The influence of Catch22's predominantly female frontline workforce on trauma-informed service delivery

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Main findings

- Gender can influence relationships between frontline practitioners and service users, but there is no single optimal gender profile for frontline roles. Female practitioners may be perceived as more nurturing, supportive and approachable for trauma disclosure, while some service users may benefit from working with practitioners of the same gender, particularly where relatability is important. Services should therefore consider individual service-user needs and preferences, rather than assuming that practitioners of one gender are universally better suited to providing trauma-informed support.
- Female frontline workers may face distinct risks and pressures, including greater exposure to emotional abuse from male service users, highlighting the importance of appropriate safeguarding, supervision and workplace support.
- Evidence on the effectiveness of trauma-informed care (TIC) interventions is mixed, with successful implementation depending heavily on adequate staff training and consistent adoption across all levels of an organisation.
- Effective TIC requires an enabling organisational environment, including strong leadership, cross-agency collaboration, sufficient resources, flexible access to training and coaching, and supportive policies. Lack of resources, organisational disconnect and resistance to change can undermine implementation.
- Further research is needed on how practitioner gender affects trauma-informed support, particularly among ex-offender populations and in relation to non-binary and transgender practitioners.

Introduction

Trauma-informed care (TIC) is a clinical care model designed to support individuals who have experienced or witnessed traumatic events. TIC implementation helps practitioners minimise the risk of re-traumatisation while fostering a safe and supportive environment for recovery.

In rehabilitative centres, including prisons, it is particularly crucial for practitioners to adopt a trauma-informed approach as traumatic experiences can be prevalent in these settings.

Many organisations that provide a service of care have a predominantly female workforce (Rho, Brown & Fremstad, 2020). It is important therefore to reflect on why this may be the case, and how this influences the care provided.

The large proportion of female workers endures even when the service user base is predominantly male, and even when the clientele are men that marginalise women, such as perpetrators of violence-based crime (ibid.).

Catch22 is one organisation that supports offenders in prisons and in the community. Given that Catch22 has a predominantly female workforce (69%) serving a largely male service user base, understanding the potential benefits and challenges of rehabilitation under female practitioners is essential.

This review will explore precedent research into female workforces before homing in on TIC and how this is influenced by the workforce demographic.

This review will then conflate the two, aiming to identify the relationship between women and TIC. Finally, this review will evaluate Catch22's TIC to identify how findings map onto the organisation's offer.

Female frontline workforce

Globally, workforces have been shaped by historical, economic, and social factors. A leading theory for the overrepresentation of women on the frontline is the social pruning of women to be more nurturing and caregiving (Lee & Yang, 2015). As women are still expected to be primary caregivers, and are conditioned to believe this is their role in society, the expectation extends to their career choices (Blackburn & Jarman, 2006). In the same vein, men may be deterred from frontline work due to lower salary expectations. Patriarchal structures encourage men to aim for higher-paid leadership roles, and for women to go for lower-paid, and therefore frontline, work. This evidences the economical influences that cause gender disparities in the workforce, rippling into modern day. Research into female frontline workforces predominantly focus on healthcare and retail frontline work (Edge, Coffey, Cook & Weinberg, 2021; Phillips et al., 2024).

More recently, a surge of research has focused on frontline work during the COVID-19 pandemic (Blau, Koebe & Meyerhofer, 2021).

This reinforces the role of women in providing care.

Equally, a female workforce will elicit a different response from the clientele (Kerfoot & Korczynski, 2005). Because female workers are expected to be more nurturing, and men more authoritative, this may result in service users being more vulnerable in front of women. On the flipside, women may face more emotional abuse from male clients.

There is a higher expectation on a women's behaviour, which service users may retaliate more aggressively against if women are not meeting the expectations.

This evidences that careful consideration is required to provide female workers with adequate support and safety in these

Trauma-informed care

Before delving further into female workforces, it is important to understand TIC. As previously mentioned, TIC was implemented to prevent the re-traumatisation of service users when trying to support them. It has grown ubiquitously in the past few years, and is being used in myriad settings (Duffee, Szilagyi, Forkey & Kelly, 2021). Consequently, a wealth of research has been conducted into TIC and its effectiveness.

A more recent systematic review conducted by Han et al. (2021) interestingly identified from 32 studies that evidence of trauma informed interventions is mixed.

The primary outcomes identified were related to the impact of TIC in PTSD symptoms, depression and anxiety, with results showing that TIC did not effectively reduce PTSD symptoms in most of the included studies.

However, rather than this being a nod to the ineffectiveness of TIC, it reiterates the need for adequate training of staff and for TIC to be consistently and coherently implemented across all levels of an organisation.

TIC can be implemented through the care provided, the environment in which the care is provided, and through interactions across the agencies working with that individual.

Huo et al. (2023) conducted a systematic review to explore facilitators and barriers to TIC. After exploring 27 studies, they found that the main facilitators of TIC understood the relevance of TIC, collaboration between agencies, effective leadership, funding and flexibility both from staff and for staff to access training, policies, and coaching.

Huo et al. also noted barriers to TIC implementation: disconnect on a personal, intra- and inter-organisational level; lack of flexibility; lack of resources; and resistance to change from staff.

It is clear from these findings also that consistency is key for TIC to be effectively implemented, but it is worth the effort to facilitate more holistic, sustainable care to those in need.

Women in trauma-informed care

Auty, Liebling, Schliehe and Crewe (2023) conducted some very interesting research into TIC in female prisons. Auty et al. firstly provided some background on TIC and highlighted that it was first implemented into female prisons, in 2015-2017, before male prisons in 2018.

They then conducted a pilot in two female prisons, exploring TIC for prisoners and prison staff that identified as female. Results were in fact “disappointing”.

Findings showed little difference in outcomes between advanced and non-advanced TIC sites, and staff and prisoners reported experiences which they would consider negative and impactful on trauma, such as body searches or limited personal space.

Operationally, TIC was also insufficient. Staff training and ability to utilise TIC was limited, with many prison staff being unclear on what TIC actually is. Auty et al. concluded that TIC needs to be implemented more effectively and more deeply into the functions of the estate for it to positively transform the experiences of those within the prison.

There is a variety of research into women and TIC in other settings, such as reproductive healthcare (Owens et al., 2022), gender-based violence (Chu et al., 2024), and female-centric illnesses such as cervical cancer (Kohler et al., 2021). However, we can see from above that trauma-informed practices can be implemented for women, but the care needs to be tailored.

Additionally, notable limitations in TIC have been highlighted by Auty et al. (2023). Yet, these limitations do no suggest that TIC does not work, but just that it needs to be implemented effectively and from the top down.

Catch22's female workforce and trauma-informed care

Existing research suggests a strong preference for female care providers among trauma survivors. Teram, Stalker, Hovey, Schachter and Lasiuk (2006) found that many male survivors of Childhood Sexual Assault (CSA) were more comfortable disclosing their experiences to female providers, whereas male providers were perceived as less likely to probe into past trauma, allowing survivors to avoid distressing conversations. McGregor, Jülich, Glover and Gautam (2010) similarly found that female practitioners were seen as less judgmental and more supportive in responding to disclosures of abuse. Within Catch22, this could suggest that service users may feel more at ease with female practitioners, potentially leading to greater engagement and openness.

Mitchell (2025) interviewed 19 mothers on probation, exploring topics around trauma pre- and post-sentencing, as well as the impact they feel that imprisonment has on their maternal abilities. Results showed that these women had experienced significant gendered pathways leading them to imprisonment.

Consequently, results showed that TIC was more effective when participants were provided care by women. As many of the participants had experienced gender-based violence, they can feel more relaxed and safer when working with a woman. This highlights the utmost importance of considering potential demographics and how these could be considered "triggers" when supporting vulnerable people.

Post-Traumatic Stress Disorder (PTSD) is highly prevalent in incarcerated populations and often persists after release. Recognising this, UK prisons adopted a more trauma-informed approach in 2015, influenced by the work of Dr. Stephanie Covington. This shift was critical, as individuals within the prison system are among those most likely to have experienced trauma at a young age (Crisanti & Frueh, 2011). TIC training interventions promote awareness of trauma's lasting impact, helping practitioners provide better support for recovery (King, 2017; Miller & Najavits, 2012).

This is especially important in criminal justice settings, where inadvertent re-traumatization can occur due to staff behaviour or institutional culture (Covington, 2003). What may or may not be surprising, is that women are twice as likely to develop PTSD as men (Silove et al., 2017), and this higher prevalence is due to women being significantly more likely to be exposed to traumatic situations such as gender-based violence. What is unsurprising, is that women who experienced PTSD following gender-based violence want to be supported by a female workforce, and many organisations supporting vulnerable women and girls can enforce that all staff identify as female in line with the Genuine Occupational Requirement (UK Government, N.D). Some of Catch22's services will operate the same way: frontline staff are requested to match the gender of the service users being supported.

Catch22's frontline staff are predominantly female, as highlighted in the introduction. As has been seen in the research, women are more conditioned to pursue caring roles and can also be perceived by service users as more empathetic, caring, and kind, meaning service users are more like to respond better.

Subsequently, TIC is automatically more probable with female caseworkers as service users feel safer and more open to being vulnerable with women.

That being said, relatability is also important when providing a service, which is why Catch22 does not enact the Genuine Occupational Requirement across all services by enforcing all frontline practitioners to be female. Young men may respond better to working with another man as they may be able to look up to them and view them as a role model (Johnson et al., 2016).

It is also important to reflect on preventing traumatisation of female staff. Women may be more at risk of sexual harassment even from the client or service user (Gettman & Gelfand, 2007). Egan and Carr (2008) also explored a phenomenon called "body-centred countertransference". This refers to tangible physical symptoms that can be experienced when listening to an account of a traumatic experience. The symptoms can include headaches, sickness, crying, and more. Results showed that female trauma therapists are significantly more likely to experience body-centred countertransference, and this can increase their own susceptibility to undergoing vicarious trauma. Catch22 effectively supports staff with vicarious trauma through providing regular 1-1 supervisions and team debrief meetings, as well as Employee Assistance Programmes which staff can access to use self-help toolkits, wellbeing resources, as well as counselling sessions. This is available for all staff, recognising the importance of caring for the staff so they can provide an effective service regardless of gender.

Conclusion

Understanding the role of trauma in service users' experiences is essential in shaping effective rehabilitation and support strategies, particularly within the criminal justice system. Gender preferences in care providers can significantly influence disclosure and engagement, reinforcing the importance of a trauma-sensitive approach. While female practitioners may be favoured in many cases, ensuring that all service providers—regardless of gender—are well-trained in TIC remains a priority. Female workforces are a necessarily prominent figure in trauma informed work, but it is vital that this trauma informed support emanates beyond the service user. Catch22 has effectively implemented myriad techniques to support any staff at risk of feeling affected. Further research is needed to explore these dynamics, particularly in ex-offender populations, to ensure that trauma-informed practices are effectively integrated across all rehabilitation services. Additionally, research into non-binary and transgender workers would be beneficial for an inclusive and more comprehensive understanding of gender on trauma-informed care.

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