

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

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**Published in:**

*Female Offenders: Critical Perspectives and Effective Interventions, 2<sup>nd</sup> Edition  
Ruth Zaplin, Editor (2007)*

## **INTRODUCTION**

Some of the most neglected and misunderstood women and girls in our society are those in our jails, prisons, community and juvenile correctional facilities. Because women and girls’ rate of incarceration has increased dramatically in recent decades, rising nearly eightfold between 1980 and 2000, the criminal justice system has begun to acknowledge the need for a deeper understanding of gender issues (Bloom, Owen and Covington, 2003). The relational theory of women’s psychological development helps us understand what women and girls need from our criminal justice system.

The purpose of this chapter is to explain what relational theory is and how it applies to correctional settings. First, there is a brief profile of female offenders —their race, class, age, offenses, and experiences of trauma and addiction. It’s important to remember the population we are serving in order to determine how we can make a difference in their lives. Second, relational theory is discussed, as well as what constitutes a “growth-fostering relationship.” Third, relational theory is applied to the criminal justice system and begins to address the following questions: What are gender-specific services? What does relational theory tell us about the childhood and adult experiences of female offenders? The role of motherhood? The issues of re-entry? And, what does relational theory tell us about corrections on a systemic level? Fourth, because many female offenders have histories of addiction and trauma, theories of addiction and trauma are viewed in light of relational theory to see how best to treat women and girls with these issues. And finally, several specific treatment curricula are presented that are based on relational theory.

## **WOMEN AND GIRLS IN THE CRIMINAL JUSTICE SYSTEM: WHO ARE THEY?**

The rate of women's incarceration continues to grow at a faster rate than men's despite a decrease in violent crime committed by women. What accounts for this increase is a combination of factors: tougher sentencing laws 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.

The story behind these numbers begins with an understanding of women's pathways into criminality as well as the unique issues women confront as a result of their race, class, and gender. Research confirms that women offenders differ significantly from their male counterparts in terms of their personal histories and how they enter into crime (Belknap, 2001). For example, female offenders are more likely to share a history of physical and/or sexual abuse. They are often the primary caretakers of young children at the time of arrest and they have separate, distinctive physical and mental needs. Their involvement in crime is often economically motivated, driven by poverty and /or substance abuse. Women are also less likely to be convicted of a violent offense, and their risk to society is much lower than that of men. In other words, women offenders face gender-specific adversities – namely, sexual abuse, sexual assault, domestic violence, and poverty (Covington & Bloom, in press, 2006). A recent study of women in prison-based drug treatment programs shows that drug-dependent women and men differ with regard to employment histories, substance-abuse problems, criminal involvement, psychological functioning, sexual and physical abuse histories, and child-support activity prior to incarceration (Messina, Burdon, Hagopian and Prendergast, 2006).

Juvenile offenders also reflect gender differences. 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 lower among girls. Girls, for example, 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 (Sherman, 2005). 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, Dunn, and Holsinger, 1997).

A national profile outlines the following characteristics of women offenders (Bloom, Owen, and Covington, 2003):

- Disproportionately women of color
- In their early-to-mid-thirties
- Most likely to have been convicted of a drug or drug related offense
- Fragmented family histories, with other family members also involved with the criminal justice system
- Survivors of physical and/or sexual abuse as children and adults
- Significant substance abuse, physical and mental health problems
- High school degree/GED, but limited vocational training and uneven work histories

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, said 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 three decades, there has been a recognition and acknowledgement of the differences between women and men. 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. Working at the same time as Miller, Carol Gilligan, a developmental psychologist, was gathering empirical data that reflected fundamental gender differences in the psychological and moral development of women and men (Gilligan, 1982). 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 examine the importance of gender differences in understanding women's psychological development. The Stone Center at Wellesley College was created for the purpose of thinking through the qualities of relationships that foster healthy growth in women (Jordan, 1984, 1985; Jordan & 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, Kaplan, & Miller, 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" (Byington, 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.

Drawing on Miller’s and Gilligan’s work, the Stone Center theorists over the past 25 years have been developing a relational model of women’s psychology. This was originally called Self-in-Relation theory and is currently called Relational-Cultural Theory. According to Kaplan (1984), the three major concepts in relational theory are:

Cultural context. This theme recognizes the powerful impact of the cultural context on women’s lives.

Relationships. This theme stresses the importance of relationships as the central, organizing feature in women’s development. Traditional developmental models of growth emphasize independence and autonomy. This theory focuses on women’s connection with others.

Pathways to growth. The third theme acknowledges women’s relational qualities and activities as potential strengths that provide pathways to healthy growth and development. In traditional theory, women’s ability to more freely express emotions, and women’s attention to relationships, often led to pathologizing them

The relational model affirms the power of connection and the pain of disconnection for women. As a result, the approach requires a paradigm shift that has led to a reframing of key concepts in psychological development, theory, and practice. For example, instead of the “self” as a primary focus, there is a focus on relational development. The experience of connection and disconnection are the central issues in personality development, with repeated disconnections having psychological consequences.

## **RELATIONAL THEORY AND THE CRIMINAL JUSTICE SYSTEM**

### **Gender-Responsive Services**

For several reasons, an understanding of relational theory is important for those who work in the criminal justice system. First, most current programs have been designed by men for men. In order to develop effective services for women and girls, we need to create programs for them based on the reality of their lives and on what we know about female growth and development. Being 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 and girls' lives and addresses their strengths and challenges (Covington & Bloom, 2003). In a 1997 report on gender-responsive services 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 (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

As expressed in the American Correctional Association (ACA, 1995) *Policy Statement*, "Correctional systems should be guided by the principle of parity. Female offenders must receive the equivalent range of services available to male offenders, including opportunities for individual programming and services that recognize the unique needs of this population" (p. 2). Parity differs conceptually from "equality": Women offenders should receive opportunities, programs, and services that are equivalent, but not identical, to those available to male offenders (Bloom, Owen, & Covington, 2003).

Another key element of policy for women offenders concerns a review of policies and procedures. Although staff working directly with female offenders on a day-to-day basis are aware of the

procedural misalignment of some procedures with the realities of women's lives, written policy often does not reflect the same understanding of these issues. As stated by the ACA, "Sound operating procedures that address the (female) population's needs in such areas as clothing, personal property, hygiene, exercise, recreation, and visitations with children and family" should be developed (ACA 1995, p. 2).

Children and families play an important role in the management of women offenders in community and custodial settings. As noted elsewhere in this chapter, more female than male offenders have primary responsibility for their children. However, female offenders' ties to their children are often compromised by criminal justice policy. ACA policy states that the system should "facilitate the maintenance and strengthening of family ties, particularly between parents and children (ACA 1995). In Florida, an emphasis is on the relationship of women offenders with their children and other family members because it has potential rehabilitative effects in terms of motivation for treatment and economic responsibility.

The guiding principles that follow are designed to address system concerns about the management, supervision, and treatment of women offenders in the criminal justice system. They provide a blueprint for a gender-responsive (a woman- and girl-centered) approach to the development of criminal justice services (Bloom, Owen, & Covington, 2003).

- *Gender*: Acknowledge that gender makes a difference.
- *Environment*: Create an environment based on safety, respect, and dignity.
- *Relationships*: Develop policies, practices, and programs that are relational and promote healthy connections to children, family, significant others, and the community.
- *Services and Supervision*: Address substance abuse, trauma, and mental health issues through comprehensive, integrated, and culturally relevant services and appropriate supervision.
- *Socioeconomic status*: Provide women with opportunities to improve their socioeconomic conditions.
- *Community*: Establish a system of comprehensive and collaborative community services.

Note that the above principles state "...culturally relevant services..." Culture may be seen as a framework of values and beliefs and a means of organizing experiences. Providing appropriate services and supervision for a woman calls for consideration of the particular circumstances of each woman – of her reality as it has been informed by her individual history, including her class and racial, ethnic, and cultural context. No two women exist in exactly the same circumstances and context, although all exist in the same circumstance as women.

A risk of "cultural encapsulation" exists when correctional personnel allow culturally based perceptions of reality to dominate (Wren, 1962). A culturally encapsulated person, unable to see others through a different cultural lens, may regard as pathological what is normal for the minority group (Falicov, 1998). The challenge is to become culturally attuned; that is, to become aware and accepting of cultural differences when working with someone from a different cultural background.

## **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.

Abusive families and battering relationships are typical in the lives of female offenders (Chesney-Lind, 1997; Owen & Bloom, 1995). Frequently, adult female offenders had their first encounter with the justice system as juveniles – often after running away from home to escape situations involving violence and sexual or physical abuse. In such situations, prostitution, property crime, and drug use become a way of life. Not surprisingly, addiction, abuse, economic vulnerability, and severed social relations often result in homelessness, another frequent complication in the lives of women in the criminal justice system (Bloom, 1998).

Studies of female offenders point to yet another gender difference – the importance of relationships and the criminal involvement that often results from relationships with family members, significant others, or friends (Chesney-Lind, 1997; Owen, 1998; Owen & Bloom, 1995; Pollock, 1998). Women are often first introduced to drugs by their partners, and these partners frequently continue to supply drugs. Women's attempts to get off drugs and their failure to supply partners with drugs through prostitution or other means often elicit violence from their partners. However, many women remain attached to their partners despite neglect and abuse. These issues have significant implications for therapeutic interventions addressing the impact of relationships on women's current and future behavior.

As mentioned, disconnection and violation characterize the childhood experience of most women and girls in the system. According to a sampling of women in a Massachusetts prison (Coll & Duff, 1995), 38 % of the women had lost parents in childhood, 69 % had been abused as children, and 70 % had left home before age 17. They lacked experience of mutual and empathic relationships. Although Gilligan, Lyons, & Hanmer (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 % of women in the Massachusetts study had been repeatedly abused verbally, physically, and/or sexually as adults (Coll & Duff, 1995). Another study, this one of drug-abusing pregnant women (Amaro & 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).

Women at high risk for drug abuse are frequently isolated socially—single parents, unemployed, or recently separated, divorced, or widowed (Finkelstein, 1993; Finkelstein & 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.

### **The Role of Motherhood**

A major difference between female and male offenders involves their relationships with their children. The Bureau of Justice Statistics reports that in 1997, 65 % of the women in state prisons and 59 % of the women in federal prisons had minor children. The majority were single mothers, with an average of two children. About two-thirds of women in state prisons and one-half of women in federal prisons lived with their young children before entering prison. Furthermore, the number of children with incarcerated mothers nearly doubled between 1991 and 1999 – from 64,000 to 126,000. Currently, it is estimated that 1.3 million minor children have a mother who is under some form of correctional supervision (Mumola, 2000).

Incarcerated women are mostly portrayed as inadequate, incompetent mothers who are unable to provide adequately for the needs of their children (Garcia Coll et al., 1998). In reality, the stress of separation from and concern about the well-being of their children are among the most damaging aspects of prison for women, and the problem is exacerbated by a lack of contact (Baunach, 1985; Bloom & Steinhart, 1993). "One of the greatest differences in stresses for women and men serving time is that the separation from children is generally a much greater hardship for women than for men" (Belknap, 1996, p. 105). For many incarcerated mothers, their relationships – or lack thereof – with their children can profoundly affect how they function in the criminal justice system. Often,

behaviors such as negativism, manipulation, rule breaking, and fighting among incarcerated women are signs of what Garcia Coll et al. (1998) have described as “resistance for survival” in response to the grief, loss, shame, and guilt these women feel about their roles as mothers.

Grandparents most frequently care for the children of female offenders, while approximately 10 % of these children are in foster care or group homes. According to the Bureau of Justice Statistics, 54 % of mothers in state prisons had no personal visits with their children since their admission (Mumola 2000). Geographical distance, lack of transportation, the prisoner-caregiver relationship, and the caregiver’s inability to bring a child to a correctional facility represent the most common reasons for a lack of visits. In some cases, the forced separation between mother and child can result in permanent termination of the parent-child relationship (Genty, 1995). In addition, passage of the Adoption and Safe Families Act (ASFA) in 1997 increased the risk of such termination. This legislation allows states to file for termination of parental rights if a child has been in foster care for 15 or more of 22 consecutive months.

Even when a child is able to visit an incarcerated mother, the event is often not a positive experience. Few correctional programs assess themselves through the eyes of children. Prison visiting facilities are created solely to address the issues of safety and security, without consideration for how a child experiences the prison environment. Such issues as travel logistics, clearance processes, noise levels and distractions in visiting rooms, privacy, and the availability of toys or other child-friendly resources—any or all of which can have a profound impact on the visiting child’s experience—are most often ignored. What should be an experience fostering family support and connection is instead often an unpleasant or traumatic occasion for both the child and the mother.

The only source of hope and motivation for many women during their involvement with the criminal justice system and their transition back to the community is a connection with their children. When asked why some women return to prison, one mother commented:

Many women that fall [back] into prison have the problem that their children have been taken away. When they go out to the street, they don’t have anything, they have nothing inside. Because they say, “I don’t have my children, what will I do? I’ll go back to the drug again. I will go back to prostitution again. And I’ll go back to prison again. Why fight? Why fight if I have nothing?” (Garcia et al., 1998, p. 266).

Recognizing the centrality of women’s roles as mothers provides an opportunity for criminal justice, medical, mental health, legal, and social service agencies to include this role as an integral part of program and treatment interventions for women.

The invisibility of women in the criminal justice system often extends to their children. And this situation is exacerbated by the fact that there are few sources of data about offenders’ children. However, one study (Johnston, 1995) identified three factors that were consistently present in the lives of the children of incarcerated parents: parent-child separation, enduring traumatic stress, and

inadequate quality of care. Not surprisingly, these factors can have a profound impact on children's ability to successfully progress through the various developmental stages of childhood. For instance, children born to women in the criminal justice system experience a variety of prenatal stressors (e.g., a mother's drug or alcohol use, poor nutrition, and high levels of stress associated with criminal activity and incarceration). Better outcomes can be achieved if mothers can adopt more stable lifestyles and receive adequate nutrition and proper medical care. There is a clear need for a range of prenatal services for women during both their incarceration and their transition back to the community (Johnston, 1995).

Parental crime and incarceration continues to impact children throughout adolescence. These children are subjected to unique stressors because of their parents' involvement with the criminal justice system. Johnston (1995) has identified higher rates of troubling behaviors, including aggression, depression, anxiety, parentified behaviors, substance abuse, and survivor guilt among these children, as well as an increased risk that they, too, will become involved with the criminal justice system. It is important that gender-responsive interventions for women in the system better address the effects of parental incarceration on children.

### **Re-entry and Relational Theory**

If women are to be successfully reintegrated back into society after serving their sentences, there must be a continuum of care that can connect them to a community. In addition, the planning process must begin as soon as women begin serving their sentences, rather than during the final 30 to 60 days of a prison term (the current practice). In fact, very few inmates have reported receiving pre-release planning of any kind in prisons and jails (Lynch & Sabol, 2001). However, women re-entering the community after incarceration require transitional services from the institution to help them reestablish themselves and their families. These former prisoners also need transitional services from community corrections and supervision to assist them as they begin living on their own again (Covington, 2003a).

Ideally, a comprehensive approach to reentry services for women would include a mechanism to allow community-based programs to enter institutional program settings. At the women's prison in Rhode Island, former Warden Roberta Richman opened the institution to the community through the increased use of volunteers and community-based programs. This policy allowed the women to develop connections with community providers as a part of their transition process. It also created a mutual accountability between the prison and the community (Richman, 1999).

The restorative model of justice is yet another means for assisting female offenders as they prepare to reintegrate themselves into their neighborhoods and communities. The framework for restorative justice involves relationships, healing, and community, a model in keeping with female psychosocial developmental theory. To reduce the likelihood of future offending among known lawbreakers, official intervention should emphasize restorative rather than retributive goals. Offenders should be provided opportunities to increase their "caring capacity" through victim restitution, community service, and moral development opportunities, rather than be subject to experiences that encourage violence and egocentrism (as do most prisons and juvenile institutions in the United States) (Pollock, 1999, p. 250).

In turn, this process provides yet another mechanism to link women with support and resources.

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

Tragically, current correctional settings often recreate women's 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 (Owen, 1998). 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 & 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 & 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 & 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**

When used as a core construct, 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 in designing gender-responsive services (Covington, 1998, 1999; Covington & Bloom, in press). 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. The following is an examination of 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 % of women in federal prisons are there for drug offenses, and because up to 80 % 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 & 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 % 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 % of the amphetamines, 60 % of the psychoactive drugs and 71 % 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 by the National Institute of Corrections (Bloom, Owen & Covington, 2003) and the Ohio study (Bloom, 1997, p. 6; Belknap et al., 1997, p. 24). CSAT also included this list in their publication on promising practices for women in the criminal justice system (CSAT, 1999).

Although the addiction treatment field considers addiction a “chronic, progressive disease,” its treatment methods are more closely aligned to those of the emergency-medicine specialist than the chronic-disease specialist (White, Boyle & Loveland, 2002). Recent articles assert that treating severe and chronic substance use disorders through screening, assessment, admission, and brief treatment, followed by discharge and minimal aftercare, is ineffective and results in shaming and punishing clients for failing to respond to an intervention design that is inherently flawed.

An alternative to the acute intervention model is *behavioral health recovery management* (BHRM). This concept grew out of and shares much in common with “disease management” approaches to other chronic health problems, but BHRM focuses on quality-of-life outcomes as defined by the individual and family. It also offers a broader range of services earlier and extends treatment well beyond traditional treatment services. BHRM models extend the current continuum of care for addiction by including: (1) pretreatment (recovery-priming) services, (2) recovery mentoring through primary treatment, and (3) sustained post-treatment recovery-support services (White et al., 2002).

Although the debate over models will continue, this updated and expanded disease perspective offers a more helpful approach to the treatment of addiction for women because it is comprehensive and meets the requirements for a multidimensional framework. The holistic health model allows clinicians to treat addiction as the primary problem while also addressing the complexity of issues that women bring to treatment: genetic predisposition, health consequences, shame, isolation, and a history of abuse, or a combination of these. For example, while some women may have a genetic predisposition to addiction, it is important in treatment to acknowledge that many have grown up in environments in which drug dealing, substance abuse, and addiction are ways of life. In sum, when addiction has been a core part of the multiple aspects of a woman's life, the treatment process requires a holistic, multidimensional approach.

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. Recent studies confirm that gender differences exist among men and women substance abusers regarding their relationships with family members. For example, women substance abusers tend to have severe family and social problems coupled with minimal family support upon entering treatment (Grella et al. 2003). In addition, 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, 1999). 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 (Covington, 2003b). 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.

It is now considered necessary for all service providers to become "trauma informed" if they want to be effective. Trauma-informed services are services that are provided for problems other than trauma but require knowledge concerning violence against women and the impact of trauma. Per Harris & Falot (2001), trauma-informed services:

- take the trauma into account
- avoid triggering trauma reactions and/or retraumatizing the individual
- adjust the behavior of counselors, other staff, and the organization to support the individual's coping capacity
- allow survivors to manage their trauma symptoms successfully so that they are able to access, retain, and benefit from these services.

Becoming trauma-informed is particularly important for the criminal justice system. This is a critical step in the rehabilitation of women (Covington, 2003a).

Psychiatrist Judith Herman (1997) 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, 1997, 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*, (American Psychiatric Association, 1994, p. 427 – 429) 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)

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 & Surrey, 1997, p. 342).

Work with trauma victims has shown that social support is critical for recovery, and the lack of that support results in damaging psychological and social disruptions. Trauma always occurs within a social context, and social wounds require social healing (S. Bloom, 2000). The growing awareness of the long-term consequences of unresolved traumatic experience, combined with the disintegration or absence of communities for individuals in the criminal justice system (e.g., neighborhoods, extended families, occupational identities), has encouraged corrections researchers and practitioners to take a new look at the established practice and principles of the therapeutic milieu model.

The term “therapeutic milieu” refers to a carefully arranged environment designed to reverse the effects of exposure to interpersonal violence. The therapeutic culture contains the following five elements, all of them fundamental both in institutional settings and in the community (Haigh, 1999):

- *Attachment*: a culture of belonging
- *Containment*: a culture of safety
- *Communication*: a culture of openness
- *Involvement*: a culture of participation and citizenship
- *Agency*: a culture of empowerment (Haigh 1999)

Any teaching and/or rehabilitation process will be unsuccessful if its environment mimics the dysfunctional systems female prisoners have already experienced. Rather, program and treatment strategies should be designed to undo some of the prior damage. Therapeutic community norms are consciously designed to be different: safety with oneself and with others is paramount, and the entire environment is designed to create living and learning opportunities for everyone involved—staff and clients alike (S. Bloom, 2000). 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 struggle with trauma and addiction.

## **GENDER-RESPONSIVE CURRICULA**

Effective, gender-responsive (woman- and girl-centered) models do exist for programs and agencies that provide for a continuity-of-care approach. The models described below are examples of interventions that can be used at various points within the criminal justice system and in community-based services, and respond to the needs of women and girls.

*Helping Women Recover: A Program for Treating Substance Abuse* is a unique, gender-responsive treatment model designed especially for women in correctional settings. It is currently in use in both institutional and community-based programs. The program materials provide treatment for women recovering from substance abuse and trauma by dealing with their specific issues in a safe and nurturing environment based on respect, mutuality, and compassion. This program addresses the issues of self-esteem, parenting, relationships, sexual concerns, and spirituality that have been identified by the Center for Substance Abuse Treatment (1994, 1999) in its guidelines for comprehensive treatment. *Helping Women Recover* integrates the theoretical perspectives of addiction, women’s psychological development, and trauma in separate program modules of four sessions each (Covington, 1999, 2000). Using a female facilitator, the modules address the issues of self, relationships, sexuality, and spirituality through the use of guided discussions, workbook exercises, and interactive activities. According to recovering women, addressing these four areas is crucial to preventing relapse (Covington, 1994).

*Beyond Trauma: A Healing Journey for Women* is an integrated, theoretically based, gender-responsive treatment approach that consists of 11 sessions (Covington, 2003b). This program has been developed for use in residential, outpatient, and correctional settings in a group format (it can

be adapted for individual work). *Beyond Trauma* has a psychoeducational component that teaches women what trauma is, its process, and its impact on both the inner self (thoughts, feelings, beliefs, values) and the outer self (behavior and relationships, including parenting). The major emphasis is on coping skills with specific exercises for developing emotional wellness. The curriculum includes a facilitator guide, participant workbook, and videos. These items can be used alone or as a continuation of the trauma work in the *Helping Women Recover* curriculum (Covington, 1999).

*Voices: A Program of Self-Discovery and Empowerment for Girls* addresses the unique needs of adolescent girls and young women between 12 and 18. The program model uses a trauma-informed, strength-based approach that helps girls to identify and apply their power and voices as individuals and as a group. The focus is on issues that are important in the lives of adolescent girls, from modules about self and connecting with others to exploring healthy living and the journey ahead. Given the pervasive impact of abuse and substance use in many girls' lives, these themes are woven throughout the sessions. *Voices* encourages girls to seek and discover their "true selves" by giving them a safe space, encouragement, structure, and support to embrace their important journey of self-discovery. In addition, skill building in the areas of communication, refusal skills, anger management, stress management, and decision making is integrated across program topics. It can be used in many settings (e.g., outpatient and residential substance abuse treatment, schools, juvenile justice, and private practice) (Covington, 2004).

## 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 and girls to change, grow, and heal. Hence, creating a new gender-responsive 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, 1996). CSAT (1999) 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 and girls' facilities need to understand the realities of women's and girls' lives and the value of mutually empathic relationships, not just the kinds of rules and structure that may be effective with men and boys. They need to understand how disconnection, addiction, and trauma affect women and girls.
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. Provide appropriate services and use treatment models and materials developed for women and girls.
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 and girls 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 to 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.

## References

- Amaro, H., and Hardy-Fanta, C. (1995, Oct.-Dec.). Gender relations in addiction and recovery. *Journal of Psychiatric Drugs*. 27 (4), 325-337.
- American Correctional Association (1995). *Public correctional policy on female offender services*. Lanham, MD: Author.
- American Psychiatric Association (1994), *The Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition. Washington, D.C.
- Baunach, P. J. (1985). *Mothers in prison*. New York: Transaction Books/Rutgers University Press.
- Belknap, J. (2001). *The invisible woman: Gender, crime, and justice*, Second Edition. Belmont, CA: Wadsworth.

- Belknap, J. (1996). *The invisible woman: Gender, crime, and justice*. Belmont, CA: Wadsworth.
- Belknap, J., Dunn, M., and Holsinger, K. (1997). *Moving toward juvenile justice and youth-serving systems that address the distinct experience of the adolescent female*. A Report to the Governor. Office of Criminal Justice Services, Columbus, OH.
- Bloom, B. (1997, September). Defining “gender-specific”: What does it mean and why is it important? Presentation at the National Institute of Corrections Intermediate Sanctions for Women Offenders National Project Meeting. Longmont, Colorado.
- Bloom, B. (1998). Women with mental health and substance abuse problems on probation and parole. *Offender programs report: Social and behavioral rehabilitation in prisons, jails and the community* 2(1): pp. 1-13.
- Bloom, B., Owen, B., and Covington, S. (2003). *Gender-responsive strategies: Research, practice and guiding principles for women offenders*. Washington, DC: National Institute of Corrections.
- Bloom, B., and Steinhart, D. (1993). *Why punish the children? A reappraisal of incarcerated mothers in America*. San Francisco: National Council on Crime and Delinquency.
- Bloom, S. (2000). The sanctuary model. *Therapeutic Communities* 21 (2): 67-91.
- Bylington, D. (1997). Applying relational theory to addiction treatment. *Gender and addictions: Men and women in treatment*. S.L.A. Straussner and E. Zelvin (Eds.) Northvale, NJ: Aronson, pp. 33-45.
- Byrd, M. (1998) *Inmate handbook supplement* (rev. ed.). Muncy, PA: State Correctional Institution.
- Center for Substance Abuse Treatment. (1994). *Practical approaches in the treatment of women who abuse alcohol and other drugs*. Rockville, MD: Department of Health and Human Services, Public Health Service.
- Center for Substance Abuse Treatment (1999). *Substance abuse treatment for incarcerated women offenders: Guide to promising practices*. Rockville, MD: Department of Health and Human Services, Public Health Service.
- Chesney-Lind, M. (1997). *The female offender: Girls, women and crime*. Thousand Oaks, CA: Sage Publications.
- Chesney-Lind, M. and Rodriguez, N. (1983). Women under lock and key. *Prison Journal* 63:47-65.
- Coll, C. and Duff, K. (1995). Reframing the needs of women in prison: A relational and diversity perspective. *Final report, women in prison pilot project*. Wellesley, MA: Stone Center.
- Covington, S. (1994). *A woman's way through the twelve steps*. Center City, MN: Hazelden Educational Materials.
- Covington, S. (1998). Women in prison: Approaches in the treatment of our most invisible population. *Women and Therapy Journal*, Haworth Press, pp. 141-155.
- Covington, S. (1999). *Helping women recover: A program for treating substance abuse*. San Francisco: Jossey Bass.
- Covington, S. (2000). Creating gender-specific treatment for substance-abusing women and girls in community correctional settings. In M. McMahon (Ed.) *Assessment to assistance: Programs for women in community corrections*. Latham, MD: American Correctional Association, pp. 171-233.
- Covington, S. (2003a). A woman's journey home: Challenges for female offenders. In J. Travis and M. Waul (Eds.), *Prisoners once removed: The impact of incarceration and reentry on children, families and communities*. Washington, DC: The Urban Institute.
- Covington, S. (2003b). *Beyond trauma: A healing journey for women*. Center City, MN: Hazelden.

- Covington, S. (2004) *Voices: A program of self-discovery and empowerment for girls*. Carson City, NV: The Change Companies.
- Covington, S., and Beckett, L. (1988). *Leaving the enchanted forest: The path from relationship addiction to intimacy*. San Francisco: HarperSanFrancisco.
- Covington, S. and Bloom, B. (2003). Gendered justice: Women in the criminal justice system. In B. Bloom (Ed.), *Gendered justice: Addressing female offenders*. Durham, NC: Carolina Academic Press, pp. 3-23.
- Covington, S. and Bloom, B. (in press) Gender-responsive treatment and services in correctional settings. In E. Leeder (Ed.) *Women and Therapy Journal and Inside and Out: Women, Therapy and Prison*. Haworth, NJ: Haworth Press.
- Covington, S., and Surrey, J. (1997). The relational model of women's psychological development: Implications for substance abuse. In S. Wilsnack and R. Wilsnack (Eds.) *Gender and alcohol: Individual and social perspectives* (pp. 335-351). New Brunswick, NJ: Rutgers University Press.
- Falicov, C. (1998) *Latino families in therapy: A guide to multicultural practice*. New York: Guilford Press.
- Finigan, M. (1996). *Societal outcomes and cost savings of drug and alcohol treatment in the State of Oregon*. Prepared for the Office of Alcohol and Drug Abuse Programs, Oregon Department of Human Resources.
- Finkelstein, N. The relational model. In D. Kronstadt, P.F. Green, and C. Marcus (Eds.). *Pregnancy and exposure to alcohol and other drug use*. Washington, D.C.: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, 1993, July, pp. 126-163.
- Finkelstein, N. and Derman, L. (1991). Single-parent women: What a mother can do. In P. Roth (Ed.). *Alcohol and drugs are women's issues*. New York: Scarecrow Press, pp. 78-84.
- Galbraith, S. (1991). Women and legal drugs. In P. Roth (Ed.), *Alcohol and drugs are women's issues*. New York: The Scarecrow Press, Inc. pp. 150-154.
- Garcia, C., Cynthia, J., Surrey, J., Buccio-Notaro, P. and Molla, B. (1998). Incarcerated mothers: Crimes and punishments. In C.G. Coll, J. Surrey and K. Weingarten (Eds.) *Mothering against the odds*. New York: Guilford.
- Genty, P. (1995). Termination of parental rights among prisoners: A national perspective. In K. Gabel and D. Johnston (Eds.) *Children of incarcerated parents*. New York: Lexington Books, pp. 167-182.
- Gerstein, D., Johnson, R., Harwood, H., Foutain, D., Suter, N., and Molloy, K. *Evaluating recovery services: The California drug and alcohol treatment assessment*.
- Gilligan, C. (1982). *In a different voice: Psychological theory and women's development*. Cambridge, MA: Harvard University Press.
- Gilligan, C., Lyons, N. P., and Hanmer, T. J. (Eds.). (1990). *Making connections*. Cambridge, MA: Harvard University Press.
- Grella, C.E., Scott, C. K., Foss, M.A., Joshi, V., and Hser, Y.I. (2003). Gender differences in drug treatment outcomes among participants in the Chicago Target Cities Study. *Evaluation and Program Planning*, 26(3), 297-310.
- Haigh, R. (1999). The quintessence of a therapeutic environment: Five universal qualities. In P. Campling and R. Haigh (Eds.) *Therapeutic communities: Past, present and future*. London: Jessica Kinsley Publishers, pp. 246-257.

- Harris, M. and Fallot, R. (2001). *Using trauma theory to design service systems*. San Francisco: Jossey-Bass.
- Herman, J. (1997). *Trauma and recovery*. New York: Basic Books.
- Human Rights Watch Women's Rights Project. (1996). *All too familiar: Sexual abuse of women in U.S. state prisons*. New York: Human Rights Watch.
- Johnston, D. (1995). Effects of parental incarceration. In K. Gabel and D. Johnston (Eds.) *Children of incarcerated parents*. New York: Lexington Books, pp. 59-88.
- Jordan, J. (1984). *Empathy and self boundaries*. Work in Progress No. 16. Wellesley, MA: Stone Center, Working Paper Series.
- Jordan, J. (1985). *The meaning of mutuality*. Work in Progress No. 23. Wellesley, MA: Stone Center, Working Paper Series.
- Jordan, J., and Surrey, J. (1986). The self-in-relation: empathy and the mother-daughter relationship. In T. Bernay and D. Cantor, (Eds.). *The psychology of today's woman: New psychoanalytic visions*. New York: Analytic.
- Jordan, J.V., Kaplan, A.G., Miller, J.B., et al. (1991). *Women's growth in connection: Writings from the Stone Center*. New York: Guilford Press.
- Kaplan, A. (1984). *The self-in-relation: Implications for depression in women*. Work in Progress No. 14. Wellesley, MA: Stone Center, Working Paper Series.
- Lynch, J. and Sabol, W. (2001). *Prisoner reentry in perspective*. Crime Policy Report, vol.3. Washington, D.C.: The Urban Institute.
- Messina, N., Burdon, W., Hagopian, G., and Pendergast, M. (2006). Predictors of prison therapeutic communities treatment outcomes: A comparison of men and women participants. *American Journal of Drug and Alcohol Abuse*, 32(1), 7-28.
- Miller, J. B. (1976). *Toward a new psychology of women*. Boston: Beacon Press.
- Miller, J. B. (1986). *What do we mean by relationships?* Work in Progress No. 22. Wellesley, MA: Stone Center, Working Paper Series.
- Miller, J. B. (1990). *Connections, disconnections, and violations*. Work in Progress No. 33. Wellesley, MA: Stone Center, Working Paper Series.
- Moon, D., Thompson, R. and Bennett, R. (1993). Patterns of substance abuse among women in prison. In B. Fletcher, L. Shaver, and D. Moon (Eds.), *Women prisoners: A forgotten population*. Westport, CT: Praeger Publisher/Greenwood Publishing Group, pp. 45 –54.
- Mumola, C.J. (2000). *Incarcerated parents and their children*. Washington, D.C.: U.S. Department of Justice.
- Northrup, C. (1994). *Women's bodies, women's wisdom*. New York: Bantam Books.
- Owen, B. (1998). *In the mix: Struggle and survival in a women's prison*. Albany, NY: SUNY Press.
- Owen, B. and Bloom, B. (1995). Profiling women prisoners: Findings from national survey and California sample. *The Prison Journal*, 75(2), pp. 165-185.
- Pollack, J. (1998). *Counseling women in prison*. Thousand Oaks, CA: Sage Publication.
- Pollack, J. (1999). *Criminal women*. Cincinnati, OH: Anderson Publishing, Inc.
- Richman, R. (1999). Women in prison: Are anybody's needs being met? Paper presented at the 24<sup>th</sup> annual conference of the Association of Women in Psychology, Providence, R.I., March 6-9.
- Salholz, E., and Wright, L. Women in jail: Unequal justice. *Newsweek*, June 1990, pp. 37-38, 51.
- Sherman, F. (2005). *Detention reform and girls: Challenges and solutions*. Baltimore, MD: Annie E. Casey Foundation.

- Siegel, B. (1996). In personal communication.
- Stiver, I. (1990). *Dysfunctional families and wounded relationships*. Work in Progress No. 38. Wellesley, MA: Stone Center. Working Paper Series.
- Surrey, J. (1985). *Self-in-relation: A theory of women's development*. Work in Progress No. 13. Wellesley, MA: Stone Center, Working Paper Series.
- Surrey, J. (1991). *Women and addiction: A relational perspective*. Colloquium presented. Wellesley, MA: Stone Center.
- Wells, R. (1994). America's delinquent daughters have nowhere to turn for help. *Corrections Compendium* 19 (11):4-6.
- White, W., Boyle, M., and Loveland, D. (2002). Alcoholism/Addiction as a chronic disease: From rhetoric to clinical reality. *Alcoholism Treatment Quarterly*. 20(3/4) pp. 107-130.
- Wilsnack, S., Wilsnack, R., and Klassen, A. (1986). Epidemiological research on women's drinking, 1978-1984. In National Institute on Alcohol Abuse and Alcoholism, *Women and alcohol: Health-related issues*. NIAAA Research Monograph No. 16; DHHS Publication No. ADM 86-1139. Washington, D.C.: U.S. Government Printing Office. pp. 1-68.
- Wren, C. (1962). The culturally encapsulated counselor. *Harvard Educational Review*, 32 (4), pp. 444-449.
- Zawistowski, T. (1991, March/April). Criminal addiction / illegal disease. *The Counselor*, pp. 8-11.