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# VISITING EXPERT'S PAPER

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## THE GENDER-RESPONSIVE APPROACH

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Gender-responsive means creating an environment through site selection, staff selection, programme development, content and material that reflects an understanding of the realities of women's lives and addresses their strengths and challenges.

### I. GUIDING PRINCIPLES AND STRATEGIES FOR EFFECTIVE SYSTEM CHANGE<sup>1</sup>

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.

##### Strategies

- Allocate both human and financial resources to create women-catered 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.
- Begin with gender-responsive assessment tools.

#### **Guiding Principle 2: Create an Environment Based on Safety, Respect, and Dignity**

Research from a range of disciplines (e.g., health, mental health and addiction treatment) 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.

##### Strategies

- 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, Practice 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

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<sup>1</sup> Bloom, B., Owen, B., and Covington, S. (2003). *Gender-responsive strategies: Research, practice and guiding principles for women offenders* (Report). National Institute of Corrections.

to children, family, significant others and the community are important threads throughout the lives of women in the justice system.

Strategies

- 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-catered 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 Use Disorders, Trauma and Mental Health Issues through Comprehensive, Integrated and Culturally Relevant Services and Appropriate Supervision**

Substance use disorders, 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 health care 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.

Strategies

- Service providers need to be cross-trained in three primary issues: substance use disorders, 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 Socioeconomic 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 socioeconomic status, and rehabilitation often depends on their ability to become financially independent.

Strategies

- 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.

Strategies

- 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.

## II. UNDERSTANDING TRAUMA: A CRITICAL COMPONENT IN WOMEN'S SERVICES

The majority of women who interface with the criminal justice system – including prisons, jails and community corrections – have been exposed to traumatic events across the life-course. However, institutional confinement is intended to house perpetrators and not victims and may not acknowledge or recognize that the women involved in the criminal justice system are often victims before they were “offenders” or “victimizers,” or that hurt people often hurt others. There are three levels of work when working on trauma in a criminal justice setting. A criminal justice system provides appropriate services when it incorporates all three levels.<sup>2</sup>

*Trauma Informed* work (what is known): doing trauma informed work means having knowledge about adversity and trauma and its effects on individuals, communities and society more generally. All staff members 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 members also need to understand how childhood experiences of trauma affect brain development and how individuals may be affected by and cope with trauma and victimization.

*Trauma Responsive* work (what is done): being trauma responsive involves ensuring that there are policies and practices in place to minimize damage and maximize opportunities for healthy growth and development in all populations at risk. It also involves the creation of an environment for healing and recovery. After becoming trauma informed, a custodial or community-based criminal justice setting or programme 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 members and in most, if not all, facilities to create a culture change.

*Trauma Specific* work (what is provided): here, services are designed to specifically address violence and trauma, the related symptoms and to facilitate healing and recovery. To become trauma specific, custodial settings (and community programmes) for women provide therapeutic approaches that focus on trauma.

## III. FIVE CORE VALUES FOR TRAUMA-INFORMED AND TRAUMA-RESPONSIVE SERVICES<sup>3</sup>

Incorporating the following values into the criminal justice system is essential for Guiding Principle #2 above.

### **Safety**

Because trauma inherently involves a physical or emotional threat to one's sense of self, survivors are attuned to signals of possible danger. It is essential for organizations to prioritize safety as a guiding principle and become more hospitable for trauma survivors and avoid inadvertently re-traumatizing people.

Examples:

- Eye contact; consistency; explanations; procedure to report abuse  
“How can services be modified to ensure physical and emotional safety more effectively and consistently?”

### **Trustworthiness**

Survivors of trauma experience a violation of boundaries resulting in a justified inability to trust others; especially those in power and authority. Service providers are often surprised when clients exhibit behaviour

<sup>2</sup> Covington, S., & Bloom, S. (2018). *Moving from trauma-informed to trauma responsive: A training program for organizational change*. Hazelden.

<sup>3</sup> Harris, M. and Fallot, R.D. (2021). *Using trauma theory to design service systems*. Jossey-Bass, A Wiley Imprint; Covington, S. (in press). Creating a trauma-informed justice system for women. In L. Gelsthorpe & S. Brown (Eds.). *Wiley handbook on what works with female offenders?: A critical review of theory, practice, and policy*. John Wiley & Sons.

that indicates they do not trust systems of care.

Examples:

- Following through; model trust; maintaining appropriate boundaries; and making tasks clear  
*“How can services be modified to earn the trust of those seeking services by ensuring task clarity, and consistent staff-client boundaries?”*

### **Choice**

Trauma occurs because actions to prevent or escape the traumatic event are of “no avail.” The element of choice has been stripped away from the victim/survivor. Survivors are left with the belief that their choices and preferences are of no importance, particularly to those in power.

Examples:

- Emphasizing individual choice and control; informed consent  
*“How can services be modified to ensure that experiences of choice and control are maximized?”*

### **Collaboration**

Collaboration and choice are closely related. However, without collaboration, choice loses its power. Maximizing choice generally means expanding the number and kinds of options available. Collaboration refers to shared decision-making about both the options to be offered and about how to implement plans.

Examples:

- Solicit input; acknowledge insights about themselves; explain options  
*“How can services be modified to ensure that collaboration and power sharing are maximized?”*

### **Empowerment**

In the context of trauma, people often feel powerless, “done to,” hidden, invalidated, minimized and much more. Therefore, services need to find ways to increase and maximize experiences and opportunities for mastery and agency. Trauma creates a sense of powerlessness, and the antidote is feeling empowered.

Examples

- Teaching skills; provide tasks where a person can succeed  
*“How can services be modified to ensure that experiences of empowerment and the development or enhancement of skills are maximized?”*

## **IV. PROGRAMMING FOR WOMEN**

*Helping Women Recover: A Program for Treating Addiction*<sup>4</sup> has a specific edition for women with criminal justice involvement. It addresses substance use disorders by integrating theories of women’s psychological development, trauma and addiction. The comprehensive, twenty-session curriculum contains four modules that address the areas that women in treatment identify as triggers for relapse: self, relationships, sexuality and spirituality. They include the issues of self-esteem, sexism, family of origin, relationships, domestic violence and trauma. The user-friendly and self-instructive materials are a step-by-step facilitator’s guide and a participant’s journal, entitled *A Woman’s Journal*, that is filled with self-tests, checklists and exercises to enable each participant to create a personalized guide to recovery.

- One research project examined *Helping Women Recover* through a randomized experimental study with incarcerated women in either the *Helping Women Recover* programme or a standard prison-based therapeutic community for substance abuse 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.<sup>5</sup>

<sup>4</sup> Covington, S. S. (1999, revised 2008, 2019). *Helping women recover: A program for treating addiction*. Jossey-Bass.

<sup>5</sup> Messina, N., Grella, C. E., Cartier, J. and Torres, S. (2010). A randomized experimental study of gender-responsive substance

*Beyond Trauma: A Healing Journey for Women*<sup>6</sup> is a 12-session programme that uses psycho-educational, cognitive-behavioural, expressive arts, mindfulness, body-oriented exercises (including yoga) and relational therapeutic approaches to help women develop coping skills and emotional wellness. This programme incorporates the insights of neuroscience with the latest understanding of trauma and PTSD. Each session has also been adapted for girls. The evidence-based materials are designed for trauma treatment, although the connection between trauma and addiction in women's lives is a primary theme throughout. The *Beyond Trauma* programme materials include a facilitator's guide, a participant's workbook entitled *A Healing Journey*, and three DVDs (2 for facilitator training and 1 for clients).

- One study evaluating the effectiveness of *Helping Women Recover* and *Beyond Trauma* showed that participants had reductions in PTSD and depression symptoms.<sup>7</sup>
- The above study had a sample of women in residential substance use disorder treatment, 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 6-month follow-up point) reported no involvement in criminal activities.<sup>8</sup>
- A study in a randomized control trial of women involved in drug courts showed that women's involvement in these programmes was significantly connected to improved well-being, low rates of rearrest, high levels of participation in treatment and reductions in PTSD symptoms.<sup>9</sup>

*Beyond Violence: A Prevention Program for Criminal Justice-Involved Women*<sup>10</sup> is an evidence-based curriculum for women in criminal justice settings (jails, prisons and community corrections) 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. It deals with the violence and trauma they have experienced, as well as the violence they may have perpetrated. This four-level model of violence prevention considers the complex interplay between individual, relationship, community and societal factors. It addresses the factors that put people at risk for experiencing and/or perpetrating violence. This model is used by the Centers for Disease Control and Prevention (CDC), World Health Organization (WHO), and was used in the Prison Rape Elimination Act (PREA) research on women in prison. This is a 20 session (40 hour) intervention that consists of a facilitator guide, participant workbook and DVD.

- Researchers (in a mid-western state) studied the programme's feasibility and fidelity,<sup>11</sup> short- and long-term outcomes,<sup>12</sup> and outcomes with specific populations<sup>13</sup> and found consistently positive results of lowered mental health symptoms and low recidivism rates for women who completed the programme.
- The programme has also 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.<sup>14</sup>

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abuse treatment for women in prison. *Journal of Substance Abuse Treatment*, 38(2), 97–107.

<sup>6</sup> Covington, S. S. (2003, revised 2016). *Beyond trauma: A healing journey for women*. Hazelden Publishing Company.

<sup>7</sup> Covington, S. S., Burke, C., Keaton, S. and Norcott, C. (2008). Evaluation of a trauma-informed and gender-responsive intervention for women in drug treatment. *Journal of Psychoactive Drugs*, 40 (Supplement 5), 387–398.

<sup>8</sup> Covington, S. S., Burke, C., Keaton, S. and Norcott, C. (2008). Evaluation of a trauma-informed and gender-responsive intervention for women in drug treatment. *Journal of Psychoactive Drugs*, 40 (Supplement 5), 387–398.

<sup>9</sup> Messina, N., Calhoun, S. and Warda, U. (2012). Gender-responsive drug court treatment: A randomized controlled trial. *Criminal Justice and Behavior*, 39(12), 1539–1558.

<sup>10</sup> Covington, S. S. (2013). *Beyond violence: A prevention program for criminal justice-involved women*. John Wiley & Sons.

<sup>11</sup> Kubiak, S. P., Fedock, G., Tillander, E., Kim, W. J. and Bybee, D. (2014). Assessing the feasibility and fidelity of an intervention for women with violent offenses. *Evaluation and Program Planning*, 42, 1–10.

<sup>12</sup> Kubiak, S. P., Fedock, G., Kim, W. J. and Bybee, D. (2016). Long-term outcomes of a RCT intervention study for women with violent crimes. *Journal of the Society for Social Work and Research*, 7(4), 661–676; Kubiak, S. P., Kim, W. J., Fedock, G. and Bybee, D. (2012). Assessing short-term outcomes of an intervention for women convicted of violent crimes. *Journal of the Society for Social Work and Research*, 3(3), 197–212.

<sup>13</sup> Fedock, G., Kubiak, S. and Bybee, D. (2017). Testing a new intervention with incarcerated women serving life sentences. *Research on Social Work Practice*. DOI:1049731517700272; Kubiak, S. P., Fedock, G., Tillander, E., Kim, W. J. and Bybee, D. (2014). Assessing the feasibility and fidelity of an intervention for women with violent offenses. *Evaluation and Program Planning*, 42, 1–10.

<sup>14</sup> Messina, N., Braithwaite, J., Calhoun, S. and Kubiak, S.P. (2016). Examination of a violence prevention program for female offenders. *Violence and Gender Journal*, 3(3), 143–149.

- In addition, 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.<sup>15</sup>

*Healing Trauma*<sup>16</sup> is an adaptation and abbreviation of *Beyond Trauma*. It is particularly designed for settings requiring a shorter intervention, such as short-term addiction treatment, domestic violence agencies, sexual assault services and jails. This six-session intervention is designed for women who have been abused. There is introductory material on trauma for the facilitator and detailed instructions (specific lesson plans) for the group sessions. The session topics include the process of trauma, power and abuse, grounding and self-soothing techniques, and healthy relationships. There is a strong emphasis on grounding skills and focus on the three core elements that both staff and clients need to know: an understanding of what trauma is, its process and its effect on both the inner self (thoughts, feelings, beliefs and values) and the outer self (behaviour and relationships). The facilitator guide and workbook (in English and Spanish) are on a flash drive for ease of duplication.

- Results from over 1,000 participants have shown significant positive post-intervention changes. There were decreases in anxiety, depression, PTSD, serious mental illness and aggression. There were also increases in social connectedness and emotional regulation.<sup>17</sup>
- A similar research project in a Secure Housing Unit in the California Department of Corrections and Rehabilitation found similar significant positive post-interventions. There were decreases in anxiety, depression, PTSD, serious mental illness and aggression as well as increases in social connectedness and emotional regulation.<sup>18</sup>
- A research project in the women's prisons in England found a decrease in anxiety, depression, PTSD, psychical distress, dissociation and sleep disturbances.<sup>19</sup>

The new third edition of *Healing Trauma* is now entitled *Healing Trauma+: A Brief Intervention for Women and Gender-Diverse People* in order to reflect the changes in this new edition. The definition of *gender responsive* has been expanded to include the experiences of transgender and non-binary people.

Additional information on these programmes as well as additional programme materials can be found on the websites [www.centerforgenderandjustice.org](http://www.centerforgenderandjustice.org) and [www.stephaniecovington.com](http://www.stephaniecovington.com) (see the "Bookstore" tab). Additional current research can be found on the websites [www.centerforgenderandjustice.org](http://www.centerforgenderandjustice.org) and [www.stephaniecovington.com](http://www.stephaniecovington.com) (see the "Research" tab).

<sup>15</sup> Covington, S. S. and Fedock, G. (2015). Beyond violence: Women in prison find meaning, hope, and healing. In *Trauma Matters, Fall*. Hamden, CT: Connecticut Women's Consortium and the Connecticut Department of Mental Health and Addiction Services in support of the Connecticut Trauma Initiative, p. 1.

<sup>16</sup> Covington, S. S. and Russo, E. (2011, revised 2016, 2021). *Healing trauma+: A Brief intervention for women and gender-diverse people*. Hazelden Publishing.

<sup>17</sup> Messina, N., Zwart, E., and Calhoun, S. (2020). Efficacy of a trauma intervention for women in a security housing unit. *ARCH Women Health Care* Volume 3(3): 1-9.

<sup>18</sup> Messina, N. & Calhoun, S. (June 30, 2019). *Healing trauma: A brief intervention for women. SHU evaluation findings* (Report Contract C5607040). California Department of Corrections and Rehabilitation; Gajewski-Nemes, J. and Messina, N. (2021). Exploring and healing invisible wounds: Perceptions of trauma-specific treatment from incarcerated men and women. *Journal of Trauma & Treatment*, 10: 471; Messina, N. & Schepps, M. (2021). Opening the proverbial "can of worms" on trauma-specific treatment in prison: The association of ACEs to treatment outcomes." *Clinical Psychology & Psychotherapy*, 28.

<sup>19</sup> Petrillo, M. (June 2019). *Healing trauma evaluation executive summary*. One Small Thing; Petrillo, M. (February 2021). We've all got a big story: Experiences of a trauma-informed intervention in prison. *Howard Journal of Crime and Justice*, pp. 1-19. DOI: 10.1111/hojo.12408.