 4.8% had a vocational certificate; and 19.1% had completed some college or had a college degree.

Table 2 shows that most of the focus group participants experienced their first arrest at a young age ($M_{First\ Arrest} = 15.7$, $SD = 5.35$) and were arrested 19 times on average during their lifetime. Furthermore, the focus group participants spent an average of about 14 years in prison over the course of their lives ($M_{Years\ in\ Incarceration} = 14.1$, $SD = 10.0$). Fifteen of the focus group participants reported prior SHU terms and had completed four prior SHU terms on average. The most common offense that led to the current incarceration of the focus group participants was larceny (i.e., theft, burglary, robbery) followed by "death of another" (i.e., homicide, murder, manslaughter) and assault. It is important to note that data relating to "offense leading to current incarceration" were based solely on self-report. Almost all participants used drugs or alcohol during the 12 months prior to their current arrest (91%). Fifty-seven percent of the focus group participants reported using drugs every day or almost every day, and 33% of the focus group participants reporting drinking alcohol every day or almost every day during that time period.

Table 3 lists the 10 questions that make up the ACE questionnaire and the mean ACE scores (sum of "yes" answers to the 10 questions). Participants reported a large number of ACEs ($M_{ACE} = 5.81$, $SD = 2.50$). The most common adverse events experienced by the HT participants in the SHU were verbal abuse (81%), parental separation (81%), emotional neglect (71%), household substance abuse (67%), sexual abuse (62%), and physical abuse (52%).

When comparing the background characteristics of those who participated in one of the focus groups to those who did not, a significant difference was found in their amphetamine use prior to their current incarceration. Specifically, those who participated in one of the focus groups were significantly more likely than nonparticipants to report using amphetamines during the 12-month period prior to their current incarceration (74% versus 44%). No other

See *QUALITATIVE REVIEW,* page 12

QUALITATIVE REVIEW, from page 6

Table 2: Criminal Background

	M	SD
Arrests and Incarcerations		
Lifetime arrests (n = 20)	18.5	22.85
Age of first arrest (n = 21)	15.7	5.35
Lifetime years of incarceration (n = 21)	14.1	10.0
Prior SHU incarcerations (n = 15)	4.9	4.9
	N	**%**
Offense leading to current incarceration (n = 21)[a]		
Homicide/murder/manslaughter	4	19
Assault	4	19
Theft/burglary/robbery	6	29
Carjacking	2	10
Kidnapping	2	10
Other	3	14
Alcohol/drugs used two months prior to arrest (n = 19)[a]		
Alcohol	17	81
Marijuana	9	43
Amphetamines	14	67
Cocaine	4	19
Heroin/opiates	7	33
Prescription drugs	3	14
Designer drugs	2	10
Hallucinogens	2	10

[a] Based on self-report.

significant differences were found in the other background characteristics.

Study Procedure

Twenty-one women participated in one of the focus group discussions and were asked to talk about their experience and satisfaction with the HT program. The primary purpose of the focus group discussion was to qualitatively assess the participants' satisfaction with the program and delivery in the SHU environment. All participants in the focus groups were assured that their input would be anonymous and confidential, and each participant gave informed consent before volunteering to proceed with the interview. Human subjects approvals were obtained from the state of California Committee for Protection of Human Subjects, the California Department of Corrections and Rehabilitation's Research Oversite Committee, and the University of California, Los Angeles Institutional Review Board prior to any contact with participants. The focus groups were conducted by a research staff member who was an experienced moderator.

The following topics were discussed during the interview:

1. Motivation for participating in the HT program in the SHU;
2. How the HT program is different from other prison programs;
3. The best aspects of the HT program; and
4. How participants feel they have benefited from participating in HT.

All focus group discussions were digitally recorded and transcribed. Transcripts of the focus group discussions were reviewed and edited alongside the audiotapes. The transcripts were then analyzed using the constant comparative method of data analysis (Boeije, 2002; Corbin & Strauss, 2014) using Dedoose, a qualitative data analysis software program that allows for the fluid comparison of data across types and sources. Themes were identified across focus groups, and codes were developed accordingly, primarily aligned with the interview guide. After coding the interviews, multiple queries were conducted in order to examine the relationships between the themes, and the codebook was adjusted to facilitate axial coding (whereby categories are linked together).

Study Results

Motivation for Participation.

General themes that arose when the women discussed their motivation for participating in the HT program included self-improvement, the observed positive impact and change they saw in other participants, and participation as a result of a recommendation.

The women who were interested in self-improvement noted that they wanted to address personal issues or learn something new:

- "I wanted to be in it just so I could program back here, get some self-help."
- "My motivation was my mother's death, like I really need help, like it broke me. I'm really broken. I want to figure out why I'm so angry, because I'm always in SHU; I'm always doing battery on staff. I wanted to understand why I was so angry. And as a child, like I was raped by a relative, so I just needed help. I really needed help and today, today my life, I wanted it, I wanted help so that was my motivation."
- "My motivation was I'm trying to better myself and help my life."
- "I wanted to be in it to see if I could learn something from it."

One woman noticed the positive impact that the HT program had on others who previously participated and wanted to experience the benefits herself:

- "I found out about it through another inmate when I've seen them coming out to group. I wanted to be a part of it because I've been through trauma and I wanted to heal from it. And what I wanted to experience was the group."

For some women, people in their lives, such as significant others and women who had previously participated in HT, recommended that they participate in the group.

- "I first heard about the group from my wife who came in and graduated. She was on the yard and did Beyond Violence and then came to SHU and graduated this class, Healing Trauma, and she said that it would be something to look into, something to think about doing because it would definitely strengthen the relationship and help me find a sense of self, a sense of where I've been and what I've come through."

See *QUALITATIVE REVIEW,* ***next*** page

QUALITATIVE REVIEW, from page 12

Table 3: Adverse Childhood Events Reported (N = 21)		
	M	**SD**
Number of ACEs	5.81	2.50
	N	**%**
Score > 2	18	86
Score > 5	12	57
ACE items		
Did a parent or other adult in the household often or very often swear at you, insult you, put you down, or humiliate you, or act in a way that made you afraid that you might be physically hurt?	17	81
Did a parent or other adult in the household often or very often push, grab, slap, or throw something at you, or ever hit you so hard that you had marks or were injured?	11	52
Did an adult or person at least five years older than you ever touch or fondle you or have you touch their body in a sexual way, or attempt or actually have oral, anal, or vaginal intercourse with you?	13	62
Did you often or very often feel that no one in your family loved you or thought you were important or special, or your family didn't look out for each other, feel close to each other, or support each other?	15	71
Did you often or very often feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you, or your parents were too drunk or high to take care of you or take you to the doctor if you needed it?	7	33
Were your parents ever separated or divorced?	17	81
Was your mother or stepmother often or very often pushed, grabbed, slapped, or had something thrown at her, or sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?	9	43
Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?	14	67
Was a household member depressed or mentally ill, or did a household member attempt suicide?	9	43
Did a household member go to prison?	10	48

- "I found out through other people talking about how good a group it was. My motivation was to do it with somebody else and my expectation was to find what was causing the trauma, and to find it and to figure out how to break it down and I did that."

How Healing Trauma Is Different from Other Programs. The feedback from the focus group also resulted in several general themes about how HT is different from other programs within the prison. Some women felt that HT created a safe space, which led to openness and sharing and allowed participants to be authentic during group sessions. Several women noted that the group members became a family, allowing each member to share deep thoughts and feelings.

- "I think Healing Trauma is the best class I think they have here because the facilitators, they make it great, they make you feel comfortable and safe to where, like I said, you could open up and talk about anything. And to me, I think that's the most important thing is for a person to feel safe and secure to be able to open up and talk freely."
- "But it's like the group, it's like the people that are in the group, that we could trust each other to know that whatever we went through as a child or whatever we went through, just we know that, the ones that are here would not throw it out on the tier and make fun of us. So, it has to be the people that we could trust, you know, because there's a lot of children that are back here in SHU and they repeat stuff in the group but this group that we have was just, it was beautiful. It was beautiful because I really got to let a lot out that nobody repeated."
- "There's more interaction, more people are willing to open up because it's a small group so it tends to be deeper and people are more willing to share. And once one person shares how deep—once one person shares some deep feelings about what they've been through then it makes you want to also share and then it gets more and more."

Other participants enjoyed the curriculum. They especially liked that the program introduced a mixture of different activities during the sessions:

- "Instead of making it all talking and reading, we did arts and crafts, which really captures some people's attention. It captured my attention because I didn't feel like I was just sitting there all day every day. So it made me more proactive."

The women also noted that the facilitators of HT, as opposed to facilitators of other groups, were more engaged with the materials and with the group members:

- "The way facilitators interacted with us is very different compared to other groups because other groups that I've taken in any other place, even here, the facilitators are not so into it."

Best Aspects of the Healing Trauma Program. Participants identified the best aspects of the program as the facilitators of the group, the other members of the group, the group discussion, the tools used during the sessions, and the new knowledge that the women gained throughout the program.

When the women discussed the group facilitators, they commented that the facilitators created a safe space during the sessions and within the group. The facilitators did so by treating the participants with respect, and the women felt as though the facilitators cared about and believed in each of them:

- "I guess my favorite part was how they ran their class; they made us feel safe and secure to where we were able to open up."
- "Well same thing, making me feel comfortable and safe to where I could open up and speak."

Not only did the facilitators make the other women feel that each of their situations were important, they also created a sense of equality by sharing their own negative experiences. Finally, the facilitators helped the women understand how the trauma experienced throughout the women's' lives resulted in their incarceration, and the facilitators helped the women learn to move forward:

- "That's what made the group so beautiful is because we're able to let our guards

See *QUALITATIVE REVIEW, **next*** page

QUALITATIVE REVIEW, from page 13

down and they shared with us, too, that they're human too and that they've gone through traumas as well. So we're able to, they were able to break our barriers."

- "And they care, they really care, it's not like they're coming, just like, here answer these questions and then that's it. They were more involved with us and they were involved with each other. But not every group's like that, like some of the other groups are not like that but this group was."

In addition to the safety and care the facilitators established in the group, the women felt that the other members helped one another through this healing process. The women noted that there was a strong bond between the members of the group. They enjoyed learning from one another's experiences, and they coveted the time they had with these other women:

- "My favorite part was coming out [of the cell] 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. And you grow from the group, it was like communicating with everybody in the group. We really had a good group—our group was a real good group. Everybody communicated with each other and really enjoyed the time we spent together in the group and we all look forward to going to group."
- "More for me would be like interacting with other people besides being closed in a cell for 23, 22 hours a day. So able to interact with other people and be able to share and listen to other people."
- "I felt so comfortable with the women because when you go through something or when you talk about something that's so personal and that's hurtful, that's trauma, you tend to get close to the people that are around you because they've been through it, too, so they actually know how you feel."

The women mentioned that the facilitated group discussion also contributed to the importance of this program. They felt as though they had the freedom to talk about anything, and when they did not want to speak there was no pressure to do so:

- "It was all open book, it was whatever we wanted to discuss that we dealt, that we needed to deal with, and so there wasn't anything specific because it was everything all across the board."
- "Yeah, they didn't make you talk, you just were able to talk and they let you talk, they didn't interrupt you, no matter how long you needed, I liked that part."

A significant point of discussion during the focus group was that HT was different from other programs because of the tools that were taught to the women and the new knowledge they learned during the sessions. The participants of the focus group mentioned that HT taught them the tools to use when dealing with stressful situations:

- "My favorite part of Healing Trauma was how they taught us the coping skills and they ran it down to us exactly how to go through things."
- "My best part was the funnel, the funnel part. Yeah, the funnel where you let all your rage and anger out, I liked it, yeah."
- "My favorite part of Healing Trauma is the grounding exercises. I liked the grounding where you had to see five things, hear five things . . . or see five things, smell four things, hear three things, touch two things, and what's the last one? And taste. I like the grounding because it brings me back to here and now."
- "And what I liked the most, I liked when we grounded and, yeah, when we ground in and then grounding out because it gives me, you know like I can breathe and calm myself, whatever I'm thinking about, to focus here."

The women also highlighted the knowledge they gained as a result of the HT program. They learned how trauma has influenced their lives and that anger was a secondary emotion. With this new knowledge, the women felt as if they were able to take control of their emotions and their actions:

- "The best part of the Healing Trauma was learning about myself and finding out that I had trauma and that I needed to start dealing with it."
- "Understanding and finding out why I was so angry all the time."
- "I guess my drinking, yeah. Because I had a lot of trauma and I didn't realize that I did. And I did a lot of stuff when I was drunk and didn't realize it."
- "They touched on pretty much any subject that you could kind of expect or even consider to have been some kind of trauma, regardless of your socioeconomic status, regardless of your upbringing, regardless of your race, they touched on relationships, they touched on anger, they touched on every subject, they touched on verbal abuse, emotional abuse, financial abuse, they touched on everything."
- "Exploring I would say more of the feelings and different emotions because I was raised with being angry, so I was using my secondary emotion, which is anger, to deal with everything. So, we're able to identify different feelings and emotions and what we're really feeling besides that."

How Participants Have Benefitted from Participating in Healing Trauma. Finally, focus group participants discussed how they have benefitted from the HT program. The participants mentioned that the program helped them develop a greater self-awareness, which led to a deeper understanding of their own behaviors, as well as helped them understand how their behaviors affected others. The women noted that their self-awareness led to a change in perception when it came to behaviors of others, events out of their control and, as a result, their reactions to the events happening around them:

- "The first thing I learned about myself was what was my trauma, I don't know how to explain it. But it impacted me because I didn't know I had that, like I didn't know that that was one of my fears and stuff."
- "It's really made me see how much trauma I've really been through in my life and now how to cope with it."
- "That I had trauma because I didn't even know. I was living it so normally growing up, I didn't even know that it was— that I had trauma, that it wasn't normal."
- "I learned like when I see something that was my old, like something that's not normal to, it's hard to explain, it's not right, you know what I mean? I know now that it's not right, so just to recognize and be aware and to just basically be aware."
- "Well it's helped me think differently. It's helped me change my ways of thinking and it helped me learn how to look at things differently and it also taught me that I am not my circumstances. That was a big one."

Another benefit that the women noticed from HT was an ability to improve their relationships, whether it be setting boundaries on established and new relationships or opening up and connecting with others in a group situation:

- "I learned what boundaries mean, and so I'm not going to, I know what to expect, like to set my boundaries now and to go forward."
- "Like in a relationship, if I see that it's going to be toxic, I eliminate myself from that toxic-ness because I'm not going to put myself in something that I do not want to be a part of. I really don't want to curse; I don't want to be hit; I don't want to hit nobody. But I don't have to put up with that, I don't have to put myself in a situation

See *QUALITATIVE REVIEW,* next page

QUALITATIVE REVIEW, from page 14

where I know is going to be toxic for me. I'd rather eliminate myself before it even gets to where it's going to get. And before I was very passive and I'd be like, okay and then I'd go in the toxic relationship. Now I know that I can say no. I can say no and leave that person where she's at and I can stay where I'm at and I don't have to put up with it."

- "I learned that I could be a part of a group without being nervous. And I'm not used to being a part of a group, I'm used to being by myself. So I learned how to be a part of a group, I learned how to open up."

The women also felt as though they improved their emotional regulation. They commented that they learned how to control their anger and learned how to accept and deal with negative feelings:

- "I learned how to, how to take other stuff, like just to calm down like breathing treatments, so calm down more because I get mad easily."
- "How when I feel the anger coming upon me, to turn around and walk away. When I'm just used to fighting."
- "I always stayed numb, to not deal with feelings. Now I see that, now that I'm an older woman now I can deal with it, even without being numb."

Some noted that their decision-making capabilities had improved because they noticed a reduction in their impulsive behavior:

- "I got to learn how to deal with people instead of reacting. Where I would normally react to someone, I learned to just calm myself and breathe."

After the program, the participants in the focus group found it easier to let go and move on from past, negative experiences:

- "We're in control of our lives now and our decisions that we make from now and forward are our choices. The past doesn't have a hold of us anymore; it doesn't have a hold on me. Like I could finally let that go and just move forward. And I never felt that. I never thought that, I always felt like people, like my past had a hold on me and I could never change to be a better person and now I know I can."

Finally, the women were eager to continue their growth process and wanted to participate in more programs as a result of the benefits they gained through HT:

- "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—boring. It was very enlightening so that's the impact it had on me, it made me want to group now. I'm going to become a groupie."

Discussion

The HT intervention was designed to be a brief intervention for incarcerated women who have been abused or have experienced trauma associated with ACEs. The delivery of a brief trauma intervention in segregated housing was hypothesized to be feasible and well received, with support from institution staff. As noted in previous research, individuals housed in the SHU are at an increased risk for developing negative psychological effects from segregation and isolation (Arrigo & Bullock, 2008; Grassian, 2006; Haney, 2003; 2018; Reiter, 2016; Smith, 2006; Winters, 2018). Implementing the HT pilot program within an SHU created an opportunity to help women to heal and reduce problematic behaviors.

The findings from the focus groups provide support that trauma-informed, manualized programming can be successfully implemented in the SHU and that the women are eager to participate and engage. Findings also indicate that many of the women believed the program helped them become more aware and accepting of their feelings and to be less impulsive. For many of the participants, this was the first group that they found engaging and that helped them understand how their past trauma influenced their lives. The women specifically noted that the facilitators played an instrumental role in their growth and in changing the behaviors that led them to the SHU. The women also reported that as a result of participating in this program, they will continue to better themselves by participating in additional programming.

Although the focus group discussions provide valuable insight into the feasibility of delivering the HT curriculum in the SHU, the generalizability from the HT focus group discussions may be limited due to the small sample size and the fact that the focus group participants were not randomly selected. Thus, the findings from the focus group discussions largely represent the perceptions of women who have participated and graduated from the HT program while in the SHU.

Overall, the women's reactions to the program were highly positive. They felt their participation in HT assisted in their growth and gave them tools to work through the trauma they have experienced as well as the stress of their current environment. The HT program continues to operate in the CIW SHU and has been expanded to the general population. Based on the results of the larger evaluation, the HT program is also being implemented at the Central California Women's Facility (CCWF) in the Reception Center, in the Administrative Housing Unit, and for the condemned women.

References

American Psychological Association (2016). *Statement on the Solitary Confinement of Juvenile Offenders*. Washington, DC: American Psychological Association, Public Information Government Relations Office. Available at *http://www.apa.org/about /gr/issues/cyf/solitary.pdf*.

Arrigo, B., & Bullock, J. (2008). The psychological effects of solitary confinement on prisoners in supermax units: Reviewing what we know and what should change. *International Journal of Offender Therapy and Comparative Criminology, 52(6),* 622–640.

Boeije, H. (2002). A purposeful approach to the constant comparative method in the analysis of qualitative interviews. *Quality and Quantity, 36(4),* 391–409.

Browne, A., Cambier, A., & Agha, S. (2011). Prisons within prisons: The use of segregation in the United States. *Federal Sentencing Reporter, 24,* 46–49.

Cauffman, E. (2008). Understanding the female offender. *Future of Children, 18(2),* 119–142.

Corbin, J., & Strauss, A. (2014). *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory.* Thousand Oaks, CA: Sage.

Covington, S., & Russo, E. (2012, rev. 2016). *Healing Trauma: A Brief Intervention for Women*. Center City, MN: Hazelden. Available at *www.stephaniecovington.com*.

Felitti, V., Anda, R., Nordenberg, D., Williamson, D., Spitz, A., Edwards, V, Koss, M., & Grassian, S. (2006). Psychiatric effects of solitary confinement. *Washington University Journal of Law and Policy, 22,* 325–383.

Haney, C. (2003). Mental health issues in long-term solitary and "supermax" confinement. *Crime & Delinquency, 49(1),* 124–156.

Haney, C. (2018). The psychological effects of solitary confinement: A systematic critique. *Crime and Justice, 47(1),* 365–416.

Kruttschnitt, C., Gartner, R., & Ferraro, K (2002). Women's involvement in serious interpersonal violence. *Aggression and Violent Behavior, 7(6),* 529–565.

Langan, N., & Pelissier, B. (2001). Gender differences among prisoners in drug treatment. *Journal of Substance Abuse, 13(3),* 291–301.

Marks, J. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine, 14(4),* 245–258.

Messina, N., Burdon, W., Hagopian, G., & Prendergast, M. (2006). Predictors of prison TC treatment outcomes: A comparison of men and women participants. *American Journal of Drug and Alcohol Abuse, 32(1),* 7–28.

Messina, N., & Grella, C. (2006). Childhood trauma and women's health outcomes in a California prison population. *American Journal of Public Health, 96(10),* 1842–1848.

Reiter, K. (2016). *23/7: Pelican Bay Prison and the Rise of Long-Term Solitary Confinement*. New Haven, CT: Yale University Press.

Smith, P. (2006). The effects of solitary confinement on prison inmates: A brief history and review of the literature. *Crime and Justice, 34(1),* 441–528.

Winters, A. (2018). Alone in isolation: A clinician's guide to women in solitary confinement. *Criminal Behaviour and Mental Health, 2(3),* 217–222. ■

Copyright of Journal of Community Corrections is the property of Civic Research Institute and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.