BEYOND VIOLENCE

FINAL REPORT
CDCR COOPERATIVE AGREEMENT NO. 5600004087

Submitted by
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Contents

Project Activities

The following is a summary of the activities related to the *Beyond Violence* Project activities (1/1/2014-11/1/2014):

Phase 1: Onsite training Administration of Intake Survey

The first phase was devoted to conducting the *Beyond Violence* (Covington, 2013) curricula training at both sites for Peer Educators (conducted by Dr. Covington). Fourteen Peer Educators were trained at the Central California Women's Facility (CCWF) in January 2014 and 15 at the California Institution for Women (CIW) in February 2014. Regulatory issues such as IRB approvals and a CDCR ID renewal for Dr. Messina (evaluator) was also conducted during this timeframe. The first phase additionally included the refinement of the data collection instruments and focus group protocols.

Phase 2: Research Survey, Focus Groups, and Peer Educator Program Implementation

The finalized baseline survey was administered to the CCWF Peer Educators on January 22, 2014. All 14 women completed the baseline survey. However, after survey completion, one participant immediately chose not to continue as a Peer Educator and another left due to a job conflict. The intake survey was administered to all 15 Peer Educators at CIW.

In the second phase, the *Beyond Violence* (Covington, 2013) program implementation was also put into action with Peer Educators/Facilitators at both sites concurrently (Months 2 through 4).

During April, May, and June 2014, the evaluator made several trips to both CCWF and CIW to administer the follow up surveys for the Peer Educators and conduct focus groups. All 12 of the Peer Educators at CCWF completed the follow up survey. Focus groups were not able to be conducted at this facility during the evaluator visits, but open ended questions were asked of those who were interviewed. Fourteen of the original 15 Peer Educator participants completed the follow up survey at CIW, and two rounds of focus groups were conducted. Thus, the combined Peer Educator sample included 29 women at intake and 26women completing the follow up survey.

Phase 3: Research Survey, Focus Group and Other Inmate Participants Program Implementation

In the third phase, CDCR staff identified the eligible inmate participants for the *Beyond Violence* (Covington, 2013) program and evaluation participation (Months 3 and 4). Implementation of *Beyond Violence* (Covington, 2013) and baseline data collection begun immediately in this phase at both sites.

At CCWF, women were chosen to participate if they were Life Without Parole (LWOP) or Long Term Offender Program (LTOP). These groups included Spanish speaking women and a young women's group (under 25); led by the 9 chosen Peer Educators. At CIW, women were chosen to participate if they were Work Group C and Privilege Group C (C over C; inmates who refuse to accept or perform an assignment, or who is deemed a program failure as defined in section 3000 of CCR Title 15 - serious disciplinary infraction(s)); previous Segregated Housing Unit (SHU) women; and general population. These were also led by the 10 chosen Peer Educators.

During April and May 2014, the evaluator made several trips to CCWF and CIW to administer the baseline surveys for the other inmate participants. Twenty-nine women were successfully interviewed at CCWF (5 surveys were *missing* background data, resulting in 24 fully completed interviews) and 33 at CIW, resulting in a total of 62 "other inmate" interviews:

- 14 were LWOP
- 5 were LTOP
- 16 were C over C status
- 18 had previously been in SHU

Additional women participated in the *Beyond Violence* (Covington, 2013) groups, but were unavailable for the baseline interview and thus will not be incorporated into the final analyses.

During July, August, and September the evaluator attended the *Beyond Violence* (Covington, 2013) graduations at each prison and also administered the follow up surveys (surveys that were not completed at the graduations were completed later and mailed to the evaluator). At CCWF, 28 completed follow up and at CIW 23 completed (5 refused and 3 were paroled).

Evaluation Methodology

Data Collection Measurements

Mental Health: Assessing change in mental health functioning was determined by assessing change in depression, anxiety, Post Traumatic Stress Disorder (PTSD) and other serious mental illness. These constructs were measured at intake to *Beyond Violence* (Covington, 2013) and again at the end of the 20 sessions using two subscales of the self-report Patient Health Questionnaire (Spitzer, Kroenke, & Williams, 1999). The Patient Health Questionnaire 9-item depression subscale measures current depressive symptomology and the anxiety subscale is a 7-item subscale that measures anxiety symptoms felt over the past four weeks. The Short Screening Scale for *DSM-IV* Posttraumatic Stress Disorder-modified version (Breslau et al., 1999) was administered to assess current criteria for PTSD. The K6, a 6-item brief mental health screening tool (Kessler et al., 2002, 2003), is used to assess participant's overall mental health. Responses, based on a Likert-type scale, ranging from 0 (*None of the time*) to 4 (*All of the time*), were summed into an overall scale with scores ranging from 0 to 24.

Anger and Aggression: The Buss-Warren Aggression Questionnaire (AQ), formally the Buss Perry Aggression Questionnaire, is a 34-item instrument and was used to assess anger and aggression (Buss & Warren, 2000). The Buss-Warren includes five scales: Physical Aggression (PHY), Verbal Aggression (VER), Anger (ANG), Hostility (HOS), and Indirect Aggression (IND). Instrumental and expressive anger were assessed through Revised Instrumental and Expressive Representation Scales invented by Campbell and colleagues. The scales had 16 items with 2 subscales (instrumental and expressive) assessing anger expression (Campbell, Muncer, McManus, & Woodhouse, 1999). The State-Trait Anger Expression Inventory-2 (STAXI-2) is a fifty-seven item instrument used to measure the experience and intensity of anger as an emotional state (State Anger) and as an emotional trait (Trait Anger). The State Anger scale assesses the intensity of angry feelings at a particular time and the Trait Anger scale measure how angry emotions are expressed over time.

Perpetration and Victimization: A modified index of perpetration and victimization history was developed based on several of the items from the Conflict Tactics Scales (Straus, 1979; Straus, Hamby, Boney-McCoy, & Sugarman, 1996) and the Abuse Behavior Inventory (Shepard & Campbell, 1992). The Adverse Childhood Experiences (ACE) indicators were also included as a measure of childhood trauma (Messina & Grella, 2006).

Risk and Need: The Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) is a fourth generation (4G) "recidivism risk model" assessment tool that tracks offenders from intake to case closure, including placement decisions, offender management, and treatment planning (Brennan et al. 2009). COMPAS is based on several criminological theories including low-self control, strain, social control, routine activities, and subcultural theory. Also included are the eight critical criminogenic predictive factors identified by Andrews et al. (2006) and measures of strength and protective factors that have empirical support for risk reduction including job skills, employment history, family bonds, emotional support, and noncriminal associations. Lastly, COMPAS was developed using gender-specific calibrations of all risk and need factors and evaluated using separate samples of male and female offenders (a criticism of most risk assessment tools is that they were developed for and tested on men only, then applied arbitrarily to women).

Statistical Analysis

Paired-sample *t*-tests were conducted to examine differences for all participants across time for depression, anxiety, PTSD, serious mental illness, anger, hostility, and aggression. Cohen's *d* scores are calculated to estimate effect sizes for significant paired differences. Paired-sample *t*-tests allow us look at change over time per individual, but report the findings for the group. Thus, we do not need to control for other variables (e.g., age or race, etc.) because each person is their own control case and demographic variables will not vary over time. McNemar's test is utilized to analyze marginal frequencies between PTSD diagnoses as a binary measure (yes/no) over time.

Results

Table 1 displays the demographic characteristics, including drug use and criminal history information, of the 29 Peer Educators and 62 other participants from CCWF and CIW. The demographic and self reported histories of the Peer Educators and other participants were initially analyzed by prison however the findings did not differ significantly on most of the measures by prison. Therefore, between-prison differences are not reported.

Peer Educators: The majority of the Peer Educators' had never been married (38%) and identified as Black/African American (38%) or white (28%). On average, women were 43 years of age (SD=8.7) at time of enrollment in the intervention and had been incarcerated for an average of 17.5 years (SD=7.2). Many women had also achieved their GED or some higher education during incarceration (42%). Women were about 22 years old at the time of their first arrest. The majority of women also had histories of alcohol and drug abuse, with 52% of women engaging in alcohol abuse 12 months prior to their admission to CDCR, and 62% engaging in some form of drug abuse 12 months prior to their admission to CDCR.

Other Participants: Almost half of other inmate participants had never been married (49%) and identified as Hispanic/Latina (44%). On average, other inmates were 36 years of age (SD=7.3) at time of enrollment in the intervention and had been incarcerated for an average of 11.3 years (SD=7.7). Thirty percent of other participants had also achieved their GED or some higher education during incarceration. Women in this group were about 19 years of age at the time of their first arrest and the majority had both histories of alcohol abuse (with 56% of women engaging in alcohol use 12 months prior to their admission to CDCR) and drug abuse (with 76% engaging in some form of drug use 12 months prior to their admission to CDCR). Tables 2 displays the frequency of adverse childhood events (ACEs). Collectively, the Peer Educators reported a substantial amount of adverse childhood events prior to the age of 18, with women experiencing an average of 6.5 ACEs (SD=2.2) prior to the age of 18. Common ACEs included: humiliation by parent (83%), physical abuse by parent (83%), and sexual abuse by an adult five years or older (83%). Other inmate participants reported significantly fewer ACEs than Peer Educators with an average of 5.05 ACEs (s.d=2.8). Common ACEs among other inmates were similar to that of Peer Educators, including: having an alcoholic or drug user in the home while growing up (67%), humiliation by parent (66%), and physical abuse by parent (65%).

Table 1. Demographics and Background History: Peer Educators and Other Participants

Demographic and Background History	Peer Educators (N=29)	Other Participants (N=62)
RACE/ETHNICITY		
Latina/Hispanic	17%	44%
White	28%	21%
Black	38%	23%
Multi racial	14%	7%
Other	3%	5%
MARITAL STATUS (at time of incarceration)		
Married/Living together as married	31%	33%
Never married	38%	49%
Divorced/Separated/Widowed	31%	18%
Current Age	43.3 (s.d. = 8.7)	36.1 (s.d. = 11.8)
EDUCATION		
Obtained GED in prison	42%	30%
Obtained Higher Degree in prison	68%	18%
CRIMINAL JUSTICE HISTORY		
Age of 1st arrest	21.6 (s.d.=7.5)	18.9 (s.d.=7.3)
Is your current conviction for murder?	57%	40%
Are you serving life without possibility of parole?	35%	78%
Number of years in prison?	17.5 (s.d.=7.2)	11.3 (s.d.=7.7)
SUBSTANCE USE		
Using ALCOHOL during the 12 months prior to your arrest?	52%	56%
Using DRUGS during the 12 months prior to your arrest?	62%	76%

Table 2. Adverse Childhood Experiences

ADVERSE CHILDHOOD EVENTS (ACE) / Before 18…	Peer Educators (N=29)	Other Participants (N=62)
Parent/adult swear at you, put you down, humiliate you?	83%	66%
Parent/adult touch, fondle, in sexual way, or attempt any form of sexual contact?	83%	65%
Parent/adult push, grab, slap, throw, hit hard?	83%	60%
Did you often feel no one in family loved you?	76%	61%
Did you feel you did not have enough to eat, had dirty clothes, no protection, no doctor?	28%	26%
Were your parents separated or divorced?	82%	63%
Was your mother being pushed, slapped, grabbed, had things thrown at her, or hit?	52%	35%
Alcoholic in home or drug user?	76%	67%
Someone mentally ill in house or attempt/commit suicide?	36%	25%
Household member go to prison?	48%	39%

Table 3 shows the decreases in a PTSD diagnosis from pre- to post-intervention for Peer Educators. A general decrease was found for Peer Educators over time (55.2% positive at intake vs. 18.5% at follow up). More specifically, 11 women who were positive for PTSD at intake were negative at follow up. Four women who were positive at intake remained positive at follow up, while 11 women who were negative at intake remained negative at follow-up. McNemar's test revealed a significant difference in diagnosis rates from pre- to post-assessment, $p < .01$.

Of the 29 women who completed the pre-test, 2 declined to continue in the study, and 1 did not complete the follow up interview, leaving 26 women who completed the *Beyond Violence* (Covington, 2013) intervention, as well as the post-test. Table 4 describes the average changes in pre- and post-test measures of mental health, anger, and aggression/hostility issues among those that completed the *Beyond Violence* (Covington, 2013) intervention. Mean scores for anxiety (4.2 versus 2.6) and other serious mental illness (4.5 to 1.8) decreased significantly at post-interventions, with moderate (d=.45) and high (d=.85) effect sizes, respectively. Mean scores for expressive anger (24.1 versus 20.4) demonstrated a significant reduction with a moderate effect size (d=0.53), whereas instrumental anger did not show a significant decrease. The change in PTSD level (5.1 versus 2.3) also demonstrated a significant decline with a moderate effect size (d=0.55). All indicators of aggression/hostility yielded significant reductions from pre- to- post-assessment with moderate-to-high effect sizes (d: 0.54-0.89), save verbal aggression/hostility, which did not show a significant reduction.

Table 3. Peer Educator Change in Post Traumatic Stress Disorder (N = 29)

PTSD Change over time	Positive at Admission to *Beyond Violence*	Positive at Graduation from *Beyond Violence*	McNemar's Chi Square
Peer Educators	55.2%	18.5%	8.33**

*p<.05, **p<.01.

Table 4. Peer Educator Pre- to Post Intervention Change on Outcome Measures

	Pretest *Mean* N=26	Posttest *Mean* N=26	t , df(25)	Cohen's *d*
Depression	4.5	3.2	1.58	--
Anxiety	4.2	2.6	2.32*	0.45
Serious Mental Illness	4.5	1.8	4.34**	0.85
Anger (composite score)	16.7	14.4	2.20*	0.43
Instrumental Anger	12.2	10.9	1.24	--
Expressive Anger	24.1	20.4	2.70**	0.53
Post Traumatic Stress Disorder	5.1	2.3	2.82**	0.55
Aggression/Hostility Total	63.4	52.0	5.29**	1.04
Physical Aggression	12.7	9.5	4.43**	0.87
Verbal Aggression	11.3	10.3	1.35	--
Anger	12.6	10.2	4.54**	0.89
Hostility	16.3	12.9	3.67**	0.72
Indirect Aggression	10.6	9.1	2.73**	0.54

*p<.05, **p<.01.

Table 5 shows the decreases in a PTSD diagnosis from pre- to post-intervention for other inmates. A general decrease was found for other inmates over time (72.1% positive at intake vs. 42.3% at follow up). More specifically, 18 women who were positive for PTSD at intake were negative at follow up. Seventeen women who were positive at intake remained positive at follow up, while 11 women who were negative at intake remained negative at follow-up. McNemar's test revealed a significant difference in diagnosis rates from pre- to post-assessment, $p < .05$.

Table 5. Change in Post Traumatic Stress Disorder (N = 61)

PTSD Change over time	Positive at Admission to *Beyond Violence*	Positive at Graduation from *Beyond Violence*	McNemar's Chi Square
Other Participants	72.1%	42.3%	7.35*

*p<.05, **p<.01.

A total of 51 other inmates completed the *Beyond Violence* (Covington, 2013) intervention, as well as the post-test.Table 6 describes the average changes in pre- and post-test measures of mental health, anger, and aggression/hostility issues among those that completed the *Beyond Violence* (Covington, 2013) intervention. Mean scores for depression (8.5 versus 5.0), anxiety (6.0 versus 23.1) and other serious mental illness (7.3 to 5.0) decreased significantly at post-interventions, with moderate (d=0.44, d=0.49, and d=0.39) effect sizes, respectively. Mean scores for instrumental anger (19.7 versus 14.8) demonstrated a significant reduction with a moderate effect size (d=0.57), whereas expressive anger did not show a significant decrease. The change in PTSD level (7.3 versus 4.0) also demonstrated a significant decline with a moderate effect size (d=0.44). All indicators of aggression/hostility yielded significant reductions from pre- to- post-assessment with low-to-moderate effect sizes (d: 0.26-0.42).

Table 6. Other Participant Pre- to Post Intervention Change on Outcome Measures

	Pretest *Mean* N=51	Posttest *Mean* N=51	t , df(50)	Cohen's *d*
Depression	8.5	5.0	3.16**	0.44
Anxiety	6.0	3.1	3.47**	0.49
Serious Mental Illness	7.3	5.0	2.51**	0.35
Anger (composite score)	18.5	15.8	3.25**	0.46
Instrumental Anger	19.7	14.8	4.06**	0.57
Expressive Anger	24.3	23.4	0.78	--
Post Traumatic Stress Disorder	7.3	4.0	3.13**	0.44
Aggression/Hostility Total	78.1	68.1	2.97**	0.42
Physical Aggression	18.2	15.1	2.96**	0.42
Verbal Aggression	12.2	11.1	1.83*	0.26
Anger	16.1	14.1	2.39**	0.33
Hostility	18.2	16.0	2.25**	0.32
Indirect Aggression	13.4	11.8	2.21*	0.31

*p<.05, **p<.01.

Additionally, CDCR disciplinary data (i.e., 115 infractions) were assessed 3 months prior to *Beyond Violence* (Covington, 2013) and 3 months post *Beyond Violence* (Covington, 2013) for the Other Participants. Twenty-one of the Other Participants had at least one disciplinary infraction during the 3 months prior to the intervention with a mean of 2.9 (s.d. = 2.65). Those same 21 women had significant reductions in the mean number of infractions (mean = 1.9, s.d. = 2.14) during the 3 month post intervention phase (through October 2014). This was a statistically significant decrease, $t(20)=2.62$, $p<.01$, with a moderate effect size ($d=0.57$).

Conclusion and Recommendations

Implementing *Beyond Violence* (Covington, 2013) may create an opportunity for change in policy and programming resulting in reductions in violent behavior among longer-term female inmates. The *Beyond Violence* (Covington, 2013) intervention showed significantly positive outcomes with moderate to high effect sizes 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

Moreover, *Beyond Violence* (Covington, 2013) was successfully implemented in a prison setting and was successfully facilitated by the Peer Educators (thus reducing potential programming costs). Although the sample size for the pilot study was small, positive results were also found for previously identified difficult populations to treat (e.g., violent offenders, those previously assigned to the segregated housing units, and those who refuse to program).

A previous feasibility study also found that *Beyond Violence* (Covington, 2013) could be successfully implemented within a women's prison in Michigan (Kubiak et. al., 2014) and that women convicted of violent offenses had significant declines in PTSD, depression, and anxiety-related symptoms (Kubiak et al., 2012). A second study in Michigan (a randomized control trial) found similar declines in mental health symptoms, as well as reductions in anger and hostility. Moreover, 20 sessions of *Beyond Violence* (Covington, 2013) was superior in reducing mental health and anger symptoms when compared to 44 sessions of the prison's treatment as usual (Kubiak, et al., under review).

With current policies and practices focused on evidence-based practices, it is vital to understand that rigorous designs are needed and replication of those designs are needed to create a history of evidence for an intervention. *Beyond Violence* (Covington, 2013) is considered evidence-based intervention due to the strong randomized controlled trial conducted in Michigan. Recommendations for future implementation should include a similar rigorous design.

Because female offenders, relative to their male counterparts, report greater exposure to childhood trauma and abuse and have more extensive histories of mental health problems and substance use disorders (Messina, Burdon, & Prendergast, 2003), multi-modal interventions that address the critical factors associated with violent behavior are suggested for reductions in and prevention of violence.

Peer Educator Focus Groups

Motivation for Treatment

1. What were your expectations in coming to this group (*Beyond Violence*)? How did you feel about the interview process to participate?

You start on a journey not really knowing which path or direction you're going on. To sit in front of someone as though you're going in for a job interview you're testing your skills so you actually have to apply yourself. They wanted to see what you took from the things that you had done prior. To be chosen from one of the 16 [who were interviewed]*, it was like, something that I said caught on. That, for me, embodies to me where I was at before.*

I saw the flyer in a unit and I signed up and because it said "Beyond Violence" that just caught my attention up top. When I came and I found out that it was Dr. Stephanie Covington I love her work. I did "Beyond Trauma" up north as well as some other programs of hers and her programs are so heartfelt if you apply it and you come with an open heart. This here was like icing on the cake. When it comes with Dr. Covington I will be there with a sign like "Yes Covington!".

Honestly, I didn't know what to expect. This girl signed me up and I was told to go. Showed up, thought lemme see what this is all about. Best thing I ever did.

2. Has the group met or exceeded your expectations?

My expectations were met higher than I could have ever imagined. It's amazing for me to actually be able to sit there and realize that I really was never alone. Sometimes I think that way, you know '"I'm alone, I'm alone" and I would go to other meetings and still feel that I was alone… I don't feel alone anymore. I mean, I felt safe and that's not something that many people can feel in an environment like this but I felt safe and that was the most awesome feeling in the world.

What was empowering to me was being able to realize how the experiences of trauma affected me and the violence in my life and it was really empowering to understand also the levels of violence that had been a part of my life. I feel really healthy and emotionally sound, I feel good.

Definitely exceeded. I know Covington work. I did "Beyond Trauma" and that "Helping Women Recover" at VSPW. This is her best work yet.

This curriculum explained a lot of my behaviors and why I couldn't pinpoint where I had exactly gotten those behaviors from, but just to even now to be able to identify why I react like I do to certain things or just why does this bother me, just to be able to identify those behaviors with the exact word is very meaningful to me now because now I have control over it and instead of getting angry at certain things now I have a limit. Angry isn't even in my vocabulary any more its more an irritation and frustration, I'm not going to let anyone make me angry [any] *more. I didn't even acknowledge that people could be triggers for me until I took "Beyond Violence".*

With "Beyond Trauma," it opened my eyes to a lot of things but actually enjoying the in-depth curriculum from "Beyond Violence" by Covington, I had to go so much deeper into who I was, not who I thought I was or the person that people thought I was, but to actually put that full length mirror on the wall and look at my soul because I came in thinking I hadn't done enough work on myself because of different groups. I've done like 40 different groups but to start off, just to start off and say okay how did my feelings and my thoughts influence my behaviors. I had no clue what that meant.

Treatment Experience

1. What has been your favorite part of this group (*Beyond Violence*) and why?

My favorite part of the group was that she [Stephanie] took me back to childhood but didn't leave me there.

What stood out was the women of anger and that was because in my past I've been through a lot and a lot of things that made me upset I didn't realize that that was what caused my reactions to certain things and I would let it build up so much that I was out of control and would start to come into a rage to where I didn't have control over that rage and then in the end to deal with the consequences. I didn't even consider consequences at the time, until afterwards. And I think if I had only known how to handle it in a better more effective way I wouldn't have taken it that far. I didn't realize how really internally [these experiences] *were breaking me down.*

2. What has been disappointing about the group?

Nothing, we learn every time.

I believe the one thing for me that was disappointing was maybe some of the terminology seemed difficult for some people to grasp. If this is written for women in prison they should take into consideration that not all women have great reading skills, great comprehension skills. And so I think as a facilitator me being able to relay some of this to the population I could run into some difficulties.

3. What personal concerns/issues did this group do a good job of exploring?

Dealing with my childhood was the hardest for me to do, most groups focus on one area of something and when it has anything to do with the past they take it to the past and kind of just leave you in the past. This book didn't do that, it took me back all the way to childhood and it walked me through the steps and the last part of it was are you becoming the person you want to be so it gave me the push to go beyond [the past].

4. What personal concerns/issues weren't explored that you think should be?

Anger is the easiest emotion to identify but when you go back and find the hurt and the pain, those are the two emotions that I have tended to push away so I had to go back and look at that. As I went through it and I got into community and society and how all of it played a part from the very beginning, not after my crime, but from the very beginning, I was able to answer those questions. I didn't have to struggle anymore because I was able to write down [everything] *so in the end there was no stone left unturned.*

5. Name one thing you've learned for the first time about yourself since starting this group.

For the first time I was able to think about my crime, you know? It's like, it happens, and then you are in court, and everyone is talking, and you are numb, you know? Then you get to prison and have to survive that and no time for thinking, just survival. This [group] *let me look down into my crime, but from a safe place, for the first time.*

Growing up, usually a parent is very nurturing and those words like "I love you" and "I'm proud of you" and how those unspoken words can actually distort your thinking of your worthlessness. For me, I moved around a lot when I was young so I didn't have a parental guidance that uplifted me or supported me so I looked to different people for that support and recognition of love but as I went through here [I realized] *that love and recognition was in me all along.*

I learned that violence is a learned behavior. For me violence started as young as I can remember and it was all over my life not just in my household but in my community so I thought that that was normal that it was an okay thing. I never really knew that there were people and communities out there that didn't live like that and that wouldn't tolerate that behavior. Nobody ever reach[ed] *in and gave* [me] *an example of what it was supposed to be like.*

Growing up in the family that I did I saw so much violence, I realize now that the behavior that I was taking in, it was a known fact for my family. I can show emotions now to where before I was just numb even the day that they handed out my sentence I just sat there I didn't have [any] *emotion I was just stone faced. And it's okay that you can ask for help now and this book has opened so many doors.*

6. What changes have you noticed in other group members?

Some of them have totally transformed. They walk differently, they hold themselves differently, wear their hair differently. It's a trip to see the change in each other.

The Future

1. What is the single biggest thing you've learned that you can apply going forward?

Through "Beyond Violence" I was able to identify that little girl inside of me and heal her. She's good, I'm good.

I already knew what goals I wanted to accomplish to get out of this place but now I know exactly with the tools and with my confidence even more strong now nothing can break me, nothing can stop me from achieving those goals as well as beyond it, beyond these walls.

Other Participant Focus Groups

Motivation for Treatment

1. What were your expectations in coming to this group (*Beyond Violence*)?

You hear people talking on the yard about this new program. My friend said come on, let's check it out. Best thing I ever did.	*One of the mentors told me about this violence thing and I was listening to her talk about paying it forward. I thought, hmmm, lemme see what she is talking about. She was talking about what she learned and what she could share with other women.*

2. Has the group met or exceeded your expectations?

I started hoping to understand my own violence. Understanding my violence and how I contribute to others violence. Digging into this for the first time meant I had to dig even deeper than ever before to understand [how to change].	*Wow! I didn't even know I had triggers. "Beyond Violence" has really helped me with insight into choices I have and choices I make. Now I know how to stop from being angry right away. I carry a container to every day, this is a plus in my life.*

Honestly I didn't know what to expect, but I was liking what I was hearing from the first group.

Treatment Experience

1. What has been your favorite part of this group (*Beyond Violence,* Covington 2013)) and why?

I can't say how much this group has helped me and the other women. We see it, we know it, whether they do or not. We are grateful for all of it.	*My favorite part was the information on trauma and the footnotes about violence. I didn't know that was everywhere like that. I thought it was normal.* – Youth Group Member

I've been numb for so long. I felt safe for the first time in prison.

2. What has been disappointing about the group?

I wish the workbook was translated [in Spanish]. *I had a good group and they led it in Spanish and we helped translate for each other.* – Spanish Group Participant	*I didn't like the power and control wheel. I don't like being told about myself.* – Youth Group Member

3. What personal concerns/issues did this group do a good job of exploring?

We did a lot of work with healthy family experiences. Learning about violence in the family. That work really helped me understand me and my crime. Every last one of us opened up. That doesn't happen in here [in prison].

4. What personal concerns/issues weren't explored that you think should be?

I think some of the curricula was confusing, but I think it really covers a lot.

5. Name one thing you've learned for the first time about yourself since starting this group.

Learning how to keep calm for the first time. Learning about those containers and how to do exercises to keep calm.

I learned that I am a good teacher. I learned to apply what I was learning to help others. I've been teaching my roommates it is okay to be angry, especially about being without your children.

6. What changes have you noticed in other group members?

Oh man, we can see a total shift in the yard! A shift in violence you know. I mean, we talk to each other, people I never talked to before, now we acknowledge each other.	*Ladies started to shine, their insides matched their outsides.*

The Future

1. What is the single biggest thing you've learned that you can apply going forward?

I feel like I'm really doing my job. Doing the process. So many people are trying to get into "Beyond Violence", I want to get what I can and better understand myself.

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