



Moving Beyond Violence and Building Resilience Center for Gender and Justice

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Exploring Trauma: A Brief Intervention for Men
(Covington & Rodriguez, 2016)

a.k.a. Moving Beyond Violence and Building Resilience
Project

Contract # C5607315

Prepared by Envisioning Justice Solutions, Inc.

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Program Evaluation Services for the CDCR

EXECUTIVE SUMMARY

Background

- The large number of incarcerated males, combined with their high rates of trauma exposure, PTSD and related substance use disorders, suggests a significant need for trauma treatment geared for men in correctional settings. Yet, there are a limited number of interventions designed to address violence and aggression and the relationship to trauma in men's lives.

Program Description

- *Moving Beyond Violence: A Brief Intervention for Men* (MBV) is a 6-session/12-hour trauma curriculum that was designed for men who have experienced trauma associated with adverse childhood experiences (ACEs). The program encompasses the risk/need responsivity principle within its creation and content and is designed for settings requiring a brief intervention and program rotation.

Methodology

- This evaluation assessed the overall effectiveness of the MBV curricula to reduce trauma-related difficulties and violence as measured by Post Traumatic Stress Disorder (PTSD) symptoms, anger, aggression, depression, and overall mental health.
- The MBV program was implemented and evaluated at three sites: (1) California State Prison, Corcoran Level IV Sensitive Needs Yard (SNY-Level IV, B-Yard), (2) California State Prison, Corcoran Secured Housing Unit (SHU), and (3) Pelican Bay State Prison SHU.
- The project implemented a cost-effective model incorporating the use of Peer Inmate Facilitators to facilitate the program.
 - Men serving life or long sentences were handpicked by CDCR staff and trained by the program's authors (Stephanie Covington, Ph.D. and Roberto Rodriguez, M.A.) to facilitate the MBV program to other men in the prison.
 - For participants in the SHUs, the program was delivered by Department of Rehabilitative Programs (DRP) Correctional Counselors (CCIs) experienced in facilitating programs with participants.
- All participants housed on the SNY-Level IV B-Yard at CSP-Corcoran, in the CSP-Corcoran SHU, and in the Pelican Bay SHU, who expressed a desire to participate and who were not scheduled to be released or transferred before the end of their expected dates of program participation were accepted and allowed to participate in the program.

Results

- Across all three sites, pre- and post-program data were collected from 511 participants who completed the MBV program and related surveys.
 - Due to the low number of participants at the CSP-Corcoran SHU who were able to participate in and complete the program, these data were combined with the data collected from the participants who completed the program at the PBSP SHU.
 - The results thus distinguish between 325 participants who completed the program at the CSP-COR SNY-Level IV B-Yard and 126 participants who completed the program at the two SHU sites.
- *Demographic Statistics*
 - Mean age was early to mid-late 30s (SNY-Level IV, 38 years; SHUs, 32 years).
 - Primarily Latino (SNY-Level IV, 47%; SHUs, 67%).
 - Most reported having never been married (SNY-Level IV, 53%; SHUs, 67%).
 - Most reported having a high school education or GED (SNY-Level IV, 36%; SHUs, 43%).
- *Criminal Background*
 - First arrest occurred at a relatively young age (SNY-Level IV, 15 years; SHUs, 14 years).
 - Self-reported lifetime years spent in prison (SNY-Level IV, 18 years; SHUs, 14 years).
 - Most were incarcerated for the crimes of murder, attempted murder, or assault (SNY-Level IV, 59%; SHUs, 64%).
- *Drug & Alcohol History*
 - Prior to their arrest, 88% reported using drugs and/or alcohol in the 12 months.
 - Of those who reported using alcohol and/or drugs, their self-reported drug use was high, with most reporting using 2-3 times per week or more during that period (SNY-Level IV, 47%; SHUs, 60%).
 - For most, the primary drug of choice (after alcohol and marijuana) was amphetamines.
- *Adverse Childhood Experiences*
 - This population of offenders reported a large number of Adverse Childhood Experiences (ACEs) (i.e., ACE scores > 2), which likely contributed to childhood trauma and the adoption of criminal thinking and behaviors later in life.
- *Victimization and Perpetrator Statistics*
 - Fifty-nine percent (59%) or more of this population reported being the victims of physical abuse (minor and severe) and of threats and intimidation as children and were thus significantly more likely to engage in these same behaviors as adults.

- **Outcomes**

- Data were collected on 28 different measures that made up 8 primary outcomes: Anxiety, Depression, PTSD Symptoms, Mental Health, Aggression, Trauma Symptoms, Anger (State Anger and Trait Anger), and Instrumental and Expressive Representation.
- These data were collected prior to participants entering the MBV program and then again immediately after they completed the program.
 - For the SNY-Level IV MBV participants, 26 of the 28 outcome measures (93%) showed *statistically significant positive change* from pre- to post-program.
 - For the SHU MBV participants, 25 of the 28 outcome measures (89%) showed *statistically significant positive change* from pre- to post-program.

Conclusions

- As state and federal funding streams frequently require the use of evidence-based practices in custody settings, the MBV program and associated research provide independent documentation on the effectiveness of this curriculum to reduce the reoccurrence of violence and aggression among men, creating a safer custody environment.
- The MBV program continues to operate at the original pilot prisons and has expanded to additional yards at Corcoran and Pelican Bay and new facilities - the California Institution for Men, Avenal State Prison, and Kern Valley Prison.

BACKGROUND

Lifetime trauma exposure rates for incarcerated men vary from 62% to 100%. Childhood trauma, in particular, is widespread among incarcerated male populations, with approximately 7 in 10 incarcerated men reporting childhood physical abuse, sexual abuse, or neglect. Numerous studies have shown that abuse in childhood are known precursors to Post Traumatic Stress Disorder (PTSD) and increase the likelihood of aggression and arrest in adulthood. More specifically, victims of childhood abuse are two to three times more likely to be arrested for violence as adults.

The large number of incarcerated males, combined with their high rates of trauma exposure, PTSD and related substance use disorders, suggests a significant need for trauma treatment geared for men in correctional settings. This is particularly true for those who have also been victimizers.

With an increased understanding of the impact of trauma, clinicians are beginning to recognize specific issues for men and their relation to criminal involvement and have been able to establish treatment guidelines for trauma and PTSD.

Trauma-related difficulties are best treated in stages with the present-focused first stage focusing on safety, education, and skill building. These primary factors include the silence that surrounds men's abuse, the impact of male socialization on men's response to abuse, the risk of victims becoming victimizers, and the need to understand men's fear and shame and association to violence and aggression.

There are limited interventions designed to address violence and aggression and the relationship to trauma in men's lives. The project was created to assess the impact of a trauma-informed and gender-responsive treatment program for high risk men (i.e., Level IV and SHU) to reduce the incidence of violence, anger, and aggression. *Moving Beyond Violence: A Brief Intervention for Men* was proposed by the Center for Gender and Justice and first implemented in June 2016 under this contract at Corcoran and Pelican Bay. This program continues to operate at the original pilot prisons and has expanded to additional yards at Corcoran and Pelican Bay and new facilities - the California Institution for Men, Avenal State Prison, and Kern Valley Prison.

As state and federal funding streams frequently require the use of evidence-based practices in custody settings, the MBV program and associated research provide independent documentation on the effectiveness of this curriculum to reduce the reoccurrence of violence and aggression among men, creating a safer custody environment.

PROGRAM DESCRIPTION

*Moving Beyond Violence: A Brief Intervention for Men (Covington & Rodriguez, 2016)*¹

Moving Beyond Violence (MBV) is a 6-session trauma curriculum that is designed for men who have experienced trauma associated with adverse childhood experiences (ACEs). The materials focus on three core things: an understanding of what trauma is, its process, and its impact on both the inner self (thoughts, feelings, beliefs, values) and the outer self (behavior and relationships). The program encompasses the risk/need responsiveness principle within its creation and content. There is a strong emphasis on the development of grounding skills² (e.g., breathing deeply, placing feet firmly on the ground, noticing things you can touch). MBV is particularly designed for settings requiring a brief intervention and program rotation and it has been approved for Rehabilitative Achievement Credits (RAC). Based on the content on trauma and abuse, this program is designed for small groups (6 to 10).

MBV consists of six weekly 2-hour sessions. The session topics include: The Process of Trauma, The ACE Questionnaire, Power and Abuse, Grounding and Self-Soothing, and Healthy Relationships. The materials used in the program include a Facilitator Guide and a Participant Workbook (in English and Spanish). Both of these are on a CD, which allows for easy duplication.

The Facilitator Guide contains introductory material on men and trauma for the Facilitators and then detailed instructions (specific lesson plans) for the Facilitators to follow for each of the six sessions. Each session begins with a quick review of the previous session. This is followed by a grounding exercise and a trust-building exercise based on affirmative self-disclosure. Participants then read about and openly discuss the session topic in depth. There are exercises the participants engage in together that helps them to learn about the topic. Near the end of each session, participants engage in a grounding technique and are given an “assignment” that is due by the next session.

Objectives

This evaluation study sought to assess the overall effectiveness of the MBV curricula to reduce trauma-related difficulties as measured by PTSD symptoms, anger, aggression, depression, and overall mental health.

¹ The curriculum delivered and evaluated in this report is known as *Exploring Trauma: A Brief Intervention for Men*. For the purposes of this project, the curriculum was referred to as *Moving Beyond Violence* (aka *Building Resilience*). The program description and materials can be found at (<https://www.stephaniecovington.com/books-and-curricula.php>).

² Grounding is a particular type of coping strategy that is designed to immediately connect you with the present moment. Grounding is used as a way of coping with flashbacks, re-traumatization, or dissociation when you have PTSD.

Peer Facilitated Model of Implementation:

The project implemented a cost-effective model incorporating the use of Peer Facilitators to deliver the program. Men serving life or long sentences were handpicked by CDCR staff and trained by the program authors, Dr. Covington and Mr. Rodriguez, to facilitate the MBV program for other men in the prison. These sessions were also monitored by Program Supervisors at the facility to ensure programming fidelity and attendance for RAC. This implementation model can be effectively delivered in multiple prison settings simultaneously. An added benefit is the potential for continuity of programming if an inmate is transferred to another facility, there is potential to repeat the MBV program and/or continue facilitation.

For participants in the Secured Housing Units (SHU), the program was delivered by the Department of Rehabilitative Programs (DRP) Correctional Counselors (CCIs) experienced in facilitating programs with participants.

The Peer Facilitators were male participants serving a life-term sentence (with or without parole) or a determinate sentence with an EPRD that is at least 10 years out. Eligible participants volunteered to be trained as Peer Facilitators and went through a rigorous interview process with institutional staff at CSP-Corcoran. Thirteen eligible participants were selected to go through the MBV program. After doing so, all 13 participants then attended a 2-day in-depth training on the MBV curriculum facilitated by the program's author, Stephanie Covington, Ph.D. and her colleague, Roberto Rodriguez, M.A. Also attending this 2-day training were institutional staff from the study sites (i.e., selected correctional officers, mental health and contract staff). At the conclusion of the 2-day training, institutional staff selected 8 of the 13 participants to move forward as permanent Peer Facilitators, who would be divided up into Peer Facilitator teams of 2 men each to facilitate the 6-week MBV intervention to other participants

Eligible Inmate Participants

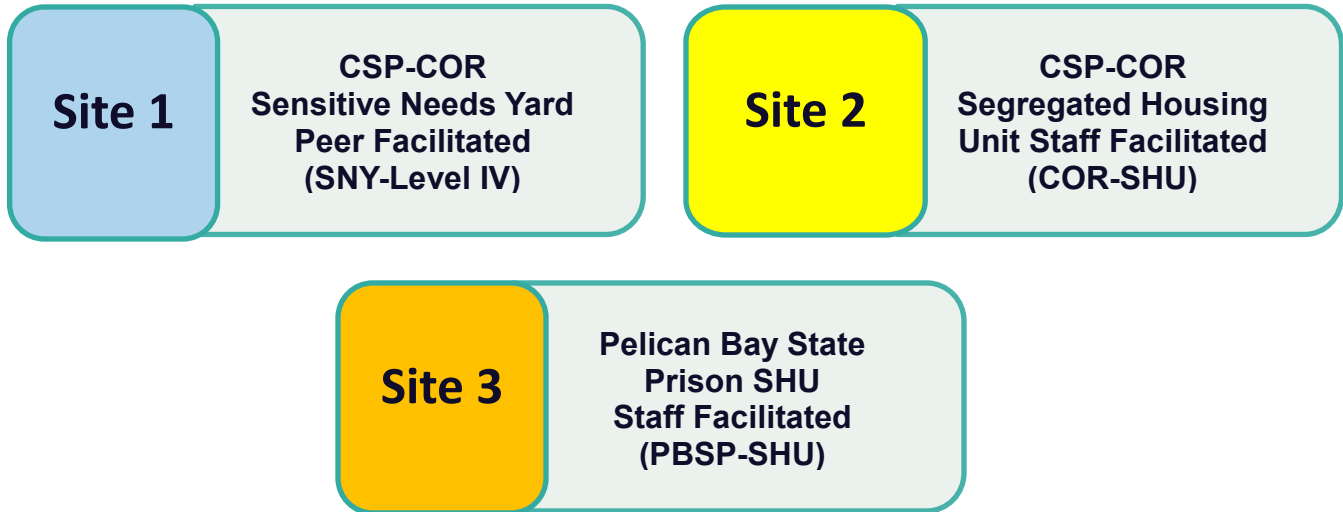
All participants housed on the SNY-Level IV B-Yard at CSP- Corcoran, in the CSP-Corcoran SHU, or in the Pelican Bay SHU, who had enough time remaining on their sentence to fully complete the 6-week curriculum were eligible to participate.

— Continued on next page —

METHODOLOGY

Study Sites

This contract covered evaluation of the MBV program at three sites:



Following the staff and Peer Facilitator trainings described above, the MBV program began operating at these three sites in June-September 2016. Data collection commenced at that time and ceased on May 31, 2018.

Procedure

Participants at all three sites who wished to participate in the MBV program filled out sign-up sheets located within their housing units or verbally expressed their interest in participating to the Peer Facilitators or to the institutional staff overseeing the program. All participants who expressed a desire to participate and who had enough time left on their sentence or who were not scheduled to be transferred before the end of their expected dates of program participation were accepted and allowed to participate in the program.

On the SNY-Level IV B-Yard at CSP-Corcoran, four groups were conducted in each rotation of the 6-week intervention. With 7-8 participants participating in each group, approximately 28 to 32 participants completed the intervention each rotation. At the CSP-Corcoran SHU and Pelican Bay State Prison SHU, the groups were facilitated by one trained staff member, so only one group occurred each rotation. Each group had a capacity of up to eight participants. However, for reasons explained below, the groups in the Corcoran SHU often had far fewer participants. Groups at Pelican Bay State Prison SHU were always at capacity.

All participants who wished to participate in the MBV program were administered a pre-program questionnaire. They were then scheduled to participate in the next available set of MBV sessions. Upon completing the intervention, each participant was administered a post-program questionnaire. The impact of the intervention assessing change over time was assessed.

Measures

To assess the effectiveness of the MBV intervention, data were collected on 28 different measures that made up eight primary outcomes. These data were collected prior to participants entering the MBV program and then again immediately after they completed the program. Below are the primary outcomes and the scales that made up those outcomes.

Patient Health Questionnaire – Anxiety Subscale:

Anxiety

The Patient Health Questionnaire Anxiety Subscale is a 6-item subscale that measures anxiety symptoms felt over the past four weeks (Spitzer, Kroenke, & Williams, 1999).

Patient Health Questionnaire – Depression Subscale:

Depression

The Patient Health Questionnaire Depression Subscale is a 9-item subscale that measures current depressive symptomology (Kroenke & Spitzer, 2002; Spitzer et al., 1999).

Short Screening Scale for DSM-IV PTSD:

PTSD Symptoms

The Short Screening Scale for DSM-IV Posttraumatic Stress Disorder is used to assess current symptoms of PTSD. Respondents complete a 7-item scale concerning symptom frequency in the prior four-week period (Breslau, Peterson, Kessler, & Schultz, 1999).

K6 Brief Mental Health Screen:

Mental Health

The K6 Brief Mental Health Screen is a 6-item scale that assesses the respondent's overall mental health (Kessler et al., 2002, 2003).

Buss-Warren Aggression Questionnaire (AQ) (5 Measures):

Aggression

The Buss-Warren Aggression Questionnaire (AQ) is a 34-item instrument used to assess anger and aggression. The instrument includes five subscales: Physical Aggression, Verbal Aggression, Anger, Hostility, and Indirect Aggression (Buss & Warren, 2000).

Trauma Symptoms Checklist (TSC-40) (6 Measures):

Trauma Symptoms

The TSC-40 is a 40-item self-report instrument consisting of six subscales: Anxiety, Depression, Dissociation, Sexual Abuse Trauma Index (SATI), Sexual Problems, and Sleep Disturbance, as well as a Trauma Symptoms Total Score (Elliott & Briere, 1992).

State-Trait Anger Expression Inventory—2 (STAXI-2) (4 State and 7 Trait Measures):

State & Trait Anger

The STAXI-2 measures the experience and intensity of anger as an emotional state (State Anger) and as an emotional trait (Trait Anger) (Spielberger, 1999).

State Anger refers to the intensity of angry feelings at a particular time. The State Anger scale consists of three subscales: Feeling Angry, Feeling like Expressing Anger Verbally, and Feeling like Expressing Anger Physically. There is also a Composite State Anger scale.

Trait Anger refers to how angry emotions are expressed over time. The Trait Anger scale consists of six subscales: Anger Temperament, Anger Reaction, Anger Expression-Out, Expression-In, Anger Control-Out, and Anger Control-In. There is also a Composite Trait Anger scale. Anger Expression scales measure the extent to which respondents express their anger in aggressive behavior directed toward persons or objects in the environment (Anger Expression-Out) or suppress angry feelings rather than expressing them physically or verbally (Anger Expression-In). Anger Control scales measure the extent to which respondents expend energy monitoring and preventing the outward experience and expression of anger (Anger Control-Out) or expend energy in calming down and reducing anger (Anger Control-In).

Instrumental and Expressive Representation Scale (IERS) (2 Measures):

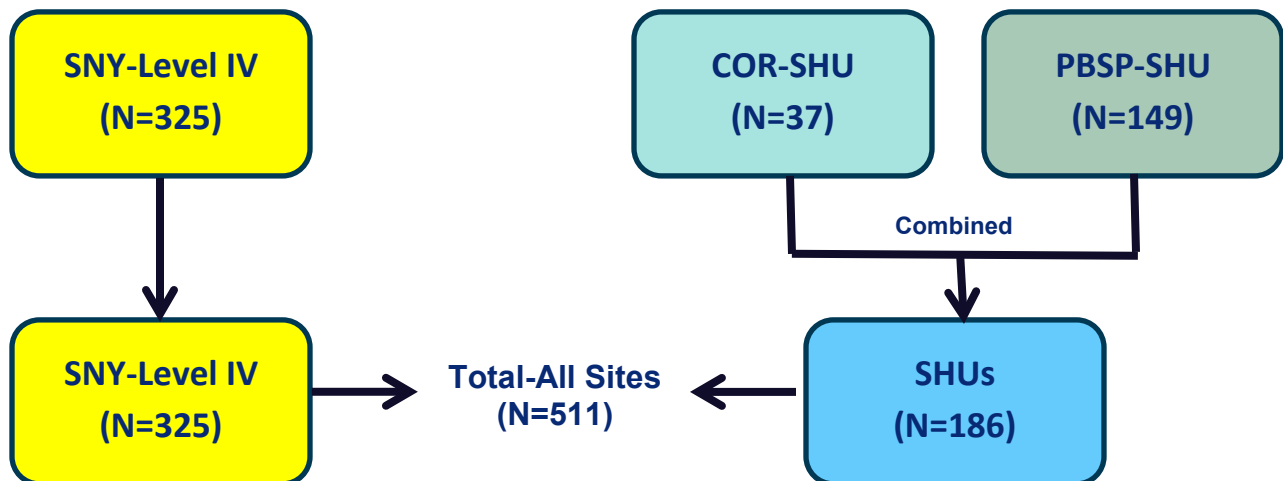
Instrumental & Expressive Representation

Instrumental and expressive anger were assessed through Revised Instrumental and Expressive Representation Scales. The scales had 16 items with 2 subscales (instrumental and expressive) assessing anger expression (Campbell, Muncer, McManus, & Woodhouse, 1999).

RESULTS

Across all three sites, pre- and post-program data were collected from 511 participants who completed the MBV program. Participants at the CSP-COR SHU who had any substantial time left on their designated SHU term were often being transferred to the SHU at Pelican Bay State Prison. Because of this, many participants who desired to be in the MBV program often did not get to enroll in the program or complete more than a few sessions before they were transferred out. As a result, pre- and post-program data were collected from only 37 participants at COR-SHU. For this reason, these data were combined with the data collected from the participants who completed the program at the PBSP SHU. The results below distinguish between participants who completed the program at the CSP-COR SNY-Level IV B-Yard and those who completed the program at the two SHU sites—COR-SHU and PBSP-SHU. (See **Figure 1** below.)

Figure 1: Consolidation of Samples for Analyses



Descriptive Statistics

Tables 1-4 below document the descriptive statistics for MBV participants at the SNY-Level IV and the combined SHU sites. Table 1 contains demographic statistics. Table 2 contains criminal background statistics. Table 3 contains drug-use background statistics, Table 4 contains adverse childhood event statistics, and Tables 5 and 6 contain victim-perpetrator statistics.

Table 1: Demographics

	SNY-Level IV (N=325)	SHUs (N=186)
Age	Mean: 37.9 (SD=10.0)	Mean=31.8 (SD=6.8)
Race/Ethnicity		
Latino	46.8%	67.4%
White	19.1%	13.6%
Black	22.8%	12.0%
Multiracial	7.1%	3.3%
Other	4.2%	3.7%
Marital Status		
Never Married	52.9%	66.8%
Legally Married	18.0%	4.3%
Living Together	16.2%	21.2%
Separated/Divorced/Widowed	12.9%	7.7%
Education		
No High School	6.5%	5.4%
Some High School	31.0%	32.4%
High School Diploma	11.1%	16.2%
GED	24.5%	27.0%
Vocational Certificate	2.8%	2.2%
Some College	22.3%	16.8%
College Degree	1.8%	0.0%
Obtained GED in Prison	39.6%	41.4%
Any College in Prison	16.4%	13.9%

Demographics (Table 1). SHU inmate were younger, on average, than participants on the SNY-Level IV COR-B yard (31.8 versus 37.9, respectively). The largest proportion of participants in the MBV program across all sites were Latino. This was especially true for SHU participants; 67.4% of SHU participants who participated in MBV were Latino. Most

participants across all sites also reported never being married. This was also especially true for SHU participants; 66.8% of SHU participants reported never being married. Finally, across all sites, most participants reported having some high school, a high school diploma or GED. Several participants also reported an education level that included some college (likely college courses taken while incarcerated; see statistics for “Any College in Prison”), although very few had a college degree.

Table 2: Criminal Background

	SNY-Level IV (N=325)	SHUs (N=186)
Arrests & Incarcerations	<u>M (SD)</u>	<u>M (SD)</u>
Lifetime Arrests	12.3 (18.53)	9.7 (13.18)
Age of First Arrest	14.7 (3.88)	14.3 (2.9)
Lifetime Years of Incarceration	17.7 (9.86)	14.0 (7.12)
SHU Incarcerations¹		
Number of times incarcerated in SHU	2.7 (2.24)	2.0 (1.58)
Lifetime years spent in SHU confinement	5.3 (5.31)	4.0 (5.13)
Offense Leading to Current Incarceration²		
Homicide/Murder/Manslaughter	31.1%	27.2%
Attempted Murder	14.2%	21.7%
Assault	13.5%	15.0%
Theft/Robbery	20.4%	21.7%
Carjacking	2.8%	3.3%
Kidnapping	5.0%	0.6%
Rape/Sex	2.5%	0.0%
Drugs	3.8%	1.7%
Other	6.7%	8.8%

¹ 65% of SNY-Level IV participants and 100% of SHU participants had a history of being confined in SHU.

² Based on self-report.

Criminal Background (Table 2). While age of first arrest was the same for participants across all sites, participants at the SNY-Level IV site reported having more lifetime arrests and lifetime years of incarceration. They also reported a higher number of lifetime years spent in SHU confinement. The most common offense that led to current incarceration across all sites was “death of another” (i.e., homicide, murder, manslaughter), followed by attempted murder and theft/robbery. It is important to note that data relating to “Offense Leading to Current Incarceration” were based solely on self-report. Nevertheless, the prevalence of each crime based on self-report has remained consistent since data commenced collection in 2016.

Drug Use Background (Table 3). Slightly over 88% of participants across all sites reported using alcohol or drugs in the 12 months prior to the arrest that led to their current

incarceration. The most prevalent drugs used during that 12-month period were alcohol, marijuana, and amphetamines—over 42% of participants across all sites reported using amphetamines in the 12 months prior to their arrest. Of particular interest is the frequency of alcohol and drug use in the 12-months prior to arrest. With respect to alcohol usage, the largest proportion of participants reported using alcohol 1 to 3 times per week (SNY-Level IV=48.6%, SHUs=45.5%). However, with respect to drug use, the largest proportion of participants reported using drugs nearly every day or daily (SNY-Level IV=51.8%, SHUs=66.1%).

Table 3: Drug Use Background

	SNY-Level IV (N=325)	SHUs (N=186)
Used Alcohol or Drugs in 12 Months Prior to Arrest	88.2%	88.5%
Alcohol/Drugs Used in 12 Months Prior to Arrests¹		
Alcohol	78.5%	80.2%
Marijuana	65.8%	72.2%
Cocaine	21.1%	19.1%
Heroin	13.4%	13.0%
Amphetamines	43.8%	42.6%
Prescription Drugs	10.2%	13.0%
Designer Drugs	10.2%	12.3%
Hallucinogens	9.5%	8.0%
Frequency of <u>Alcohol</u> Use in 12 Months Prior to Arrests¹		
Never	9.0%	4.5%
About once a month	18.9%	15.2%
About once a week	25.2%	20.5%
2-3 times per week	23.4%	25.0%
Nearly every day	16.2%	15.2%
Every day	7.2%	19.6%
Frequency of <u>Drug</u> Use in 12 Months Prior to Arrests¹		
Never	11.8%	8.0%
About once a month	9.1%	5.4%
About once a week	11.8%	6.3%
2-3 times per week	15.5%	14.3%
Nearly every day	21.8%	25.0%
Every day	30.0%	41.1%

¹Reported as a percent of those who reported using alcohol of drugs in the 12 months prior to arrest.

Adverse Childhood Events (Table 4). *Moving Beyond Violence* (MBV) was designed for men who have been abused or have experienced trauma associated with adverse childhood experiences (ACEs). As part of the pre-program assessment, participants were administered the ACE questionnaire. This questionnaire asks respondents to indicate (Yes or No) whether they had experienced any one of ten different adverse childhood experiences. Research has shown a direct link between one’s ACE score and chronic illness in adulthood, as well as depression, domestic violence and suicide. For example, an individual with an ACE score of four or higher was 460% more likely to experience depression and 1,220% more likely to attempt suicide (Felitti et al., 1998). The prevalence of adverse childhood experiences is also a predictor of trauma for many individuals.

Table 4 lists the ten questions that make up the ACE questionnaire and the mean ACE scores (sum of “yes” answers to the ten questions) of participants across all sites in this study.

- ✓ Participants on SNY-Level IV had a mean ACE score of 4.8 (SD=2.66); 87.4% of participants scored higher than a 2, and 43% scored higher than 5.
- ✓ Participants from the SHUs had a mean ACE score of 3.7 (SD=2.46); 76.1% of participants scored higher than a 2, and 26.1% scored higher than 5.

Table 4: Adverse Childhood Events

1	Did a parent or other adult in the household often or very often swear at you, insult you, put you down, or humiliate you, or act in a way that made you afraid you might be physically hurt?		
2	Did a parent or other adult in the household often or very often push, grab, slap, or throw something at you, or ever hit you so hard that you had marks or were injured?		
3	Did an adult or person at least 5 years older than you ever touch or fondle you, have you touch their body in a sexual way, or attempt or actually have oral sex or intercourse with you?		
4	Did you often or very often feel that no one in your family loved you or thought you were important or special, or your family didn't look out for each other, feel close to each other, or support each other?		
5	Did you often or very often feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you, or your parents were too drunk or high to take care of you or take you to the doctor if you needed it?		
6	Were your parents ever separated or divorced?		
7	Was your mother or stepmother often or very often pushed, grabbed, slapped, had something thrown at her, bitten, hit with a fist, or hit with something hard?		
8	Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?		
9	Was a household member depressed or mentally ill or attempt suicide?		
10	Did a household member go to prison?		
		COR-B	SHUs
	Mean (SD)	4.8 (2.66)	3.7 (2.46)
	Score > 2	87.4%	76.1%
	Score > 5	43%	26.1%

Victimization and Perpetrator Statistics (Tables 5 and 6). As part of the pre-program questionnaire, participants were asked to indicate whether or not they had ever been the victim or perpetrator of 15 different behaviors. These behaviors can be categorized into four major categories: (1) minor physical abuse (three behaviors; pushed, hit, restrained), (2) severe physical abuse (four behaviors; choked, burned, beaten, shot/stabbed), (3) threats and intimidation (seven behaviors; threats of physical harm or death to self, children, family members, or friends), and (4) sexual abuse/assault (one behavior; forced into unwanted sex act). For each behavior, participants were asked to indicate whether it had ever happened to them in their lives, or if they had ever engaged in the behavior. If the answer to either was yes, they were then asked to indicate whether:

1. It happened to them as a child before the age of 18,
2. It happened to them as an adult by a romantic partner,
3. It happened to them as an adult by someone other than a romantic partner,
4. They did it as an adult to a romantic partner, or
5. They did it as an adult to someone other than a romantic partner.

Items 1-3 represent instances in which the inmate would have been a victim of the behavior. Items 4-5 represent instances in which the inmate would have been acting as a perpetrator.

Tables 5 and 6 collapse these data down into frequencies relating to whether respondents were (1) victims as children, (2) victims as adults, or (3) perpetrators as adults of each major category of behavior. These tables further report the results of analyses that suggest relationships between being a victim and being a perpetrator or each category of behavior. Table 5 reports these results for participants from SNY-Level IV; Table 6 reports these results for participants from the two SHU sites.

SNY-Level IV (Table 5). Prior to the age of 18, 82% of SNY-Level IV participants reported that they had been victims of minor physical abuse, 59% reported being victims of severe physical abuse, 15% reported being victims of sexual abuse/assault, and 66% reported being victims of threats and intimidation. Lower percentages were reported for victimization as an adult; 56% reported being victims of minor physical abuse as an adult, 48% reported being victims of severe physical abuse as an adult, 3% reported being the victim of forced sex as an adult, and 51% reported being the victim of threats or intimidation as an adult. With regard to being the perpetrators of these behaviors as adults, 58% reported perpetrating minor physical abuse as an adult, 47% reported perpetrating severe physical abuse as an adult, 4% reported being the perpetrator of forced sex as an adult, and 41% reported being the perpetrator of threats or intimidation as an adult.

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Table 5: Victimization and Perpetrator Statistics for SNY-Level IV

SNY-Level IV (N=325)	Minor Physical Abuse ¹		Severe Physical Abuse ²		Forced Sex ³		Threats/ Intimidation ⁴	
	n	% Yes	n	% Yes	n	% Yes	n	% Yes
HAPPENED to YOU as a CHILD Before the Age of 18	296	82%	295	59%	292	15%	296	66%
HAPPENED to YOU as an ADULT	296	56%	295	48%	292	3%	296	51%
You DID as an ADULT	296	58%	295	47%	292	4%	296	41%
HAPPENED to YOU as a CHILD & as an ADULT	296	63%***	295	54%**	292	13%***	296	62%***
HAPPENED to YOU as a CHILD & YOU DID as an ADULT	296	63%***	295	53%*	292	11%*	296	64%***
HAPPENED to YOU as an ADULT & YOU DID as an ADULT	296	86%***	295	64%***	292	30%**	296	80%***

¹Pushed, Hit, Restrained; ²Choked, Burned, Beaten, Shot/Stabbed; ³All forms of sexual acts; ⁴Threats of physical harm or death to self, children, family members, friends.

***p<.001; **p<.01; *p<.05

Chi-square analyses were performed to examine relationships between being a victim and being a perpetrator for each category of behavior. Results from these analyses show that victimization as a child was significantly related to both victimization and being a perpetrator as an adult. With the exception of sexual abuse/assault, most participants who reported being victimized under each of the major behavior categories also reported being a perpetrator of the behavior as an adult.

Minor Physical Abuse

- ✓ **63%** of men who reported being victims of minor physical abuse as a child, reported being the continued victims of minor physical abuse as adults.
- ✓ **63%** of men who reported being victims of minor physical abuse as a child, reported being the perpetrators of minor physical abuse as adults.
- ✓ **86%** of men who reported being victims of minor physical abuse as an adult, reported also being the perpetrators of minor physical abuse as adults.

Severe Physical Abuse

- ✓ **54%** of men who reported being victims of severe physical abuse as a child, reported being the continued victims of severe physical abuse as adults.

-
- ✓ **53%** of men who reported being victims of severe physical abuse as a child, reported being the perpetrators of severe physical abuse as adults.
 - ✓ **64%** of men who reported being victims of severe physical abuse as an adult, reported also being the perpetrators of severe physical abuse as adults.

Forced Sex

- ✓ **13%** of men who reported being victims of sexual abuse/assault as a child, reported being the continued victims of sexual abuse/assault as adults.
- ✓ **11%** of men who reported being victims of sexual abuse/assault as a child, reported being the perpetrators of sexual abuse/assault as adults.
- ✓ **30%** of men who reported being victims of sexual abuse/assault as an adult, reported also being the perpetrators of sexual abuse/assault as adults. However, only 3% (9 participants) reported being victims of sexual abuse/assault as an adult.

Threats/Intimidation

- ✓ **62%** of men who reported being victims of threats or intimidation as a child, reported being the continued victims of threats or intimidation as adults.
- ✓ **64%** of men who reported being victims of threats or intimidation as a child, reported being the perpetrators of threats or intimidation as adults.
- ✓ **80%** of men who reported being victims of threats or intimidation as an adult, reported also being the perpetrators of threats or intimidation as adults.

SHUs (Table 6). Prior to the age of 18, 70% of SNY-Level IV participants reported that they had been victims of minor physical abuse, 45% reported being victims of severe physical abuse, 3% reported forced being victims of sexual abuse/assault, and 51% reported being victims of threats and intimidation. Lower percentages were reported for victimization as an adult; 47% reported being victims of minor physical abuse as an adult, 42% reported being victims of severe physical abuse as an adult, 1% reported being the victim of forced sex as an adult, and 38% reported being the victim of threats or intimidation as an adult. With regard to being the perpetrators of these behaviors as adults, 62% reported perpetrating minor physical abuse as an adult, 56% reported perpetrating severe physical abuse as an adult, none reported being the perpetrator of forced sex as an adult, and 50% reported being the perpetrator of threats or intimidation as an adult.

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Table 6: Victimization and Perpetrator Statistics for SHUs

SHUs (N=186)	Minor Physical Abuse ¹		Severe Physical Abuse ²		Forced Sex ³		Threats/ Intimidation ⁴	
	n	% Yes	n	% Yes	n	% Yes	n	% Yes
HAPPENED to YOU as a CHILD Before the Age of 18	182	70%	181	45%	180	3%	181	51%
HAPPENED to YOU as an ADULT	182	47%	181	42%	179	1%	181	38%
You DID as an ADULT	182	62%	181	56%	186	0%	181	50%
HAPPENED to YOU as a CHILD & as an ADULT	182	58%***	181	55%***	179	0%	181	61%***
HAPPENED to YOU as a CHILD & YOU DID as an ADULT	182	70%***	181	68%**	180	0%	181	67%***
HAPPENED to YOU as an ADULT & YOU DID as an ADULT	182	93%***	181	84%***	179	0%	181	88%***

¹Pushed, Hit, Restrained; ²Choked, Burned, Beaten, Shot/Stabbed; ³All forms of sexual acts; ⁴Threats of physical harm or death to self, children, family members, friends

***p<.001; **p<.01; *p<.05

Chi-square analyses were performed to examine relationships between being a victim and being a perpetrator for each category of behavior. Results from these analyses show that victimization as a child was significantly related to both victimization and being a perpetrator as an adult. Again, with the exception of sexual abuse/assault, most participants who reported being victimized under each of the major behavior categories also reported being a perpetrator of the behavior as an adult.

Minor Physical Abuse

- ✓ **58%** of men who reported being victims of minor physical abuse as a child, reported being the continued victims of minor physical abuse as adults.
- ✓ **70%** of men who reported being victims of minor physical abuse as a child, reported being the perpetrators of minor physical abuse as adults.
- ✓ **93%** of men who reported being victims of minor physical abuse as an adult, reported also being the perpetrators of minor physical abuse as adults.

Severe Physical Abuse

- ✓ **55%** of men who reported being victims of severe physical abuse as a child, reported being the continued victims of severe physical abuse as adults.

-
- ✓ **68%** of men who reported being victims of severe physical abuse as a child, reported being the perpetrators of severe physical abuse as adults.
 - ✓ **84%** of men who reported being victims of severe physical abuse as an adult, reported also being the perpetrators of severe physical abuse as adults.

Forced Sex

- ✓ **None (0%)** of the men who reported being victims of sexual abuse/assault as a child, reported being the continued victims of sexual abuse/assault as adults.
- ✓ **None (0%)** of the men who reported being victims of sexual abuse/assault as a child, reported being the perpetrators of sexual abuse/assault as adults.
- ✓ **None (0%)** of the men who reported being victims of sexual abuse/assault as an adult, reported also being the perpetrators of sexual abuse/assault as adults.

Threats/Intimidation

- ✓ **61%** of men who reported being victims of threats or intimidation as a child, reported being the continued victims of threats or intimidation as adults.
- ✓ **67%** of men who reported being victims of threats or intimidation as a child, reported being the perpetrators of threats or intimidation as adults.
- ✓ **88%** of men who reported being victims of threats or intimidation as an adult, reported also being the perpetrators of threats or intimidation as adults.

For both the SNY-Level IV participants and the SHU participants, these analyses indicate a strong relationship between being a victim of both minor and severe physical abuse, threats, and intimidation as a child and engaging in these behaviors as an adult (i.e., being a perpetrator of these behaviors). The low number of participants who reported being the victim of sexual abuse/assault (as a child or as an adult), or a perpetrator, made it difficult to draw any conclusions regarding this behavior.

In sum, these combined descriptive statistics draw a picture of a relatively young population (early to mid-30s) of participants, who are largely Latino, have a high school education (or GED), and have never been married. These participants are at high risk and in high need of interventions/programs that will help alleviate these risks and address their needs. The participants experienced their first arrest at a relatively young age (14) and have spent an average of 14-17 years in prison over the course of their lives. Most are currently incarcerated for the crimes of murder, attempted murder, or assault. Prior to their arrest, most had a history of severe drug and alcohol use in the 12 months prior to their arrest (88%), with 50-60% of those using drugs almost every day or every day during the 12 month period. For most, the primary drug of choice (after alcohol and marijuana) was amphetamines. Furthermore, this population of offenders reported a large number of ACEs, which likely contributed to childhood trauma and the adoption of criminal thinking and behaviors later in life. With exception of sexual abuse/assault, 50% or more of this population reported being the

victims of physical abuse (minor and severe) and of threats and intimidation as children and were thus more likely to engage in these same behaviors as adults.

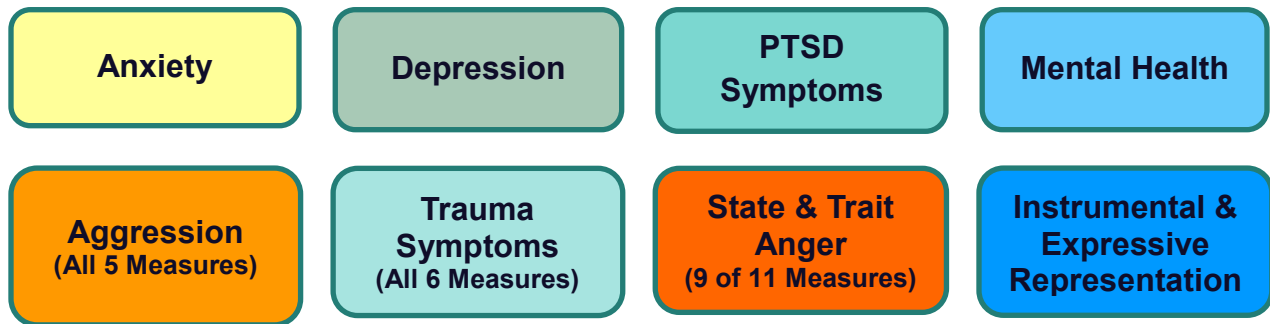
Outcomes

SNY-Level IV (Figure 2)

Of the 28 measures that data were collected on, SNY-Level IV participants who completed the program showed significant improvement on 26 (93%) of them. The measures that showed the most improvement were measures related to Anxiety, Depression, PTSD Symptoms, Mental Health, Aggression, Trauma Symptoms (which is what the program is designed to address and have the most impact on), “Trait” Anger, and Instrumental and Expressive (Anger) Representation. There did not seem to be any impact of the MBV program on selected measures of State Anger.

Figure 2: Results for CSP-COR SNY-Level IV B-Yard

Significant Positive Change – 26 of 28 Measures (93%)



No Significant Change – 2 of 28 Measures (7%)

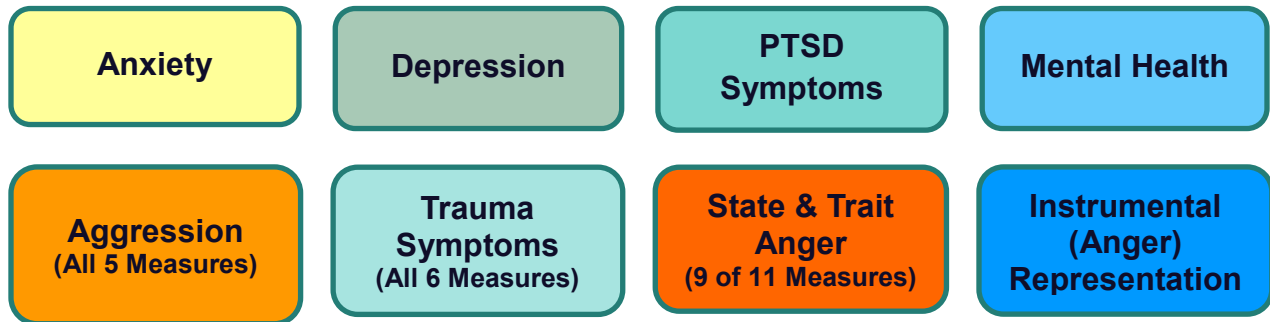


CSP-COR and PBSP SHUs (Figure 3)

Of the 28 measures that data were collected on, SHU participants who completed the program showed significant improvement on 25 (89%) of them. Positive changes approaching statistical significance occurred on an additional three measures (8%). The measures that showed the most improvement were measures related to Anxiety, Depression, PTSD Symptoms, Mental Health, Aggression, Trauma Symptoms, “Trait” Anger, and Instrumental and Expressive (Anger) Representation. There did not seem to be any impact of the MBV program on selected measures of State Anger.

Figure 3: Results for CSP-COR SHU and Pelican Bay State Prison SHU

Significant Positive Change – 25 of 28 Measures (89%)



No Significant Change – 3 of 28 Measures (11%)



The State-Trait Anger Expression Inventory (STAXI) measures the experience and intensity of anger as an emotional state (State Anger) and as an emotional trait (Trait Anger). Measures of State Anger assess the intensity of angry feelings at a particular time and the Trait Anger scale measure how angry emotions are expressed over time. To the extent MBV helps participants develop effective coping skills to deal with early childhood trauma, it can be expected that this also helps improve (decrease) Trait Anger (i.e., how angry emotions are expressed over time). Given that State Anger assesses angry feelings at any given point in time, there are perhaps too many extraneous environmental and situational factors associated with day-to-day life in the prison environment that impact these measures and offset any potential improvements MBV might make to an individual's State Anger.

A similar explanation applies to Expressive Anger Representation, which witnessed significant positive change among the SNY-Level IV participants but not among the SHU participants. Instrumental anger refers to the manifestation of anger through actual physical acts (e.g., striking, hitting, using physical force), whereas expressive anger refers to the expression of one's feelings that may result from engaging in instrumental anger representation (e.g., feeling out of control, drained, or guilty). The fact that Expressive Anger Representation did not witness significant positive change among the SHU participants, when it did among SNY-Level IV participants, is likely due to differences in the custody environments. SNY-Level IV yard offers far more opportunities for participants to engage in physical acts of aggression or violence. This is not the case in a SHU environment. As such Expressive Anger Representation may not be experienced as much

CONCLUSION

The *Moving Beyond Violence* intervention (MBV) is designed as a brief intervention that was designed to be administered to incarcerated men who have been abused or have experienced trauma associated with adverse childhood experiences (ACEs). The intervention focuses on three core elements: (1) an understanding of what trauma is, (2) its process, and (3) its impact on both the inner self (thoughts, feelings, beliefs, values) and the outer self (behavior and relationships).

A total of 511 male participants across three sites participated in the program. These male participants were confined to a SNY-Level IV Facility (B-Yard) at CSP-Corcoran, at the CSP-Corcoran SHU Facility, and at the PBSP SHU Facility. For the SNY-Level IV participants, the MBV intervention was facilitated by trained Peer Facilitators, while at the SHU sites, the intervention was facilitated by trained staff.

Across these three sites, the participants who participated in MBV were relatively young (early to mid-30s) and largely Latino with a high school education (or GED). The participants had extensive and violent criminal backgrounds as well as a history of severe drug and alcohol use. These participants also reported a large number of adverse childhood experiences, which likely contributed to childhood trauma and the adoption of criminal thinking and behaviors later in life; and 50% or more reported being the victims of physical abuse (minor and severe) and of threats and intimidation as children and were thus more likely to engage in these same behaviors as adults.

The intervention proved to be very effective. Of the 38 measures that data were collected on, participants who completed the program showed significant positive change on up to 93% of them, including the key measures of Anxiety, Depression, PTSD Symptoms, Mental Health, Aggression, and Trauma Symptoms. These were the measures that the program was designed specifically to address and have the most impact on.

In sum these results demonstrate that this exceptional program had a significant positive impact on the lives of the participants as well as the staff that oversaw them on a day to day basis.

The MBV program is becoming evidence-based, as the research underway includes two randomized controlled trials, multiple sites, and varying levels of custody. The MBV program is currently being implemented in five California male prisons, in two male SHUs, and on level IV, III, and II yards. As of September 30, 2018, 661 men have gone through the program with 60 trained Peer Facilitators. The program evaluations continue to show significant and positive change across all levels of risk and facilities.

The CDCR and the institutions have shown their dedication to the program model by creating pay positions for the Peer Facilitators, securing programming space, allowing men to finish their pre/post surveys, getting the participants to group on time, allowing for RAC, and providing “free staff” to oversee evening groups. The Wardens and administrative staff also organized and attended graduations, provided photographers, caps and gowns. Wardens and Community Resource Managers at new facilities have specifically requested this program at their prison on specific yards with high levels of violence and EOP.

PARTICIPANT FEEDBACK

Participants who completed the program were offered an opportunity at the end of the post-program questionnaire to provide written feedback. Below is a sample of the comments written by program participants.

Please share any thoughts, feelings, or feedback that you have regarding your experience with the Moving Beyond Violence/Building Resilience sessions that you just completed.

Feedback from SHU Participants

“From what I experienced this program helps a lot of participants feel secure in the group so that helps a lot of us open-up on personal issues. I also think this class should be available to all participants, not just the only ones that are getting kicked out in 3 or 4 months. If I would have been able to enroll in the groups in the beginning, that would have given me more time to evaluate my actions. Thank you.”

“I liked the program *Building Resilience*. Understanding the effect of past trauma and why we feel the way we do is important to move forward. I also found the “grounding” exercises helpful.”

“This is actually good sessions. Because we do this in group. And we get to talk as one, as a group, and get to share each other’s thoughts, ideas, etc. That’s what I liked about this.”

“I think this was all very insightful. I very much appreciated some of the lessons I’ve learned in this course. For example, instead of looking at things as right and wrong, see them as effective or ineffective. I think this course is great.”

“This group is very good and has helped me in different ways. Since participating, I have learned how to use grounding techniques to control my anger. I have not yet mastered them but with practice I’m sure I will soon. The group environment was very helpful as well, getting a chance to share different experiences with one another and learn how others would deal with anger differently. I appreciate the opportunity for allowing us to participate and am looking forward to joining more groups provided to us here in the SHU as well as in the mainline. Thanks for the time and effort you all are putting into these types of groups for us. It shows us how much you care about our rehabilitating.”

“I like the fact that I was able to understand that anger is a secondary emotion, so if I was to understand or acknowledge the issue beforehand, it would be helping me to eliminate the ‘anger factor.’ That was cool to understand. Overall, it was quite helpful to know that I wasn’t the only one having issues understanding why the things that got me mad got me mad.”

“I had a great experience learning a bit of why I might be the way I am. Mr. Hutzell helped me ask myself some questions I never had before. Just having someone to listen to me without judgement helped me open-up.”

“It was a good class and a great learning experience.”

“I really got some self-revelations. I learned that I am not a bad person. I’m actually a man who’s doing better and trying to bring positive energy to people around me. I’m thankful for *Building Resilience*. It really helped me. I thought it was going to be bullshit but Hutzell pushed me out of my comfort zone, and I’m thankful for him!”

“This is a great group. I won’t lie. At first, I just signed up to get out of my cell. But as the weeks went, along with Mr. Hutzell’s style of teaching, I found myself opening up and sharing with others, which was cool. Also, this course taught me that it is OK to admit these issues. By admitting these issues, I can begin to trace the cause of my destructive behaviors, deal with them effectively, and begin the process to heal and move forward.”

Feedback from SNY-Level IV Participants

“I feel the tools I learned will help me in the future to recognize my strengths and weaknesses, but I realize ultimately it’s up to me how I use them.”

“When I first began *Building Resilience*, I was doing it all for the wrong reasons. But after the second session, I began to really listen to exactly what the curriculum had to really offer me to become a better version of myself, and to allow the remainder of my 3½ years of my 18-year sentence to recreate myself as the best father, son, brother, uncle, human being, and (one day) husband I can become with the help of these programs like *Building Resilience*. I learned so much. I thank you all very much for taking the chance to better myself while in prison. Yes, please one day I would love to become a Facilitator to your groups. Respectfully, (*inmate’s name and CDR number*)”

“I am very grateful and appreciative of the time the Facilitators gave to teach a very awesome program for trauma. They were insightful, caring, and sincere. We were allowed to express ourselves without judgement and without feeling or experiencing the shame of our personal thoughts or experiences, and for some this was important for them and me. I believe this trauma program gives solutions to our problems without it being too much. Thank you Mike and Tony for your dedication.”

“I just completed Group 6 of *Building Resilience*. I thought I knew all about myself as a man. I thought going into the groups that men like myself made mistakes and we must admit to our wrong doings and try to amend for our mistakes. However, *Building Resilience* taught me to look back and find the cause of the choices we made, and I found out the choices I made stem from a childhood wound/traumatic event I experienced that I never addressed until this session. I never looked that far back into my childhood to realize what happened in my childhood really affected me as a

grown man the way it did. I truly like *Building Resilience*. It's a real thought provoking and interesting group. Thank you."

"I enjoyed relating to others' similar life experiences and learning from them as well."

"I would like to start by saying that I am so thankful to be a part of this positive program. I hope the skills I learned will help me be a better person. I feel that I could help others with any issues that come their way. From the first lesson, I started to open my eyes and accept that I am not a bad person when I misbehaved without really understanding why I would do that. I am so grateful for giving me these positive thoughts and really changing me. Thank you for all of your hard work and God bless you and our staff as well."

"I think we should have a little more time to cover the material more thoroughly. Other than that, our group was very productive."

"*Building Resilience* has given me a chance to sit with other participants and see that I am not alone. We think alike and have the same problems. Learning to control and relax, breath and think it through is what I have learned. Thank you for your time and effort that you guys put in for us."

"People should be encouraged to take this program more than once. I believe the more times you take it, the more you will get out of it. It was pretty fun. It went fast."

"*Building Resilience is good*. It teaches you to think differently about handling difficulties. Also, it showed me how other people view life and handle their difficulties. Very important program! Thank you for the support!"



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