Trauma and Justice-Involvement Among Women and Girls

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A Rising Tide: Understanding Incarceration's Multigenerational Impact on
Women, Girls, and Communities Conference
April 4, 2019
Philadelphia

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Who are the Women?

- Most marginalized, vulnerable women
- Economically disadvantaged
- Families with domestic violence and addiction problems
- Histories of substance misuse
- Physical and mental health problems
- Minimal education and work experience
- High rates of physical and sexual abuse

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Who are the Girls?

- Families struggling with poverty, domestic violence and substance abuse
- · Low rates of serious and violent crime
- · Higher risk for status offenses promiscuity, truancy, running away
- Run away to survive abuse
- High incidence of physical and sexual abuse
- High incidence of substance misuse

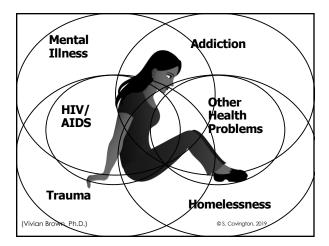
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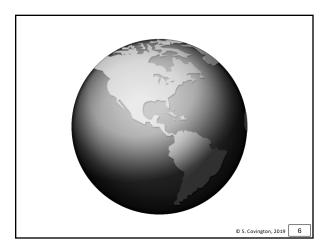
Women and Girls in the CJ System

Compared with men and boys, they -

- Are typically primary caregivers for minor children
- Have limited education and employment histories
- Respond differently to treatment and CJ supervision
- · Commit fewer violent crimes

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Two Questions I Ask:

- Who are the most disadvantaged women in your country?
- Who is overly represented in your women's prisons?

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Answers:

- Always the same women
- What does this tell us about justice in our criminal justice systems?

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U.S. Incarcerates more Women than any other Country

201,200 United States (almost 1/3 rd of female prisoners worldwide)

84,600 China

59,200 Russian Federation

29,175 Thailand

4,060 England & Wales

449 Scotland

40 Northern Ireland

Walmsley (2012). World Female Imprisonment List, 2^{nd} Edition. London, United ingdom: International Centre for Prison Studies.)

Women in the Criminal Justice System

From 1980 – 2014 over 700% increase in incarcerated women (BJS, 2014)

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US and Women

- 5% of women in the world are in US
- 30% of incarcerated women in the world

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- · Increasing numbers
- · Continuing invisibility

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History of Services

- Addiction treatment services designed by men for men and boys
- Mental health services designed by men for women and girls
- Criminal justice services designed by men for men and boys

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Two Themes

- Adversity
- Abuse

Trauma

Linked to:

- Substance use disorders
- Mental health issues
- Sex work
- Self-harming behavior
- Relationship issues

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Jails and Prisons Retraumatizing

- Restraints
- Seclusion
- Searches

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Definition of Trauma

Trauma occurs when an external threat overwhelms a person's internal and external positive coping resources.

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Traumatic Events

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Historical Trauma

- · Across generations
- Massive group trauma

Examples include: Native Americans, African Americans, Holocaust survivors, Māori, First Nations, people from colonized countries, and others

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Two Kinds of Suffering

- Natural
- Created

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Gender Differences © S. Covington, 2019 21

Gender and Abuse

Childhood

Girls and boys at risk from family members and people they know

- Young men at risk from people who dislike or hate them. Boys at greater risk if they are gay, young men of color, gang members, or transitioning.
- Young women at risk from lovers or partners people to whom they are saying, "I love you."

Adulthood

- Men at risk from combat or being victims of crime
- Women at risk from those they love
- Transgender highest risk

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Differences in Risk Worldwide

- Worldwide, 1 in 4 women and 1 in 8 men experience psychological abuse from partner
- 38% of female homicides are committed by male partners, while 6% of male homicides are committed by female partners
- in 5 women will be raped, while 1 in 71 men will be raped
- Transgender population is at greatest risk and has a higher rate of abuse

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Gender-Responsive Treatment

- Creating an environment through:
 - · site selection
 - staff selection
 - program development
 - content and material
- that reflects an understanding of the realities of the lives of women and girls, and
- · addresses and responds to their strengths and challenges.

S. Covington "Women and Addiction: A Trauma-Informed Approach." Journal of Psychoactive Drugs, SARC Supplement 5, November 2008, 377-385.)

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Stress

- Normal Stress
 - · Positive stress
 - · Tolerable stress
- · Destructive Stress
 - · Relentless stress
 - · Toxic stress
 - Traumatic stress

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Toxic Stress and Children

- · Stress of adversity is toxic to the development of the brain
- · Primary responses
 - Emotions dysregulation
 - Behavior unmanageable
 - Relationships lack of connection, trust

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Trauma and Parenting

- · Child is a trigger
- · Overly protective

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ACE Study (Adverse Childhood Experiences)

- Original study in 1998
- 17,000 adults in San Diego, CA
- · 10 questions
- First 10 years largely ignored
- Past 10 years embraced

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ACE Study (Adverse Childhood Experiences)

Results

ACEs still have a profound effect 50 years later, although now transformed from psychosocial experience into organic disease, social malfunction, and mental illness.

- Smoking
- Alcoholism
- · Injection of illegal drugs
- Obesity

(Felitti, V.J.: Origins of Addictive Behavior: Evidence from the ACE Study, 2003 Oct.52(6): 547-59. German. PMID: 14619682 (PubMed-indexed for MEDLINE).

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ACE Study

Women 50% more likely than men to have a score of 5 or more.

(Felitti & Anda, 2010)

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ACE Study (cont.)

"I see that you have...
Tell me how this has affected you later in your life."

(Felitti & Anda, 2010)

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Crittenton ACE Pilot (October 2012)

Group	Total Score		
Group	4+	5+	
All girls served by Crittenton (n=916)	53%	42%	
All young mothers served by Crittenton (n=253)	61%	48%	
Young mothers in juvenile justice and served by Crittenton (n=59)	74%	69%	
Young mothers in child welfare and referred to Crittenton (n=42)	63%	48%	

(Summary of Results: Crittenton Adverse Childhood Experiences (ACE) Pilot, October 24, 2012)

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Women in Prison Childhood Traumatic Events Largest Effect-Mental Health

- · Psychotropic medication
- Mental health treatment
- · Attempted suicide
- Traumatic stress

(Messina & Grella, 2005)

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Women in Prison Childhood Traumatic Events Largest Effect-Mental Health

Score of 7 or more "yes" answers

980% more risk of having mental health problems

(Messina & Grella, 2006)

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Process of Trauma

Traumatic Event
Overwhelms the physical and psychological coping skills

Response to Trauma Fight, Flight, or Freeze Altered state of consciousness, Body sensations, Numbing, Hyper-vigilance, Hyper-arousal, Collapse

Sensitized Nervous System Changes in the Brain Brain–Body Connection

Physical and Psychological Distress Current stressors, Reminders of trauma (triggers) Sensations, Images, Behavior, Emotions, Memory

Emotional and/or Physical Responses

Retreat	Harmful Behavior to Self				
Isolation Dissociation Depression Anxiety	Substance misuse Eating disorders Self-injurious behavior Suicidal actions				

Harmful Behavior to Others Aggression Violence Rages Threats

Physical Health Issues Lung Disease Heart disease Autoimmune disorders Obesity © S. Covington, 2019 35

What does all this mean for the women and girls we serve?

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Trauma Informed

Universal knowledge about adversity and trauma and its effects on individuals, communities, and society.

What We Know

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Becoming Trauma Informed: A Training for Correctional Professionals

- Facilitator Guide with step-by-step instructions for a 7 hour training day
- · Participant Booklet
- · PowerPoint Slides



Trauma Responsive

Policies and practices in place to minimize damage and maximize opportunities for healthy growth and development in all populations at risk.

Creating an environment for healing and recovery.

What We Do

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Hindelbank Women's Prison in Switzerland

107 Women

· Mother and child unit

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Světlá nad Sázavou Women's Prison in Czech Republic

750 Women

- Several "different prisons"
- Mother and child unit

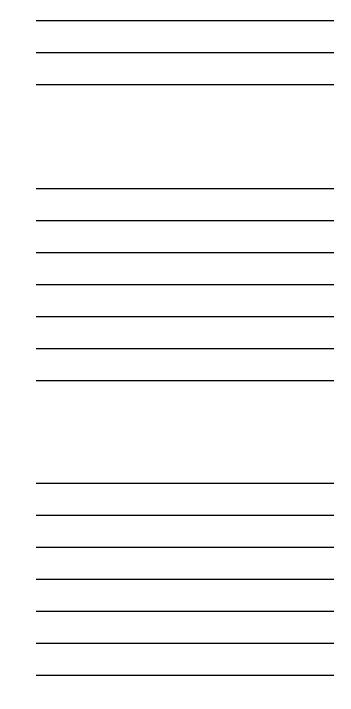
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Moving from Trauma Informed to Trauma Responsive

- Facilitator Guide with step-by-step instructions
- · Three hours of video
- USB Drive with over 100 pages of handout resources



Trauma Specific

Services designed to specifically address violence and trauma, the related symptoms, and to facilitate healing and recovery

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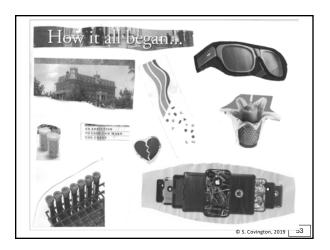
Definition of Historical Trauma

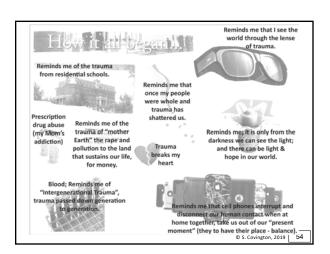
...the cumulative emotional and psychological wounding... spanning generations, which emanates from a massive group trauma.

(Brave Heart, M.Y.H. (2005). From intergenerational trauma to intergenerational healing. Keynote address at the Fifth Annual White
Bison Wellbriety Conference, Denver, CO, April 22, 2005)

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Healing Trauma: A Brief Intervention for Women

- 6 Sessions on CD-Rom for easy duplication
- · Facilitator Guide
- Participant Journal in English and Spanish



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*Healing Trauma*Women in Prison —Questionnaires

Patient Health Questionnaire

Anxiety

Depression

Short Screen Scale: DSM-IV PTSD

K6 Brief Psychological Distress Screen

- Leacing

 ★ Change (no statistical test of significance performed)

 ◆ Significant Change

 No Significant Change

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Healing Trauma Women in Prison —Questionnaires (cont.)

Buss-Warren Aggression Questionnaire

Physical aggression



Verbal aggression



Anger



Hostility

Indirect aggression

- Leaand

 ★ Change (no statistical test of significance performed)

 ↓ Significant Change

 No Significant Change

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Healing Trauma Women in Prison – Questionnaires (cont.)

Difficulties in Emotion Regulation Scale (DERS)

Non-acceptance of one's own distress

Negative emotions impact concentration

Negative emotions make it difficult to remain in control

- Lack of awareness of emotional responses
- Believes cannot regulate oneself when upset
- Lack of clarity about emotions experiencing
- ❖ Total DERS Score

- Legend

 ★ Change (no statistical test of significance performed)

 ♣ Significant Change

 No Significant Change

Messina & Calhoun, 2018)

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California Institution for Women (CIW) *Healing Trauma* Graduation, August 2018



California Institution for Women (CIW) Healing Trauma in the SHU



California Institution for Women (CIW) Healing Trauma in the SHU, May 2017



Beyond Violence



20 Sessions

Beyond Anger and Violence



21 Sessions

Research on Beyond Violence (Michigan Department of Corrections)

- Women who participated in *Beyond Violence* showed:
 - Reduction of depression, anxiety, PTSD, and serious mental illness symptoms
 - Reduction of unhealthy anger styles
 - Increase in healthy anger management
- Beyond Violence can be implemented
 - In a therapeutic unit and general population
 - With women preparing to re-enter the community and women with long-term sentences

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Pilot Project on Beyond Violence (California Department of Corrections and Rehabilitation - CDCR)

Phase 1: Training staff and peer educators

Phase 2: Peer educators participate in Beyond **Violence**

Phase 3: Peer educators co-facilitate Beyond *Violence* with four specific groups

Research: Dr. Nena Messina, UCLA

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CDCR Pilot Study

Post Traumatic Stress Disorder

PTSD Change over time	Positive at Admission to BV	Positive at Graduation from BV	McNemar's Chi Square
Peer Educators	55.2%	18.5%	8.33**
Other Participants	72.1%	42.3%	7.35*

Source: Nena Messina (2014). Beyond violence, final report, CDCR cooperative agreement no. 5600004087.

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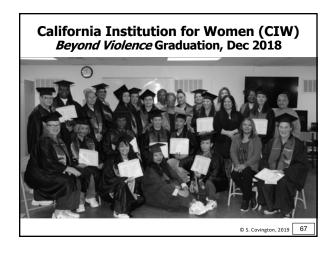
CDCR Pilot Study (cont.)

Summary of Findings

- Implementing Beyond Violence showed significantly positive outcomes for women incarcerated for long terms or life:
 - Reductions in PTSD
 - Reductions in Anxiety
 - Reductions in Anger and Aggression
 - Reductions in symptoms of serious mental illness
- Beyond Violence was successfully implemented in a prison setting and was successfully facilitated by the Peer Educators (reducing costs).
- Although the sample size is small, positive results were found for previously identified difficult populations to treat.

Source: Nena Messina (2014). Beyond violence, final report, CDCR cooperative agreement no. 5600004087.

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What Makes a Difference?

• Creating a safe environment

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Sanctuary



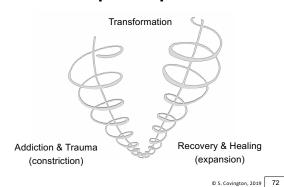
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What Makes a Difference?

- Creating a safe environment
- Listening to her/their story
- Empathy

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Upward Spiral



About your presenter....

Dr. Stephanie S. Covington is an internationally recognized clinician, author, organizational consultant, and lecturer. With over thirty-five years of experience, she is noted for her pioneering work in the design and implementation of innovative and effective gender-responsive and trauma-informed services in public, private, and institutional settings. Her presentations, staff-development seminars, and technical assistance focus on systems change and the development of caring, compassionate, and empowering therapeutic environments. They provide professionals an opportunity to learn new skills for dealing with personal, institutional, and societal changes and are always in demand, both nationally and internationally.

Dr. Covington has provided training and consulting services to many behavioral health treatment programs, including the Betty Ford Treatment Center. She has also had extensive experience in the criminal justice system, including work with the United Nations Office on Drugs and Crime, the Ministries of Justice in England, Scotland and Switzerland, the Correctional Service of Canada, the US Federal Bureau of Prisons, and the National Institute of Corrections, as well as many state and local jurisdictions. Dr. Covington was a workshop chair for the women's treatment improvement protocol (TIP) published by SAMHSA. She is also the co-author of a three-year research project, *Gender-Responsive Strategies: Research, Practice, and Guiding Principles for Women Offenders,* for the National Institute of Corrections. This publication received the University of Cincinnati Award for its outstanding contribution to the field of corrections in the U.S. and Canada.

Educated at Columbia University and the Union Institute, Dr. Covington has served on the faculties of the University of Southern California, San Diego State University, and the California School of Professional Psychology, and she is a former chair of the Women's Committee of the International Council on Alcoholism and Addiction. She is a board-certified Diplomate of the National Association of Social Workers and the American Board of Sexology and is a member of the American Association of Marriage and Family Therapy and the American Psychological Association. She has also served on the Advisory Council for Women's Services for the federal agency SAMHSA. She was the featured consultant and therapist on the Oprah Winfrey Network docu-reality show entitled *Breaking Down the Bars*.

Dr. Covington is based in La Jolla, California, where she is co-director of the Institute for Relational Development and the Center for Gender and Justice, which seeks to expand gender-responsive policies and practices for females who are under criminal justice supervision. Among the many articles and books written by Dr. Covington are:

- Women and Addiction: A Gender-Responsive Approach
- Awakening Your Sexuality: A Guide for Recovering Women
- Leaving the Enchanted Forest: The Path from Relationship Addiction to Intimacy

She has also published gender-responsive and trauma-informed program materials. The following research-based curricula include training manuals for professionals and complementary materials for participants:

- Helping Women Recover: A Program for Treating Addiction (with a special edition for the criminal justice system)
- Beyond Trauma: A Healing Journey for Women
- Voices: A Program of Self-Discovery and Empowerment for Girls
- A Woman's Way through The Twelve Steps
- Beyond Violence: A Prevention Program for Criminal Justice-Involved Women
- Beyond Anger & Violence: A Program for Women
- Becoming Trauma Informed: A Training Program for Correctional Professionals (USA, Canadian, and UK versions)
- Healing Trauma: A Brief Intervention for Women (co-authored with Eileen Russo)
- Helping Men Recover (co-authored; also with a special edition for the justice system)
- Exploring Trauma: A Brief Intervention for Men (co-authored with Robert Rodriquez)

For a list of Dr. Covington's recent articles, and descriptions of her current seminars for professionals, visit: www.stephaniecovington.com and www.centerforgenderandjustice.org.

About Your Presenter CJV 2018