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Creating gender-responsive and trauma-informed services for women in the justice system

Stephanie S. Covington gives details of research related to women offenders and their needs

Some of the most neglected and misunderstood individuals in our society are the women in the criminal justice system.

Although the number of justice-involved women has increased by 115% in the UK in the last 15 years, the criminal justice system has not adapted to meet women's needs, which often are quite different from those of men.

Gender-responsive services

Research demonstrates that treatment services for women need to be based on a holistic and woman-centred approach that acknowledges their psychosocial needs. Gender-responsive treatment includes the creation of an environment – through site selection, staff selection, programme development, and programme content and materials – that reflects an understanding of the realities of females' lives and that addresses and responds to their challenges and strengths. Because of the high rates of violence in many women's lives, especially those in the criminal justice system, treatment services can be gender-responsive only if they are trauma informed.

The issue of gender

Developing effective services for women includes understanding and acknowledging the effects of living as a female in a male-based society. In most of the world, males are dominant; this influence is so pervasive that it often is unseen. One result is that programmes and policies called 'gender neutral' are actually male based. Administrators may take a traditional programme designed for men, change the word 'he' to 'she' and call the result a 'programme for women.' Such programmes do not take into account the psychosocial development of females, which differs from that of males.

Gender responsive principles

A review of the literature and research on women's lives in the areas of substance abuse, trauma, health, mental health, education and training and employment was conducted as part of a research-based report for the (USA) National Institute of Corrections. The report cites six guiding principles for working with women:

- *gender*: acknowledge that gender makes a difference;
- *environment*: create an environment based on safety, respect, and dignity;
- *relationships*: develop policies, practices, and programmes that are relational and that promote healthy connections to children, family members, significant others, and the community;
- *services and supervision*: address substance abuse, trauma, and mental health issues through comprehensive, integrated, and culturally relevant services and supervision;
- *socioeconomic status*: provide women with opportunities to improve their socioeconomic conditions;
- *community*: establish a system of comprehensive and collaborative community services.

Understanding trauma

One of the most important developments in health care over the past decade is the recognition that trauma plays a vital and often unrecognised role in the evolution of physical and mental health problems. A high number of females in the criminal justice systems in the UK, Canada, and the USA have experienced physical, sexual, and emotional abuse. The connection between trauma and subsequent health issues is substantiated by the ongoing Adverse Childhood Experiences (ACE) Study, which was designed to examine the childhood origins of many adult physical and mental health problems. Ten types of childhood traumatic events were assessed: emotional abuse and neglect, physical neglect, physical abuse, sexual abuse, family violence, family alcoholism, parental separation/divorce, incarcerated

family member, and out-of-home placement. A score of four or more increased the risk of both mental and physical health problems in adult life. This study was a model for research done on women in the criminal justice system. For women who scored seven or more, the risk of a mental health problem was increased by 980%.

Trauma is not limited to suffering violence; it includes witnessing violence as well as stigmatisation because of gender, race, poverty, incarceration, or sexual orientation. The terms violence, trauma, abuse, and post-traumatic stress disorder (PTSD) often are used interchangeably. One way to clarify these terms is to think of trauma as a response to violence or another overwhelmingly negative experience. Trauma is both an event and a particular response to an event. PTSD is one type of anxiety disorder that results from trauma.

Justice-involved women have the highest rates of abuse in the UK (and other countries):

- 49% of women prisoners in a Ministry of Justice study were assessed as suffering from anxiety and depression. Only 19% of the general female UK population were estimated to be suffering from different types of anxiety and depression;
- 46% of women in prison have been identified as having suffered a history of domestic abuse;
- 53% of women in prison reported having experienced emotional, physical, and/or sexual abuse as a child, compared to 27% of men.

Gender differences in experiences of violence and trauma

Risk for abuse is affected by gender. When young, both female and male children are at relatively equal risk from family members and people they know.

In adolescence, boys in many white-majority countries are at risk if they are gay, young men of colour, or gang members. Their risk comes from people who dislike or hate them. As they age, males are more likely to be harmed by enemies or strangers. For an adult man, the risk for abuse comes from being in combat or being a victim of crime.

For a young or adult woman, the primary risk is in her relationship with an intimate partner. This may account for the higher rate of mental health problems among women: it is more confusing and distressing to have the person who is supposed to love and care for you do harm to you than it is to be harmed by someone who dislikes you or is a stranger.

Trauma and the criminal justice system

For both service providers and the women survivors who access services, it is important to understand what trauma is and its impact on the thoughts, feelings, beliefs, values, behaviour, and relationships of the victims. It is imperative that addiction treatment services incorporate relational-cultural theory (women's psychosocial development), addiction theory, and trauma theory. A gender-responsive and trauma-informed programme can provide the safe, nurturing, and empowering environment that women need to find their inner strengths, to heal, and to recover.

Understanding the impact of trauma and the issue of 'triggers' is particularly important when working with women in the criminal justice system. Unfortunately, standard practices – such as searches, seclusion, and restraint – may traumatise or retraumatise many women. Experiences in the criminal justice system can trigger memories of earlier abuse. It can be retraumatising when a survivor of sexual abuse has a body search, must shower with male correctional officers nearby, or is yelled at or cursed at by a staff member. Incarceration can be traumatising in itself, and the racism

and class discrimination that are characteristic of the criminal justice system can be even more traumatising.

Becoming trauma informed

As the understanding of trauma increases, mental health theories and practices are changing. It is important for criminal justice professionals to understand trauma theory as a conceptual framework for their policies and practices. Trauma-informed services do the following:

- take the trauma into account;
- avoid triggering trauma reactions or retraumatizing the woman;
- adjust the behaviour of counsellors and custodial staff members to support the woman's coping capacity;
- allow survivors to manage their trauma symptoms successfully, so that they are able to access, retain, and benefit from the services.

In order to be trauma informed, service providers need to understand and espouse five core values:

1. *safety*: ensuring physical and emotional safety;
2. *trustworthiness*: maximising trustworthiness, making tasks clear, and maintaining appropriate boundaries;
3. *choice*: prioritising client choice and control;
4. *collaboration*: maximising collaboration and sharing power with clients;
5. *empowerment*: prioritising client empowerment and skill building.

Gender-responsive and trauma-informed materials

In developing gender-responsive services, the material used is a crucial ingredient. It has been developed to help service providers bring this theoretically and evidence-based approach to the delivery of trauma-informed (the treatment environment) and trauma-specific (the treatment provided) services.

There are websites (see full article) which provide specific information on materials to use with women and girls that incorporate the principles discussed in this article. There are seven areas, each of which includes a facilitator's guide and a participant's workbook. There are cognitive-behavioural, relational, mindful, and expressive-arts techniques used throughout. These materials also can be used to educate staff members. There are additional articles and book chapters on these websites that discuss gender and trauma: www.stephaniecovington.com and www.centerforgenderandjustice.org

Conclusion

Addressing the health and mental health needs of justice-involved women involves the development of comprehensive, coordinated services that address the women's histories of poverty and trauma, recognise their mental and physical health issues, and incorporate the emotional and psychological components that females need to heal and recover. With new understanding based on research and practice, it is time for correctional facilities and community care providers to work together and create meaningful systems of care.

Dr. Stephanie Covington is a clinician, author, organisational consultant, and lecturer. Recognised for her pioneering work in the area of women's issues, Dr. Covington specialises in the development and implementation of gender-responsive and trauma-informed services in both the public and private sectors. Her full article with references can be found on the MA website under publications/MAGistrate