

# Assisting Women in Prison Heal from Gender Violence

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# Disclosure and Disclaimer

I have the following relevant financial relationship(s) with a commercial interest:

The STEP manual (3<sup>rd</sup> edition) and accompanying participant workbook are projected to be available for purchase in 2022.

**This informational presentation was developed by independent experts. The information provided in this presentation is not the official position or recommendation of NCCHC but rather expert opinion. This information is not intended to be appropriate for every clinical situation nor does it replace clinical judgment.**

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# Educational Objectives

1. Participants will be able to identify and assess five forms of gender violence that survivors in prison display.
2. Participants will learn cognitive behavioral skills to reduce high levels of anxiety and depression displayed by survivors of interpersonal violence.
3. Participants will learn to integrate skills associated with the importance of personal empowerment in developing new interpersonal relationships and letting go of old ones.

# Interpersonal, Gender, and Domestic Violence

- “Willful intimidation, physical assault, battery, sexual assault and/or other abusive behavior as part of a systemic pattern of power and control.” <sup>1</sup>
- Statistics
  - 1 in 4 women and 1 in 10 men have experienced DV <sup>2</sup>
  - DV increased by 42% from 2016 to 2018 <sup>3</sup> and 8.1% during COVID-19 <sup>4</sup>
  - 98% of female inmates reported trauma exposure, 71% being IPV <sup>5</sup>
  - 53% of female inmates have met the diagnostic criteria for posttraumatic stress disorder <sup>6</sup>

# Implications of Trauma

- Mental health symptoms/disorders
  - Trauma-related, mood, and anxiety disorders
  - Risky or destructive behaviors (substance abuse, self-injury)
- Physical health concerns
  - Chronic fatigue or pain, injuries, fertility issues, head injuries
- Pathway to incarceration
- Increased risk for re-victimization
- Interpersonal difficulties



# Trauma-Related Disorders

## Posttraumatic stress disorder

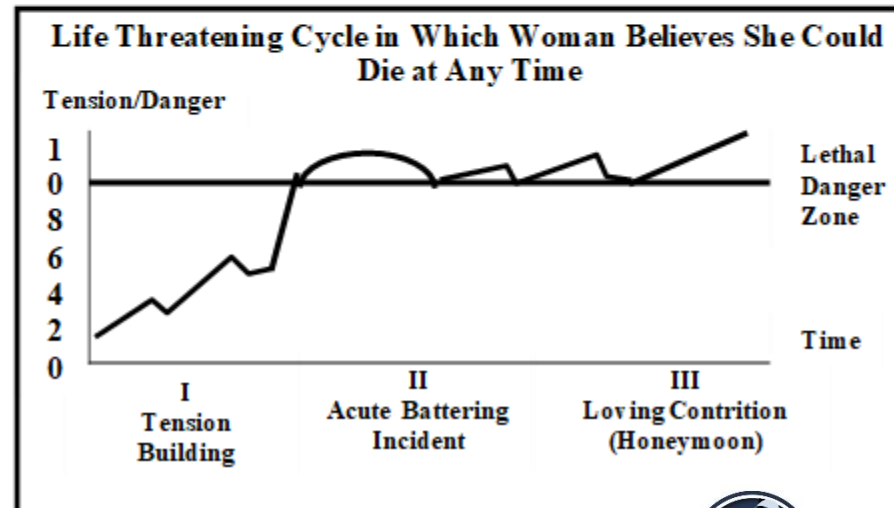
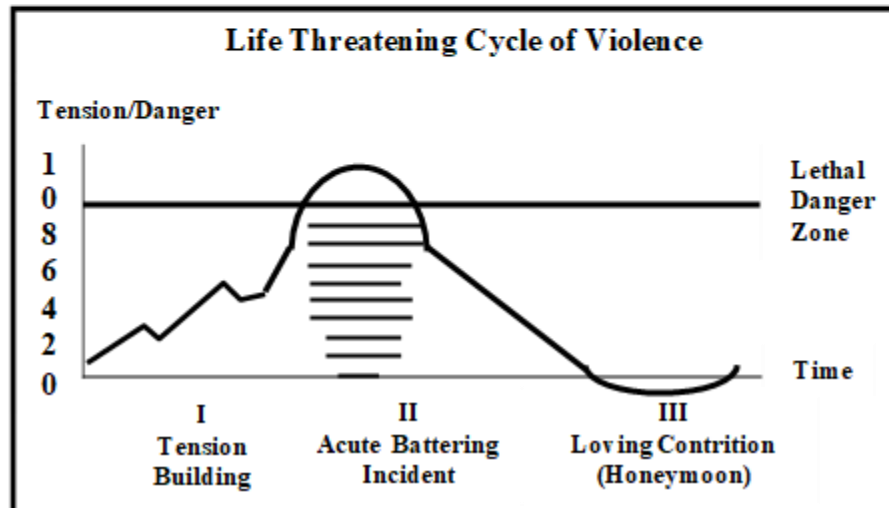
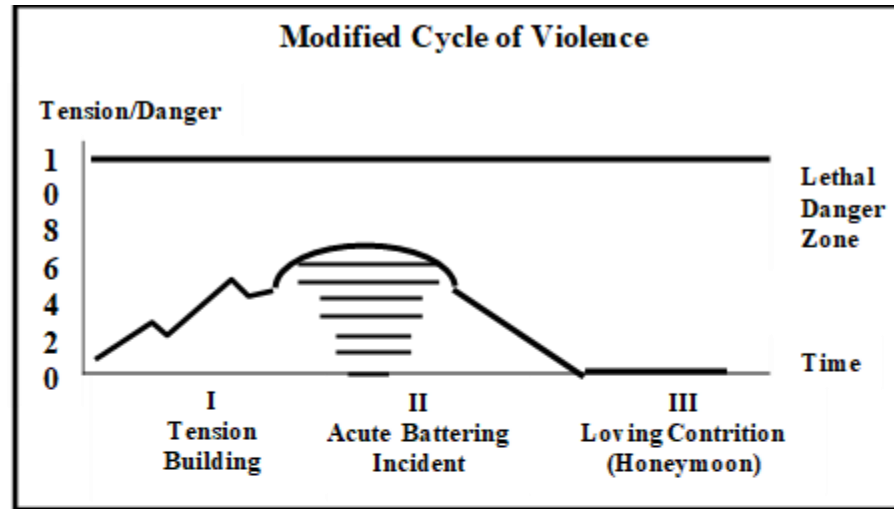
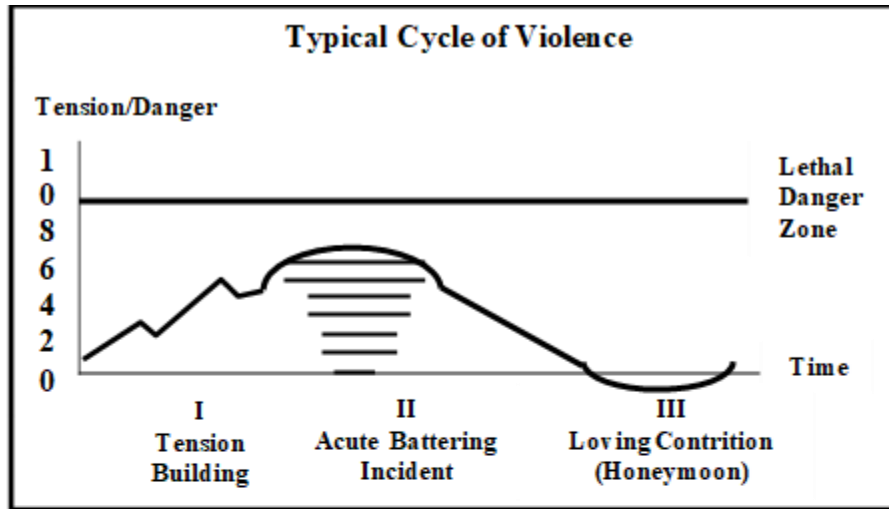
- A. Traumatic event
- B. Intrusion/re-experiencing symptoms**
- C. Avoidance symptoms**
- D. Cognitive symptoms**
- E. Arousal and reactivity symptoms**
- F. > One month
- G. Functional impairments
- H. Not due to...

**Can include dissociation**

## Battered woman syndrome

- In addition to PTSD symptoms:
  - Disruption in **interpersonal functioning** due to abuser's control
  - Significant **body image** or physiological health issues
  - **Sexual dysfunction** or responses to sexual abuse

# Cycle of Violence



# Biopsychosocial Model

## Biological

- Physical health
- Genetic vulnerabilities
- Disabilities
- Temperament
- IQ

## Psychological

- Self esteem
- Coping skills
- Trauma
- Social skills

## Social

- Family
- School
- Peers
- Culture



# Common Therapeutic Factors

- Therapeutic relationship (rapport)
  - Believing in the patient: what happened, your pain is real
  - Validation, de-stigmatization
- Common framework or rationale for symptoms
  - Buy-in for treatment procedure
- Expectation of help
  - Shaped through therapeutic relationship & treatment rationale
- Active participation of client and therapist
  - Empowerment, self-efficacy, and hope
- If group therapy, group cohesiveness

# Cognitive Behavioral Therapy

- Thoughts
  - What we think affects how we feel and act
- Emotions
  - What we feel affects how we think and act
- Behaviors
  - What we do affects how we think and feel

# Survivor Therapy

- Trauma Theory
  - Exposure to trauma/danger can cause psychological problems in healthy or clinical populations.
  - Verbal psychotherapy can reduce or ameliorate symptoms & restore health.
  - Some resiliency may be compromised.
- Feminist Theory
  - Being a woman increases risk for victimization
  - Oppression can cause psychological distress
  - Validation, support & empowerment can protect & reverse distress

# Trauma-Specific Treatment

- Performed in a trauma-informed setting
  - Safety first
  - Display respect and positive regard collaborating with survivors
  - Support courage and understand complexities to making choices
  - Accept difficulties with trust and betrayal
  - Encourage optimism about life
  - Sensitivity to multicultural issues
  - Support survivor empowerment
  - Awareness of gender discrimination
  - Build on survivor's strengths
  - Movement towards growth, wellness, and resilience
- Uses trauma specific healing techniques together with gender specific relationship building
  - Analysis of power in relationships
  - Identifying and overcoming coercive control tactics

# Trauma Theories

- Briere's Theory
  - Cognitive reexperiencing
  - Desensitization to trauma triggers
  - Cognitive narratives
- Foa's Theory
  - Prolonged Exposure Therapy
  - Corrects cognitive memories of trauma
  - Teaches Deep Breathing Techniques
- Time Focused Cognitive Behavioral Therapy
  - Uses CBT techniques to reduce PTSD symptoms

# Trauma Theories

- STEP
  - Focuses on feminist issues around power & control in relationships
  - Uses CBT & trauma techniques to reduce trauma triggers adding gender awareness
- EMDR
  - Neuropsychological approach to erasing memories of trauma
- Psychopharmacology
  - Uses medication to deal with anxiety and depression symptoms

# STEP Background

- Survivor Therapy Empowerment Program
- Created in 1997 by Dr. Lenore Walker
- Developed out of the disconnect between services for batterers and for survivors of DV
- Expanded to use with other trauma survivors including men
- 2<sup>nd</sup> Edition in 2015; currently undergoing revisions for 3<sup>rd</sup> edition and use in Federal Bureau of Prisons
- Evidence-based treatment for trauma assessed using 600+ person's data
- Reduced anxiety and trauma symptoms
  - More sessions – lower anxiety – better people felt
  - Same for different sites and facilitators

# What is STEP?

- Tri-Partite manualized treatment for survivors of IPV and other gender-based traumas.
  - 1) psychoeducation
  - 2) group or individual emotional processing
  - 3) skill building
- STEP Goals:
  - Safety
  - Validation and support
  - Cognitive clarity
  - Emotional stability
  - Healing from PTSD
    - Reduce trauma triggers
    - Process trauma memories
    - Recovery and growth
  - Promote resilience and empowerment



# How to Use STEP

- In groups in various settings
  - Correctional facilities
  - Trauma centers
  - CMHCs or clinics
- Open or closed groups
- Individual psychotherapy
  - Sessions used individually
  - Self-help program

# STEP in Correctional Facilities

- All who wish to participate (10-45)
- May be in other programs
- 2 to 4 facilitators
- Open group format
- Homework renamed to 'exercises'

# Special Considerations in Correctional Facilities

- Intersection of legal issues, ethical considerations, and providing therapeutic services
- Constraints of working in a facility
- First focus being safety and security
- De-escalation and 'wrapping up' sessions
- Dual roles of facilitator
- Confidentiality
- Prevalence of personality disorders

# Group Facilitation

- 8-12 participants usually ideal
- Review confidentiality, group rules, procedural structuring
- Plan for 3 hours each session
  - 2 hours group together
  - ½ hour prepare before group
    - Review materials & divide responsibilities
    - Prepare to deal with dominating or withdrawn members
    - Discuss anticipated or any other issues from last session
  - ½ hour debrief after group
    - Discuss your own participation & co-facilitator's strengths
    - Discuss participants and how session went
    - Make appropriate chart notes

# Variations in STEP Facilitation

- Open groups
  - Ideal for environments where participants may 'come and go,' like pre-trial detention or DV shelters
  - Will need to address confidentiality and consent thoroughly each week
  - May be more difficult to build rapport and group cohesion
  - Due to new participants or not seeing group members regularly, it is important to be attuned to individual and group dynamics
- Closed groups
  - Can be better implemented in long-term facilities like prisons or residential treatment
  - Can create a more cohesive group dynamic
  - Can lead to different concerns (e.g., transference, dynamics with other members)
  - Easier to encourage participation with skill-building and exercises

# Group Facilitation

- Working with Co-facilitators
  - Learn about each other's strengths & likes
  - Use consultation if problems in style or function
- Model Behavior You Want From Group
  - Begin and end on time
  - Use proper speech, gender terms, and monitor emotions in group
  - Intervene where needed, particularly to protect members

# Diversity Considerations

- Culture often combines various types of experiences including negative discrimination based on stereotypes (e.g., 'machismo' in Latin cultures)
- Most people identify with more than one 'culture.'
- Intersectionality is the interaction among two or more diversity & cultural issues.
- Socioeconomic issues also intersect with culture and gender.
- The reading and vocabulary level may be lower in some groups.
- Sexual orientation also intersects with culture especially in LGBTQ+ groups.

# STEP Sites

## Incarceration Population

- Strict policies
  - e.g., No staples on paperwork
  - Pre-approval Clearance
- Group size varies
  - All may participate (10-45)
  - Members in and out of group each week
- Confidentiality Challenges
- May have limited comprehension
  - Condensed, simplified information
  - Language barriers
  - Read handouts and assessments out loud

## Community Populations (DV Shelter, Agency)

- Pre-approval Clearance may be required
  - DV Core Competency Training (32 hours)
- Confidentiality of Records
  - No identifiable client names on assessments
- Site Specific Rules
  - Data entry on-site
  - Employee present
  - Ending on time

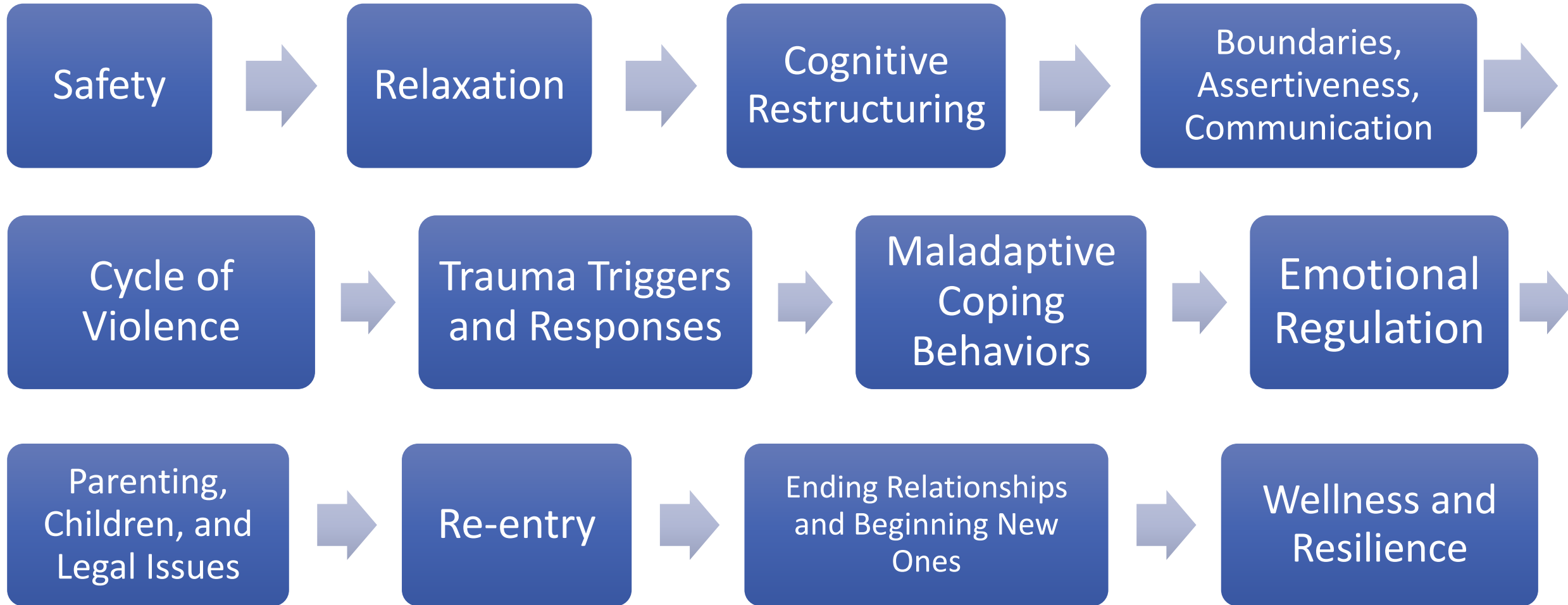


# Concurrent Assessments

- Each session
  - SUDS
  - Optional - Beck Anxiety Inventory (BAI)
  - Optional - Beck Depression Inventory – II (BDI-II)
  - Optional - Beck Hopelessness Scale (BHS)
- Optional Pre- and Post-Assessment
  - Trauma Symptom Inventory – 2 (TSI-2)
  - Detailed Assessment of Posttraumatic Stress (DAPS)
  - Battered Woman Syndrome Questionnaire (BWSQ)
  - Adult Substance Abuse Subtle Screening Inventory – 4 (SASSI-4)

# The STEPs

# Global STEP Overview



# STEP Sessions vs. Units

- STEP is made up of 12 Units
- May not be able to complete an entire unit in one session
  - Could span 2-3 sessions
  - Divide each topic into sections
- STEP allows facilitators to use clinical judgment in what to include or omit depending on resources
  - Group size
  - Time
  - Participant interest and comprehension ability

# STEP Unit Format



# STEP 1: Labeling Abuse and Trauma and Safety Planning

- A. Education
  - Definitions of Types of Violence
  - Effects of violence
- B. Discussion
  - Identification of Violence and Its Effects
- C. Skill-Building
  - Safety Planning
  - Exercise: Creating a safety plan

# STEP 1

- Physical violence
  - Sexual violence
  - Medical abuse
  - Violence against pets and property
  - Violence while incarcerated, detained, or hospitalized
- Psychological violence
    - Stalking
    - Cyberstalking
    - Psychological torture
    - Coercive control
    - Exploitation
    - Sexual harassment
    - Sex and human trafficking
    - Financial control

# STEP 2: Relaxation Training and Reducing Stress

- A. Education
  - Definitions of stress and reducing stress
- B. Discussion
  - Learning to identify and reduce stress
- C. Skill-Building
  - Relaxation Techniques
  - Exercise: Practice two techniques over next week



# STEP 3: Cognitive Restructuring: Thinking, Feeling, and Behavior

- A. Education
  - Learning to identify negative think patterns
- B. Discussion
  - Changing how you think
- C. Skill-Building
  - Breaking dysfunctional thought patterns
  - Exercise: Complete a thought journal





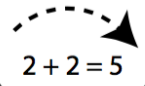
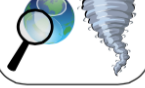




# STEP 3

- Thinking, feeling, and acting
- **Activating Event → Behavior and Beliefs → Consequences →**  
**Disrupting dysfunctional beliefs → implementing Effective new thoughts,**  
**feelings, & behaviors**
- Psychological effects of violence: minimization, denial, repression, dissociation
- Breaking faulty thinking patterns that lead to violence
- Negative thought patterns: about self and others; escalating thought patterns; irrational thoughts
- Unhelpful thinking styles
- Breaking dysfunctional thought patterns
- Thought stopping

# STEP 3

- Breaking dysfunctional thoughts
  - Be specific
  - Take a look at evidence
  - Question your beliefs
  - Get input from others
  - Learn to laugh at yourself
  - Learn the origin of patterns

## Unhelpful Thinking Styles

<b>All or nothing thinking</b>  Sometimes called 'black and white thinking' <i>If I'm not perfect I have failed</i> <i>Either I do it right or not at all</i>	<b>Over-generalizing</b>  Seeing a pattern based upon a single event, or being overly broad in the conclusions we draw
<b>Mental filter</b>  Only paying attention to certain types of evidence <i>Noticing our failures but not seeing our successes</i>	<b>Disqualifying the positive</b>  Discounting the good things that have happened or that you have done for some reason or another <i>That doesn't count</i>
<b>Jumping to conclusions</b>  There are two key types of jumping to conclusions: • <b>Mind reading</b> (imagining we know what others are thinking) • <b>Fortune telling</b> (predicting the future) $2 + 2 = 5$	<b>Magnification (catastrophizing) &amp; minimization</b>  Blowing things out of proportion (catastrophizing), or inappropriately shrinking something to make it seem less important
<b>Emotional reasoning</b>  Assuming that because we feel a certain way what we think must be true <i>I feel embarrassed so I must be an idiot</i>	<b>should must</b>  Using critical words like 'should', 'must', or 'ought' can make us feel guilty, or like we have already failed If we apply 'shoulds' to other people the result is often frustration
<b>Labelling</b>  Assigning labels to ourselves or other people <i>I'm a loser</i> <i>I'm completely useless</i> <i>They're such an idiot</i>	<b>Personalization</b>  Blaming yourself or taking responsibility for something that wasn't completely your fault Conversely, blaming other people for something that was your fault

# STEP 4: Self-Care for Women: Boundaries, Assertiveness, and Communication

- A. Education
  - Socialization of women
  - Setting boundaries
  - Assertive communication
  - Communicating anger
- B. Discussion
  - Discussion prompts for each topic
- C. Skill-Building
  - Skills for assertive communication to establish boundaries
  - Exercise: assertiveness log

# STEP 5: The Cycle of Violence

- A. Education
  - Three phases in the cycle of violence
- B. Discussion
  - Identification of violence in your relationships
- C. Skill-Building
  - Identifying your cycle of violence
  - Exercise: review of three battering incidents

# STEP 6: Trauma Triggers and Psychological Responses to Trauma

- A. Education
  - Psychological effect of trauma
- B. Discussion
  - Identifying trauma triggers
- C. Skill-Building
  - Identifying your own trauma triggers
  - Exercise: using grounding and relaxation techniques in response to trauma triggers

# STEP 7: Maladaptive Coping Behaviors

- A. Education
  - Definitions of various maladaptive coping behaviors
- B. Discussion
  - The effects of maladaptive coping behaviors
- C. Skill-Building
  - Identifying your own maladaptive coping behaviors
  - Exercise: Replacing maladaptive coping behaviors with positive behaviors

# STEP 8: Emotion Regulation

- A. Education
  - Identification of emotions, emotional regulation, mindfulness
- B. Discussion
  - Emotional regulation
- C. Skill-Building
  - Mindfulness training
  - Exercise: mindfulness 'What' skills handout



# STEP 9: Children, Parenting, and Legal Issues

- A. Education
  - Children
  - Parenting
  - Legal issues
- B. Discussion
  - Child abuse and development
  - Parenting
  - Legal issues
- C. Skill-Building
  - Reviewing ACEs
  - Exploring your children's ACEs and how to help them

# STEP 10: Release and Reintegration

- A. Education
  - Preparing for release (9 topics)
- B. Discussion
  - Identification of support for reintegration
- C. Skill-Building
  - Developing goals for after release
  - Planning short- and long-term goals

# STEP 11: Ending old relationships and beginning new ones

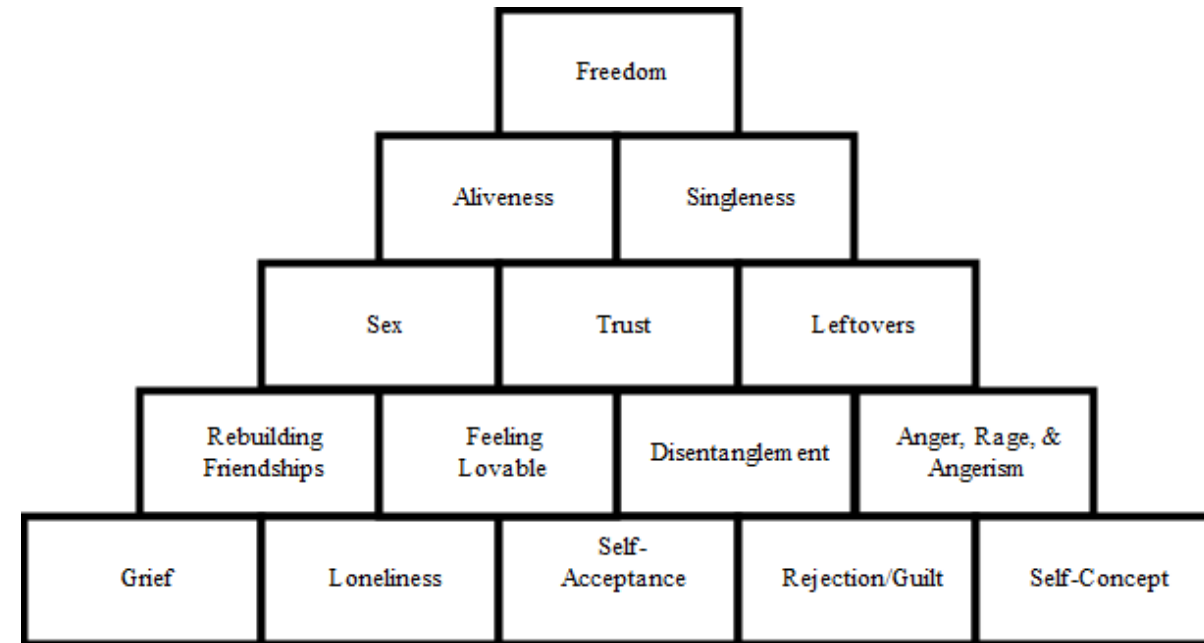
- A. Education
  - Deciding when to end a relationship
- B. Discussion
  - Ending relationships
- C. Skill-Building
  - Scripts for ending a relationships
  - Exercise: how to end a relationship effectively

# STEP 11

## Handout 11C: Decisional Balance

### Pros and Cons of Your Relationship

Pros for Leaving the Relationship	Cons for Leaving the Relationship
<input type="checkbox"/> My physical safety.	<input type="checkbox"/> Temporary guilt feelings.
<input type="checkbox"/> My children's physical safety.	<input type="checkbox"/> Loss of dream of relationship working out.
<input type="checkbox"/> My emotional and mental safety.	<input type="checkbox"/> Could feel lonely, at first.
<input type="checkbox"/> Freedom to come and go as I please.	<input type="checkbox"/> Co-parenting concerns.
<input type="checkbox"/> Freedom to work in the job I want.	<input type="checkbox"/> Financial concerns.
<input type="checkbox"/> Freedom to see my friends and family when I want.	<input type="checkbox"/> Fearing emotional dysregulation.
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
Cons for Staying in the Relationship	Pros for Staying in the Relationship
<input type="checkbox"/> My physical safety is compromised.	<input type="checkbox"/> Perception of lack of loneliness
<input type="checkbox"/> My children's physical safety is compromised.	<input type="checkbox"/> Co-parenting assistance.
<input type="checkbox"/> My emotional and mental safety is compromised.	<input type="checkbox"/> Financial assistance.
<input type="checkbox"/> _____	<input type="checkbox"/> Habits of loyalty.
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
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# STEP 12: Wellness and Resilience

- A. Education
  - Incorporating growth and wellness; ending STEP
- B. Discussion
  - Resilience and wellness
  - Ending STEP and moving forward
- C. Skill-Building
  - Redesigning your life
  - Exercise: life balance wheel

# Questions?

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