

instituto
mundo aflora

Voices

REPORT 2020

Bem - Vindo

Minimino Parada de

“ They just **listened to me**,
that's what we need sometimes,
just someone to hear us.
No need to speak, no need
to judge, but just listening is
enough, **it is enough.** ”

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Who makes VOICES! happen

Intro

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Social changes can only be made when a committed group of people with a common goal are willing to come together, innovate, and bring efficient solutions to the problems of today. It is our duty, in both the public and private sectors, to scrutinize the criminal justice system and its methodologies when serving girls. For the pilot program [VOICES!](#) to happen successfully we needed to have collaboration, as well as partnership with organizations that understand the importance of addressing trauma, young

women, and the criminal justice system. Our intention was to create a space for discussion about effective solutions for the shortcomings of the current system. We believe that only together is it possible to do the relevant work with the impact that this subject deserves.

We, at [Mundo Aflora Institute](#), are very happy to be able to bring the impactful results of the [VOICES! Program](#) to Brazil. We know that to achieve a meaningful transformation we need to rely on data

to show the benefits. This was only possible due to the union of committed people from different sectors. Everyone's openness, availability and collaboration made it possible for us to create this possibility together, showing that there are ways to break the cycle of trauma in girls within the criminal justice system. Now we know how to do this effectively.

For this reason, I would like to thank the Mundo Aflora Institute team, especially [Andrea Mendes](#), [Leticia Macorin](#), [Fernanda Prado](#), [Ana Mongiat](#), [Ana Helena Oliveira](#), [Sonia Mendes](#), [Sarah Linder](#) and [Becca Bolton](#), as well as our volunteers and consultants that made the execution of this project possible. We would also like to thank the donors from the [Bevenity](#) platform and those who participated in the [Day of Giving](#) 2018, as well as giving thanks to the support of [Kimoh](#), [Grafica P+E](#), and [Almaap](#), who made the first two phases of the project possible. We would also like to recognize the long-standing partnership with [Fundação CASA](#) and the [São Paulo State Department of Justice and Citizenship](#) who opened

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And especially, my deepest thanks go to the **17 girls** who participated in the VOICES! Pilot Program. For both the **10 girls** who were brave enough to volunteer to give voice to their stories and transform their trauma, and the generosity of the **7 girls** who participated as the control group. When we hear their voices the change starts to happen.

Renata Mendes

Founder and Vice President
Mundo Aflora Institute

About us

The mission of [Mundo Aflora Institute](#) is the effective reintegration of girls who are, or have been, in the juvenile justice system. Our goal is to bring opportunities inside and outside the centers to create new choices, and support the development of relationships, objectives, and abilities necessary to break the cycles of poverty, trauma and crime. Thus, turning these young women into agents of societal change as well as reducing gender inequality and preventing violence against adolescents.

We chose to work with girls, as they are the most vulnerable people within the justice system. In fact, the entire system was designed for men, so in addition to often leaving out the basic needs of females, the girls generally receive fewer visits

than the boys and quite often are abandoned by their families. The reintegration of these young women is burdened by the judgments of society in general.

Since **2016**, our transdisciplinary approach has impacted more than **4,400 girls** from vulnerable environments, who are in, or have already passed through, the juvenile justice system. [IMA](#) believes in redefining the concept of justice through the implementation of initiatives that help these girls develop their potential, by working together in order to impact public policies, and by mentoring girls who have already left the juvenile centers, directing them towards education and work opportunities.

[Mundo Aflora Institute's](#) practices are aligned with the [UN Sustainable Development Goals \(SDGs\)](#) as follows:

SDG 5

Promote gender equality and empower girls and women coming from vulnerable backgrounds so that they can make new choices.



SDG 16

Mundo Aflora Institute strives to contribute to an inclusive and peaceful society, promote access for all in the justice system and participate in building responsible and inclusive institutions at all levels.



Methodology


The process to apply and measure the social impact of the [Project VOICES!](#) pilot Program took place at the detention center [Fundação CASA Feminina Parada de Taipas](#). The pilot project group was composed of **10 girls participating** in Voices! **plus 7 more girls** who were part of the control group. The research was carried out by the Center for Studies and Assistance to Victims of Trauma from the graduate program in Clinical Psychology at [PUC-SP](#).

Program description

[VOICES!](#) is a program of empowerment for high risk and socially vulnerable adolescents that offers a safe space, encouragement, support, and structure to transform traumas and build a new vision of the future.

The methodology is based on the reality the girls face, principles of gender-sensitive responses as well as theory, research, and clinical experience, making

it possible to identify the qualities of the participants and how they can apply their power and their voices as individuals and as a group. The [VOICES!](#) curriculum uses a variety of therapeutic methods, including psychoeducational, cognitive-behavioral, and body-oriented approaches, as well as relational theory, mindfulness and expressive arts, which are used as a playful and enjoyable way to incorporate the content of the program.



“ It was hard to speak about the past, but we succeeded, and that strengthened our bond. ”

Materials used

The VOICES! curriculum consists of a [Guide for Facilitators](#) and an [Interactive Journal](#) for participants. To be used in the pilot project, both documents were translated into Portuguese by [Mundo Aflora Institute](#).

The [Facilitator's Guide](#) provides important information about the background of the girls and the development of the program. It contains a description of all the sessions and activities, plus the materials needed for each of the sessions.

The [Interactive Journal](#) is a personalized tool for each group member, where they can explore and record their experiences,

Program structure

The program is composed of **4 modules**: [Self](#), [Connecting with Others](#), [Healthy Living: Body, Mind and Spirit](#), and [The Journey Ahead](#), for a total of **18 sessions** of **90 minutes** each.

The program calls for 1 facilitator and 1 co-facilitator. However, as this was the pilot project, the sessions were carried out by **3 facilitators**.

**Lepore, S.J., & Smyth, J.M. (Eds). (2002). The writing cure: How expressive writing promotes health and emotional well-being. Washington, DC: American Psychological Association.*

thoughts and feelings as they progress through the program.

The process and effects of a journal have been widely studied in different sectors, including psychology, psychiatry, literature, art and education. In general, research shows that the methodology of journaling can be valuable for self-knowledge, healing, improving health, problem solving and coping with stress. Research also suggests that the practice of writing a journal is a powerful tool for personal growth and change (LEPORE & SMYTH, 2002; PENNEBAKER, 1990)*.

“ We learned to put ourselves in the shoes of others. Outside, it may be difficult, but we can offer a friendly shoulder. ”



Duration of the program

The duration of the pilot program was **3 months**, starting on **September 13, 2019** and ending on **December 13, 2019**.

The first 6 sessions were held weekly (every Friday) and the rest of the sessions were held twice a week (Mondays and Fridays). This to avoid that the program would be interrupted by the Christmas holidays, and also to make sure that all the content would be finalized in 2019.

We found that ideally, once a week would be more appropriate for the participants so that they would have time to fill in their Journals, given that, due to the center's activities agenda, they only had access to them once a week. However, the change to twice a week did not present any impediment in relation to the objectives of the program.

Given the scenario of our juvenile justice system, in which adolescents can serve sentences from 6 months up to 3 years, we understand that a 3-month program would be a viable option to shorten the duration of the program and ensure that all girls who start the program are able to finish it.

The participants

The group was composed of **10 girls** (the maximum number allowed per cycle) aged **16 to 20 years**, who were present in all sessions, from the beginning to the end of the program, so that there was no break in the progress of the work.

Prerequisites:

- Girls between **16 and 21 years old**;
- Not in an emotional relationship with other girls in the pilot program;
- Not in the detoxification process
- Not suffering from any serious mental illness diagnosed by a doctor.

Selection of participants

Participation in the pilot program was done voluntarily, through an electronic drawing using their first name.

The implementation team of **Mundo Aflora Institute** held **3 days of awareness** training at the juvenile center. The first two days were spent speaking with the staff on site, and the third day was spent explaining the program to all the adolescents of Fundação CASA, so that they could choose whether or not to volunteer.

There were 20 girls interested in participating in the pilot Program, of which the first **10** selected were chosen to participate and the remaining **10** were invited to take part in the social impact research control group (7 agreed to participate) in partnership with the **Trauma Victim Study and Care Center** from PUC-SP.

“ When we talked about trust, I didn't know if I could be trusting.
I didn't know how to express myself.
I learned there. Sometimes I was uneasy,
and when I left the course I was in peace.





Objective of raising awareness with the staff of the center:

- Present the [Mundo Aflora Institute](#)
- Explain the importance of breaking the cycle of trauma
- Present and explain the methodology used in the [VOICES!](#) Program
- Listen to suggestions from the staff in order to design the most assertive implementation strategy possible within the context of Brazil and the selected juvenile center

Objective of raising awareness with the adolescents:

- Present the [Mundo Aflora Institute](#)
- Present the [VOICES!](#) Program
- Create a list of girls interested in participating in the project

Program breakdown

Module

Objective

Sessions

A
Self
To build a safe environment in which each girl can recover and discover for herself – her “inner self” and “outer self”. To know their true self. To discover layers of past relationships, experiences, and the influences that surround them.

- 1 • Who am I?
- 2 • The story of my life
- 3 • Breaking the silence
- 4 • The world in which girls live
- 5 • Support and inspirations

B
Connection with Others
To teach girls about what constitutes a healthy relationship, and give them the opportunity to experience that through their positive interactions with other members of the group and with facilitators. To promote a space for the girls to explore their relationships (past and present), share their experiences and feelings, and to practice new forms of relationships.

- 6 • Communication
- 7 • My family
- 8 • Dating and sexuality
- 9 • Mothers and Daughters
- 10 • Friendships
- 11 • Supportive Relationships
- 12 • Abusive Relationships

C
Healthy Life: Body, Mind and Spirit
To make girls aware of the different aspects of health and enable them to take active roles in the construction and maintenance of healthy lifestyles.

- 13 • Our body
- 14 • Emotional well-being
- 15 • Alcohol and other drugs
- 16 • Spirituality

D
Journey Ahead
To make the girls connect with their past, their selves, their strengths, and their dreams for the future, so that they can have a clear vision of what they want to build for themselves after this period of their lives.

- 17 • Crossroads
- 18 • Preparing for my Journey

Where it has already been implemented

The VOICES! Program has already been implemented in the [USA](#), [Australia](#), [England](#) and [Colombia](#).

USA: Connecticut (Juvenile Justice System, 3 locations), New York (Justice System for Children and Adolescents), California (Juvenile Justice System).

It has also been implemented in places other than Juvenile Justice Systems, such as shelters, youth groups in churches, schools, and youth addiction groups.

About the author of the VOICES! Program

[Dr. Stephanie S. Covington](#) is a psychologist, author of several books, organizational consultant and speaker. She is recognized for her pioneering work on women's issues, both for adults and young women. She specializes in the development and implementation of assistance specific to the female gender, as well as informing the public and private sectors on the impact of trauma. Dr. Covington graduated from [Columbia University](#) and from the [Union Institute](#), and has taught at [USC](#), [San Diego State University](#), and the [California School of Professional Psychology](#). Among her extensive list of published works are **10 treatment programs** with methodology guides and manuals for facilitation, such as [VOICES!: A Self Discovery and Empowerment Program for Girls](#). She is also Co-Director of the [Center of Gender and Justice](#) and the [Institute for Relational Development](#) located in La Jolla, California.

“With them I was able to open up, and I learned new words. It is important to have a lot of resilience, face new obstacles. This program helped us to get to know each other. I am just so thankful.”

Main results

In this chapter we will present the results of the application of the VOICES! Program in partnership with the [Center for Studies and Assistance to Trauma Victims of the Postgraduate Studies Program in Clinical Psychology at Pontifícia Catholic University of São Paulo \(PUCSP\)](#).

In order to carry out the research, permissions were granted by the management of [Fundação CASA](#) and the judge in authority. The project was also approved by the [Ethics Committee of PUCSP](#), CAAE number: 23241819.4.0000.5482.

PUCSP team

Research coordinators: Prof. Dr. Denise G Ramos and Prof. Dr. Roberto Garcia of the Postgraduate Studies Program in Clinical Psychology at PUC-SP.

Research assistants: Gabriela Latorraca and Helena Bretos, students of the faculty of Psychology at PUC-SP.

Research objectives

Main goal:

- Observe the effectiveness of the VOICES! Program in [transforming psychosocial symptoms](#) in adolescents within the juvenile justice system at the Fundação CASA.

Specific goals:

- [Understand the emotional processes](#) involved in adolescents fulfilling sentences in the justice system during the application of the VOICES! Program
- Identify and correlate the indicators of clinical symptoms (internalized and externalized), as well as symptoms of post-traumatic stress disorder, depression, anxiety and self-esteem in adolescents serving sentences in the juvenile justice system.

Research methods

Hypothesis

- The application of the VOICES! Program promotes an increase in self-esteem and improves symptoms of post-traumatic stress disorder, anxiety, depression, social problems, aggressive behavior and rule breaking, as well as other internalized and externalized factors (according to the standard international gold scale – Youth Self Report, YSR).

Type of research

Qualitative and quantitative methods were used.

Qualitative analysis was based on the observation of facilitators and application assistants. The quantitative analysis was based on the data that was collected, quantified, and statistically analyzed.

Participants

There were 50 adolescents at the Fundação CASA, 19 of whom volunteered and signed a [Free Consent Form](#). Of this group, **10** were drawn to participate in the intervention, the [Experimental Group \(EG\)](#), and **9** chose to participate in the [Control Group \(CG\)](#), without intervention. During the project, two young women from the CG finished their sentence.

Instruments for data collection

There were five psychometric tests applied collectively in the following order:

a) YSR – Youth Self Report – Self Assessment Survey for adolescents (11 to 18 years old) (Achenbach, T.M, 1990; Achenbach & McConaughy, 1987). Self-Assessment Survey for adolescents (11 to 18 years old) adapted by Gonçalves & Simões, 2000). This Questionnaire makes it possible to account for problems and skills from adolescents (11-18 years) over the last six months. It encompasses **112 descriptions of behaviors** (problems and positive attitudes) and includes, for example, descriptions of [social activities](#) (eg, “I feel that no one likes me.”; “I can be very friendly.”; “Describe what you must improve on”). The results are grouped into internalized factors: anxiety / depression, withdrawal / depression and somatic complaints and externalized factors: rule-breaking behavior and aggressive behavior.

b) PCL-C. Scale for Post-Traumatic Stress Disorder Verification - Civil Version by Berger et al (2004). This instrument provides [information on the presence or absence of post-traumatic stress disorder \(PTSD\)](#). It is a self-assessment tool composed of 17 items based on criteria established by DSM-IV (APA, 1995) for the diagnosis of post-traumatic Stress Disorder (PTSD). Respondents must indicate how much they have

been disturbed by the symptoms described in the instrument in the last month. Its semantic equivalence for Portuguese was developed by Berger, Mendlowicz, Souza and Figueira (2004) and was used in this research.

c) Rosenberg's Self-esteem Scale (Review of adaptation, validation, standardization of the Rosenberg's self-esteem scale. HUTZ et al, 2011). This scale developed by Rosenberg (1979) is a brief and one-dimensional measure consisting of ten statements related to a set of **feelings of self-esteem and self-acceptance** that assesses overall self-esteem.

d) BDI-II - Beck Depression Inventory. (AARON T. BECK, ROBERT A. STEER, GREGORY K. BROWN. Brazilian adaptation: CLARICE GORENSTEIN, et al 2011. In: SBARDELLOTO, 2010, p. 93-94). This inventory (second edition) (BDI-II) is a self-assessment instrument, composed of 21 items, whose objective is to measure the **intensity of depression** beginning from 13 years of age up to mature adults.

e) BAI- Beck's Anxiety Inventory - adapted and validated for the Brazilian population by Cunha (2001). It consists of 21 questions about how the individual has felt in the last week, expressed in **common anxiety symptoms** (such as sweating and feelings of distress). Each question has four possible answers, and the one that most closely resembles the individual's mental state is selected.

Research Application Procedure

The young women were tested using the instruments described by the research assistants at two times: **T0**, before the beginning of the intervention, and **T1** after the conclusion of the intervention.

After the application of the test (T0), the program began as established by its creator, **Dra. Stephanie S. Covington**. The facilitators, members of the **Mundo Aflora Institute**, translated everything into Portuguese and adapted it for the population to be tested.

Qualitative results

Observations made during the application of the Program

Descriptions by the facilitators: Andrea Mendes, Leticia Macorin and Renata Mendes and the research assistants Gabriela Latorraca and Helena Bretos.

“ Today we have, let's say “women”, or rather responsible girls, girls who can manage problems and maintain dialogues with the detention officers. And, I am sure that the work that was developed here was of great value for all centers. ”

Testimonial of Anderson S. Barros
Director of the CASA Center at Parada de Taipas

Module A • Self

At first the adolescents showed marked resistance regarding participation in the program, questioning the relevance and especially the security and confidentiality of the situation. They doubted whether it would be a safe space to share intimate information. They confessed that they did not trust their colleagues, as there was “a lot of gossip” in the Center and that is why they preferred not to expose themselves. Thus, at the beginning of the program, participation was scarce and often met with a certain look of suspicion. This diminished once the facilitators informed them that the rules for the group would be organized by the young women themselves. This made them more involved and more enthusiastic as they felt that they themselves were the authors of the group agreements.

In the written activities, in which they needed to talk about themselves, most of the phrases were positive, such as “I am strong” and “I believe in myself”. Some found it difficult to talk about their qualities, using derogatory expressions as

being positive qualities (for example, “I am quarrelsome”). While describing emotions and feelings, the word “anger” was the most frequent. Many did not know how to name their feelings and experiences (such as sexual abuse). When the space to talk was open, they shared little, preferring to put their feelings in writing. One of everyone’s favorite exercises was the “Breath of Joy”, or “Ha Scream”, during which the adolescents repeatedly expressed themselves full force. The effect of the screams was evident in their more open and smiling features, and the lightness that followed. Throughout the program, most of the adolescents said that they started to use this cry “ha” in the day-to-day of the Center when they needed to vent some strong feelings.

Throughout this module, some adolescents began to feel that they wanted to make changes in their lives and in their attitudes. However, they saw this as a very big challenge, not knowing where to start and afraid of not being able to cope. Because of this, we realized the need to do more grounding exercises

in order to make it easier for them to get in touch with the facts of their lives they had not explored before. This uncovered strong feelings and overwhelmed some of their senses and emotions. It was as if they were able to access, perhaps for the first time, certain experiences, realizing how disorganizing these were and how they could now be reviewed and organized.

It was a module marked by more primitive, intense, and impulsive attitudes. But at the same time, it was possible to observe greater openness and a more coherent and clear expressiveness despite the resistance of some of the young women who were still shy and had little desire to expose their lives with others. We also observed that this module enabled the adolescents to get to know each other better and to begin to question and analyze their own existence, their trajectory, and how to develop their potential.

Module B • Connecting With Others

In this module, the adolescents began to

work on and understand the recreational exercises. They began to express themselves more, both in relation to their lives before being admitted to CASA, and to the lives they were leading at the time. The sessions became more intense, with sad accounts of suffering due to abusive situations. They spoke more easily about their families, friends and love relationships, showing greater confidence and group cohesion. Activities frequently had better flow, and it was possible to do some of them in small sharing groups. From this moment on, the group started to show a new identity, with greater confidence, while saying that they felt safe to speak knowing that there would be no comments outside the group.

This module really mobilized the adolescents when they talked about their families, with strong accounts of various types of violence, both at home and in romantic relationships. The ability to think and reflect on their own attitudes was empowering, opening perspectives in order to fight for their rights and to sustain healthy relationships. They

identified how and when they outsourced blame for maintaining toxic relationships, paving the way for transformations.

Throughout this module, the adolescents opened up more and showed greater concentration and participation in the activities. In the end, they reported that they were practicing the exercises done during the sessions (such as grounding and meditation) to help maintain balance in the challenges found outside the program. All the adolescents showed an increase in their vocabulary and took pleasure in using new words, better understanding how to express their feelings.

Module C • Healthy Living: Body, Mind and Spirit

At the beginning of this module, the adolescents still had some difficulty in carrying out activities in a discussion group, but when helped by a facilitator, they felt more comfortable and were able to express themselves better. They were able to write in their journals by themselves and communicated openly.

In general, they presented themselves as feeling welcomed and respected within the space of the sessions, without feeling judged, understanding that they had rights, but also duties. In addition, they became more welcoming to each other, supporting each other and trying to establish healthier relationships with colleagues and the world. They began to recognize their positive qualities, reporting that they were managing to perceive their feelings before making judgements and acting. With this, they tried to avoid being impulsive and aggressive as much as possible.

This attitude was beneficial to the coexistence of all at the Center as these adolescents started teaching their colleagues, directly and indirectly, to be more mature and to avoid conflicts, which were previously frequent and harmful. They often said that they learned to breathe and ponder before acting thoughtlessly, as was very common before the Program. With this change in attitude, they were also able to observe that many of the punishments imposed

on them at the Center were for useless reasons, which were not worth the consequences. They began to avoid conflicts and confusion and reflect on the consequences before acting.

At the end of this module, all the adolescents were enjoying recreational activities more easily, asking to use more color in the drawings and not just black, as was common in the beginning. They were lighter and happier, managing to better understand and control their feelings and at different times, to express gratitude.

Module D • Journey Ahead

In this module, the transformation of the group became more visible. There was a strong bond, care and partnership between the participants. The girls began to accommodate and support each other, during the daily adversities of the Center. Faced with the suffering of one participant, for example, the others embraced her, welcoming and wiping away her tears. They began to believe in the realization of their dreams and to look at the obstacles and problems of the past

with a different perspective. They showed greater self-knowledge and positive attitudes towards the future. More self-confident to develop their potential, the adolescents were empowered to make changes towards a better future in order to achieve their dreams.

However, it was visible that there was certain a sense of agitation, probably due to the fact that the program was coming to an end. During the sessions, the participants asked several times when the program would finish and lamented its end.

At the closing event, the adolescents showed themselves to be more confident and full of a strong sense of belonging. They understood that there is a place in the world for them and that the fulfillment of their dreams and desires is within reach.

“ In the beginning I was worried because, as a psychologist, I know that when dealing with situations that involve trauma we open some little boxes that were guarded for various reasons and during their detention all these issues become much bigger... Adolescents that before didn't have the capacity to contain their aggression, today are mediators of conflict capable of solving conflicts in their daily life in the detention center. I think there will also be additional benefits in the long term. For example, this group will share their experience and involvement with Mundo Aflora with other girls. ”

Testimonial of Kalina Freitas
Technical Director of the CASA Center
at Parada de Taipas

Quantitative results

Due to the low number of participants in each group, nonparametric methods were used for statistical analysis.

Sample distribution

There were no significant differences between the EG and CG groups regarding: age (median 17.3; $p = 0.435$) and ethnicity (about 80% black and brown; $p = 0.527$). The general average length of schooling was 8.9 years, with the EG having a little more education ($p = 0.026$): 9.5 years. The professions of the parents were randomly distributed among low-income jobs. Three of the young women had no contact with their mother and five did not know their father.

Results before intervention on the YSR Scale

Chart 1 • Clinical chart of the participants at T0 – YSR

Variable	Categories	EG (n=10)	CG (n=7)	χ^2	gl	p-value*
Anxious/Depressed	Absent	30.0%	42.9%	0.313	2	0.855
	Borderline	20.0%	14.3%			
	Clinical	50.0%	42.9%			
Withdrawn/Depressed	Absent	20.0%	42.9%	1.740	2	0.419
	Borderline	40.0%	14.3%			
	Clinical	40.0%	42.9%			
Somatic Complaints	Absent	40.0%	42.9%	0.014	1	0.906
	Borderline	60.0%	57.1%			
	Clinical	0.0%	0.0%			
Social Problems	Absent	10.0%	14.3%	5.250	2	0.072
	Borderline	10.0%	57.1%			
	Clinical	80.0%	28.6%			
Thought Problems	Absent	60.0%	42.9%	3.939	2	0.139
	Borderline	20.0%	0.0%			
	Clinical	20.0%	57.1%			

*Legend

A: Average

EG: Experimental Group

CG: Control Group

Chart 1 • Clinical chart of the participants at T0 – YSR

Variable	Categories	EG (n=10)	CG (n=7)	χ^2	df	p-value ¹
Attention Problems	Absent	50.0%	57.1%	3.939	2	0.139
	Borderline	30.0%	0.0%			
	Clinical	20.0%	42.9%			
Rule-Breaking Behavior	Absent	40.0%	28.6%	4.571	2	0.102
	Borderline	0.0%	14.3%			
	Clinical	60.0%	57.1%			
Aggressive Behavior	Absent	20.0%	42.9%	1.315	2	0.518
	Borderline	10.0%	14.3%			
	Clinical	70.0%	42.9%			
Internalizing Broad Band Score	Absent	0.0%	0.0%	3.048	1	0.081
	Borderline	0.0%	28.6%			
	Clinical	100.0%	71.4%			
Externalizing Broad Band Score	Absent	0.0%	14.3%	3.939	2	0.139
	Borderline	0.0%	14.3%			
	Clinical	100.0%	71.4%			

A: Average
 EG: Experimental Group
 CG: Control Group

The groups were similar in relation to the variables listed above, they started from the same point in regards to the YSR categories. In this chart, we can observe that the majority of the young women in both groups exhibit borderline and/or clinical conditions (meaning severity of symptoms) relating to: anxiety, depression, somatic complaints, social issues, aggressive behavior, rule breaking, as well as the entirety of internalized and externalized factors. The internalized factors are: anxiety/depression; withdrawal/depression and somatic complaints. The externalized factors are: violation of rules and aggressive behavior.

Table 1 • Comparison of YSR between EG and CG at T0

YSR	A EG (n=10)	A CG (n=7)	Z	p-value*	Effect size
Anxious/Depressed	71.4	67.3	-1.028	0.304	-
Withdrawn/Depressed	72.3	68.9	-0.641	0.521	-
Somatic Complaints	64.5	62.4	-0.197	0.844	-
Social Problems	72.9	67.1	-2.464	0.014	0.60
Thought Problems	64.9	67.9	-0.394	0.694	-
Attention Problems	66.3	64.6	-0.690	0.490	-
Rule-Breaking Behavior	72.1	73.4	-0.441	0.660	-
Aggressive Behavior	71.3	67.3	-0.440	0.660	-
Internalizing Broad Band Score	71.4	68.0	-1.342	0.179	-
Externalizing Broad Band Score	73.7	70.4	-0.049	0.961	-

A: Average

Z: Z statistic

*: Mann-Whitney Test

As we can see in this table, the young women from both groups are similar on the YSR scale, except for the sub-item social problems where young women from the EG have a more severe situation. In general, all have borderline results (averages between 61 and 63) or clinical (average above 64) indicating emotional distress and behavioral disorders.

Results after intervention on the YSR Scale

Table 2 • Comparison of YSR between EG and CG at T1

YSR	A EG (n=10)	A CG (n=7)	Z	p-value*	Effect size
Anxious/Depressed	63.30	64.86	-0.245	0.806	-
Withdrawn/Depressed	64.10	70.00	-1.079	0.281	-
Somatic Complaints	56.70	68.86	-2.212	0.027	0.54
Social Problems	61.90	65.86	-0.883	0.377	-
Thought Problems	58.20	64.86	-1.669	0.095	-
Attention Problems	58.20	62.29	-0.886	0.376	-
Rule-Breaking Behavior	61.40	68.43	-1.372	0.170	-
Aggressive Behavior	59.30	68.43	-1.575	0.115	-
Internalizing Broad Band Score	62.60	69.71	-1.907	0.057	-
Externalizing Broad Band Score	59.40	68.14	-1.514	0.130	-

A: Average

Z: Z statistic

*: Mann-Whitney Test

Although there was an improvement in the EG after the intervention, this was not significant when compared to the average of the CG, except for somatic complaints which had significant improvements in the EG in relation to the CG.

Table 3 • Comparison of YSR in EG between T0 and T1

YSR	A T0 (n=10)	A T1 (n=10)	Z	p-value*	Effect size (r)
Anxious/Depressed	71.4	63.30	-2.016	0.044	0.64
Withdrawn/Depressed	72.3	64.10	-2.533	0.011	0.80
Somatic Complaints	64.5	56.70	-2.456	0.014	0.78
Social Problems	72.9	61.90	-2.803	0.005	0.89
Thought Problems	64.9	58.20	-1.666	0.096	-
Attention Problems	66.3	58.20	-2.659	0.008	0.84
Rule-Breaking Behavior	72.1	61.40	-2.490	0.013	0.79
Aggressive Behavior	71.3	59.30	-2.293	0.022	0.73
Internalizing Broad Band Score	71.4	62.60	-2.603	0.009	0.82
Externalizing Broad Band Score	73.7	59.40	-2.310	0.021	0.73

A: Average

Z: Z statistic

*: Paired Wilcoxon Test

When we compare the before and after results that occurred only within the EG, we observed significant improvements in all variables of the YSR test, with the exception of thinking problems that did not decrease much. It is important to note that the effect size was large in all differences ($r > 0.50$).

Table 4 • Comparison of YSR in CG between T0 and T1

YSR	A T0 (n=7)	A T1 (n=7)	Z	p-value*	Effect size (r)
Anxious/Depressed	67.3	64.86	-0.508	0.611	-
Withdrawn/Depressed	68.9	70.00	0.000	0.999	-
Somatic Complaints	62.4	68.86	-1.997	0.046	0.75
Social Problems	67.1	65.86	-0.425	0.671	-
Thought Problems	67.9	64.86	-1.577	0.115	-
Attention Problems	64.6	62.29	-0.593	0.553	-
Rule-Breaking Behavior	73.4	68.43	-1.577	0.115	-
Aggressive Behavior	67.3	68.43	-0.524	0.600	-
Internalizing Broad Band Score	68.0	69.71	-1.103	0.270	-
Externalizing Broad Band Score	70.4	68.14	-0.594	0.553	-

A: Average

Z: Z statistic

*: Paired Wilcoxon Test

There were statistically significant changes in the score of all the sub-items on the YSR in the EG between T0 and T1. The Thinking Problems sub-item also improved, but without statistical significance. However, in this table, we observed that in the CG there was no change in the variables, except for somatic complaints, which worsened.

Results before intervention on the scales of PCL (post-traumatic stress), EAR (self-esteem), BDI (depression) and BAI (anxiety)

Chart 2 • Clinical condition of participants at T0 on the PCL, EAR, BDI and BAI scales between the EG and CG

Variable	Category	EG (n=10)	CG (n=7)	χ^2	gl	p-value
PTSD	Absent	80.0%	71.4%	-	1	0.999*
	TEPT	20.0%	28.6%			
Self-esteem	Normal	60%	71.4%	-	1	0.999*
	Low	40%	28.6%			
Depression	Minimal/Absent	10.0%	28.6%	5.182	3	0.063*
	Mild	10.0%	42.9%			
	Moderate	70.0%	28.6%			
	Severe	10.0%	0.0%			
Anxiety	Minimal/Absent	20.0%	42.9%	19.216	12	0.083*
	Mild	10.0%	14.3%			
	Moderate	40.0%	42.9%			
	Severe	30.0%	0.0%			

We observed that the groups were similar with respect to the following variables (starting from the same point): post-traumatic stress ($p = 0.99$), self-esteem ($p = 0.99$), depression ($p = 0.063$) and anxiety ($p = 0.083$).

gl: Level of freedom

PTSD: Post-traumatic stress disorder

*: Fisher's exact test

**: Chi-squared test

Table 5 • Comparison of the averages of the PCL, EAR, BDI and BAI scales between the EG and CG at T0

Scale	A EG (n=10)	A CG (n=7)	Z	p-value*	Effect size (r)
PCL (PTSD)	48.0	40.8	-1.367	0.172	-
EAR (Self-esteem)	15.0	19.3	-1.921	0.055	-
BDI (Depression)	21.9 (moderate)	14.5 (mild)	-1.907	0.057	-
BAI (Anxiety)	26.7 (moderate)	15.6 (mild)	-1.175	0.240	-

A: Average

Z: Z statistic

PTSD: Post-traumatic stress disorder

*: Mann-Whitney Test

It is important to note that although the two groups did not exhibit significant differences before the intervention, the CG was slightly better than the EG in terms of depression and anxiety.

Results after intervention on the scales of PCL (post-traumatic stress), EAR (self-esteem), BDI (depression) and BAI (anxiety)

Table 6 • Comparison of the scales PCL, EAR, BDI and BAI between the EG and CG at T1

Scale	A EG (n=10)	A CG (n=7)	Z	p-value*	Effect size (r)
PCL (PTSD)	29.8	50.2	-2.929	0.003	0.71
EAR (Self-esteem)	20.5	16.8	-1.620	0.105	-
BDI (Depression)	7.9 (minimal)	24.5 (moderate)	-2.790	0.005	0.67
BAI (Anxiety)	8.7 (minimal)	18.9 (mild)	-2.006	0.045	0.48

A: Average

Z: Z statistic

PTSD: Post-traumatic stress disorder

*: Mann-Whitney Test

We can see in Table 6 that: the EG exhibited a significant improvement in relation to the CG regarding the symptoms of post-traumatic stress disorder; the EG had an improvement, but not significant in relation to the CG, in terms of self-esteem, keeping in mind that the self-esteem of the CG was slightly higher than that of the EG before the intervention. The level of depression in the EG (BAI) was moderate and remained minimal, while that in the CG worsened. The anxiety level of the EG (BAI) was moderate and became minimal, while that of the CG remained practically the same (mild). The effect size was also high in all differences.

Table 7 • Comparison of PCL, EAR, BDI and BAI in EG between T0 and T1

Scale	A T0 (n=10)	A T1 (n=10)	Z	p-value*	Effect size (r)
PCL (PTSD)	48.0	29.8	-2.706	0.007	0.86
EAR (Self-esteem)	15.0	20.5	-2.553	0.011	0.81
BDI (Depression)	21.9	7.9	-2.705	0.007	0.86
BAI (Anxiety)	26.7	8.7	-2.668	0.008	0.84

A: Average
 Z: Z statistic
 PTSD: Post-traumatic stress disorder
 *: Paired Wilcoxon Test

Tables 7 and 8 show that while there was no change in the CG, there was a notable change in the EG with a strong effect on all the variables studied: scales of post-traumatic stress disorder, self-esteem, depression and anxiety.

Table 8 • Comparison of PCL, EAR, BDI and BAI in the CG between T0 and T1

Scale	A T0 (n=7)	A T1 (n=7)	Z	p-value*	Effect size (r)
PCL (PTSD)	40.8	50.2	-1.355	0.176	-
EAR (Self-esteem)	19.3	16.8	-0.848	0.396	-
BDI (Depression)	14.5	24.5	-1.521	0.128	-
BAI (Anxiety)	15.6	18.9	-0.085	0.933	-

A: Average
 Z: Z statistic
 PTSD: Post-traumatic stress disorder
 *: Paired Wilcoxon Test

Correlation studies between variables

Chart 3 shows the statistically significant correlations between continuous variables in EG, CG and EG + CG.

Chart 3 • Correlation between continuous variables

Variable 1	Variable 2	EG (n=10)		CG (n=7)		EG+CG (n=17)	
		C*	IC 95%	C*	IC 95%	C*	IC 95%
Post-Traumatic Stress Disorder	Anxiety	0.74	0.21 - 0.93				
Self-esteem	YSR Aggressive Behavior	-0.75	-0.94 - -0.23			-0.54	-0.81 - 0.08
Self-esteem	YSR Externalizing Factors	-0.74	-0.93 - -0.21			-0.50	-0.79 - -0.03
Depression	YSR Attention Problems	0.69	0.11 - 0.92				
Anxiety	Trauma	-0.74	0.21 - 0.93				
Depression	YSR Anxiety/Depression			0.88	0.38 - 0.98		
Depression	YSR Internalized Factors			0.96	0.75 - 0.99		
Depression	Anxiety						
Post-Traumatic Stress Disorder	YSR Depression/Contraction					0.56	0.11 - 0.82
Post-Traumatic Stress Disorder	YSR Internalized Factors					0.61	0.18 - 0.84
Self-esteem	YSR Social Problems					-0.58	-0.83 - -0.14
Self-esteem	Depression					-0.51	-0.80 - 0.04
Depression	YSR Internalized Factors					0.57	0.12 - 0.82

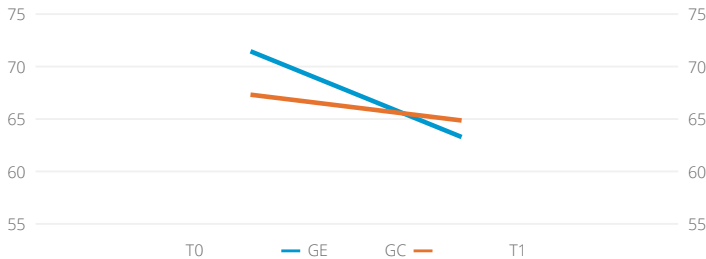
CI: Confidence Interval
*: Spearman Correlation

In this chart, we can see that in the EG, post-traumatic stress disorder and anxiety have a positive correlation; that is, the rate of post-traumatic stress disorder rises with the rate of anxiety, the greater the disorder, the greater the anxiety. For all young women, self-esteem has a negative correlation with aggressive behavior and externalizing problems; that is, self-esteem has a negative correlation with the number of aggressive and rule-breaking behaviors for all young women. In the EG, the increase in self-esteem may have contributed to the reduction of aggressive behavior and breaking of rules. The decrease in anxiety and depression in the EG appears to be associated with a decrease in post-traumatic stress disorder and attention problems.

For all young women, there is a positive correlation between trauma and depression/withdrawal and internalized factors, that is: the greater the post-traumatic stress disorder the greater the depression and internalized problems (and vice versa). There is also a negative correlation between self-esteem and social problems and depression, that is, the lower the self-esteem, the greater the complaint of social problems and depression (and vice versa).

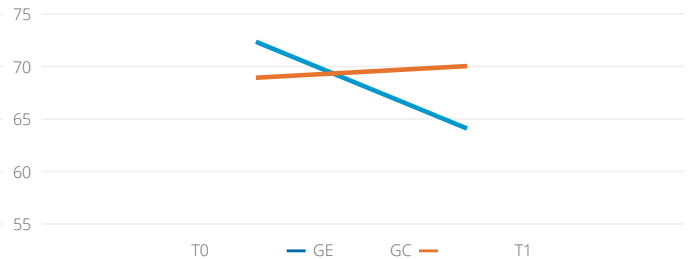
See the graphs showing the evolution of intra and inter group variables for a better visualization of significant results

YSR: Anxious/Depressed



In the EG, there was a significant decrease in anxiety and depression, but no modification in the CG.

YSR: Withdrawn/Depressed



In the EG, there was a significant decrease in depression and withdrawal, but no modification in the CG.

YSR: Somatic complaints



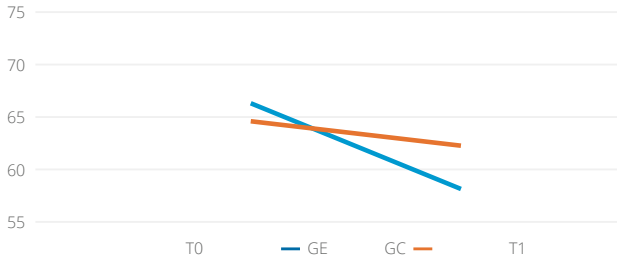
In the EG, there was a significant decrease in somatic complaints, while there was a significant increase in the CG.

YSR: Social problems



In the EG, there was a significant decrease in social problems, but no modification in the CG.

YSR: Attention problems



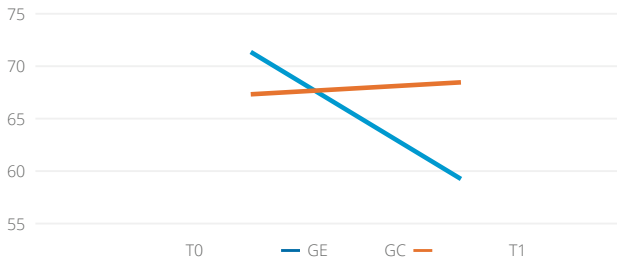
In the EG, there was a significant decrease in attention problems, but no modification in the CG.

YSR: Rule-Breaking behavior



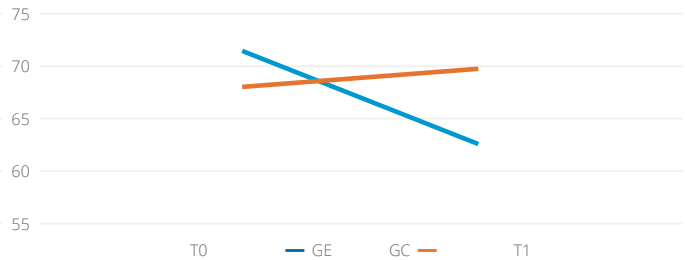
In the EG, there was a significant decrease in rule breaking behavior, and a smaller change in the CG.

YSR: Aggressive behavior



In the EG, there was a significant decrease in aggressive behavior, but no changes in the CG.

YSR: Internalizing broad band score



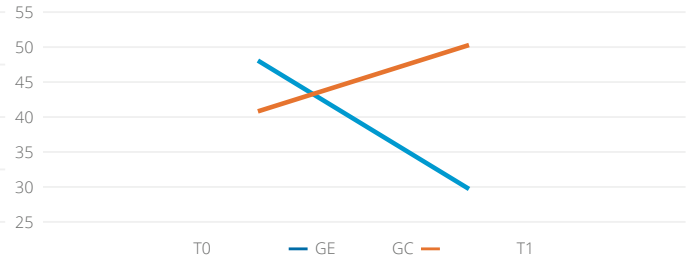
In the EG, there was a significant decrease in internalizing problems, but no modification in the CG.

YSR: Externalizing broad band score



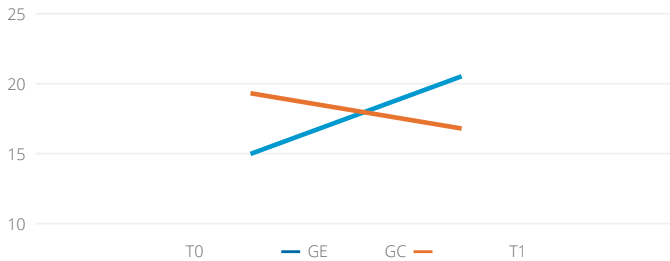
In the EG, there was a significant decrease in externalizing problems, but no modification in the CG.

PCL: Post-traumatic stress disorder



In the EG there was a significant decrease in post-traumatic stress disorder, but no modification in the CG.

EAR: Self-esteem



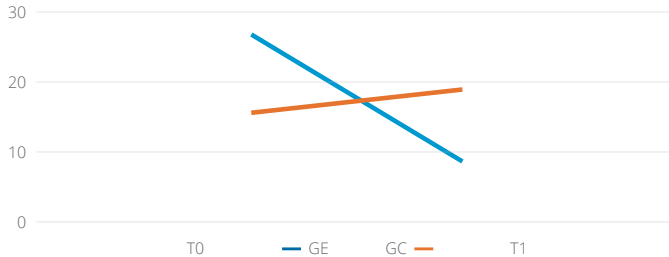
In the EG, there was a significant increase in self-esteem, but no modification in the CG.

BDI: Depression



In the EG, there was a significant decrease in depression, but no modification in the CG.

BAI: Anxiety



In the EG, there was a significant decrease in the level of anxiety, but no modification in the CG.

In these graphs, in summary, we observe: In the EG, there were negative correlations between self-esteem and anxiety, depression, withdrawal, somatic complaints, social problems, rule-breaking behavior, aggressive behavior, post-traumatic stress disorder and total internalized and externalized problems. The increase in self-esteem was associated with a decrease in symptoms on other scales and vice versa. While there were no significant changes in the CG, with the exception of worsening somatic complaints.

Analysis of results

The initial observations revealed that the adolescents in both groups started with similar levels in the variables studied. All of the young women exhibited borderline and/or clinical conditions, corresponding to severe conditions of emotional suffering and psychological disorder, as well as the need for psychotherapeutic treatment. Although the differences between the groups were not quantitatively significant, with regard to the YSR scales, the EG initially had a more severe case of internalized and externalized disorders than the CG, especially with regard to social problems. This may have been reflected in the final statistical comparison, when no differences were observed between the two groups on this scale. The EG improved, but not enough to overcome the CG, which was slightly higher at the beginning: the EG exhibited 100% of both internalized and externalized problems at the clinical level (very serious), while the CG showed 71.4% in both.

However, in the second test, in which the group was compared with itself after the intervention or after the corresponding time, the CG remained stagnant while the improvement of the EG was significant: the EG was equal to the CG regarding the sub-item social problems, while the CG worsened in the sub-item somatic complaints.

The same scale was observed in the measurement of the variables: post-traumatic stress, self-esteem, depression, and

anxiety. At first, the EG and CG had the same rates in these variables. After the intervention we observed, in terms of self-esteem, an increase in the EG and a decrease in the CG, although the difference between the groups was not significant. This is probably due to the fact that the level of self-esteem in the CG was at first slightly higher (19) than that of the EG (16). After the intervention, the level of self-esteem in the EG significantly increased (20), but not enough to statically overcome that of the CG, which decreased (16). As for post-traumatic stress, depression and anxiety, there is, after the intervention, a strong difference between the groups, with the EG having significant improvements in these variables while the CG remained stagnant.

The correlation study allows us to observe that anxiety and depression vary according to the level of post-traumatic stress disorder, that is, the greater the post-traumatic stress, the greater the anxiety, depression and internalized problems (and vice versa). Thus, we observed that self-esteem has an important role in the symptoms of young women: the lower the self-esteem, the greater the complaint of social problems and depression (and vice versa).

With the increase in self-esteem in the adolescents who participated in the VOICES! Program, there was a collective decrease in anxiety, depression, withdrawal, somatic complaints,

Research conclusions

social problems, rule-breaking behavior, aggressive behavior, post-traumatic stress disorder and internalizing and externalizing problems. These data are corroborated by the observations of the applicators, research assistants and CASA's technical team.

Building trust with the team allowed the creation of a protected and non-critical space, which gave comfort to the adolescents and made them feel protected and cared for in their suffering. The scales revealed the severity of their symptoms and the need for special care. The program provided instruments for the young women to deal with their trauma, depression and anxiety. By providing instruments and exercises for self-knowledge, emotional expression and group coexistence, the VOICES! Program enabled the development of greater self-confidence and self-esteem. The incorporation of these feelings and instruments significantly reduced the symptoms of depression and anxiety and consequently improved the aggressive and rule-breaking behavior. The young women left this program well equipped to confront the challenges they will need to overcome during life inside and outside the Fundação CASA.

We can see that the [hypothesis of this research was confirmed](#). The Experimental Group, subjected to the intervention of the VOICES! Program, showed a significant improvement in self-esteem and symptoms of post-traumatic stress disorder, anxiety, depression, social problems, aggressive behavior and breaking of rules, as well as in the total internalized and externalized factors. These improvements were proven with the results of the applied scales as well as confirmed by the observation of the applicators, research assistants and Fundação CASA employees.

“ I am sure that the work that was developed here was of great value for all centers. ”

Testimonial of Anderson S. Barros
Director of the detention center Fundação CASA

Implementation phases

The dream of bringing the VOICES! Program to Brazil began in **2017** when the founder of IMA, [Renata Mendes](#), met [Dr. Stephanie S. Covington](#). After this meeting, the paths designed to realize this dream resulted in a **3-phase** process:

Phase 1

The Seminar: “Violence and the Female Gender”

On October 1, **2018**, IMA completed the [first trauma and justice seminar in Brazil](#), hosted by the [São Paulo Public Prosecutor’s Office \(MPSP\)](#), in order to inform and raise awareness within society about the cycle of trauma prevalent in the lives of girls who are or have been deprived of liberty.

The seminar was attended by the creator of the VOZES! Program, the American psychologist [Dr. Stephanie S. Covington](#) as well as by IMA’s partners: [MPSP](#), [Fundação CASA](#), [Department of Childhood and Youth Enforcement \(DEIJ\)](#), [UNICEF Brasil](#), [Amani Institute](#) and the [Consulate General of the USA in São Paulo](#).

The event was attended by **198 participants**, including representatives from public authorities, social initiatives and the private sector, in addition to **4,000 people** who followed through social media.

Phase 2

The [Pilot Program](#) described in this report.

Phase 3

Based on the implementation of the pilot program, the social impact measure carried out by the research in partnership with PUC-SP and the validation of the program’s effectiveness in an environment like the one in Brazil, Phase 3 consists of training facilitators to [disseminate the methodology](#) in Brazil and Portuguese-speaking countries.

The [training](#) structure will be the same developed by Dr. Stephanie S. Covington and will consist in 12 hours in the first stage. The training will be carried out by the staff of the Mundo Aflora Institute in partnership with the Center of Gender & Justice.



Seminar: “Violence and the Female Gender”



Context

Brazil has the [third largest prison population in the world](#) with women representing [6.2%](#) of the total incarcerated. Of the total number of people arrested, [62%](#) are linked to drug trafficking. The ratio is repeated when we look at the number of adolescent girls in the juvenile justice system, who represent [4.3%](#) of young people deprived of their liberty, with [66%](#) related to drug trafficking.

A recent study by the Fundação CASA showed that girls who commit crimes have a history of trauma resulting from: emotional, physical and sexual abuse by family members and friends; violence and addictions within the family and community; incarceration of family members; or abandonment. Trauma is directly linked to destructive and violent behavior. If the trauma is not treated properly, those affected enter the [“cycle of trauma”](#) and, as a result, adolescents who undergo socio-educational measures are at great risk of becoming repeat offenders after their release, upon returning to the traumatic environment formed by their family, friends or community.

In addition, the justice system in Brazil [has always approached the idea of prison from an exclusively male point of view](#). The same methodology used for men is also used for women. And these parameters are used both with regard to female adults and

adolescents. Beginning with adolescents fulfilling correctional measures, there is a need to use a complementary methodology or a methodology exclusively aimed at the female youth population.

Adolescent girls in conflict with the law often find themselves unaided as they are stigmatized by society and abandoned by their families, friends and partners. Therefore, they cannot expect any support, leaving them fighting this situation alone, which is a violation of their human rights.

“ I didn't have empathy,
I didn't have self-love,
I didn't have self-confidence
and self-knowledge and they
brought me all of this. ”

Final considerations

Currently, there is no specific methodology, within the CASA Foundation and the Brazilian Prison System, that is adequate for the treatment of trauma for the female gender. However, the VOICES! Program, which has already been tested and implemented in detention centers in other countries, as well as through this prototype and the measurement of social impact described here, validates its effectiveness in Brazil. VOICES! brings an opportunity to help the juvenile justice system to deal with the “cycle of trauma” in which young women fulfilling correctional measures are inserted, with the objective of promoting self-knowledge and reducing the risk of recidivism in this population.

The achieved results were evident not only when analyzing the improvement of the adolescents who participated, but also in the worsening of some variables in the control group. In this sense, it is worth noting that with the increased self-esteem of the participating group, there was a correlated decrease in anxiety, depression, withdrawal, somatic complaints, social problems, rule-breaking behavior, aggressive behavior, post-traumatic stress disorder and internalized and externalized problems. This leads us to the conclusion not only of the effectiveness of the methodology, but also of the latent need to work on issues related to trauma within the justice system as a complement and

support to the work that is already being done.

In addition, it became evident how important it is to understand what trauma is and how to treat it in its entirety, that is, involving all people who are in contact with the young women, regardless of the area of activity. Creating an environment that is informed and responsive to trauma enhances the treatments performed and improves the interaction of all parties involved in this process. Raising awareness before the beginning of the program with CASA employees was essential for the progress of the work and the mutual development of the results presented here.

Throughout the VOICES! Pilot implementation process, we were faced with some challenges and opportunities and, mainly, we could see the relevance of changing the phrase “What’s wrong with her?” to: “What happened to her?” when referring to adolescents who are inside the juvenile justice system.

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Who makes VOICES happens



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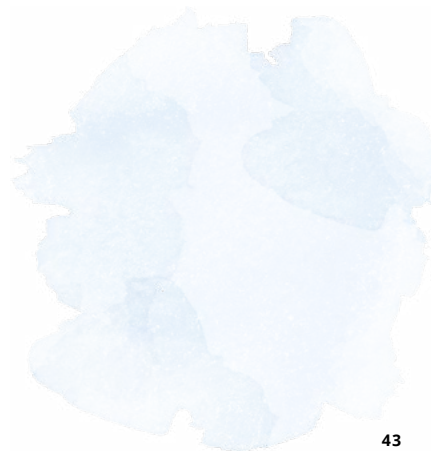
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**The testimonies used throughout this report were conveyed by the adolescents who participated in the program during the closing event, which took place at the Parada de Taipas facility. Due to the confidentiality agreement agreed upon with them during the first session, we cannot share anything that was discussed during the implementation.*

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