

‘We’ve all got a big story’: Experiences of a Trauma-Informed Intervention in Prison

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Abstract: This article examines women’s experiences of participating in ‘Healing Trauma’; a gender-responsive, trauma-informed intervention delivered in women’s prisons in England. Victimization and trauma are prevalent among women in the justice system but are not perceived to be amenable to criminal justice intervention, and there are compelling arguments that correctional environments are inappropriate settings for trauma-informed programmes. This article analyses focus group discussions with women who completed Healing Trauma to examine the legitimacy of developing trauma-informed practice in prisons. The women’s testimonies indicate that Healing Trauma offers a meaningful opportunity to begin to explore past victimisation that has contributed to their criminalisation.

Keywords: gender-responsive; Healing Trauma; interventions; prison; trauma-informed; women

The recent UK government’s *Female Offender Strategy* (Ministry of Justice 2018) echoes the Corston Report’s findings that women in the justice system can be particularly vulnerable in both the multiplicity and complexity of their needs (Corston 2007). Many lead lifestyles characterised by multiple disadvantage including substance misuse, mental illness, homelessness, economic deprivation and offending behaviour that are frequently the product of histories of abuse and trauma (Ministry of Justice 2018). The strategy contains a commitment to implementing a trauma-informed approach to working with women in the justice system. Since 2015, the ‘Becoming Trauma Informed’ (BTI) initiative has been implemented across the women’s custodial estate in England. BTI seeks to embed trauma-informed practice in prisons through staff training and the delivery of trauma-informed interventions. However, there is debate about the legitimacy of undertaking trauma-informed practice in a criminal justice context (see, for example, Carlton and Segrave 2013; Evans 2018; Player 2017).

Healing Trauma (Covington and Russo 2016) is a gender-responsive, trauma-informed programme currently being delivered across the women's custodial estate. It comprises six, 90-minute, weekly sessions in closed groups of up to ten women. The sessions cover an introduction to the subject of trauma, power and abuse, the process of trauma and self-care, adverse childhood experiences and anger, healthy relationships, and love and endings using a multimodal approach that incorporates cognitive behavioural therapy, relational therapy, guided imagery, emotional freedom technique, mindfulness and expressive arts. The programme is peer-facilitated; specially trained Prison Officers (BTI Leads) train and supervise current prison residents to deliver the intervention. Women self-refer to the programme or are invited to participate by BTI Leads. Participation is voluntary and cannot be enforced as part of a sentence plan.

To contribute to developing research in this area, this article explores women's experiences of Healing Trauma via six focus groups at five prisons involving 30 women who completed the intervention. The women's reflections provide valuable insights into the amenability of trauma and abuse to criminal justice intervention, and the ways in which prisons, fundamentally harmful environments, can create space for healing.

Trauma-informed Intervention with Women in Prison

Trauma-informed interventions differ from traditional rehabilitative programmes in that they are intentionally gender-responsive (Evans 2018). The approaches are underpinned by theories of 'complex trauma' (Herman 1992). Complex trauma refers to trauma that occurs repeatedly and cumulatively over a period of time, often resulting from abuse within the family and other intimate relationships from which the victim cannot physically or psychologically escape (Courtois 2004; Herman 1992, 2015).

Understandings of complex trauma are rooted in feminism. The women's liberation movement created space for women to discuss the violence and abuse they experienced in the home and exposed the impact of prolonged relational abuse on women's emotional, psychological, and social development and well-being (Herman 2015). Perhaps owing to these origins, conceptualisations of complex trauma have developed to recognise that trauma responses can be induced not only by experiencing traumatic events, but also by non-victimisation adversity such as poverty, intersectional discrimination, lone parenting and multi-generational caregiving that disproportionately affect women (Bloom 2013; McEwen 2003).

Trauma-informed practice in women's prisons in England is based on Stephanie Covington and Barbara Bloom's original work on gender specific interventions for women (Bloom and Covington 1998). Covington and Bloom's (2007, pp.12–14) principles of gender-responsive practice for correctional services are:

- acknowledge that gender matters in women's experiences of offending and the justice system;
- create a women-only environment based on safety, respect, and dignity;

- develop policies, practices, and programmes that are relational and that promote healthy connections to children, family members, significant others, and the community;
- address substance misuse, trauma, and mental health issues through comprehensive, integrated, and culturally relevant services and supervision;
- provide women with opportunities to improve their socioeconomic conditions;
- establish a system of comprehensive and collaborative community services.

Much of the work on understandings of trauma and trauma recovery currently informing custodial interventions emanates from the USA, though comparable principles were being developed in the UK. Parallels can be drawn with Gelsthorpe, Sharpe and Roberts's (2007, p.8) nine lessons for service providers that would ensure services acknowledge and respond to women's personal, social, economic and relational needs, and develop holistic approaches to practice, as well as with Corston's (2007) specific resettlement pathways for women in the UK that highlight the need to address the 'distinct vulnerabilities' faced by women in the justice system.

More recently, in response to concerns about the potential for exclusion in a one-size-fits-all approach, studies have begun to advance notions of culturally competent trauma-informed programmes. Recommendations for culturally safe programming include recognising how marginalisation can impact on the prevalence of trauma within certain groups, and the experiences of collective and intergenerational trauma such as that caused by colonialism and systemic discrimination (Pihama *et al.* 2017). In response, contemporary projects have sought to incorporate indigenous healing practices (Caringi and Lawson 2014), focus on promoting collective action and co-ordinated community partnerships (Francis East and Roll 2015; Kent 2016; Pihama *et al.* 2017), and expanding principles and practice to be trans-inclusive and accessible to gender-diverse individuals (Erikson *et al.* 2020).

Despite concerns, advocates of trauma-informed practice in areas including intimate partner violence (Kulkarni 2019) and mental health (Sweeney *et al.* 2018), highlight the similarities between trauma-informed approaches and intersectional practice. These include a commitment to collaborative practice, authentic relationships, individualised services, advocacy, and the centring of cultural values, identities, and contexts (Kulkarni 2019).

The Appropriateness and Amenability of Trauma to Criminal Justice Intervention

In addition to questions about inclusivity, important concerns have been raised in relation to the large-scale implementation of trauma-informed approaches in the justice system (Carlton and Segrave 2013; Evans 2018; McCorkel 2013). The ethical validity of implementing trauma-informed

approaches in custody has come under particular scrutiny (Jewkes *et al.* 2019; Miller and Najavits 2012). Scholars of women's imprisonment and resettlement have drawn attention to the ways in which prison and the wider justice system inflict gendered physical, emotional and psychological pain on women (Crewe, Hulley and Wright 2017). Relatedly, trauma theory has demonstrated how trauma lingers in the body and can be triggered by what survivors see, hear, feel and smell (Van der Kolk 2014). The intrusive sensory experience of imprisonment can both exacerbate existing trauma and be itself traumatising (Jewkes *et al.* 2019; Miller and Najavits 2012). Oppressive architecture, unkempt buildings, insanitary conditions, lack of privacy, bodily invasive measures such as pat downs and control and restraint all result in an environment that is likely to induce trauma (Jewkes *et al.* 2019; Mollard and Brage Hudson 2016). In England and Wales, the disproportionately high levels of self-harm, the 'gender paradox' (Dye 2011, p.291) in suicide rates among women in prison, and the apparent culpability of the criminal justice system and prison regimes in some of these deaths¹ all give lie to the idea of prison as a safe space (IN-QUEST 2018). Critical feminist scholarship challenges work that advocates for trauma-informed approaches that do not address the gendered harms caused by the justice system itself, and engages in the important work of envisaging alternative ways to respond to women's offending beyond the confines of existing structures and processes (see, for example, Carlton and Segrave 2013).

The implementation of trauma-informed practice in prisons is also set against the wider destruction of provision for women in the justice system in the wake of the Offender Rehabilitation Act (ORA) 2014. Since its introduction, services for women on community orders or following release from custody in both Community Rehabilitation Companies (CRCs) and the National Probation Service (NPS) have been stripped back. The HM Inspectorate of Probation's (2016) thematic review of services for women who offend confirmed that women's centres had been left particularly vulnerable as a result of a decline in funding from CRCs and tendering processes that put their continued existence at risk. Women in minority groups are likely to be particularly badly impacted by weaknesses in the provision of specialist, gender-specific, culturally appropriate, local services; an outcome forewarned by those concerned about provision for women in the justice system (Gelsthorpe and Hedderman 2012).

Exploring Women's Experiences of Healing Trauma

This article draws on data collected during 2018 for a pilot evaluation of Healing Trauma (Petrillo, Thomas and Hanspal 2019). The pilot evaluation involved pre- and post-group tests that measured changes in symptoms of trauma followed by focus group discussions on completion of the intervention.

Evaluation studies in the USA are consistently finding that gender-responsive, trauma-informed interventions with women in the justice system have positive outcomes in reducing depression, anxiety, post-traumatic

stress disorder (PTSD) and trauma symptoms such as sleep disturbance, dissociation, anger, aggression and substance use (Covington *et al.* 2008; Messina and Calhoun 2018; Messina, Calhoun and Braithwaite 2014; Messina *et al.* 2016; Saxena, Messina and Grella 2014). Results have also shown improvements in areas of dispositional empathy, social connectedness and resilient coping (Messina and Calhoun 2018).

Concerns have been raised in fields related to criminal justice including social work (Tseris 2019) and mental health (Sweeney *et al.* 2018) that the feminist values that informed understandings of complex trauma and healing processes have been usurped by psychiatric discourses that focus on symptomatology, thus individualising responses to trauma and abuse and detaching them from their sociopolitical context (Sweeney *et al.* 2018; Tseris 2019). However, the decision was made to include pre- and post-programme questionnaires as a way of formally recording changes participants had anecdotally commented upon as a benefit of the intervention. Though the number of participants was too small to return statistically significant results, the pre-post group measures revealed noteworthy reductions in symptoms of depression, anxiety, PTSD and trauma symptoms following completion of Healing Trauma.²

The focus groups allowed the participants to reflect on participating in Healing Trauma in order to explore the experiences behind the reported reductions in trauma symptoms. Six focus groups involving 30 women, including six peer facilitators, were undertaken within a month of programme completion at five of the seven prisons involved in the original project.³ The extent of histories of abuse and victimisation among the women involved in the study was high and most had experienced more than one type of abuse. Of the 30 participants, 25 had experienced domestic abuse, including 20 who had experienced sexual assault by an intimate partner. Seventeen had experienced childhood abuse including physical abuse, sexual abuse and neglect. Six had experienced sexual assault other than childhood and intimate partner abuse (Petrillo, Thomas and Hanspal 2019).⁴

The focus groups were participant-led, but asked the women to reflect on three broad themes:

- their experiences of Healing Trauma;
- the changes they perceived in themselves as a result of the intervention; and
- the main learning they would take from the programme.

There were between four and six participants in each group and discussions lasted between 44 and 62 minutes. The Officer BTI Leads were present in three of the six focus groups. This could have impacted in the data generated, however there was no obvious difference in engagement in the groups where the Officer was present and, as detailed later, the women appeared to have positive relationships with these Officers. The focus groups were audio-recorded, professionally transcribed, and thematically analysed by two researchers using three cycles of coding supported

by NVivo qualitative data analysis software. Initial line-by-line or segment coding of the transcripts was undertaken by the researchers working independently. The researchers then worked together on theoretical coding focused on developing analytical links between the women's experiences of Healing Trauma and the goals of trauma-informed practice (Charmaz 2014). The analysis consolidated around the theme of sharing stories or 'opening up', and reciprocal processes between this and overcoming shame and isolation, reconnecting with their emotional selves, feeling empowered, and creating a safe space in the prison environment.

Reflections on Healing Trauma

Sharing stories was identified as the most important feature of Healing Trauma in all the focus groups. This was based both on the prevalence of this theme in the discussions and the value the women placed on it in connection with the benefits they gained from the intervention:

We had a wonderful group, didn't we? We did, and then we all decided to share our stories, and some of us bad stories, and – well, I think it's the best thing that anyone could do. (Lena, FG 6)⁵

The power of sharing stories has long been recognised in trauma-informed practice. Women's consciousness raising groups that contributed to early conceptualisations of complex trauma were based on women openly sharing their stories, and providing validation in order to 'overcome barriers of denial, secrecy and shame' (Herman 2015, p.29). These remain core goals of trauma-informed approaches (Elliot *et al.* 2005; Harris and Fallot 2001). Furthermore, storytelling is a practice associated with healing across different cultures (for example, Beltrán and Begun 2014; Kent 2016) and opportunities for narrative construction can be seen in trauma-informed interventions addressing a range of issues including poverty (Kent 2016), and mental health (Nurser *et al.* 2018), as well as trauma (Francis East and Roll 2015). Providing space for women to share their stories enables them to come together to begin the processes of creating social support, reducing isolation and (re)connecting with their emotional selves (Francis East and Roll 2015); processes which start to build feelings of empowerment and safety.

Overcoming Shame and Isolation

'Opening up' felt possible and safe in the group despite their 'bad stories' because through telling their stories, the women realised that they had shared experiences:

As soon as you go to the group, you realized that everyone's been through something similar and you learn to open up. (Zoe, FG 3)

Prolonged abuse intentionally isolates the victim, which can set relational withdrawal as a lifelong pattern of behaviour in trauma survivors (Courtois and Ford 2016). Helen's comments highlight that perhaps the most salient

impact of sharing their stories in the group is its power to combat feelings of isolation:

Personally I feel the course challenged the isolation that trauma can instil in people because you really do convince yourself you're the only one going through it ... And to know you're not alone in something is a massive step forward, it really broke down that wall of isolation and silence that just comes with trauma, and it sort of encases you in. And knowing you could take a couple of bricks out and see someone else on the other side that's feeling exactly the same as you with no judgement is a really big step. (Helen, FG 6)

Helen's encasing of herself in 'a wall of isolation' was a defensive response to acute feelings of shame, as she went on to explain: 'just to know other people experience it made you feel like you could take the mask off and think, I'm not alone, I don't have to be quiet about it, I don't have to be ashamed about it' (Helen, FG 6). Shame comprises negative self-evaluations that reflect not just 'bad behaviour' but a spoilt identity unworthy of acceptance and belonging (Gilbert and Andrews 1998; Van Vliet 2008). Brown (2006) argues that these psychological elements of shame must be understood as interwoven with social and cultural interpretations of appropriate behaviour, which necessarily incorporate normative constructions of what it means to be a woman. Shame contributes to isolation and marginalisation as it tends to be experienced as an urge to conceal oneself and is often related to feeling powerless and inferior (Tangney *et al.* 1996). Trauma theory highlights the destructive impact of shame, stigma and isolation on an individual's sense of self (Pearlman and Courtois 2005). Echoing Helen's experience, Megan explains the value of Healing Trauma in enabling her to understand the relationship between trauma and abuse and shame in order to be able to 'move on':

Especially before the group, I thought the trauma itself was the worst thing ever, but actually it's not, it's the aftermath, the emotions that you feel after your trauma, the guilt, the shame, everything like that. So it's alright dealing with the trauma, but you've got to deal with your emotions after it and about the trauma as well to actually move on from it, and that's what the group does. (Megan, FG 3)

Breaking down feelings of self-blame that contribute to shame came from educational aspects of the programme that helped the participants understand the process of trauma:

... week by week we've gone through things and looked at different stages and different signs, and then you do understand it well ... you can actually start to accept that it's not your fault, you're not to blame for what's happened. (Rashida, FG 1)

Sharing stories can also be a mechanism for overcoming shame and isolation by creating space for collective knowledge that can counter harmful sociocultural discourses (Kent 2016). Healing Trauma includes teaching on how shame is both internally felt and externally imposed, enabling the women to question the wider social and cultural practices that can reinforce the shame and isolation:

It's like when a working girl dies, it's like, it's a prostitute, or it's a working girl and I'm like, this *woman*, why not this *woman*? Why do they focus on the wrong bit? It's a woman died. (Kerry, FG 2)

Overcoming feelings of shame and isolation meant that the women felt able to engage in the work of reconnecting with their emotional selves.

Reconnecting with Emotions

Emotional suppression has been identified as a symptom of complex trauma (Van der Kolk 2014). When physical, emotional, and psychological needs are neglected, or these are intentionally undermined by relational abuse, survivors of abuse and trauma can struggle to recognise and name their own emotions, to understand them, and to know how to regulate them safely (Craissati, Joseph and Skett 2015). They may also find it difficult to understand others' mental states and displace their own feelings onto others, particularly those in authority (Ansbro 2019). Hostility, defiance, aggression, coercion and violence are common responses to these confused emotional states which may also manifest in self-harm and suicidality (Courtois and Ford 2016).

On Healing Trauma, Kerry started to understand how exploring rather than suppressing her feelings could make her feel better about herself:

I think I've opened my feelings up more because like I said before I was a very closed box person and didn't want to ... you can't change the past so why talk about it, was my attitude before ... But in fact talking about it leads to ideas and that on how to feel a bit better about yourself. (Kerry, FG 2)

However, Kerry's initial reluctance is clear and was echoed by others. Painful and ineffectual past experiences of trying to emotionally process their experiences, or years of suppressing their feelings in order to cope with what had happened to them meant, initially, the prospect of opening up felt neither safe nor useful:

I didn't want to do it at first, I was worried about doing it, I think it was being in groups and me opening up and that. But in the end I loved it, I did, it helped me a lot. (Ameera, FG 6)

Healing Trauma does not require the participants to discuss specific experiences. However, the group inevitably brings to the surface aspects of their lives that they have worked hard to suppress. The women emphasised the importance of this work, but also spoke of how challenging this felt:

Sometimes I did feel like, oh why did I start it! Because obviously because you've suppressed it, you don't really want to deal with it, but I have to deal with it because I can't just keep on burying it. So yeah, I think it was a good thing for me to do because it's helped me. (Naomi, FG 2)

Other participants spoke of ongoing emotional and psychological difficulties that the intervention had helped, but not fully resolved. For these women, Healing Trauma represented the start of a process:

I mean, when you talk about trauma and you talk about healing, it's not happening overnight, it's just it's opened the door, but now it's in me whether I'm going to go in that direction. (Maxine, FG 1)

Maxine's comments show her understanding of the scale of the task of healing, but that the programme has given her an option to engage with this process. Della, however, seemed more overwhelmed by the task. She had noticed herself acting more aggressively in the later weeks of the programme. She recognised this as part of the process of learning about her emotional responses, but it felt out of her control:

Healing Trauma is positive, but it's hard. I'm in my 30s. I've got to start learning what I should have learnt as a baby ... Hopefully it will make me a better person, after I get over the aggression. (Della, FG 2)

Maxine and Della's comments highlight that women will respond differently to Healing Trauma. However, it is important to note that even those who had found engaging in the intervention challenging did not see this as a negative of the group content or delivery, but as a lack of a support system around the programme, for which they offered solutions. Georgia, for example, proposed running the programme at the weekend or later in the day to avoid the women having to go to work after the programme:

It's too emotional sometimes ... When you've been here and you've spoken about some things that have touched a nerve and that and then you're [at work], then it's difficult. (Georgia, FG 3)

Other recommendations were for longer sessions, regular follow-up sessions (FG 4 and FG 5) and related activities after the programme such as guided meditation and yoga sessions (FG 5). Indeed, some establishments are implementing such programmes and seeing mostly positive impacts (for example, Auty, Cope and Liebling 2017; Rousseau *et al.* 2019) indicating that a range of trauma-informed programmes that can offer holistic mind/body recovery could be a useful way to build on individual interventions such as Healing Trauma (see also Jewkes *et al.* 2019). However, by far the most common recommendation made in all the focus groups was for the programme to be longer. This was echoed by all the participants for three key reasons: the feeling that the work moved too quickly, ongoing emotional and psychological difficulties that the intervention had helped, but not fully resolved, and because the women enjoyed attending:

I didn't want the group to end. I got a lot from it but I still feel like there's that little part that's just not ... I don't know whether that will come in time or whether it's never going to be. (Fran, FG 5)

The use of 'emotional suppression' among prisoners has been identified as a mechanism for projecting strength and thereby avoiding victimisation, punitive responses from the prison to emotional expression, and further suffering that could come with examining emotions (Laws 2019). Reconnecting with their emotions was painful at times, but the women were clear that the benefits of this work outweighed the significant challenges. There

was a sense from the discussions of the women reclaiming victimhood and its aftermath as symbolic of their survival and resilience:

I've come to realise we're in an ongoing theatre, we put these masks on every day and possibly what you see is not what's really going on. And I think we – well, I personally feel that we learn how to suppress a lot of things, so it's very ... after years of doing that, it's very refreshing to actually say, you know what, I'm not managing with this, could you help me. (Denise, FG 1)

The symbolism of removing a mask was employed in three of the six groups denoting the relinquishing of a defence mechanism employed to suppress vulnerability and fear (see also Laws and Crewe 2016).

Healing Trauma aims to help the women reframe what might otherwise be defined as 'maladaptive' coping mechanisms as symbolic of their resilience through helping the women develop emotional literacy; allowing themselves to feel and cultivate an understanding of their emotional responses:

It's nice to know that you still have some of the feelings there and that. 'Cause like before I used to feel like I was a bit numb 'cause of everything, and it's nice. (Suri, FG 3)

It is conceivable that engaging in the work of examining suppressed emotions and sometimes becoming aware of victimisation experiences that had not previously been recognised as such could be re-traumatising. However, the women commonly described the result of this work as feeling empowered and confident.

Feeling Empowered

Trauma-informed interventions place an emphasis on empowerment (Covington and Bloom 2007; Elliot *et al.* 2005) and feeling confident and strong emerged as a significant theme in the focus groups:

I feel like I'm stronger and more confident in myself after doing the course. I feel like it's helped me gain more confidence and speak out a lot more, I used to hide away and bottle things up, but I don't anymore ... (Ameera, FG 6)

I'm like woken up and like you talk to other people and you realise your self-worth and, you know, you are strong. (Georgia, FG 3)

Most models of empowerment emphasise personal agency and self-determination (Pollack 2000). The women spoke of how Healing Trauma helped them feel individually, psychologically more empowered by teaching them to think differently about stressful situations and, consequently feel more in control of their responses, be those past experiences or challenges related to their imprisonment:

They've given me techniques to stop me having night terrors, flashbacks, stuff like that. Because it was a thing with how to deal with them at the end of it, and that's really helped me. And the relaxation techniques and mindfulness as well, that helped me take out ... like when I wanted to self-harm and that I've done them instead. (Suri, FG 3)

However, the problem with psychological perspectives on empowerment is that they ignore the impacts of inequality and oppression on an individual's ability to exercise autonomy (McDermott 2014). Empowerment work in trauma-informed practice incorporates an understanding that women's autonomy is constrained by a patriarchal sociopolitical context (Francis East and Roll 2015). Cognitive behavioural elements of the programme are supported by educational components that include learning on social and cultural contexts that inhibit women's self-determination. This learning enabled some women to make important changes in their lives. For example, Georgia (FG 3) explained that after learning about the nature and prevalence of domestic abuse, she had taken out a restraining order on her abusive ex-partner. Through the programme, Nalika recognised how culture can affect the way meaning is ascribed to trauma and abuse and identified a role for herself in challenging the cultural systems that had contributed to her trauma:

I come from a culture where going into therapy or talking about issues is like, nah, nah, nah, it's not the done thing. And it's realising that sometimes in order to ensure the next generation is not repeating these mistakes, it's for you to actually learn and change that culture ... (Nalika, FG 1)

Francis East and Roll (2015) warn that power is experienced differently in different contexts, and that the use of power for women can often lead to an uneasiness in finding one's voice. In a custodial environment, increased assertiveness also risks being interpreted as insubordination and can result in disciplinary infractions. The Healing Trauma model provides opportunities to cultivate the women's increased confidence and autonomy through the opportunities for them to become facilitators of the programme, and have leadership and advocacy roles in the prison, as Carole explains:

I got a lot of out of [Healing Trauma] and then they asked me to facilitate and it's something I would have never ever, I would have gone, oh no. But I get a lot out of it doing it for other girls. You learn something different every time. (Carole, peer facilitator, FG 4)

Another feature of this empowerment process was that it challenged the women to accept appropriate responsibility for their own harmful behaviours. Feminist theorists have analysed associations between responsibility and blameworthiness, commenting that women are used to feeling and being made to feel responsible not only for what they have done, but also for what has been done *to* them (Meyer 2016). Maher (1997) suggests that interpretations of women's offending tend to dichotomise their agency and self-determination. One approach ignores the gendered, classed and raced world in which most criminalised women exist, overemphasising responsibility. The other denies women any agency at all. Izzy explains how through Healing Trauma, she was able to understand her personal responsibility in the context of her experiences:

It's alright dealing with what you've had to put up with, but you've got to accept responsibility as well for what you've [done]. (Izzy, FG 4)

Rather than resulting in self-blame, the process of recognising and understanding where responsibility lay for their victimisation enabled the women to better understand their capacity for self-determination:

... there were two weeks about what do healthy relationships look like, what do you want to see in it, what are the things that are important for you, and it was very good to actually focus at a time like this when you actually have time to think, you know what, that actually is now important to me. (Denise, FG 1)

McDermott (2014) argues: 'Interventions must challenge the structural and cultural oppression that women face and recognize that empowerment approaches require multi-faceted, ongoing and relational processes' (p.362; see also Pollack 2000). Healing Trauma goes beyond psychological empowerment, but is limited as an individual intervention. In the context of childhoods characterised by abuse, experiences of the care system, exploitation, drug use, mental illness and domestic abuse that pervaded the women's lives, empowering women to feel confident and strong, and able to exercise autonomy over their lives must be accompanied by holistic support beyond the prison gate (McDermott 2014; Pollack 2000).

Healing Trauma: A 'Safe Haven' in a Hostile Environment

Establishing safety is the foundation of trauma-informed approaches (Harris and Falot 2001). Safety in trauma recovery is understood as multifaceted and includes establishing physical, psychological and emotional safety (Courtois and Ford 2016; Herman 1992, 2015). The women repeatedly referred to Healing Trauma as a 'safety net' (FG 6) or 'safe haven' (FG 3) that enabled them to trust one another and work collaboratively to understand their past experiences:

... It was deep, but it was so comfortable, the group got to the point where it was very intimate, it was only us and actually everyone felt comfortable, no-one felt like they couldn't speak ... no-one was scared to say anything. (Denise, FG 1)

Research into trauma-informed practice in related fields including social work and mental health have identified reticence among practitioners to engage with survivors' stories of trauma and abuse (Knight 2015; Sweeney *et al.* 2016). A feature of the programme that addresses this is that it is peer-facilitated, as Anna explained:

For me the best thing about it was that it was actually like a prisoner teaching the course, because, I don't know, we can connect more to each other. (Anna, FG 1)

The facilitators also benefited from delivering Healing Trauma, commonly reflecting on the reciprocity of the healing process as they helped women share their stories by sharing their own:

And I think when the girls see us opening up they open up more as well ... I use it in my life as well even though I facilitate it for the girls. (Leanne, peer facilitator, FG 4)

Engaging peer facilitators overcomes some obstacles that have been identified to creating emotionally and psychologically safe environments. Safe relationships in trauma-informed practice are characterised by consistency, predictability and compassion (Bloom and Covington 2008; Elliot *et al.* 2005). In addition to those with the facilitators and the group members, the women's relationships with the Officer BTI Leads were central to creating psychological safety. The women were universally positive about the support they received from the Officer BTI Leads:

My first point of safety is Officer A (the BTI Lead) ... my point of safety and trust would be Officer A. (FG 1)

Some of the Officer BTI Leads sat in on the focus groups and the ease of interactions between them and the women evidenced mutually respectful relationships that felt trusting from both perspectives.

Regrettably, these feelings of emotional and psychological safety did not extend to the wider prison. The women in this study commonly identified the Healing Trauma group as a safe space in an otherwise unsafe environment. The BTI initiative is intended to ensure that trauma-informed interventions are delivered in a trauma-informed environment. The implementation of BTI has yet to be fully evaluated, but most groups commented that they were not seeing the impact of the training on the culture of the prison. Although the women's relationships with the Officer BTI Leads felt safe, this was not true generally of staff-resident interactions:

To be honest, if they have been trained, I haven't noticed it ... (Bea, FG 1)

I don't personally think it's filtered through enough. (Kellie, FG 5)

Some groups had noticed changes in how some Officers interacted with them, but set this against the obstacles to implementing trauma-informed practice in prisons, as Lena explains:

It's just how they have learned to be prison officers, and so the fact of trauma informed is very opposite to the training they've received ... there's a difficulty of some people crossing that line to seeing us as humans because then that blurs the lines of their job maybe. (Lena, FG 6)

The only group to have noticed more widespread changes was focus group 4. Maya gave the following example:

If someone's kicking off, they may put her behind her door, but then an Officer will go and sit with them and be like 'what's caused this?' 'What's triggered this time kicking off?' Whereas before they wouldn't have done that. It would have been that's it, you're behind your door, you're nicked, whatever. (Maya, FG 4)

Perceptively, the women identified the support from the Governor in this establishment as key to the prison culture starting to shift:

Carole: But the Governor is dead supportive of this isn't she?

Maya: The Governor is, she's amazing.

Izzy: Very much so, yeah.

Kath: She's amazing, she is amazing ... It's got to be from the top, it's got to be.

There was not consistent application of broader trauma-informed systems in the prisons in the study. Some had induction systems in place including peer 'trauma leads' in reception, or small teams who would visit women during the few days following their reception. Some undertook detailed assessments on experiences of trauma and were proactive in following up with options for support. This work tended to be driven by the Officer BTI Leads and their influence over the regime and culture was highly dependent on buy-in from senior management in the prisons. In custodial environments where implementing trauma-informed approaches represents an enormous culture shift, leadership becomes critical to the success or otherwise of the initiative. The extent of buy-in to the initiative has been questioned (Jewkes *et al.* 2019) and the women shared examples of how the safety of the group at times felt at odds with the physical dangers of the prison:

I got back one day and the whole wing was all running round naked ... it was horrendous. My door was locked ... they said everyone get behind your doors. I wanted to go behind my door but my door was locked. I was like, I can't get in. And the officers were actually making it worse by what they were saying and what they were doing, I was like, get me out of here, because it actually didn't feel safe. (Kerry, FG 2)

Healing Trauma created a space in which the women could begin the healing process; however their observations highlight the insecurity women feel more generally in the prison environment. The BTI initiative involves regular staff training, guide teams, and a network of peer support to progress its development throughout the female estate, however stubborn obstacles of prison culture and inconsistent support from prison governors appears to be limiting the potential of trauma-informed approaches to truly transform the prison experience.

Conclusion

The evaluation from which these data are taken was a pilot evaluation and has limitations associated with this. The number of women involved was small. Also, it was beyond the scope of the research to undertake a longitudinal study that could evaluate longer-term outcomes of Healing Trauma. These limitations are important and clearly call for further, longer-term evaluation of trauma-informed interventions. However, they also strengthen debate about how effectiveness of interventions is understood. The changes women want to make to their lives after prison are rarely framed as striving to terminate offending behaviours. Instead 'success' is defined as building relationships, addressing substance misuse problems, stabilising mental health difficulties and achieving a 'normal' life (Heidemann, Cederbaum and Martinez 2016). The women in this study attest to the value of trauma-informed interventions in awakening these aspirations, and in the case of building relationships and stabilising mental

health, achieving a measure of success, but they also highlight the need for consistent research into the longevity of impact.

The arguments that critical feminist criminology should be working towards decarceration and the diversion of women from the justice system are convincing. However, the experiences of the women in this study reveal the urgency of developing approaches within the existing system that offer a means of addressing the gendered harms suffered by criminalised women in the here and now (Player 2017). When asked whether Healing Trauma was a good programme to have in women's prisons, the women's responses reveal that the intervention resonates because of its focus on the ways in which their experiences are gendered:

I think it's really important because, a lot of women end up in prison have been through domestic violence and I just think it's a really good cause to bring into prisons ... with giving women the help and support they need. (Emma, FG 5)

We've all got a big story. Most of us are damaged souls and somewhere we've chosen the wrong path and it's ended us in prison. (Naomi, FG 2)

It's essential really. It should be on everyone's sentence because I think most women in prison have been through something, like, traumatic. (Christine, FG 3)

The provision of gender-responsive, trauma-informed interventions within the justice system is not necessarily in conflict with more transformational endeavours. The women's reflections revealed the importance of understanding and developing the opportunities the system provides for women to address some of the factors in their criminalisation (see also Player 2017), particularly given the current sociopolitical context that has decimated health and welfare services, with particularly severe impacts on women's services (Wakefield 2019).

Despite the undisputed harms associated with imprisonment, the focus groups revealed that women's past experiences of victimisation and trauma can be amenable to intervention within a criminal justice context. The women's testimonies highlight areas in which Healing Trauma could be developed, specifically the provision of follow-up sessions and more holistic support outside of the group. However, this research demonstrates that trauma-informed interventions can have tangible benefits to the health and well-being of women who complete the programmes. It indicates that opportunities to emotionally process experiences of trauma and victimisation can be an important component of practice frameworks to support women in the justice system, as Helen explained:

... anyone who's come to prison, and I personally really think especially women, haven't just come here because they're bored or haven't got something better to do. It's normally really serious trauma they've undergone ... We need to treat the symptoms of that and the Healing Trauma really does that, and it makes you a human being again and puts you back in touch with those feelings that you boxed away and told yourself you weren't allowed to feel. And if we want to release people as functioning members of society, we need to give them that chance to heal. (Helen, FG 6)^b

Notes

- 1 See, for example, inquests into the deaths of Sarah Reed and Charlotte Noakes.
- 2 The pre- and post-group measures and results are detailed in the *Healing Trauma Evaluation Report* (Petrillo, Thomas and Hanspal 2019).
- 3 Six of the women involved in the Healing Trauma programmes and original pre-post group questionnaires across the five sites could not participate in the focus groups due to having been released, having moved prison, or having another engagement on the day.
- 4 For details on how data on experiences of abuse were collected, please see Petrillo, Thomas and Hanspal (2019).
- 5 To protect the anonymity of the participants, pseudonyms have been used and the focus groups are denoted as FG 1, 2, 3 etc.
- 6 *Acknowledgements*: I am grateful to Megan Thomas and Sophie Hanspal who contributed to the original project. I also thank the anonymous reviewers for their constructive feedback. The research on which this article is based was funded by One Small Thing (Company No. 11516337), Charity No. 1180782.

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Date submitted: May 2020

Date accepted: January 2021