

# Gender-responsive approaches for women in the United States

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## Introduction

A large body of literature shows that there are dramatic differences between justice-involved men and women (Bloom and Covington 2008; Bloom et al. 2003, 2004; Browne et al. 1999; Chesney-Lind and Pasko 2004; Owen and Bloom 1995; Singer et al. 1995). The women are more likely to have co-occurring substance use disorders and mental health issues, to have chronic physical health issues, to be primary caretakers of minor children, and to be victims of intimate partner violence, as opposed to their male counterparts. Pregnant and postpartum women also require additional specialized treatment and care. Justice-involved women are also more likely than men to report extensive histories of trauma, including emotional, physical, and sexual abuse as children, adolescents, and adults (Langan and Pelissier 2001; Messina et al. 2007; Pollock 2002).

The complex histories and needs of justice-involved women require specific criminal justice policies, practices, and approaches to their rehabilitation and recovery. In fact, the differential impact of incarceration on men and women has been outlined in the literature. Disproportional mental health problems among women offenders are often exacerbated during incarceration, particularly for women with children and a history of victimization (Wolf et al. 2007). The disruption of families and the burden on child welfare systems is alarming when imprisonment is the result of low-level offences for mothers with minor children.

Over two decades of research has shown that justice-involved women are predominantly low-level offenders convicted of drug and property crimes, whose needs may better be served in the community with specialized treatment programmes (Bloom et al. 2003). The challenge is the need to create alternative custody policies for low-level offenders that contribute to their successful recovery and that better achieve societal goals.

## Pathways of addiction and crime

The 'pathways perspective' is one approach to understanding addiction and criminality among women (Bloom et al. 2003). Research that follows this perspective suggests that specific life experiences of men and women are differentially relevant to crime and addiction. For girls and women, these critical events include childhood trauma and abuse, mental illness, poverty, homelessness, and destructive relationships (Belknap 2007; Chesney-Lind and Pasko 2004; Colman and Kim 2009; Deschenes et al. 2007; Hamburger et al. 2008). In contrast, primary predictors of criminal behaviour for men include criminally active peers, extensive prior offending, and financial gain (Messina et al. 2000). Men often have more employment opportunities and experience than women prior to incarceration. Thus, men often supplement their income from illegal activities, whereas illegal activities are the primary source of income for many justice-involved women (Messina et al. 2003).

## The gender-responsive approach

The National Institute of Corrections *Gender-Responsive Strategies: Research, Practice and Guiding Principles for Women Offenders* report documents the need for a new vision for the criminal justice system (Bloom et al. 2003: 75):

Gender-responsive means creating an environment through site selection, staff selection, program development, content, and material that reflects an understanding of the realities of women's lives and addresses the issues of the participants. Gender-responsive approaches are multi-dimensional and are based on theoretical perspectives that acknowledge

women's pathways into the criminal justice system. These approaches address social (e.g. poverty, race, class and gender inequality) and cultural factors, as well as therapeutic interventions. These interventions address issues such as abuse, violence, family relationships, substance use and co-occurring disorders. They provide a strength-based approach to treatment and skill building. The emphasis is on self-efficacy.

The *Gender-Responsive Strategies* report (Bloom et al. 2003) indicates that female crime rates, with few exceptions, are much lower than male crime rates and women's crimes tend to be less serious than men's crimes. The gender differential is most pronounced in violent crime, for which women's participation is profoundly lower. Recognizing the behavioural and social differences between female and male offenders has specific implications for gender-responsive policy and practice changes in the criminal justice system.

## Trauma in the lives of women

The consistent finding that justice-involved women report a high prevalence of lifelong trauma and abuse has justifiably led to an increase in research assessing the long-term impact of such adverse events.

### Exposure to childhood trauma<sup>1</sup>

Extensive research on female jail and prison populations indicates an overwhelming prevalence of childhood histories of exposure to traumatic events, affecting between 77% and 90% of incarcerated women (Battle et al. 2003; Greene et al. 2000; Kubiak et al. 2016; Messina et al. 2003; Messina and Grella 2006; Messina et al. 2007; Owen and Bloom 1995; Wolff and Shi 2012). Between 59% and 90% of incarcerated women also report continued patterns of physical and sexual abuse by intimate partners in their adolescent and adult relationships (Berzofsky et al. 2013; Bloom et al. 1994; Grella et al. 2005; Messina et al. 2007; Owen et al. 2017; Wilson-Cohn et al. 2002). Messina and colleagues (2007) compared the occurrence of adverse childhood events reported by 427 incarcerated men and 315 women. Women offenders had significantly greater exposure to the childhood traumatic events than did men. Advocates for trauma-informed programmes suggest that these issues should be discussed in a safe environment for women (Bloom et al. 1994; Brown 2018).

### Childhood trauma and mental health

Few efforts have attempted to explain the factors that contribute to the disproportionate prevalence of mental health problems among women offenders.

Findings have repeatedly linked childhood trauma to later problems in psychosocial functioning, personality disorders, depression, post-traumatic stress disorder (PTSD), panic disorders, eating disorders, and other forms of psychopathology among women offenders (Bronson and Berzofsky 2017; Brown 2018; DeHart et al. 2014; Grella 2003; Haller and Miles 2004). Messina and Grella (2006) directly explored the effect of cumulative childhood traumatic experiences on the adult mental health problems of 500 women parolees. Results showed that the impact of childhood trauma on adult mental health outcomes was strong and cumulative. A key finding in this literature is the general lack of appropriate mental health treatment available in correctional settings, as well as the elevated risk of recidivism associated with untreated co-occurring mental health and substance use disorders (Messina et al. 2006).

### Childhood trauma and substance use disorders

Evidence has shown that the trauma that results from childhood physical and sexual abuse is a key contributor to alcohol and drug dependence in adolescence and adulthood among women and girls (Brems et al. 2004; Greene et al. 2000; Grella et al. 2005; Mejía et al. 2015). In fact, childhood traumatic experiences and re-victimization rates are proportionately higher among female inmates undergoing treatment for substance abuse (Mejía et al. 2015; Wilson-Cohn et al. 2002; Wolff and Shi 2012). Messina and Grella (2006) assessed the cumulative impact of childhood abuse on adolescent and adult behaviours among 500 women parolees. This study showed that among women parolees, greater exposure to multiple childhood traumatic experiences was associated with histories of substance use, homelessness, and adolescent conduct disorder (between 62% and 76% of women who reported five or more types of childhood trauma reported such histories).

### Childhood trauma and criminality

There is also empirical support for the relationship between early childhood trauma and adult criminality (Battle et al. 2003; Grella et al. 2005; Ireland and Widom 1994; Kubiak et al. 2016; Widom and Ames 1994; Wolff and Shi 2012). Messina and Grella (2006) found that women parolees with more exposure to childhood trauma also had earlier and greater criminal histories. Women with five or more childhood traumatic experiences were all between the ages of 15 and 20 when they engaged in their first criminal behaviours, compared with those who reported no childhood trauma, who were between the ages of 21 and 27 when they first engaged in such behaviours. In addition, women with five or more types of childhood traumatic experiences reported an average of 22.9 prior arrests compared to 12.8 prior arrests reported by those with no

reported traumatic event. Additional studies have found that trauma histories specifically have a stronger influence on adult offending patterns and adult traumatic distress in women, compared with men (Messina et al. 2007; Moloney et al. 2009).

## Physical health problems

Justice-involved women often suffer from a variety of chronic physical health problems, including TB, hepatitis, toxemia, anaemia, hypertension, diabetes, and asthma (Anderson et al. 2002; Pollock 2002; Stevens and Glider 1994). Incarcerated women also cite dental problems and obesity as recurring health problems (Fickenscher et al. 2001). Women's more complex reproductive systems also increase their risk of health problems and other female-specific disorders, and some women may be pregnant and in need of prenatal and postpartum care (Grella 1999). Messina and Grella (2006) found that histories of childhood trauma were significantly and positively related to 12 of the 18 health problems assessed among 500 women parolees (i.e. eating disorders, prostitution, hepatitis, sexually transmitted diseases, gynaecological problems, alcoholism, asthma, ulcers, frequent migraines/headaches, poor overall health, and tuberculosis), and effect sizes ranged from a 15% increase in the odds of having had gynaecological problems or poor health to a 40% increase in the odds of having had mental health treatment.

## Intergenerational cycle of trauma, substance use, and criminality

Women offenders typically come from highly dysfunctional families with histories of mental illness, suicide, violence, and addiction (Brown 2018; Langan and Pelissier 2001; Berzofsky et al. 2013). Exacerbating the need for appropriate rehabilitative programs for women offenders is the fact that most of them have children under the age of 18 and they are typically the primary childcare provider, creating a detrimental effect on families (Brown 2018; Henderson 1998). Greene and associates (2000) found that a number of criminogenic influences experienced by women offenders were replicated in the lives of their children, including sexual/physical abuse in childhood, adolescence, and adulthood; poverty; and violence. This is an important factor in terms of the societal impact of rehabilitation for women offenders. Historically, trauma has not been addressed in treatment settings and has not been included in assessments measuring risk and need factors for appropriate individual treatment plans. Various assessment tools have been employed to identify the criminogenic needs of male offenders; however, their relevance to female offenders remains questionable (Bloom 2000; Wright et al. 2012).

## Becoming trauma informed, trauma responsive, and trauma specific

Many individuals involved in the criminal justice system were often victims before they were offenders (Miller and Najavits 2012; Widom and Maxfield 2001). When women enter custodial settings, they arrive with their personal histories of trauma exposure, and they may experience additional trauma while in custody. Routine correctional practices (i.e. strip searches, pat downs) may trigger previous trauma and increase trauma-related symptoms and behaviours, such as impulsive acts and aggression, that may be difficult to manage within the prison or jail (Covington 2008; Moloney et al. 2009). Therefore, trauma-informed practice is important.

In their seminal work on trauma-informed services, FalLOT and Harris (2006) articulate five core values: safety (both physical and emotional), trustworthiness, choice, collaboration, and empowerment. The following three definitions differentiate the levels of work associated with developing services for women. Given the high rates of trauma in the lives of justice-involved women, it is impossible to be gender responsive if you are not trauma informed (Covington 2012, rev. 2018; Kubiak et al. 2017).<sup>2</sup>

*Trauma informed:* Being trauma informed means having universal knowledge about trauma and adversity. All staff in correctional settings need to understand the process of trauma and its link to mental health problems, substance use disorders, behavioural challenges, and physical health problems in women's lives. Staff also need to understand trauma as it relates to childhood experiences and brain development, and how individuals may be affected by and cope with trauma and victimization.

*Trauma responsive:* After becoming trauma informed with the knowledge of trauma and its impact, a facility then needs to become trauma responsive by reviewing policies and practices in order to incorporate this information into all operational practices. This involves all administration and staff in most, if not all, facilities to create a culture change.

*Trauma specific:* To become trauma specific, custodial settings for women provide actual therapeutic approaches that focus on trauma.

After staff became trauma informed and created a trauma-responsive institutional environment in the mental health unit at the Framingham facility in Massachusetts, there was a 62% decrease in inmate assaults on staff and a 54% decrease in inmate-on-inmate assaults (Bissonnette 2013; National Resource Center on Justice Involved Women [NRCJIW] 2014). There was also a decrease in other behavioural and mental health situations: a 60% decline in the number of suicide attempts, a 33% decline in the need for one-on-one mental health watches, and a 16% decline in petitions for psychiatric services. See the next section for more specific information on trauma-informed (and trauma-specific) programmes.

## Available evidence-based programmes and settings

The number of evidence-based, gender-responsive, and trauma-informed (and trauma-specific) curricula and materials has grown with the increased understanding of women's unique pathways to crime and their treatment needs. These curricula and materials have been tested with women in a variety of criminal justice settings.

*Helping Women Recover: A Program for Treating Addiction* (Covington 1999, rev. 2008, 2019) addresses substance use by integrating theories of women's psychological development, trauma, and addiction. This programme was examined through a randomized experimental study with incarcerated women in either a *Helping Women Recover* programme or a standard prison-based therapeutic community for substance use treatment. Women who received *Helping Women Recover* had improved psychological well-being, greater reductions in drug use, greater likelihoods of staying in aftercare after release from prison, and lower odds of recidivism than those who received standard, non-gender-responsive programming (Messina et al. 2010).

*Moving On* (Van Diemen 2008) is a programme based on cognitive behavioural theory, relational theory, and motivational interviewing. It provides women with opportunities to expand their strengths and strategies for improving their lives, and mobilize and access resources within community and personal networks. It incorporates cognitive behavioural techniques with motivational interviewing and relational theory. Positive outcomes have been found for this programme for women on probation in terms of lower rearrests and conviction rates for women who completed this programme than for women who did not receive it during probation (Gehring et al. 2010).

*Beyond Trauma: A Healing Journey for Women* (Covington 2003, rev. 2016) is a 12-session programme that uses psycho-educational, cognitive behavioural, expressive arts, mindfulness, and relational therapeutic approaches to help women develop coping skills and emotional wellness. A six-session version of this programme is called *Healing Trauma: A Brief Intervention for Women* (Covington and Russo 2011, rev. 2016). Studies evaluating the effectiveness of *Helping Women Recover* and *Beyond Trauma* (as well as *Healing Trauma*), which are gender-responsive and trauma-informed programmes with explicit foci on and foundation in a strengths-based approach, show that participants had reductions in PTSD and depression symptoms (Covington et al. 2008; Messina et al. 2012). These studies had samples of women in residential substance use treatment units, of which half were mandated to treatment (mainly through the criminal justice system). A majority of the women (99% at the end of treatment and 97% at the six-month follow-up point) reported no involvement in criminal activities (Covington et al. 2008). Also, a follow-up study of a randomized control trial of women involved in drug courts showed that women's involvement in these programs was significantly connected to improved well-being, low rates of rearrest, high levels of participation in treatment, and reductions in PTSD symptoms (Messina et al. 2012).

*Beyond Violence: A Prevention Program for Criminal Justice-Involved Women* (Covington 2013) is an evidence-based curriculum for women in criminal justice settings who have histories of aggression and/or violence. This group-based model of violence prevention considers the complex interplay between individual, relationship, community, and societal factors. Within a Midwestern prison, researchers have studied the programme's feasibility and fidelity (Kubiak et al. 2014), short- and long-term outcomes (Kubiak et al. 2016; Kubiak et al. 2012), and outcomes with specific populations (Fedock et al. 2017; Kubiak et al. 2014), and have found consistently positive results of lowered mental health symptoms and low recidivism rates for women who completed the programme. In addition, the programme has been tested in two California women's prisons, and similar positive results have been found, with medium to high effect sizes for women who are serving long or life sentences (Messina et al. 2016). Significant reductions were found in PTSD, anxiety, serious mental illness symptoms, and anger and aggression in women serving time for violent offences. These groups were tested using peer educators (i.e. incarcerated women serving life sentences) to deliver the intervention, which is a model that is both cost-effective and evidence based. While the studies related to this curriculum studied mental health and recidivism measures, a core premise of the programme is developing, building upon, and sustaining women's strengths, and women who have gone through the programme have expressed that they gained a deep sense of meaning through it, despite being in prison (Covington and Fedock 2015).

*Seeking Safety* (Najavits 2002) treats the co-occurring disorders of trauma, PTSD, and substance use, based on research from cognitive behavioural treatment of substance use disorders and post-traumatic stress treatment. It is a programme that focuses on women building coping strategies and addresses multiple concerns. Zlotnick et al. (2003) evaluated *Seeking Safety* in a sample of incarcerated women with co-occurring PTSD and substance use disorders; 53% of the women no longer met the criteria for PTSD after completing treatment, and 46% still no longer met the criteria three months after treatment. Another study from Gatz et al. (2007) found that women receiving *Seeking Safety* improved significantly more on symptoms of PTSD and use of coping skills compared to women in the comparison group. Another randomized controlled trial of *Seeking Safety* with incarcerated women found that women had improvements in their mental health, with their average depression scores changing to below the clinically significant level and lower scores of PTSD (Tripodi et al. 2017).

## Summary of outcome studies research

Findings from over ten extensive field studies culminating in a diverse sample of over 3,000 justice-involved women (i.e. incarcerated or on parole/probation) are summarized below. Participants were sampled from various treatment settings (i.e. jail/prison, re-entry aftercare, drug court, California's Prop 36, etc.). Datasets include retrospective self-reports covering participants' lifetimes and encompass



a wide range of domains (e.g. substance use, criminal activity, trauma exposure, mental/physical health, family functioning, treatment, and health service utilization) and administrative data on treatment participation (e.g. setting, modality, and services) and criminal justice interactions (arrest and incarceration history).

Research findings report consistent factors that are associated with justice-involved women's successful rehabilitation and recovery. They include:

- Reuniting with children, which can reduce the risk of recidivism for women (Benda 2005)
- Involvement with child welfare, which is associated with higher motivation for recovery (Grella and Rodriguez 2011)
- Engagement and retention in treatment, which is enhanced when there are services that are gender-responsive and that attend specifically to histories of trauma (Messina et al. 2010)
- Community-based aftercare treatment upon release, which is significantly associated with reduced recidivism, more so than prison treatment alone (Grella and Greenwell 2007; Messina et al. 2006)
- Gender-responsive programmes (specialized programmes with wrap-around services for women and children) and longer retention rates, which are strongly associated with post-treatment abstinence (Grella 1999; Grella et al. 2000; Prendergast et al. 2011)
- Strong family support and a stable living situation, which is associated with reductions in recidivism (Griffin and Armstrong 2003)

Defining potential predictors of successful recovery among women offenders has greatly informed the criminal justice system and guided the development of appropriate legislation, policies, programmes, and services for this historically underserved population of offenders.

## A new vision: guiding principles and strategies for effective system change

The following research-based principles and strategies have been incorporated into strategic plans, as well as state, national, and international criminal justice standards. They have been widely accepted by the scientific, policy, and practice fields and provide a new vision for promoting best practices for justice-involved women.

### Guiding principle 1: acknowledge that gender makes a difference

The foremost principle in responding appropriately to women offenders is to acknowledge the implications of gender throughout the criminal justice system.

The criminal justice field purports to provide equal treatment to everyone. However, this does not mean that the same treatment is appropriate for both women and men.

### Strategy

- Allocate both human and financial resources to create women-centred services.
- Designate a high-level administrative position for oversight of management, supervision, and services for women offenders.
- Recruit and train personnel and volunteers who have both the interest and the qualifications needed for working with women under criminal justice supervision.

### Guiding principle 2: create an environment based on safety, respect, and dignity

Research from a range of disciplines (e.g. health, mental health, and substance use) has shown that safety, respect, and dignity are fundamental to behavioural change. To improve behavioural outcomes for women, it is critical to provide a safe and supportive setting for all services.

### Strategy

- Conduct a comprehensive review of the institutional or community environment in which women are supervised to provide an ongoing assessment of the current culture.
- Develop policy that reflects an understanding of the importance of emotional and physical safety.
- Establish protocols for reporting and investigating claims of misconduct.
- Understand the effects of childhood trauma to avoid further traumatization.

### Guiding principle 3: develop policies, practices, and programmes that are relational and promote healthy connections to children, family, significant others, and the community

Understanding the role of relationships in women's lives is fundamental because connections and relationships to children, family, significant others, and the community are important threads throughout the lives of women in the justice system.

## Strategy

- Develop training for all staff and administrators in which relationship issues are a core theme. Such training should include the importance of relationships, staff-client relationships, professional boundaries, communication, and the mother-child relationship.
- Examine all mother and child programming through the eyes of the child (e.g. child-centred environment, context), and enhance the mother/child connection and the connections of the mother to child caregivers and other family members.
- Promote supportive relationships among women offenders.
- Develop community and peer-support networks.

### Guiding principle 4: address substance abuse, trauma, and mental health issues through comprehensive, integrated, and culturally relevant services and appropriate supervision

Substance abuse, trauma, and mental health are three critical, interrelated issues in the lives of women offenders. These issues have a major impact on both women's programming needs and successful re-entry. Although they are therapeutically linked, these issues have historically been treated separately. One of the most important developments in healthcare over the past several decades is the recognition that a substantial proportion of women have a history of serious traumatic experiences that play a vital and often unrecognized role in the evolution of a woman's physical and mental health problems.

## Strategy

- Service providers need to be cross-trained in three primary issues: substance use, trauma, and mental health.
- Resources, including skilled personnel, must be allocated.
- The environment in which services are provided must be closely monitored to ensure the emotional and physical safety of the women being served.

### Guiding principle 5: provide women with opportunities to improve their socio-economic conditions

Generally, justice-involved women are underemployed or unemployed, work fewer hours than men, make less per hour than men, and are often employed in temporary, low-level occupations with little chance for advancement.

Criminal behaviour by women is closely tied to their socio-economic status, and rehabilitation often depends on their ability to become financially independent.

### Strategy

- Allocate resources within both community and institutional correctional programmes for comprehensive, integrated services that focus on the economic, social, and treatment needs of women. Ensure that women leave prison or jail with provisions for short-term emergency services (e.g. subsistence, lodging, food, transportation, and clothing).
- Provide traditional and non-traditional training, education, and skill-enhancing opportunities to assist women in earning a living wage.

### Guiding principle 6: establish a system of community supervision and re-entry with comprehensive, collaborative services

Women face specific challenges as they re-enter the community from jail or prison, and women on probation also face challenges in their communities. In addition to the stigma of being formerly incarcerated, they may carry additional burdens such as single motherhood, low income and limited employment prospects, the absence of services and programmes targeted for women, responsibilities to multiple agencies, and a general lack of community support.

### Strategy

- Create an individualized support plan and wrap the necessary resources around the woman and her children.
- Develop a 'one-stop shopping' approach to community services, with the primary service provider also facilitating access to other needed services.
- Use a coordinated case management model for community supervision and programming.

### Guiding future directions

The pathways and profiles of justice-involved women consistently reveal factors that should be central to any form of supervision and treatment for women. The importance of understanding and addressing the full spectrum of substance use and criminal activity, and their consequences, for women and

their children cannot be overstated. Gender-responsive policy and practices target women's pathways to criminality by providing effective interventions that address the intersecting issues of trauma, criminal behaviour, substance use, mental health, and economic marginality, as well as providing specific services for mothers and their children (Bloom 2015).

Experiences of trauma have been identified repeatedly as issues that need to be addressed within rehabilitative programmes, whether in the community or in prison. Regardless of the treatment setting, staff training on the appropriate response to trauma histories and how to effectively avoid re-traumatization is imperative. The benefits of a trauma-informed organization are compelling. Prisons that have implemented trauma-informed services and become trauma responsive have experienced substantial decreases in institutional violence (NRCJIW 2014). However, treatment programmes in prison may not be able to address all of the complex needs of women offenders due to funding and security constraints. Evidence continues to demonstrate that justice-involved women come in contact with multiple service systems prior to and after release from correctional settings (e.g. drug treatment, criminal justice, mental health, welfare, primary healthcare), necessitating an integrated and comprehensive approach to addressing their specific needs.

As criminal justice officials consider implementing treatment options for justice-involved women, it is vitally important to incorporate the above core guiding principles in developing effective criminal justice policies and practices. Furthermore, criminal justice officials can gain insight from the growing body of empirical evidence to determine the critical factors associated with onset, persistence, and desistence of substance use and crime and the types of settings, services, and approaches that are optimal to enhance long-term outcomes for justice-involved women.

## Notes

- 1 Traumatic events are stressful or traumatic events including emotional, sexual, and physical abuse and neglect. They may also include household dysfunction such as witnessing domestic violence, out-of-home placement, or growing up with family members who have substance use disorders or who have been incarcerated.
- 2 The following set of training materials is available to assist criminal justice professionals in becoming trauma informed: *Becoming Trauma Informed: Working with Women in Correctional Settings* (Covington 2012, rev. 2018) and *Moving from Trauma Informed to Trauma Responsive: A Training Program for Organizational Change* (Covington and Bloom 2018).

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