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Innovative Assessment of Childhood Trauma and Its Link to HIV and Substance Abuse in Post-Incarcerated Women

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Women who are incarcerated often report unresolved early life traumas, which research has linked to subsequent HIV and substance abuse risks. This article presents an arts-based counseling technique used with women re-entering society after incarceration. Women were assessed for childhood trauma (i.e. sexual, emotional, and/or physical abuse) in relation to age of onset and frequency of events using an interactive pictorial assessment technique, Healing Me Timeline activity. The technique allowed women to use color-coded graphs in identifying points along a timeline during which traumatic events occurred and to process insights to foster healthy coping strategies. The timeline activity was an innovative and gender-appropriate method for uncovering the nature and extent of women's trauma and counseling needs. Facilitators used the counseling tool to assist women in processing personal insights and to make referrals to mental health counseling, medical services, and substance use programs.

KEYWORDS *assessment, childhood abuse, creativity in counseling, HIV, incarceration, substance abuse, women*

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The rate of women entering prison has steadily increased in recent years. It is estimated that in 2012, of the 1.57 million people incarcerated in the United States, 108,866 were women (Carson & Golinelli, 2013), and the current rate of increase in women inmates outpaces that of their male counterparts. The number of women sentenced to state and federal prison increased 4% from 2001 to 2008 compared to a 2% increase in male inmates (Sabol, West, & Cooper, 2009). This rapid increase highlights the need for resources and interventions, particularly Human Immunodeficiency Virus (HIV) prevention, targeting this female population.

Women who are incarcerated often report life experiences that place them at risk of contracting HIV (Farel et al., 2013). This population is more likely to have experienced childhood trauma, particularly sexual abuse (Christopher, Lutz-Zois, & Reinhardt, 2007; Peltan & Cellucci, 2011; Swogger, Conner, Walsh, & Maisto, 2011) and physical abuse (Moloney & Moller, 2009; Plotzker, Metzger, & Holmes, 2007). Those traumatic experiences can ultimately lead, in some cases, to post-traumatic stress disorder (PTSD; Lewis, 2005). Studies document that women who experience childhood sexual abuse (CSA) are likely to display symptoms of PTSD, depression, substance abuse, or substance dependency disorders (Gibb, Chelminsk, & Zimmerman, 2007; Harner & Riley, 2013; Sikkema et al., 2007; Women's Prison Association, 2009) and low levels of self-esteem (Klein, Elifson, & Sterk, 2007; Leonard, Iverson, & Follette, 2008).

Researchers who identified a link between CSA and adult risk for sexually transmitted infections have suggested that women re-entering communities after release from prison are particularly vulnerable and may be at especially high risk for HIV if they have a history of CSA or other forms of abuse (Klein et al., 2007; Plotzker et al., 2007; Sikkema, Hansen, Meade, Kochman, & Fox, 2009). Wyatt et al. (2004) found that women who have a history of CSA have a sevenfold increase in high-risk sexual and reproductive behavior related to HIV. These risky behaviors include the following: early onset of sexual activity (Wyatt, Carmona, Loeb, & Williams, 2005), inconsistent condom use (Farel et al., 2013), and multiple partners (Mosack et al., 2010). A history of violence also makes women considerably vulnerable to unprotected sex (Klein et al., 2007; Masters et al., 2014; Mosack et al., 2010). Additionally, in HIV-negative incarcerated women, a past history of physical violence has been associated with HIV-related sexual risk (Ravi, Blankenship, & Altice, 2007).

Substance use often serves as a coping mechanism for women who have experienced CSA (Asberg & Renk, 2012; Masters et al., 2014; Salter & Brechenridge, 2014). Not surprisingly, studies show that women in substance use programs tend to have histories of CSA (Salter & Breckenridge, 2014). Substance use impairs judgment and negotiation skills, increases the likelihood of trading sex for money or having multiple partners, and decreases the chance of using condoms (El-Bassel, Gilbert, Rajah, Foleno, & Frye, 2000).

Thus, in order to reduce HIV risk among women, counseling and intervention programs must assess women for both CSA and substance abuse (El-Bassel, Caldeira, Ruglass, & Gilbert, 2009; Sikkema et al., 2007; Wyatt et al., 2004).

This consideration is especially relevant to recently released female inmates, many of whom have not had opportunities to receive mental health counseling for childhood abuse, whether physical, emotional, or sexual (Segrave & Carlton, 2010). Due to the relation between incarceration, childhood abuse, and sexual risk-taking, practitioners are in an ideal situation to discover the extent and nature of childhood traumas for reentry women and, when possible, to address trauma when women enroll in intervention programs. The assessment of childhood abuse and women's level of healing from the abuse is needed to reduce trauma-related symptoms and foster healthy coping strategies.

RATIONALE

Uncovering and addressing the childhood traumatic abuse experiences of women recently released from prison opens an avenue for meeting the unique needs of this population. However, providing counseling for this population has its challenges, as many survivors of CSA have never expressed their authentic voice surrounding this stigmatized topic. Many survivors of CSA reframe from reporting the abuse at the time of the occurrence, and continue their silence later in life (Herskowitz, Horowitz, & Lamb, 2005). Given the prevalence of CSA among incarcerated women (Lalor & McElvaney, 2010; Pereda, Guilera, Forn, & Gómez-Benito, 2009) and under-reporting of CSA (Finkelhor, 2009), creative strategies are needed to assess CSA when working with this population.

Incorporation of childhood abuse assessment has been strongly endorsed as a strategy to increase the long-term effectiveness of intervention programs which aim to yield long-term risk reduction behavior (El-Bassel et al., 2009; Sikkema et al., 2007; Wyatt et al., 2004), especially among African American and Latina women who are overrepresented among female inmates (Sabol et al., 2009) and women living with HIV (Center for Disease Control and Prevention [CDC], 2013). An intervention designed by Wyatt et al. (2004) was one of the first HIV prevention programs to address the effects of CSA on African American and Latina women. Their findings suggest that an interpersonal communication skills-building intervention produced significant changes in reducing self-reported HIV risk behaviors among African American and Latina women who were HIV-positive and had a history of childhood sexual abuse. Similarly, Sikkema et al. (2007) found that a trauma-based intervention delivered in a group setting that addressed CSA and HIV-related risk was efficacious in reducing trauma related symptoms

and produced healthy coping strategies associated with CSA. These findings point to the need to adjust interventions and counseling settings to address women's needs for authentic communication about past trauma and the need for healing as necessary components to healthy coping for this especially vulnerable population.

Creative arts can serve as a counseling technique to help clients heal from the abuse and provide a safe-haven for creative expression and reflection (Amir & Lev-Wiesel, 2007). Victims of CSA often have never processed the abuse in a safe setting with the goal of gaining insight into the trauma's effects on their past and current behaviors (Sigurdardottir, Halldorsdottir, & Bender, 2014). Therefore, the use of creative strategies can stimulate the start of healing and help clients move from contemplation to preparation for action of change (Matto, Corcoran, & Fassler, 2003). This article reports on the *Healing Me Timeline* activity, a counseling tool to assess childhood trauma, and create an atmosphere of interpersonal communications for women recently released from prison.

ASSUMPTIONS

The following assumptions provide the foundation for the strategy proposed in this article:

1. Victims of CSA often need support in expressing and processing childhood traumas due to silencing and feelings of victimization (Sigurdardottir et al., 2014).
2. Victims of CSA have likely never linked their CSA to subsequent traumatic events later in life (i.e. sexual assault, risk-taking, or delinquency; Kim, Tajima, Herrenkohl, Huang, & Herrenkohl, 2009).
3. Treatment providers should employ creative assessment strategies when treating victims with histories of CSA (Eaton, Doherty, & Widrick, 2007).

OBJECTIVES

Creative counseling tools in interventions or counseling sessions help women with histories of CSA understand their past and current behaviors in relation to their childhood abuse and also recognize the influence of abuse on their incarceration. Objectives of strategies discussed here include the following:

- Uncovering and addressing incarcerated women's childhood abuse (emotional, physical and/or sexual);

- Facilitating self-recognition of the association between childhood abuse and subsequent risk-taking associated with HIV exposure, substance abuse, and/or incarceration;
- Providing group support for incarcerated women with histories of CSA;
- Encouraging healing by providing a safe space for honest expression of thoughts and emotions; and
- Promoting women's self-determination to help accomplish a transition from victim to survivor status.

PROCESS

Women who were recently released from prison attended a six-week HIV prevention program within the first six months following release from prison or jail. The gender-responsive prevention education and risk reduction program employs a psycho-educational group intervention format tailored specifically for this population. The intervention is designed to develop self-worth, sense of control, life management skills, motivation, coping mechanism, and general health promotion behavior, including HIV and sexually transmitted infection (STD) risk-reduction practices. Using a color-coded *Healing Me Timeline* activity to gauge age of onset and frequency of victimization, the program facilitators were able to assess the women for childhood abuse, including CSA and physical, emotional, and verbal abuse. In the middle of the program trajectory, after establishing sufficient trust and cohesion among group members, each woman was given a blank sheet of colored paper and colored pencils and asked to identify events along a timeline. To introduce the activity, the group facilitator prepared the participants for the sensitive nature of the topic, the importance of the exercise, and the option to pass or not share with the group as the activity progressed.

The facilitator guided participants through each step of the activity with specific instructions on the development of the color-coded timeline. Women were asked to take out their colored piece of paper and their box of writing tools. First, women were instructed to use a black marker to draw a line across the middle of the page, signifying age one on the far left hand side to current age on the right. Facilitators modeled the timeline on a blackboard visible to all participants. Participants continued the exercise by answering the first question, "How old were you when you first knew you had a vagina?" Participants were instructed to use one color pencil to make a dot on the line, starting from the left, marking their age. They then drew an inch-long line above the dot and wrote the word, "vagina," or whatever word each participant used to refer to her vagina at that age. Using the same color pencil, they were subsequently asked to indicate whether the term used to refer to their vagina that was used by themselves or others. Women were given ample time to remember terms and users. They were also encouraged

to consider the influence of those terms on their knowledge and understanding of gender, puberty, and sexuality. Next, the women were asked to take out a different color pencil and answer, “How old were you when you began your period?” and “What feelings came up for you?” The same instructions continued throughout the exercise in regards to the following questions:

- What age were you when you encountered any form of abuse (verbal, physical, emotional, sexual)?
- How old were you when you experienced your first sexual encounter? Was this experience with your consent or a violation?
- How old were you when you first had an alcoholic drink or used drugs? What was the outcome?
- How old were you when you first went to jail/prison or had an experience with the law? What was the outcome?
- If you have been diagnosed with an STD, how old were you when you were first told that you had an STD? How did you feel when you found out?
- If you are HIV positive, how old were you when you were first diagnosed with HIV?

Throughout the process, sufficient time was allowed for women to experience and express realizations of causality between early life trauma and subsequent thoughts or behaviors.

On completion of the timelines, the facilitator asked for volunteers to share in greater detail some of their experiences, insights, and hopes for the future. For some women, the *Healing Me Timeline* activity functioned as their first opportunity to investigate and understand the implications of their past traumas. Figure 1 shows one recently incarcerated woman’s early life experience of multiple traumas and subsequent substance abuse and HIV exposure.

In this case, Mary (pseudonym), a 38-year old participant, experienced early childhood trauma in multiple domains—physical (being beaten) and verbal (being told she was ugly and stupid) when she was 7 and 8 years old. A year later, Mary was sexually abused by her uncle, and although she initially indicated the sexual encounter at 13 was consensual, she stated there were “blurred lines” because that sexual encounter was with an extended family member. In completing the timeline activity, Mary was able to express how she felt as a young girl and how those feelings led to her coping through alcohol and marijuana use by age 14, which were gateway drugs to subsequent crack use. At age 19, Mary learned of her HIV-seropositive status, which led to increased drug use and victimization by men within the drug scene, including being forced to commit burglaries, and eventually was arrested that same year for assault and robbery. In processing the accounts,

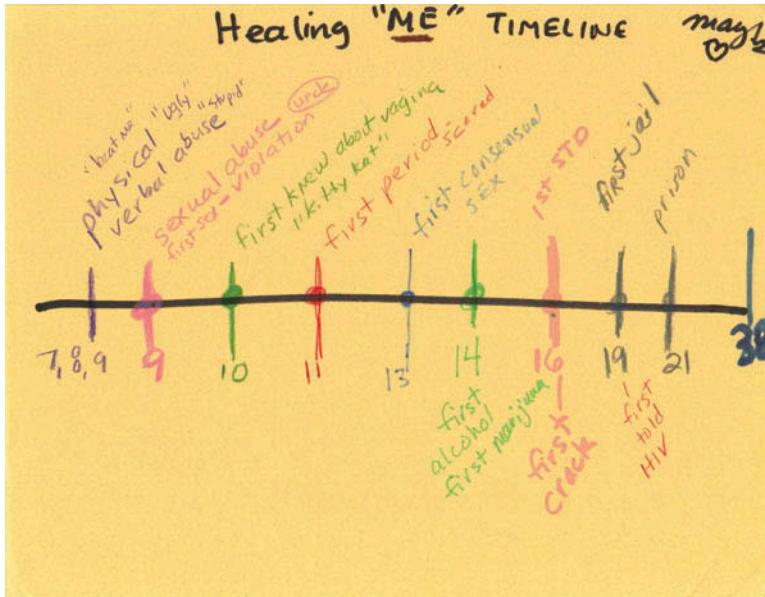


FIGURE 1 Healing Me Timeline

Mary expressed, "I didn't know, I just thought I was just born to be used." Now, recently released from prison at 38, Mary's exposure to the timeline activity provided her an opportunity to process the past and move forward with increased clarity.

Following the counseling process, facilitators gave each participant individual attention concerning her emotional stability (the extent to which she felt stable and supported) and her need or desire to be referred to mental health, substance abuse, or domestic violence services. Strategically placed in the middle of the six-week program, the timeline activity informed latter sessions focused on self-empowerment as women transitioned into communities.

ADAPTATION OF THE PROCESS

The *Healing Me Timeline* activity can be used in individual counseling or group settings with women who have not experienced incarceration but who lack similar strategies for understanding associations between childhood trauma and high-risk behaviors like substance abuse or HIV exposure. In general, participants who have experienced trauma can be guided in using this counseling tool to help them make connections between past trauma and current behavior. Most importantly, this activity helps participants develop emotional self-awareness, a skill often unavailable to individuals living with

unresolved childhood trauma. Additionally, the mingling of visual components and verbal expression make this tool useful in adolescent populations. Since the tool can include colorful images instead of words, authors also recommend it for participants with limited literacy.

REQUIREMENTS AND LIMITATION

The *Healing Me Timeline* activity requires a facilitator or counselor with experience in group therapy and with expertise in fostering a sense of group trust and cohesion, which help the group reach its goals of healing and transformation. However, given the sensitivity regarding topics discussed, participants should be encouraged to share their experiences with the understanding that participation is optional. Because sufficient time must be allowed for reflection and response, activity pacing is extremely important. Repetition of words used during the session is also significant so that participants can consider the contextual and personal significance of individual terms and make connections among life events with which certain words are associated. Since participants will employ different vocabularies, providing a list of alternative and related terms is necessary.

This activity cultivates a secure environment for reflection on past trauma and interaction with others who have similar experiences. For both group and individual settings, creative arts can help participants explore trauma and overcome difficulty expressing feelings and emotions. In preparation for the activity, resources should always be available for participants with substance abuse problems or with needs for mental health referrals. Little additional preparation is necessary outside of colored paper, colored writing utensils (crayons, markers, or pencils), and a large room so that participants can spread out and have access to privacy, as needed, to complete the timeline.

CONCLUSION

The literature has documented that available reentry programs across the country fail to meet the needs of post-incarceration women, lack integrated services, and fall short of meeting the needs stemming from women's complex histories (Scroggins & Malley, 2010). In individual or group counseling, innovative assessment tools improve therapy for women with past trauma. Creative expression provides women with safe outlets for self-reflection and the articulation of thoughts and emotions silenced by a traumatic past (Amir & Lev-Wiesel, 2007). The *Healing Me Timeline* enables self-expression free of the social stigma attached to childhood abuse. In addition, the timeline activity establishes productive relationships between participant and counselor or

among group members and facilitators. Most importantly, it facilitates recovery from the psychosocial consequences of childhood abuse. This assessment tool holds promise in addressing CSA and can be utilized by multiple disciplines working with marginalized groups, and those who are reluctant to articulate their experiences using more traditional methods.

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