

# **The Relational Theory of Women's Psychological Development: Implications for the Criminal Justice System**

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## **Introduction**

Some of the most neglected and misunderstood women in our society are those in our jails, prisons, and community correctional facilities. While women's rate of incarceration has increased dramatically, tripling in the last decade, prisons have not kept pace with the growth of the number of women in prison (Bloom, B., Chesney-Lind, M., & Owen, B. 1994). Nor has the criminal justice system been redesigned to meet women's needs, which are often quite different from the needs of men.

The relational theory of women's psychological development helps us understand what women need from our criminal justice system. The purpose of this paper is to explain what relational theory is and how it applies to correctional settings. First, we will review who female offenders are—race, class, age, offenses, and experiences of trauma and addiction. It's important to remember the population we are serving in order to determine what will make a difference in their lives. Second, we will discuss what relational theory is, and what a “growth-fostering relationship” is. Third, we will then begin to apply relational theory to the criminal justice system, asking, What are gender-specific services? What does relational theory tell us about the childhood and adult experiences of female offenders? And, what does relational theory tell us about corrections on a systemic level? Fourth, because many female offenders have histories of addiction and trauma, we will look at theories of addiction and trauma in light of relational theory to see how best to treat women and girls with these issues.

## **Women and Girls in the Criminal Justice System: Who Are They**

The rate of women's incarceration tripled in the 1980s and continues to grow at a faster rate than men's, despite a decrease in violent crime committed by women. Tougher sentencing for women's drug offenses, the building of new facilities for women, and an increase in women's

non-violent property crimes during two economic recessions seem to account for the increased rate of imprisonment.

Female prison populations differ from their male counterparts in several significant ways. First of all, they are less likely to have committed a violent offense and more likely to have been convicted of a crime involving alcohol, other drugs, or property. Many property crimes are economically driven, often motivated by poverty and/or the abuse of alcohol and other drugs. A 1994 study of California inmates showed that 71.9 percent of women had been convicted on a drug or property charge, versus 49.7 percent of men. Men also commit nearly twice the violent crimes that women do (Bloom et al. 1994). These statistics are consistent with national trends. Women are significantly less violent than their male counterparts and show more responsiveness to prison programs, although they have less opportunity to participate in them than male prisoners do. While men often deal with their anxiety by working their bodies constantly, women tend to fear the central yard, working out their anxieties with too much sleep, food, and prescription pills (LeBlanc, 1996).

Juvenile offenders also reflect this contrast in type of crime. Rates for less serious crimes, such as smoking marijuana and shoplifting, are similar for boys and girls. But rates of serious and violent crime are far lower among girls. Girls are more likely than boys to be arrested and detained for status offenses—acts that would not be offenses if committed by an adult, such as promiscuity, truancy, or running away (Belknap, J., Dunn, M., & Holsinger 1997, p. 13).

Most female prisoners are poor, undereducated, unskilled, single mothers, and a disproportionate number of them are women of color. In a study of California prisons, over half of the women were African American (35 percent) and Hispanic (16.6 percent). One-third of the women were Caucasian and the remaining 13 percent were made up of other minorities. Of those who had been employed before incarceration, many were on the lower rungs of the economic ladder, with only 37 percent working at a legitimate job. Twenty-two percent were on some kind of public support, 16 percent made money from drug dealing, and 15 percent were involved in prostitution, shoplifting or other illegal activities (Bloom et al. 1994).

These statistics indicate that issues of race and class permeate the criminal justice system (Chesney-Lind and Bloom, 1997). For example, a Minnesota law (recently held unconstitutional) dictated that first-time users of crack cocaine would receive mandatory four-year sentences, but first-time users of cocaine in its powdered form received only probation. Because 92 percent of those arrested on charges for possession of crack in 1988 were African Americans and 85 percent of those arrested for possession of powdered cocaine were Caucasian, the law was clearly racist (Raspberry, 1991).

Two-thirds of incarcerated women have children under the age of 18 (Bureau of Prison Statistics, 1991). Many feel enormous guilt about being absent from their children's lives and worry about whether they will still have custody of their children when they get out (Bloom and Steinhart, 1993; Watterson, 1996). These and other concerns, including unresolved issues of physical and sexual abuse, lead female inmates to make requests for psychological counseling that far exceed

those made by men. Criminal justice experts agree that women would benefit from additional services (Salholz and Wright, 1990).

Many incarcerated women either abuse or are addicted to alcohol and/or other drugs. Nationwide, “up to 80 percent of the women offenders in some State prison systems now have severe, long-standing substance abuse problems” (Center for Substance Abuse Treatment, 1997, p. 2). Drug violators make up 61 percent of women in federal prisons (up from 38 percent in 1986), 21 percent of the women in state facilities (up from 9 percent), and 23 percent of those in local jails (up from 9 percent) (Snell, 1994).

Along with their history of alcohol and other drug use, many women in prison also have a history of physical and sexual abuse. In California prisons, nearly 80 percent have experienced some form of abuse. Twenty-nine percent report being physically abused as children and 60 percent as adults, usually by their partners. Thirty-one percent experienced sexual abuse as a child and 23 percent as adults; 40 percent reported emotional abuse as a child and 48 percent as an adult (Bloom et al. 1994).

Research on adolescent girl offenders reveal abuse histories that parallel those of adult women. For example, a study of girls involved in violent street crime in New York City found that almost all came from homes characterized by poverty, domestic violence, and substance abuse. Those who became delinquent as younger adolescents, as opposed to later in their teens, were more likely to come from neighborhoods with “high concentrations of poverty,” to have been sexually or physically abused by a stranger, and to have friends involved in violent crime (Sommers and Baskin 1994, p. 477).

A national study found that institutionalized girls are far more likely to think about and attempt suicide than are boys (Wells, 1994). One explanation for this self-destructiveness is that, like their adult counterparts, girls in the criminal justice system have high rates of physical and sexual abuse. (Abuse survivors in general attempt suicide more often than do persons without abuse histories.) Also, many girls enter the system pregnant; some become pregnant while incarcerated (Belknap et al. 1997).

In short, the females flooding our criminal justice system are mostly young, poor, undereducated, women and girls of color with complex histories of trauma and addiction. Most are nonviolent and not threats to the community. Survival (of abuse and poverty) and addiction are the most common pathways to crime for women. Their greatest needs are multi-faceted treatment for addiction and trauma recovery, and education for job and parenting skills. They need the opportunity to grow, to learn, to make changes in their lives. As Mary Leftridge Byrd, former Superintendent of the Muncy Women’s Prison in Pennsylvania, says in her message to new inmates, “This period of incarceration . . . can be a ‘time out’ for reflection, collecting yourself and honestly confronting the reason you find yourself in this place. . . . Do not simply serve time, let the time serve you. Do not just let things happen, make things happen” (Byrd, 1998).

However, the current focus and goal of our criminal justice system is control, not change. The environment of most correctional facilities does not facilitate growth and development in

women's lives. But what kind of environment would help women change? When we understand women's psychological development, we discover the kind of environment that facilitates growth. Relational theory can help us create the kinds of programs and environment in the criminal justice system that will be most effective for women and girls.

### **Relational Theory: What Is It?**

Over the past two decades, we have begun to recognize and acknowledge the differences between men and women. One difference is the way in which men and women develop psychologically. Jean Baker Miller posed the question of how women develop in her 1976 book, *Toward a New Psychology of Women*. Until then, traditional theories of psychology described development as a climb from childlike dependence to mature independence. A person's goal, according to these theories, was to become a self-sufficient, clearly differentiated, autonomous self. A person would spend his or her life separating and individuating until he or she reached maturity, at which point the person was equipped for intimacy.

Miller challenged the assumption that separation was the route to maturity. She suggested that those theories might be describing men's experience, while a woman's path to maturity was different. A woman's primary motivation, said Miller, is to build a sense of connection with others. Women develop a sense of self and self-worth when their actions arise out of, and lead back into, connections with others. Connection, not separation, is the guiding principle of growth for women.

Previously, theoreticians had treated women's emphasis on connection as a sign of deficiency. In her book, *In a Different Voice: Psychological Theory and Women's Development*, Carol Gilligan observed, "The disparity between women's experience and the representation of human development, noted throughout the psychological literature, has generally been seen to signify a problem in women's development. Instead, the failure of women to fit existing models of human growth may point to a problem in the representation, a limitation in the conception of the human condition, an omission of certain truths about life" (Gilligan 1982, pp. 1-2).

Miller's work led a group of researchers and practitioners to create the Stone Center at Wellesley College for the purpose of thinking through the qualities of relationships that foster healthy growth in women (Jordan 1984, 1985; Jordan and Surrey, 1986; Kaplan, 1984; Surrey, 1985). The basic assumption of the Stone Center model is that "connection" is a basic human need, and that this need is especially strong in women (Jordan et al. 1991). All people need both connection with others and differentiation from others, but females are more attuned to connection while males are more attuned to differentiation. Byington (1997) explained this connection as follows:

Theoretically, girls perceive themselves to be more similar than different to their earliest maternal caretakers, so they do not have to differentiate from their mothers in order to continue to develop their identities. This is in contrast to boys, who must develop an identity that is different from the mother's in order to continue their development. Thus, women's psychological growth and development occur through adding to rather than

separating from relationships. Consequently, defining themselves as similar to others through relationships is fundamental to women's identities (p. 35).

A "connection" in the Stone Center relational model is "an interaction that engenders a sense of being in tune with self and others, of being understood and valued" (Bylington, 1997, p. 35). True connections are mutual, empathic, creative, energy-releasing, and empowering for all participants (Miller, 1986). Such connections are so crucial for women that women's psychological problems can be traced to disconnections or violations within relationships—whether in families, with personal acquaintances, or in society at large.

*Mutuality* means that each person in a relationship can represent her feelings, thoughts, and perceptions, and can both move with and be moved by the feelings, thoughts, and perceptions of the other person. Each person, as well as the relationship, can change and move forward because there is mutual influence and mutual responsiveness.

*Empathy* is a complex, highly developed ability to join with another at a cognitive and affective level without losing connection with one's own experience. An empathic person both feels personally authentic in the relationship and feels she can "see" and "know" the other person. A growth-fostering relationship requires mutual empathy, which in turn requires that both parties have the capacity to connect empathically.

Mutuality and empathy empower women not with power *over* others, but rather power *with* others. In traditional relationships, one person or group of persons is often dominant and the other subordinate, or one person or group is assigned the task of fostering the psychological development of others. Historically, women have been assigned the task of fostering the psychological development of others, including men and children. By contrast, in mutually empowering relationships, each person grows in psychological strength or power. Women become more able to share power for constructive, creative ends.

Mutual, empathic, and empowering relationships produce five psychological outcomes. All participants gain: 1) increased zest and vitality, 2) empowerment to act, 3) knowledge of self and others, 4) self-worth, and 5) a desire for more connection (Miller, 1986). These outcomes constitute psychological growth for women. Mutuality, empathy, and power with others are essential qualities of an environment that will foster growth in women.

By contrast, Miller (1990) has described the outcomes of disconnections—non-mutual or abusive relationships—which she terms a "depressive spiral." These are: 1) diminished zest or vitality, 2) disempowerment, 3) unclarity or confusion, 4) diminished self-worth, and 5) a turning away from relationships. All relationships involve disconnections, times when people feel their separateness and distance. However, growth-fostering relationships are able to allow disconnections that, with effort on each person's part, can be turned into connections. In non-mutual and/or abusive relationships, disconnections are not turned into true connections.

## **Relational Theory and the Criminal Justice System**

### *Gender-specific Services*

An understanding of relational theory is important for those who work in the criminal justice system for several reasons. First, most current programs have been designed by men for men. In order to develop effective services for women, we need to create programs for women based on the reality of their lives and on what we know about women's growth and development. In a 1997 report on gender-specific service for adolescent girls to the governor from the Office of Criminal Justice Services for the State of Ohio, Belknap et al, (1997) wrote,

When examining gender-specific programming, it is important to recognize *equality does not mean "sameness."* Equality is not about providing the same programs, treatment and opportunities for girls and boys. . . . Equality is about providing opportunities that mean the same to each gender. This new definition legitimizes the differences between boys and girls. Programs for boys are more successful when they focus on rules and offer ways to advance within a structured environment, while *programs for girls are more successful when they focus on relationships* with other people and offer ways to master their lives while keeping these relationships intact (p. 23, emphasis added.)

That report went on to list the following criteria for gender-specific programming and service delivery systems (Belknap et al. 1997, p. 23):

- meet the unique needs of females
- acknowledge the female perspective
- support the female experience through positive female role models
- listen to the needs and experiences of adolescent females
- recognize the contributions of girls and women
- respect female development
- empower girls and young women to reach their full potential
- work to change established attitudes that prevent or discourage young women from recognizing their potential

At a meeting of the National Institute of Corrections, Barbara Bloom defined gender-specific programs for women and girls in similar terms. She added other guiding principles, such as (Bloom 1997, pp. 4-5):

- Whenever possible, women and girls should be treated in the least restrictive programming environment available. The level of security should depend on both treatment needs and concerns for public safety.
- Cultural awareness and sensitivity should be promoted and the cultural resources and strengths in various communities should be utilized.
- Educational and vocational training opportunities should be commensurate with girls' and women's interests and abilities so as to garner their potential (including both traditional and nontraditional career options).
- Program staff should reflect the diversity of the population and be representative in terms of gender, race/ethnicity, and sexual orientation.
- Women and girls can benefit from positive role models; mentors from their particular communities who exemplify survival and growth, as well as resistance and change

Stressing the importance of relational issues for girls, the Ohio report recommended providing “the safety and comfort of same-gender environments,” offering learning experiences once trusting relationships have been established, and helping girls to understand “that they can be professionally and emotionally successful in life and still have strong relationships (Belknap et al. 1997, p. 24).

Issues of women’s and girls’ lives that gender-specific programs would address include, but are not limited to (Bloom, 1997, p. 6; Belknap, et al, 1997, p. 24):

- development of a sense of self and self-esteem
- establishment of trusting, growth-fostering relationships
- physical health
- sobriety—clean and sober living
- sexuality
- mental health
- physical fitness and athletics
- pregnancy and parenting skills
- decision-making skills
- trauma from physical, emotional, and sexual abuse—treatment and prevention
- cultural awareness and sensitivity
- spirituality

### *The Relational Experiences of Women*

The second reason why we need to understand relational theory is to avoid re-creating in correctional settings the same kinds of growth-hindering and/or violating relationships that women and girls experience in the free world.. It is also important to consider how women’s life experiences may affect how they will function in the criminal justice system.

Disconnection and violation characterize the childhood experience of most women and girls in the system. According to a recent sampling of women in a Massachusetts prison (Coll and Duff, 1995), 38 percent of the women had lost parents in childhood, 69 percent had been abused as children, and 70 percent had left home before age 17. They lacked experience of mutual and empathic relationships. Although Gilligan et al. (1990) report that girls are socialized to be empathic more than boys, incarcerated women and girls have been exposed repeatedly to non-empathic relationships and so either lack empathy for both self and others, or are highly empathic toward others but lack empathy for self. In order to change, women need to experience relationships that do not re-enact their histories of loss, neglect, and abuse.

Likewise, disconnection and violation have characterized most of the adult relationships of women in the system. Seventy percent of women in the Massachusetts study had been repeatedly abused verbally, physically, and/or sexually as adults (Coll and Duff, 1995). Another study, this one of drug-abusing pregnant women (Amaro and Hardy-Fanta, 1995), found that:

“Men who go to jail, men who do not take care of them or their children, and men who disappoint them fill the lives of these women. Even more striking is the extent to which the women suffered physical abuse from their male partners. Half of the women in this

study reported abuse from the men in their lives; occasionally from ‘tricks,’ although more typically from their partners” (p. 333).

Robbery, beatings, and rape by men on the street were commonly reported. Women were often first introduced to drugs by partners, and partners often continued to be their suppliers. Attempts to get off drugs and failure to supply partners with drugs through prostitution often elicited violence from partners. However, women remain attached despite the neglect and abuse.

Women at high risk for drug abuse are frequently socially isolated—single parents, unemployed, or recently separated, divorced, or widowed (Finkelstein, 1993; Finkelstein and Derman, 1991; Wilsnack et al., 1986). Psychological isolation also occurs when the people in a woman’s world fail to validate and respond to her experience or her attempts at connection. Miller (1990) has described the state of “condemned isolation” where a woman feels isolated in her important relationships and feels that she is the problem; that she is condemned to be isolated, with no possibility of changing this situation. This state of shame and condemned isolation is highly correlated with drug use, as drugs become a way of coping with intense feelings and a sense of hopelessness.

Jordan et al, (1991) have described the tremendous cultural shaming around women’s yearnings for connection, sexuality, and emotionality. Women are prone to feel personally deficient—“something is wrong with me”—to take responsibility for problematic relationships, and thus to seek all kinds of ways to alter themselves. In nonmutual relationships, women often carry the disavowed feelings of pain, anger, or fear of those with whom they are connected. Women and girls in the criminal justice system endure even heavier shame, as society stigmatizes them as female offenders.

Together, abuse, isolation, and shame can send women into the previously mentioned “depressive spiral” that is the opposite of growth: 1) diminished zest or vitality, 2) disempowerment, 3) unclarity or confusion, 4) diminished self-worth, and 5) a turning away from relationships. This depressive spiral characterizes too well the females in our criminal justice system.

#### *Relational Theory: A Systems View*

Tragically, current correctional settings often recreate these relationships of disconnection and violation on a systemic level. Our criminal justice system, which is based on power and control, reflects the dominant/subordinate model of our patriarchal society. It is a microcosm of the larger social system. Relationships in correctional settings are based on ranking people, with women and girls at the lowest rung of the ladder. This ranking is even reflected in the classification and pay scale of correctional employees. Those who work with females often earn less and are seen as having less important jobs.

In addition, the women who work in correctional settings often feel neglected and abused by the sexist culture. When relationships among staff are nonmutual and disrespectful, there is an increased risk that staff will treat offenders in the same way.

“Condemned isolation” describes what women and girls often experience in this system. Although their life experiences have much in common, they are not encouraged to bond and connect with one another. In their isolation from families and children, they often try to create “pseudo-families” on the inside. These families and relationships are discouraged. Furthermore, drugs are often available in jails and prisons, sometimes brought in and sold or bartered by correctional officers (Salholz and Wright, 1990). Staff members can form the same kinds of destructive relationships with women that women have had with their supplier-partners on the outside.

Women are also at risk for abuse within the prison system. An ongoing investigation by the Human Rights Watch Women's Rights Project documented custodial misconduct in many forms, including verbal degradation, rape, sexual assault, unwarranted visual supervision, denying goods and privileges, and use or threat of force. “Male correctional officers and staff contribute to a custodial environment in state prisons for women that is often highly sexualized and excessively hostile” (Human Rights Watch Women’s Rights Project, 1996, p. 2). Chesney-Lind and Rodriguez (1983) found a significant risk of male staff and other inmates sexually assaulting incarcerated girls. Yet the girls, not the males, are stigmatized: “there is considerable documentation of incarcerated pregnant females being encouraged or even forced to give their babies up for adoption . . . even if the girl became pregnant while incarcerated” (Belknap et al. 1997, p. 15).

What women need instead is an application of relational theory on a system-wide basis. A pilot project in a Massachusetts prison found women benefiting from a group in which women both received information and had the opportunity to practice mutually empathic relationships with each other (Coll and Duff 1995). Women also need relationships with correctional staff that are respectful, mutual, and compassionate. Respect was one of the main things girls in the Ohio study said they needed from staff (Belknap, et al, 1997, pp. 25-26). Finally, women will benefit if relationships among staff members, and between staff and administration, are mutual, empathic, and aimed at power-with-others rather than power-over-others. The culture of corrections (the environment created by the criminal justice system) can be altered by the application of relational theory.

### **Other Relevant Theories**

We have seen how relational theory can help us develop an approach to programs in correctional settings that is gender sensitive, addressing itself to the realities of women’s and girls’ lives. Two other theories—a holistic theory of addiction and a theory of trauma—can further aid us in designing gender-specific services (Covington 1998,1999). Because addiction and trauma dominate the lives of many female offenders, it makes sense to understand how these experiences affect women and how women recover from such experiences. We will examine both theories through a relational lens.

#### *Addiction Theory*

Drug violators typically return to criminal patterns of behavior after release unless their drug addiction is addressed while they are incarcerated or immediately upon release (Moon, et al,

1993). Because 61 percent of women in federal prisons are there for drug offenses, and because up to 80 percent of women in state prisons are long-standing substance abusers, we need to understand how addiction and recovery work among women. Recovery is possible, and we have the opportunity to assist women and girls in beginning the recovery process.

Addiction can be viewed as a kind of relationship. The addicted woman/girl is in a relationship with alcohol or other drugs, “a relationship characterized by obsession, compulsion, nonmutuality, and an imbalance of power. It is a kind of love relationship in which the object of addiction becomes the focus of a woman’s life” (Covington and Surrey, 1997, p. 338) Addicted women frequently use relational imagery to describe their drug use, such as “My most passionate affair was with cocaine.” At first the drug is her best friend, but as women describe the progress of their addiction, they say things like, “I turned to Valium, but then Valium turned on me.” We can speak of addiction as a contraction of connection. Recovery, then, is an expansion of connection (Covington and Beckett, 1988).

Moreover, women frequently begin to use substances in ways that initially seem to make or maintain connections, in an attempt to feel connected, energized, loved, or loving when that is not the whole truth of their experience (Surrey, 1991). Women often turn to drugs in the context of relationships with drug-abusing partners—to feel connected through the use of drugs. Male friends and partners often introduce women to alcohol and drugs, partners are often their suppliers, and partners often resist their efforts to stop using drugs.

Women may begin to use substances to alter themselves to fit the relationships available. Miller (1990) has described this basic relational paradox—when a woman cannot move a relationship toward mutuality, she begins to change herself to maintain the relationship. Stiver (1990) has written about children of “dysfunctional” families who frequently turn to substances to alter themselves to adapt to the disconnections within the family, thus giving the illusion of being in relationship when one is not or is only partially in relationship.

Women often use substances to numb the pain of nonmutual, nonempathic, even violent relationships. Addicted women’s lives are full of men who disappoint them, don’t provide for their children, and go to jail. These women long for the fathers of their children to provide emotional and financial support, but such longings often lead to disappointment and solace in drug use. Worse, many women report violence from the men in their lives. Nonmutual or abusive relationships produce the “depressive spiral” described above, and women may then turn to substances to provide what relationships are not providing, such as energy, a sense of power, or relief from confusion. These behaviors are characteristic of chemically dependent women in general, yet it is magnified for those in the criminal justice system.

Traditionally, addiction treatment has been based on a medical model, which views addiction as a disease. The most commonly used analogy is that addiction is like diabetes, a physical disease that carries no moral or social stigma. This analogy is often useful because neither diabetes nor addiction can be managed by will power. They both require adherence to a lifestyle regimen for physical and emotional stability.

However, this analogy sees the disease/disorder rooted solely in the individual. As we move into the twenty-first century, health professionals in many disciplines are revising their concept of disease in general. Based on a holistic health model, we are now acknowledging not only the physical aspects of disease, but also the emotional, psychological, and spiritual aspects (Northrup, 1994).

We will better understand addiction as a disease/disorder if we see it holistically and include cancer as an analogy. The diabetes model is useful, but too individualistic and simplistic to adequately explain addiction.

“Like cancer, addiction has a physical component as well as emotional, psychological, and spiritual dimensions. . . . [T]wo other components of disease must also be added to a fully holistic model: the environmental and the sociopolitical dimensions” (Covington, 1998, p.147). It’s interesting that few people question that cancer is a disease, while many question that addiction is a disease, even though up to 80 percent of doctors link cancer to lifestyle choices (diet and exercise) and the environment (pesticides, emissions, nuclear waste, etc.) (personal communication, Siegel, 1996). There are also sociopolitical aspects of both cancer and addiction: both carcinogenic products and addictive substances (legal and illegal) make huge profits for powerful business interests. In addition, medical doctors prescribe 80 percent of the amphetamines, 60 percent of the psychoactive drugs and 71 percent of the antidepressants to women (Galbraith, 1991). Companies that produce and sell alcohol are indirectly responsible for over 23,000 deaths and 750,000 injuries each year—and these are only the figures reported to insurance companies (Zawistowski, 1991). Even though some women may have a strong genetic predisposition to addiction, an important treatment issue is acknowledging that many of them have grown up in an environment where drug dealing and addiction are a way of life.

A holistic model of addiction is essentially a systems perspective. We look at the complete woman and try to understand the connection of addiction to every aspect of the self—physical, emotional, and spiritual. We understand that the addicted woman is not using alcohol or other drugs in isolation, and we take into account her relationships to family, loved ones, her local community, and society.

The Center for Substance Abuse Treatment (CSAT) funds ongoing studies of women’s addiction and treatment, establishes minimum standards for treatment, and provides demonstration models for treatment in programs around the country. It operates within the U.S. Public Health Service, an agency of the Department of Health and Human Services. CSAT (1994, p. 178) recognizes the need for gender-specific treatment for women, and has stated the following issues essential to a comprehensive treatment program:

1. The process of addiction, especially gender-specific issues related to addiction (including social, physiological, and psychological consequences of addiction, and factors related to the onset of addiction)
2. Low self-esteem
3. Race, ethnicity and cultural issues
4. Gender discrimination and harassment
5. Disability-related issues, where relevant

6. Relationships with family and significant others
7. Attachments to unhealthy interpersonal relationships
8. Interpersonal violence, including incest, rape, battering, and other abuse
9. Eating disorders
10. Sexuality, including sexual functioning and sexual orientation
11. Parenting
12. Grief related to the loss of alcohol or other drugs, children, family members, or partners
13. Work
14. Appearance and overall health and hygiene
15. Isolation related to a lack of support systems (which may or may not include family members and/or partners) and other resources
16. Life plan development
17. Child care and custody

The CSAT list above, like the holistic approach, takes into account physical, psychological, emotional, spiritual, and sociopolitical issues. Notice also how similar this list is to the list of issues proposed at the National Institute of Corrections and the Ohio study (Bloom, 1997, p. 6; Belknap et al. 1997, p. 24).

When a diverse group of recovering women were interviewed, they identified four issues that changed the most for them in recovery and that most contribute to relapse: self, relationships, sexuality, and spirituality (Covington, 1994). These four issues parallel the seventeen items in the CSAT list above. The first two of these issues—self and relationships—are briefly discussed here.

Addiction can be understood as a self-disorder. A generic definition of addiction is, “the chronic neglect of self in favor of something or someone else.” One of the first questions women in recovery need to begin to address is, “Who am I?” Women in our culture are often taught to identify themselves according to role: mother, professional, wife, partner, daughter. Women in the criminal justice system also identify themselves—as does society—as offenders, and they become stigmatized. Many women also enter the system with a poor self-image and a history of trauma and abuse. Creating the kinds of programs that help women to develop a strong sense of self, an identification that goes beyond who they are in the criminal justice system, is vital to their re-entering society. Recovery is about the expansion and growth of the self.

Relationship issues are also paramount in early recovery. Some women use addictive substances to maintain relationships with using partners, to fill up the void of what is missing in relationship, or to deal with the pain of being abused. Women in the criminal justice system often have unhealthy, illusory or unequal relationships with spouses, partners, friends and family members. For that reason, it is important for programs to model healthy relationships, among both staff and participants, providing a safe place and a container for healing (Covington and Beckett, 1988). One of the greatest challenges is to overcome the alienation fostered within prison walls, and replace it with a greater sense of relationship in community. Being in

community—that is, having a sense of connection with others—is essential for continuous, long-term recovery.

### *Trauma Theory*

An understanding of trauma is also essential. Trauma is not limited to suffering violence, but includes witnessing violence, as well as the trauma of stigmatization because of poverty, racism, incarceration, or sexual orientation. We have seen that the vast majority of female offenders have been physically and/or sexually abused both as children and adults. Thus, most female offenders are trauma survivors when they enter the system, and then they are at risk for retraumatization by the system. Incarceration can be traumatizing in itself, and the racism and classism that characterize the criminal justice system can be further traumatizing. Many women use alcohol or other drugs in order to medicate the pain of trauma. Trauma can skew a woman's relational experience and hinder her psychological development.

Psychiatrist Judith Herman (1992) writes that trauma is a disease of disconnection and that there are three stages in the process of healing from trauma: (1) safety, (2) remembrance and mourning, (3) and reconnection. "Survivors feel unsafe in their bodies. Their emotions and their thinking feel out of control. They also feel unsafe in relation to other people" (Herman, 1992, p. 160). Stage One (safety) addresses the woman's safety concerns in all of these domains. In the second stage of recovery (remembrance and mourning) the survivor tells the story of the trauma and mourns the old self that the trauma destroyed. In Stage Three (reconnection) the survivor faces the task of creating a future; now she develops a new self.

Safety, the Stage One recovery from trauma, is the appropriate first level of intervention for a criminal justice setting. If we want to assist women in changing their lives, we must create a safe environment in which the healing process can begin to take place. We can help a woman feel safe in her external world by keeping facilities free of physical and sexual harassment and abuse. We can also help women feel safe internally by teaching them self-soothing mechanisms. Many chemically dependent trauma survivors use drugs to medicate their depression or anxiety because they know no better ways to comfort themselves.

It is also important to acknowledge that for some women and girls, their first experience of safety is in a correctional setting. Violence and abuse have been their experience at home and on the street. It is a harsh social reality when a female feels she is safer in a jail or prison.

For other women and girls, their experience in the criminal justice system is traumatizing and triggers memories of earlier instances of abuse. It can be retraumatizing when a sexual abuse survivor has a body search or must shower with male guards nearby. It can be retraumatizing when a battered woman is yelled or cursed at by a staff person. Survivors of trauma often experience symptoms of post-traumatic stress disorder (PTSD). *The Diagnostic and Statistical Manual of Mental Disorders*, fourth edition lists these symptoms of PTSD:

- Re-experiencing the event through nightmares and flashbacks
- Avoidance of stimuli associated with the event (for example, if a woman was assaulted by a blond man, she may fear and want to avoid men with blond hair)

- Estrangement (the inability to be emotionally close to anyone)
- Numbing of general responsiveness (feeling nothing most of the time)
- Hypervigilance (constantly scanning one's environment for danger, whether physical or emotional)
- Exaggerated startle response (a tendency to jump at loud noises or unexpected touch) (American Psychiatric Association, 1994, p. 427 – 429)

Because PTSD can affect the way a woman or girl relates to staff, peers, and the environment of a correctional setting, it will be helpful to ask, "Is this person's behavior linked to PTSD?"

"Women recovering from childhood molestation, rape, or battering are teaching us about the impact of such trauma on relational development. When early parental relationships are abusive, violating, and dangerous, all future relationships are impacted. The very high rate of substance abuse and addiction among survivors of abuse and violence suggests the likelihood of turning to substance abuse when healthy relationships are unavailable and when faith or trust in the possibility of growth in human connection is impaired. The use of alcohol and other drugs has become a way for women to deal with the emotional pain resulting from earlier abuse by someone close to them, someone they trusted" (Covington and Surrey, 1997, p. 342).

Finally, personal violence toward women must be understood in the larger societal context of systemic violence and oppression, including racism, classism, heterosexism, and ageism.

In summary, women begin to heal from addiction and trauma in a relational context. Recovery happens in connection, not in isolation. Nonmutual, nonempathic, disempowering, and unsafe settings make change and healing extremely difficult. The more we understand and apply relational theory, the more able we will be to help women who suffer from trauma and addiction. The theoretical approach in this paper has been developed into the *Helping Women Recover* treatment program (Covington, 1999).

## **Conclusion**

Many women and men who work in criminal justice settings struggle with daily contradictions. One contradiction is that a system based on power and control is antithetical to what helps women to change, grow, and heal. Hence, creating a new gender-specific program or changing an existing program is a partial solution to meeting women's needs. Systemic change is essential.

One of the primary goals of our criminal justice system must be to help women and girls reintegrate into society and lead productive lives. What can we do? We can intervene in the status quo on many different levels.

1. Try to change mandatory sentencing laws. Addicted women and girls need treatment, not prisons. Drugs are a public health problem, not a criminal justice problem. Treatment is both cheaper and more effective than prison at reducing recidivism (Gerstein et al., 1994, Finigan, M., 1996). CSAT (1997) writes, "Addicted women who are incarcerated because of our tightened drug laws will keep recycling through the criminal justice system unless they

receive treatment. . . . Most women do not need to be incarcerated to protect the community. The treatment they need can be provided in the community, with their families intact and with the chance to become sober and drug-free under real-life conditions” (p. 2.)

2. Staff our jails, prisons, and community correctional facilities with more female wardens and correctional officers. Female staff can serve as role models and help to reduce the risk of retraumatization by providing women and girls with a sense of safety. Only women and men who can do the above have the right to work with females.
3. Give supplementary training to correctional officers. Training academies often teach information and skills that apply only to men’s facilities. Officers in women’s facilities need to understand the realities of women’s lives and the value of mutually empathic relationships, not just the kinds of rules and structure that are effective with men. They need to understand how disconnection, addiction, and trauma affect women.
4. Teach women to value life, especially their own. It is hard for women to do so in a misogynist society where women get messages that their lives are trivial.
5. Help women keep contact with their children. Currently, women’s facilities are often set at great distances from where women’s children live, so that visitation is difficult. But it is often their connections with their children that keep women alive and motivate them to change. It is equally essential that children’s need for connection with their mothers is supported and facilitated. Maintaining these relationships is one form of prevention for families in the criminal justice system.
6. Become aware of our own attitudes about women and girls. Commit to changing our personal social system away from a system of power and control, and toward a system of mutually empowering relationships. Work to create an environment for change and healing in our own lives.

Women need a criminal justice system that takes into account their realities and their need for connection in their lives and their experience of damaging disconnection. They need a system in which relational theory provides the underlying philosophy, shapes the dynamics of staff and offender relationships, and affects the ways staff interact and make decisions. Women and girls need to experience an environment of growth-fostering relationships based on respect, mutuality, and empowerment.

As we move into the twenty-first century, it is time move beyond the culture of punishment and retribution that characterizes our criminal justice system and create a culture of community and healing. It is time for transformation.

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