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What is the Impact of Gender-Responsive Treatment on Women Offenders?

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WHAT IS THE IMPACT OF GENDER-RESPONSIVE TREATMENT ON
WOMEN OFFENDERS?

by

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Abstract

WHAT IS THE IMPACT OF GENDER-RESPONSIVE TREATMENT ON
WOMEN OFFENDERS?

Melody N. Joiner, B.S.

Marquette University, 2011

This study uses research literature and results from a qualitative project to discuss how gender-responsive programming would be beneficial to women offenders, both while incarcerated and upon returning to the community. Research proves that women offenders are different from their male counterparts regarding life factors and pathways to crime. The literature identifies how female criminality is heavily influenced by the life circumstances and experiences of women offenders. Recent studies stress the importance of considering the demographics and history of the female offender population, as well as how life factors impact women's patterns of offending.

Most women in the criminal justice system are poor, undereducated, and unskilled, and they are disproportionately women of color. Many women offenders come from impoverished urban environments, were raised by single mothers, or were in foster-care placement. The profile of the typical adult female offender is presented, as well as gender and cultural challenges that are constantly faced by this population.

Also discussed is the basis of past practices concerning the program design, or lack thereof, for women offenders. Identified is a void that exists from the lack of gender responsive treatment and services available for women offenders. Highlighted is the magnitude of the lack of understanding among most criminal justice professionals regarding the actual need for this level of service.

To close the literature review, the current ideology of gender-responsive treatment is discussed to provide insight of its importance in regards to the successful reintegration of female offenders. The findings of this research project identify the importance of knowing and understanding the unique story of women offenders in relation to effective treatment methods. Literature has argued that correctional programming and other community services should address the needs of women; which in turn, would open the door for positive outcomes in terms of reducing recidivism, offer the chance of a better quality of life, and gain greater incentives to avoid the criminal lifestyle.

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Melody N. Joiner, B.S.

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What is the Impact of Gender-Responsive Treatment on Women Offenders?

To answer the alarming rates of crime in the late 1970s and into the 1980s, the United States shifted its focus from rehabilitation to punitive punishment. This included “get tough on crime” policies and the “war on drugs” campaign. Unfortunately, women offenders were affected the most regarding this focus change, as the majority of women have been, and continue to be, convicted for non-violent and drug-related offenses.

As the incarceration rates of women offenders continue to climb, the United States criminal justice system has been ill equipped to appropriately handle this societal problem. Through the 1980s, and into the 1990s, the rate of women being incarcerated was twice that of the rate of male offenders. Despite their growth in numbers, women offenders were, and remain the most neglected, misunderstood, and forgotten population. This is extremely important because women offenders have complicated lives and experience complex life circumstances. Because of this, implementing a level of treatment that is multifaceted is essential.

The assumption of those within the criminal justice system was female and male offenders were alike and have similarities regarding their pathways to crime and lives prior to, during, and after incarceration. This assumption was carried out through the various phases of the criminal justice system as related to how women were treated and how programming was implemented.

Present research will counter these past assumptions, and show through case study that women offenders are not the same as male offenders and there are significant differences in how they respond to the existing treatment and

programming, especially within correctional institutions. Present research will also support the fact that acknowledging that gender matters in treatment and programming of offenders, as well as gender-specific treatment, is valuable when addressing the myriad of needs and risks of women offenders.

The objectives of this study are to present evidence that women offenders live complex lives, to express the need for gender-responsive treatment for women offenders and to discuss its effects, and to clarify that equality does not mean *sameness* when it comes to treatment and programming for women offenders.

Who Are Women Offenders?

A pivotal benchmark for the United States was surpassing one million offenders under the supervision of the criminal justice system in 2001 (Bloom, Owen & Covington, 2004). The alarming rate of incarcerated women offenders assisted in reaching this milestone, as they represented 17% of this population at that time. “The detainment of women in jail became a growing administrative, societal and public health concern” (Haywood, Kravitz, Goldman, & Freeman, 2000, p. 307).

Nationally, the number of women in state and federal prisons increased nearly eightfold between 1980 and 2001, from 12,300 to 93,031 (Covington & Bloom, 2003, p. 1; Bureau of Justice Statistics, 2002; National Institute of Justice, 1998). “The number of women imprisoned in the U.S. since 1980 has increased at a rate that is double the rate of men” (Covington & Bloom, 2004, p. 1). In 1990, there were approximately 600,000 women in prisons or jails, on probation, or on parole in the United States (Covington & Bloom, 2006, p. 1). Since 1995, the annual rate of growth in the number of female inmates has averaged 5 percent; higher than the 3.3

percent average increase of male inmates (Covington & Bloom, 2003, p. 1; Bureau of Justice Statistics, 2004).

The incarceration rates of women offenders in the United States has and continues to soar; partly due to the start of the nation's "get tough on crime" policies and the "war on drugs" campaign, which displayed the nation's eagerness to imprison offenders for drug offenses. Between 1986 and 1999, the number of women incarcerated in state facilities for drug-related offenses alone increased by 888% (compared to an increase of 129% for non-drug offenses) (Berman, 2005, p. 2). Women in the United States represent an incarceration rate of 123 per 100,000 of the U.S. female population: higher than most industrialized nations (Weiss, Hawkins & Despinos, 2010, p. 258-259; National Council on Crime and Delinquency, 2006). By mid-year 1999, there were 87,199 women incarcerated in United States state and federal facilities; accounting for 6.5 percent of all inmates (O'Brien, 2001, p. 287). From June 2003 to June 2004, the number of women under the jurisdiction of state and federal prison authorities grew from 100,384 to 103,310, an increase of 2.9% (Zaplin, 2008, p. 80). In 2007, females composed 12.9% of the jail population, an increase from 10.8% in 1996 (Weiss et al., 2010, p.259; Bureau of Justice, 2007).

To explain the dramatic rise in the incarceration of women offenders, Bloom & Covington (2004) stated the following:

The increased incarceration of women appears to be the outcome of larger forces that have shaped U.S. crime policy. These include the war on drugs; the shift in legal and academic realms toward a view of lawbreaking as individual pathology, ignoring the structural and social causes of crime; government policies that prescribe simplistic, punitive enforcement responses

to complex social problems; federal and state mandatory sentencing laws; and the public's fear of crime even though crime in the United States has been declining for nearly a decade. (p. 2)

According to the Bureau of Statistics (as cited in Holtfreter and Morash, 2003), nearly one out of every 109 adult women in the United States is under some form of correctional supervision on any given day (p.138). The number of women defendants convicted in state courts has increased at more than twice the rate of increase as male defendants over the past 15 years (Holtfreter & Morash, 2003, p.138). What is more, the number of women in prison increased 200% in the 1980s (Holtfreter & Morash, 2003, p.138; Greenfield & Snell, 1999). Among parolees, women represented approximately 12% of the population in 1998, an increase of 4% since 1990. Additionally, women offenders comprise 21% of those on probation; of this number, nearly half fail to complete probation successfully (Holtfreter & Morash, 2003).

In 2008, the United States reached a pivotal point in its history of incarceration; the Pew Center on the States (2008) found (as cited in Herrschaft, Veysey, Tubman-Carbone, & Christian, 2009) that more than 1 out of every 100 American adults is behind bars. This represents over 2.3 million people on any given day (Herrschaft et al., 2009). Herrschaft and colleagues also confirm that the incarceration rate of women continues to outpace that of men in both jail and prison populations. In 2009, 700,000 people were released from state and federal prisons and returned to their communities; women represented about 10% of that number (Herrschaft et al., 2009, p.464).

The female offender population is constantly faced with a myriad of problems, including addiction, psychological and socioeconomic issues. Female offenders, as Zaplin (2008) discusses, are often seen in the eyes of society as women and girls who have betrayed the model image of what and how women and girls should be. Generally speaking, women offenders do not represent the conventional female – our everyday sisters, daughters, or wives - because of their deviant and law breaking behaviors (Zaplin, 2008). They have spent time in prisons, jails, and detention centers.

Women offenders represent a unique population that have characteristics and have experienced life events that are unparalleled to their male counterparts (Holtfreter & Morash, 2003; Boudin, 1998). The life circumstances that women offenders face are specific to their gender, and include sexual abuse, sexual assault, domestic violence, and the responsibility of being the primary caretaker for dependent children (Bloom et al., 2004).

Current research echoes the findings of earlier studies in identifying the average woman offender as being disproportionately a woman of color, low income, undereducated, and unskilled with a sporadic employment history (Bloom, Owen, and Covington, 2002).

More so than the general female population in the community, women offenders possess life stressors such as physical and sexual abuse victimization, substance abuse problems, familial/relationship problems, medical, and mental health concerns, which can lead them to engage in illegal activities or a criminal lifestyle. To be more specific, like their male counterparts, female inmates are young (about two thirds are under 34 years old), minority-group members (more than 60%),

unmarried (more than 80%), undereducated (about 40% are not high school graduates), and underemployed (Sharp, 2003; Beck & Mumola, 1999). Unlike men, a majority of these women are mothers and sole caretakers of minor children, and daughters who grew up in single-parent homes themselves (Sharp, 2003).

“Empirical research has established that female offenders have histories of sexual and/or physical abuse that appear to be major roots of subsequent delinquency, addiction, and criminality,” (Belknap, 2001, p. 2). For many women offenders, life at home during their childhood was abusive, emotionally and psychologically confusing, and violent. Research indicates by trying to escape the physical and sexual violence at home, young girls often decide to run away, use illicit drugs, and turn to prostituting. These actions are described in case studies as survival techniques (Urbina, 2008). Frequently, women have their first encounters with the justice system as juveniles who have run away from home to escape situations involving violence and a form of abuse (Bloom et al., 2002; Chesney-Lind, 1997). For these juveniles, their transition into adulthood almost always would include prostitution, drug use and property crimes (Urbina, 2008).

According to Urbina (2008), understanding the life of an adult female offender requires an examination of “the survival triangle” - the link between the home, the streets, and prison. Life at home for many of these women, during their childhood, is abusive, emotionally and psychologically confusing, and violent (Urbina, 2008). In 1981, Silbert and Pines conducted a study (as cited in Urbina, 2008), which found about two-thirds of 200 street female prostitutes in San Francisco had run away to escape sexual or another form of brutality in their homes. This finding has not changed: “Hence, under adverse circumstances, young girls are forced to run away

and live in the street, which tend to be structurally different; yet, violent, unpredictable, and deadly” (Urbina, 2008, p. 45).

According to Balthazar and Cook (1984), and supported by Urbina (2008), without community ties or employment, young women are coerced into illegal behaviors as a means of survival. “As noted by one investigator, ‘...the best available options for escape from physical and sexual violence are often survival strategies which are criminal...running away, use of drugs, and illegal street work required to survive as a runaway’” (Urbina, 2008, p.45; Gilfus, 1992; Maden, Swinton, and Gunn, 1990, 1992).

Ongoing studies and research provide a solid connection between physical abuse and the delinquency of young girls; between childhood sexual abuse and deviance; and drug addiction and criminality (Urbina, 2008). Recent work on the totality of women’s lives has established that because of gender, women are at greater risk of experiencing sexual abuse, sexual assault, and domestic violence (Bloom et al., 2002). Abusive families and battering relationships are also strong themes in the lives of female offenders (Bloom et al., 2002; Chesney-Lind, 1997).

According to Zaplin (2008), research shows that most women offenders come from dysfunctional families where physical, sexual, and emotional abuse are prominent, and their social surroundings are largely consumed with criminal values, attitudes, and behavior that have become a way of life for them. Zaplin (2008) reports that often the family life of female offenders is typically characterized by a lack of adequate care and positive support or good role models. There is inconsistent use of discipline, poor supervision, and often loss or absence of parent(s) – all of which are

factors that have been related to poor attachment between parent and child (Zaplin, 2008).

Another traumatizing factor of the lives of women offenders is economic marginalization. Many women on the social and economic margins struggle to survive outside legitimate enterprises, which can bring them into contact with the criminal justice system (Bloom et al., 2002). In the 1990s, the subject of economic marginalization, which was linked to the disproportionate representation of women who lived in poverty throughout the United States, was widely discussed in the social sciences (Holtfreter, Reisig & Morash, 2004). It was determined that the United States has the highest poverty rate for female-headed households and the largest gender gap related to poverty (Holtfreter et al., 2004, p. 187; Pressman, 2002). For example, in 2001, over one-half of the 32.9 million people living in poverty were women, and a similar proportion of families living below the poverty line were headed by single women (Holtfreter et al., 2004).

Holtfreter and Morash (2003) indicate that economic marginalization coincides with female offenders' individual weaknesses and their unfortunate circumstances, which in turn, gears them towards criminal behavior. Holtfreter and Morash (2003) found that once faced with economic marginalization, women have few resources, and for some, sexual availability is used as a "bargaining chip" for obtaining food, shelter, or drugs (p. 140). Economic marginalization, often shaped by disconnections from conventional institutions such as school, work, and families, further increases the likelihood of criminal behavior (Bloom et al., 2002). This disconnection is described by Hunnicutt and Broidy (2004) as the economic marginality hypothesis, which "proposes that as women are denied access to legitimate economic resources, they are relegated to the economic periphery of

society where monetary disadvantages are associated with higher crime rates” (p. 132).

For many of these women, female criminality is an attempt to avoid or escape social and cultural dependency. In their view, their means to independence can only be gained through illegal measures, as their only legitimate choice for dependency involves either being dependent on a man or the government (Fortune, Thompson, Pedlar, & Yuen, 2010). In a study conducted by Pollack (2000), women felt their independence had been undermined by inadequate job wages, government and social services, gender inequalities and systematic racism. Most of these women had financial motives for breaking the law and believed that they had no alternative means for providing for their families besides engaging in criminal activity, as many wanted to avoid becoming dependent on government assistance (Pollack, 2000). Fortune and her colleagues (2010) argued government assistance was considered disadvantageous because it did not provide adequate economic support and it hindered the women’s chances to live independently.

Incarcerated women are mostly portrayed as inadequate, incompetent mothers who are unable to provide adequately for the needs of their children (Covington, 2007). But one of the most significant concerns of women offenders is the care of and responsibility for their children (Schram, Koons-Witt, Williams, & McShane, 2006). In 2004, approximately 105,000 minor children had a mother in jail and approximately 65% of women in state prisons and 59% of women in federal prison had an average of two minor children (Bloom et al., 2004).

Incarcerated women experience many barriers to maintaining relationships with their children. The children of imprisoned women have difficulty visiting their

parent (Schram, Koons-Witt, Williams & McShane, 2006). Schram, Koons-Witt, Williams, and McShane (2006) indicate, though 78% of female state inmates report having weekly contact with their children, only 24% of them report their contact was through personal visits. A total of 54% of mothers incarcerated in state facilities never had a personal visit with their children during the time they were incarcerated (Schram et al., 2006).

The children of incarcerated women also often experienced emotional hardships associated with having a parent involved in the criminal justice system (Ritchie, 2001). The children of female state prisoners typically reside with a grandparent (52.9%), the other parent (28%), or some other relative (25.7%) during their mothers' incarceration. (Schram et al., 2006, p. 452)

In regards to physical or sexual abuse, one in four women offenders report that their abuse started as adults, compared to only 3% of male offenders (Sharp, 2003). Close to 34% of the women offenders surveyed reported physical abuse, and a slightly higher number (33.9%) had been sexually abused either as girls or young women, compared to relatively small percentages of men (10% of boys and 5.3% of adult men in prison) (Snell & Morton, 1994, p. 5).

A significant number of female inmates report substance abuse problems. Whether as a direct consequence of abuse or any other contributing factors, female inmates often suffer more from a loss of self-respect, drowning their pain in substance abuse (Sharp, 2003; McKinney, 1994). Women prisoners are also more likely to report that they were under the influence of drugs at the time of their offense and claim that they committed the offense to obtain money to buy drugs (Sharp, 2003; Greenfield & Snell, 1999).

The link between female criminality and drug use has been found to be very strong, with the research indicating that women who use drugs are more likely to be involved in crime (Zaplin, 2008). According to the Center for Substance Abuse Treatment (as cited in Bloom, Owen, and Covington, 2002), approximately 80 percent of women in state prisons have substance abuse problems, and about 50 percent of female offenders in state prisons had been using alcohol, drugs, or both at the time of their offense (p. 6).

In general, women often use drugs in order to make or keep connections (Covington, 2002, p. 5). These women treat their addiction as a form of a relationship in itself. The addicted woman is in a relationship with alcohol or other drugs, “a relationship characterized by obsession, compulsion, non-mutuality, and an imbalance of power” (Covington, 2007, p.13). Covington (2002) also points out that women also may use drugs in order to fit into their relationships (p. 5). In 1990, Miller (as cited in Covington, 2002), introduced the “depressive spiral,” which is produced by non-mutual and abusive relationships including diminished vitality, inability to act, confusion, diminished self-worth, and abandonment of relationships (pp. 5-6). Women may turn to substances to provide what their relationships are not providing, such as energy or sense of power (Covington, 2002).

Addicted women often speak of their addictions as relationships – for example, “Alcohol was my true love,” or “Food was my source of comfort.” However, as the addiction progresses, it could become lethal: “I turned to Valium, but Valium turned on me.” Addiction is a relationship that constricts a woman’s life. The task in helping a woman to recover is to help her transfer her attachments to addictive “relationships” (with substances, people, or both) to sources of growth-fostering connections... (Covington, 2002, p. 6)

Continuing research proves drug use is a definite relevant factor in relation to female criminality. Substance abuse acts as a multiplier for other high-risk or criminogenic behavior (Renzetti & Goodstein, 2009).

As alluded to, women prisoners have been shown to have very high exposure to a variety of trauma experiences, especially interpersonal violence, including childhood physical and sexual abuse (Green, Miranda, Daroowalla, and Siddique, 2005). In 1996, Teplin, Abram, and McClelland conducted a study (as cited in Green et al., 2005), of 1,272 female arrestees in Cook County and found 60% of the sample had substance abuse issues, 14% were diagnosed with major depressive disorder, and 22% had post-traumatic stress disorder (PTSD). A recent review suggests that “exposure to traumatic events is nearly universal among incarcerated women with studies showing ranges of trauma exposure to be between 77% and 90%...” (Green et al., 2005, p. 134).

Zaplin (2008) also discusses how it is no surprise that girls who grow up in this type of environment, experience poor school performance, low educational aspirations and expectations, low involvement in school activities and low school-related satisfactions and ties of affection. In addition to not developing healthy relationships with their parent(s), healthy relationships are not formed among their peers either. Rather, longing for kinship ties, these same juvenile girls bond to other delinquent peers; one of the most important proximate causes of delinquency (Zaplin, 2008, p. 79).

According to Zaplin (2008), in this society, girls generally socialize with others based on empathy. The life experiences of female offenders give them a distorted view of empathy and caring (Zaplin, 2008). As a result of their childhood

experiences, women offenders lack a sense of self-worth. They are unable to develop empathic and caring attitudes with others. The relationships they do have are characterized by unhealthy, codependent attitudes (Zaplin, 2008).

According to Zaplin (2008), the experienced emotional deprivation in their interactions with others, coupled with the absence of empathic attitudes towards themselves, particularly when it is combined with serious economic and social deprivation, leads to a condition of ongoing emotional stress. When they talk about themselves, they usually express strong feelings of self-hatred, worthlessness, joylessness, dread, anxiety, and depression (Zaplin, 2008). As a result, they act out based on aggression and impulsivity. They act before they think. According to Goleman (1995), these behaviors are manifestations of both severe stress and what he calls “deficit” in emotional competencies. The result of this combination is that they often feel helpless to deal with their emotions because they lack emotional awareness (Zaplin, 2008).

Zaplin (2008) states without healthy support systems and positive external resources to help with the emotional toll of stress, these women remain in stressful states for prolonged periods of time. In these states, working memory does not function properly; they do poorly on the task at hand, be it job assignments or homework assignments (Zaplin, 2008). According to Goleman (1995), when emotionally upset, people cannot attend, learn, or make decisions clearly. This is one reason why female offenders often have an inability to concentrate even in “remedial” situations, e.g., a class in basic living skills (Zaplin, 2008).

Similar to men’s incarceration, a defining aspect of women’s imprisonment in the United States and many other countries is the overrepresentation of women of

color and poor women (Sharp, 2003, p. 96; see also in Belknap, 2001; Binkley-Jackson, Carter & Rolison, 1993; Goetting & Howen, 1993; Pollack, 2002; Rafter, 1985). Sharp's (2003) research confirms that the racial and class discrimination that ends up in the prisons begins far earlier, as women of color are processed more harshly by the police and courts than their white counterparts (p. 96). According to Gilbert (1999) (as cited in Sharp, 2003), black women are far more likely to be incarcerated for drug offenses. In a 1999 study by Bush-Baskette, which was later confirmed in 2003 by Sharp, government statistics were examined regarding the rise in women's incarceration rates between 1985 and 1995. "The rate of adult prisoners per 100,000 adult residents throughout the United States increased during this ten-year period from 27 to 68 white females and 183 to 456 for black females" (Sharp, 2003, p. 97; Bush-Baskette, 1999).

Since the mid-1980s, numerous studies have pointed to changes in sentencing laws involving drug-related charges as a primary factor in the increased rate of incarceration among African American women, the largest demographic group convicted on drug-related charges. (Henriques & Manatu-Rupert, 2001). "The increased incarceration of poor African American women is part of a cultural phenomenon that reflects their social exclusion in U.S. society," (p. 6). African American women have a history of being socially excluded, and the social conditions many of these women live in continue that powerlessness. According to Henriques and Manatu-Rupert (2001), African American women have higher rates of physical and sexual abuse at home prior to coming into jail or prison.

Other social problems effectively contravene the attempts of poor African American women to carve out and maintain legitimate lives. Their desire to fit into the ideological norm of creating successful family structures, for

instance, frequently strikes discordant with the actuality of their lived experiences. In fact, desire for the adherence to traditional gender roles often leads many poor African American women into unhealthy male-female relationships, which can have devastating personal and social results.

(Henriques & Manatu-Rupert, 2001, p. 8)

Poor minority women are often forced to straddle mainstream traditional gender roles and alternative, nontraditional lifestyles (Henriques & Manatu-Rupert, 2001). As these women choose the traditional life of wife and mother, they often suffer economically. Henriques and Manatu-Rupert (2001) discuss how the inequitable socioeconomic arrangement in U.S. culture is dictated along racial lines, and African American women get “locked into a double bind” by this unbalanced socioeconomic structure. In an earlier study, Henriques (1995) noted that African American women “continue to find themselves...victims of black men’s [economic] powerlessness (Henriques & Manatu-Rupert, 2001).

More so than the general women offender population, according to Henriques and Manatu-Rupert (2001), African American women fall into the criminal justice system as a result of them taking on expected gender roles within a traditional relationship; which means that they will do just about anything to sustain the relationship they have. Their bold efforts in taking the responsibility to keep their problematic relationship going goes along with their ill-conceived notion that they are simply “not enough” (Henriques & Manatu, 2001).

Henriques and Manatu-Rupert (2001) discuss a 1996 study by Barbara E. Ritchie of incarcerated, battered African American women, in which Ritchie used a

socio-psychological analytical model to highlight the ways in which “gender entrapment” impedes the lives of this population:

From Ritchie’s viewpoint, the intersection of gender, race/ethnicity, and violence creates an “effective system of organizing African-American battered women’s behavior into patterns that leave them vulnerable to private and public subordination, to violence in their intimate relationships and, in turn, to participation in illegal activities.” She noted that many of these women ended up in prison as a consequence of going along with, for example, their mates’ drug use because they had not only a profound interest in maintaining a traditional intimate relationship but also a fear of their partners’ ire. (p. 8)

Current research has established that women offenders differ from their male counterparts in personal histories and pathways to crime (Belknap, 2001). Women are less likely than men to have committed violent offenses and more likely to have been convicted of crimes involving drugs or property (Bloom et al., 2004). As noted, poverty, economic marginalization and addiction to drugs and alcohol are typically what push women to committing these nonviolent offenses.

“Nearly half of all women in prison are currently serving a sentence for a nonviolent offense and have been previously convicted in the past of nonviolent offenses” (Beck, 2000, p. 10). By 1998, about half of all women in the nation’s prisons were serving time either for drug or property offenses (Beck, 2000, p. 10). Research indicates that of women convicted of murder or manslaughter, many had killed their husbands or boyfriends who were repeatedly and violently abusive (Sharp, 2003). In New York, Sharp (2003) cites as an example of the women committed to the state’s prisons for homicide in 1986, 49% had been the victims of abuse at some

point in their lives and 59% of the women who killed someone close to them were being abused at the time of the offense (p. 7). For half of the women committed for homicide, it was their first and only offense (Sharp, 2003, p. 7; Huling, 1991).

Sharp (2003) also points out, the life experiences of incarcerated women are often plagued with physical and psychological victimizations, chemical dependency, poverty, sexism, racism, and inadequate access to decent health care and education. Unfortunately, the prison experience itself often replicates and reinforces the victimization and marginalization of women: Continued assaults or harassment (largely at the hands of the guards, but sometimes other prisoners), sexism, racism, and inadequate programming and resources for basic health care and education (Sharp, 2003, p. 95).

The typical adult woman offender is a young, minority, who is single, and a mother of minor children. She has little education, along with a spotted work history. Her life is often complex and plagued with issues of mental illness, drug abuse, risky behavior, and victimization by physical and sexual abuse. As the incarceration rate of women offenders continues to grow at a faster pace than that of male offenders, the criminal justice system has failed to sustain that pace with appropriate and effective treatment and programming. This failure was apparent as the criminal justice system did not view or treat women offenders separately from its male offenders.

Traditional Treatment & Programming for Women Offenders

To illustrate the slow recognition of the needs of women offenders, Sharp (2003) refers to Prison Historian Nicole Hahn Rafter's observation that between 1930 and 1950 roughly two or three prisons were built or created for women each decade.

In the 1960s (Sharp, 2003), the construction of additional prisons increased to seven units, located mostly in southern and western states.

A majority of the states during this time did not operate separate women facilities to house their own female offenders (Sharp, 2003). In the following decade, this led to women prisoners being housed in men's facilities or across state lines. According to Sharp (2003), in 1973 only 28 states (including Puerto Rico and the District of Columbia) had separate institutions for women. Indeed, the official response to women's crime during the 1970s was heavily influenced by the relative absence of women's prisons, despite the fact that some women were, during these years, committing serious crimes (Sharp, 2003).

As part of the U.S. incarceration boom in the 1980s, large numbers of women were being locked up, which caused a fundamental change in women's imprisonment in the United States and its approach to female criminality (Sharp, 2003). In 1990, Rafter (as cited in Sharp, 2003) reports that in the 1980s, 34 women's units or prisons were established. This figure is ten times larger than the figures for earlier decades and there is no question that this trend to build women's prisons continued in the 1990s. In less than two decades, the nation has seen the number of women in the U.S. prisons increase six-fold (Sharp, 2003).

Prisons in the United States provide basic medical, educational, and vocational services on an equal basis to both male and female inmates (Bonta et al., 1995).

Covington (2003) points out that although the programs for men offenders are few and inadequate; there is a lesser amount available for women offenders. It is rather troubling that although rehabilitation programs may exist for women in prison and delinquent girls in juvenile institutions, they are usually not comparable in quality to

those provided to male offenders and delinquent boys (Zaplin, 2008). According to Covington (2007), health care, especially pre-natal care, education, job training, and treatment for alcohol/other drug abuse are all missing from the women's prison system.

Historically, many programs for women (Holtfreter & Morash, 2003) were not gender responsive; that is, they did not address the range and types of needs of women that could be criminogenic. The ongoing question has been: How should the criminal justice system – specifically corrections – respond to the increasing numbers of women coming into the system? The overall response of many in the criminal justice system has been justified as a form of equality, and was to treat female inmates the same as men regarding the treatment, programming, and classification within prison (Sharp, 2003).

To combat the rise of incarcerated women, however, the criminal justice system continued to struggle in finding a treatment path that was both appropriate and effective. Some programs for women did not provide childcare, and many neglected salient problems, such as abusive partners and the lack of marketable job skills (Holtfreter & Morash, 2003, p. 139; see also Marcus-Mendoza, Klein-Saffran, & Lutze, 1998). Many programs seemed to have increased the difficulties of women offenders, and increased their risk of re-offending (Holtfreter & Morash, 2003, p. 139). Relational and economic needs were not considered in the design of these programs, which set the women up for failure (Holtfreter & Morash, 2003). In the mid 1980s to early 1990s, various studies confirmed that the majority of the existing 36 state-run institutions provided programming that reinforced society's traditional roles for women; examples include sewing, food services, secretarial work, domestic work, and cosmetology (Sharp, 2003). The minority of these institutions offered

nontraditional programming such as auto repair, welding, carpentry, computer-related programming, and plumbing (Sharp, 2003, p. 22).

Some might argue that this pattern is simply a product of lack of reflection or imagination on the part of those in charge with administering the nation's prison system. They are, after all, used to running prisons built around the model of male inmates, and as one correctional officer put it... 'An inmate is an inmate is an inmate.' (Sharp, 2003, p. 10)

In 1990, Pollock-Byrne, (as cited in Sharp, 2003), outlined various types of programming for female inmates including maintenance of the institution, education, vocation, rehabilitative, and medical care (p. 21). Sharp (2003) quotes Pollock-Byrne in the following statement:

Ordinarily, women's institutions do not have the same number or kind of vocational programming as are offered at institutions for men. For years, the only vocational programs available were those that prepared women for domestic service, clerical work, or cosmetology. Although nothing is wrong with such programs, and they continue to exist at a number of institutions, many women have no interest in these fields or will need more lucrative employment upon release to support themselves and their children adequately. (p. 21)

There were programs that reinforced the stereotypical role of the "fallen woman," which places women in passive, non-resistant roles and serve to reinforce their traditional role in society (Holtfreter & Morash, 2003, p. 139; Marcus-Mendoza, Klein-Saffran, & Lutze, 1998). These programs further abuse women who have a history of childhood sexual abuse and other forms of violence against them by

recreating the power dynamics of and by ignoring the social context of women's crime by focusing on punishment (Holtfreter & Morash, 2003, p. 139; Bloom and Covington, 1998; MacKenzie, Elis, Sampson, & Skroban, 1994).

The 1980s, according to Sharp (2003), signaled a major and dramatic change in the way the country responded to women's offending. Without much fanfare and certainly with little public discussion, the male model of incarceration had been increasingly used in response to women's offending (Sharp, 2003). Initiated during the mid to late 1970s, and led through the 1980s, society's response to women's crime was not rehabilitative, but rather *solely* punishment and retribution.

According to Sharp (2003), this punitive response to women's crime can be described as "equality with a vengeance" – the dark side of the equity or parity model of justice that emphasizes the need to treat women offenders as though they were "equal" to male offenders (p. 10). But beyond this, it is clear that even well-intended programs and procedures developed around the needs of male offenders need to be completely revised so that they can respond to the unique needs of girls and women (Sharp, 2003).

Despite the dramatic increase in the rate of incarcerated women, the criminal justice system has not kept pace with this growth, especially in regards to meeting the needs of this population effectively and appropriately (Covington, 2007). In earlier studies, the under-representation of women offenders has had an important impact on the services provided to female offenders and on theory development and research (Bonta, Pang, and Wallace-Capretta, 1995). The low numbers have often been used to rationalize the scarcity of both services and research devoted to the female

offender; the issue of service delivery is nowhere more important than in prison settings (Bonta et al., 1995).

According to Zaplin (2008), women generally commit less serious crimes than male offenders, and, by virtue of the inadequate facilities and rehabilitative services that are characteristic to their terms of institutionalization, they are in fact being sentenced more harshly. That is to say, female offenders are punished more severely than are their male counterparts because of *how* they are institutionalized during the 1990s (Zaplin, 2008). Zaplin (2008) also points out women offenders are not even provided with the same opportunities as male offenders who have committed more serious offenses and have longer sentences.

“Examining the lives of incarcerated women prior to imprisonment is necessary to better understand what brought them to prison and how they cope with daily life once in prison,” (Urbina, 2008, p. 41). In her studies of women offenders, Barbara Owen (1998) proclaims that what women bring into the prison system is important for how they will adapt to prison, and how they will relate to other inmates and correctional staff. Urbina (2008) points out, the combination of institutionalized greed, structural marginalization, and destructive personal choices are factors that often result in criminal behavior and consequently imprisonment. Urbina (2008) quotes Kruttschnitt, Gartner, and Miller (2000) in stating, “A woman’s economic background seemed to have much stronger effect on how she reacted to prison than did her race. Most of the women...came from impoverished backgrounds” (p. 41).

Because the criminal justice system did not know how to respond to the increase in female offenders, nor their special needs, the approach used was to provide treatment and programming that mirrored what was provided for male

offenders. But in doing so, there were a number of issues that surfaced that called for research and consideration of a different approach in handling women offenders, specifically focusing on their treatment in prison. Jail and prison services, in the past, had been developed for, and were mostly geared toward, male inmates (Green, Miranda, Daroowalla & Siddique, 2005). Case studies on the pathways to crime of women offenders clearly show that treating female inmates the same as male inmates are very much ineffective in regards to responding to their criminal behavior (Sharp, 2003, p. 6). What was being offered to rehabilitate female offenders was not meeting their complex needs. Therefore, other options were proposed. This led to the emergence of gender responsive treatment.

The Emergence & Importance of Gender-Responsive Treatment & Programming for Women Offenders.

Despite the historic efforts of the criminal justice system, the women in our jails, prisons, and community correctional facilities continued to be the neglected, forgotten, and misunderstood of the inmate population. Research has proven that because of their specific needs, traditional programs that have been designed for male offenders do not work. Thus, a new approach that takes in account these women's life histories and their pathways to crime emerged.

Historically, many programs for women have not been gender-responsive; that is, they did not address the range and types of women's needs that might be criminogenic (Holtfreter & Morash, 2003). To the extent the unique characteristics and circumstances of women offenders are viewed as relevant factors surrounding their criminal behavior, Holtfreter and Morash (2003) indicate effective programming

would need to address them. In recent years, research data has shown that gender is a definite factor that drives women into criminal behavior. For this reason, gender must be considered when crafting effective responses to a female offender's problems (Sharp, 2003, p. 6).

In the mid to late 1980s, the pace of incarcerated women began to seriously surpass the rate of incarcerated men, despite the fact that women offenders continue to be the smaller percentage of the entire incarcerated population. Imprisoning an increasing number of women turned into a formidable task for the criminal justice system. Furthermore, the criminal justice system was challenged to address the unfamiliar and complex problems of female offenders, especially when it was discovered that this population could not be treated in the same fashion as male prisoners. During the 1990s, the United States had to face the facts that the existing programs for women offenders, and how women offenders were being treated within the criminal justice system, were ineffective.

Bloom and Covington (2002) point out the increasing rate of women offenders and the lack of programs and services that are geared toward their needs have prompted criminal justice professionals to examine their sanctioning and supervision processes in terms of gender. The National Institute of Corrections *Gender-Responsive Strategies: Research, Practice and Guiding Principles for Women Offenders* (Bloom, Owen, & Covington, 2003) report documents the need for a new vision for the criminal justice system, one that recognizes the behavioral and social differences between female and male offenders that have specific implications for gender-responsive policy and practice (Bloom & Covington, 2004).

In addition, theoretically-based evidence drawn from a variety of disciplines and effective practice suggests that addressing the realities of women's lives through gender-responsive policy and programs is fundamental to improved outcomes at all criminal justice phases (Covington & Bloom, 2004). A winning approach to responding to the needs of incarcerated women is to start with taking a look at their lives prior to prison, as well as gaining an understanding of the current state of most prisons regarding available treatment and programming (Sharp, 2003).

Research has shown that participating in vocational, educational, and substance abuse programming while in prison decreases the chances of re-offending. Enhancing the vocational skills, as demonstrated by Young and Mattucci (as cited in Weiss et al., 2010), of incarcerated women reduced recidivism.

Covington and Bloom (as cited in Bloom, 2006) define gender-responsive as: "Creating an environment through site selection, staff selection, program development, content, and material that reflects an understanding of the realities of the lives of women and girls and that addresses and responds to their strengths and challenges" (p. 4). As indicated by Covington & Bloom (2004), when planning, developing, and providing services it is important to know who the client is and what she brings to the treatment setting. In describing the demographics and history of the typical female offender population and how various life factors impact women's physical and mental health, a national profile of women offenders reveals that they:

- Are disproportionately women of color;
- Are in their early-to-mid 30s;
- Are most likely to have been convicted of a drug-related offense;

- Have fragmented family histories, with other family members also involved with the criminal justice system;
- Are survivors of physical and/or sexual abuse as children and adults;
- Have significant substance abuse and physical and mental health problems; and
- Have high school degrees/GEDs but limited vocational training and uneven work histories (Covington & Bloom, 2004, p.3).

Therefore, improving programming for women offenders begins by targeting these characteristics and their antecedents through comprehensive treatment for drug use and trauma recovery, education, and training in job and parenting skills, and affordable and safe housing (Bloom et al, 2004, p. 36).

The key principles to creating gender-responsive treatment and programming are as follows:

- Acknowledge That Gender Makes a Difference
- Create an Environment Based on Safety, Respect, and Dignity
- Develop Policies, Practices, and Programs that are Relational and Promote Healthy Connections to Children, Family, Significant Others and the Community
- Address Substance Abuse, Trauma, and Mental Health Issues Through Comprehensive, Integrated, and Culturally Relevant Services and Appropriate Supervision
- Provide Women with Opportunities to Improve Their Socioeconomic Conditions

- Establish a System of Community Supervision and Reentry With Comprehensive, Collaborative Services (Bloom & Covington, 2004, pp. 3-9).

These principles, seen as a blueprint to taking a gender-responsive approach to the development of criminal justice services, are designed to address system concerns about the management, supervision, and treatment of women offenders in the criminal justice system (Covington & Bloom, 2004, p. 4). As this system becomes more responsive to the issues of managing women offenders, “it is important to consider the demographics and history of the female offender population, as well as how various life factors impact women’s patterns of offending” (Covington & Bloom, 2004, p. 2).

Increased incarceration rates of women and the realization that male programming was not working for women offenders led those in the criminal justice system to look for alternative ways to service female offenders. They discovered that the way to do this was through gender-based treatment programming. Gender-based treatment is important because it addresses the underlying unique needs of female offenders. Gender-based treatment works because it fundamentally improves the outcomes for offenders at all phases of the criminal justice system.

Through research data and various case studies, it has been proven that gender-based treatment is beneficial to addressing the needs of women offenders. Although this style of treatment, which includes comprehensive services that take into account the content and context of women’s lives, has been accepted as being effective, it remains to be the exception rather than the rule in treating female offenders.

The Current Outlook on Gender-Responsive Treatment & Programming for Women Offenders.

The current outlook for gender-responsive treatment for women offenders is mixed. Research has proven that using the traditional programming model, which was based on male prisoners, does not coincide with the needs of the female offender population. Moreover, research shows gender-responsive treatment for female offenders provides a treatment approach that can tackle the specific needs and life circumstances of women offenders individually. Although gender-responsive treatment has been acknowledged as effective, and there are more gender responsive treatment programs available for women, more progress is needed in identifying, creating, and implementing gender-responsive treatment programs for women offenders.

Case studies have proven that adapting the therapeutic community model for women can produce encouraging results. In an important study of women's experiences in a prison-based drug treatment program, it was found that "clients who completed the program had a more favorable perception of staff and felt empowered by the experience in treatment" (Strauss & Falkin, 2000, p. 2127). Programs staffed with women capable of serving as strong female role models, as suggested by researchers, are the ones that get the best reports from clients (Sharp, 2003). Sharp (2003) gives an example of one study that found women participating in a prison therapeutic community found the groups and individual counseling session to be the most helpful part of the program. As indicated, elements found to be conducive to women's needs include staff that can present as strong role models, supportive peer

networks, and attention to women's parenting roles and histories of abuse (Sharp, 2003).

In actuality, however, not only are programs in prison for women limited (Urbina, 2008), but also the existing ones, which were originally developed on models based on male inmates, have not been tailored to fit the needs of female prisoners. As stated previously, the needs of women offenders have often been heavily overlooked and ignored by the criminal justice system, specifically the correctional system, and continue to be so today.

Despite their myriad of problems and issues, women offenders are left out from receiving appropriate treatment and programming. According to a recent investigation, "the barriers to treatment expansion, development, and implementation faced by prison includes budgetary limits, lack of counselors, inadequate space and capacity, frequent inmate movement in and out of the facility, and lack of inmate interest" (Urbina, 2008, p. 81).

In order to develop effective services for women and girls, Covington (2007) suggests there is a need to create programs for them based on the reality of their lives and on what is known about female growth and development. The majority of current research on women and incarceration (Huebner et al., 2009) has focused on the deficits of female institutions, correctional programming, and institutional classification. The research suggests that correctional institutions are either managed based on policies developed on male offenders or on outdated, stereotypic assumptions of female criminality (Belknap, 2001).

Programs in prison serve a multidimensional purpose, and can be viewed as a survival mechanism for inmates and as a key organizational element in a well-

managed facility (Urbina, 2008, p. 81). There is an opportunity for inmates to gain the education and skills to help find gainful, legitimate employment. Prison programs serve as a deterrent from inmates participating in ill-advised behavior such as disturbances, altercations, and riots. However, a combination of factors – e.g., lack of resources, lack of support from politicians, policymakers, the general public, and the media – has limited both the quantity and quality of programs in prison (Urbina, 2008, p. 81).

Sharp (2003) points out, the modification of the treatment programs to meet the needs of women offenders is complicated, and much more research is needed to adequately address which female-specific components would possibly improve success in treatment for women offenders. For example, numerous research studies have suggested that women do not respond well to traditional confrontational and attack therapy approaches and that program structure and philosophy affect client compliance and involvement (Sharp, 2003). Despite this, many of the programs continue to use traditional approaches. It is imperative, however, that traditional programs must be rigorously evaluated when modifications are made (Sharp, 2003).

According to current research and case studies, clinical services for addiction treatment that focus on women's specific issues and needs are more effective for women than traditional programs originally designed for men (Covington & Bloom, 2006; Grella, 1999; Nelson-Zlupko, Dore, Kauffman & Kalterbach, 1996).

"Therefore, in conceptualizing treatment programs for addicted women, it is essential that providers use ground theory and practice from a multi-dimensional perspective. Increased sensitivity to women's needs is necessary in order to design effective programs over the long term" (Covington & Bloom, 2006, p. 2).

According to Zaplin (2008), female offenders, as part of their rehabilitative process, need to be empowered and made confident about their capacity to deal with the larger social world. Research has proven multiple trauma histories create multifaceted and complex problems. From a systems perspective, multifaceted problems require a holistic, multifaceted response in terms of rehabilitative programming and opportunities designed to address them (Zaplin, 2008). Furthermore, as discussed by Zaplin (2008), designing effective, multifaceted programs for female offenders that promote a sense of well-being, ability to take action, and increase self-worth in participants, also require creativity. Zaplin (2008) suggests that the creators of these programs maintain a system perspective when incorporating relevant management principles.

In 1999, the Office of Justice Program introduced a relatively new theoretical treatment approach, the Wraparound model, which was characterized by the needs and experiences of women offenders. The Wraparound model is a long-term approach to planning and coordinating the provision of formal and informal services to the incarcerated women and her family (Sharp, 2003). Adapted from models used with children, including some juvenile offenders (Sharp, 2003), it contains a network of coordinated local services that are “wrapped around” the woman and her family. Modified to apply to adult women and women offenders, this model helps women function in the mainstream, while accentuating the positive individual strengths of each participant (Sharp, 2003; Wingfield & Klempner, 2000).

The Wraparound model stresses the use of empathy to potentially empower women offenders through their treatment programs (Sharp, 2003; Morrison-Velasco, 2000). Crucial to the success of the Wraparound model is the development of community and criminal justice linkages, which are difficult to achieve but are

necessary for women's transition back into the community (Sharp, 2003). Despite the encouraging findings, according to Sharp (2003), Wraparound services, similar to that of other social service programming are often cut due to the lack of available funding. Covington (2007) believes women begin to heal from addiction and trauma in a relational context; recovery happens in connection, not in isolation; and non-mutual, non-empathic, disempowering, and unsafe settings make change and healing extremely difficult. Program variations of the gender-responsive model have been created to be utilized throughout the criminal justice system and in community-based services to respond to the needs of women offenders (Covington, 2007). Programs such as *Helping Women Recover*, *Beyond Trauma*, *Voices*, and *Healthy Link* are examples of programs that represent the gender responsive approach given by Covington (2007) and Ritchie, Freudenberg and Page (2001):

- *Helping Women Recover: a Program for Treating Substance Abuse* is a unique treatment model designed especially for women in correctional settings. Its materials provide treatment for women recovering from substance abuse and trauma by dealing with their specific issues – self-esteem, parenting, relationships, sexual concerns, and spirituality – in a safe and nurturing environment based on respect, mutuality, and compassion.
- *Beyond Trauma: a Healing Journey for Women* is an integrated, theoretically based, gender-responsive treatment approach developed for use in residential, outpatient, and correctional settings in a group format. The program has a psycho-educational component that teaches women what trauma is, its process, and its impact on both the inner

self and outer self. The program emphasizes on coping skills, with specific exercises, to develop emotional wellness.

- *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 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. It 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 and stress management, and decision making is integrated across program topics. (Covington, 2007, pp. 19-20)
- *Health Link: an Alternative Approach to Public Health and Public Safety* helps women released from New York City jails to reduce recidivism and drug use and to improve their quality of life after release. It aims to contribute to public health and public safety in New York City’s low-income neighborhoods. This program works directly with women in jail and after release and by addressing the community conditions that hamper successful reintegration by strengthening the capacity of community organizations to serve ex-offenders; building neighborhood networks of concerned service providers; and shifting law enforcement and other dimensions of public policy that negatively affect women’s lives. (Ritchie et al., 2001, p. 292)

An encouraging trend in program curriculum, illustrated by a number of the model programs, is the goal of empowering women in treatment. For example, to

succeed, drug treatment for pregnant women should include a wide variety of health and social services (Sharp, 2003), consciousness-raising, client participation and evaluation, meaningful work, and community network ties. But a common problem among empowerment models is that women are usually viewed as victims. And while these types of programs have the intention to increase self-efficacy, it is unclear that overall effects of such a model address the complex areas of need for women (Sharp, 2003).

For treatment services and programming to be effective, it is important to acknowledge and be aware of the demographic and life history of the female offender population, including the influences that have led them to a life of crime. Covington and Bloom (2002) make the following statement, “A basic principle of clinical work is to know who the client is and what she brings into the treatment setting. If programming is to be effective, it must... take the context of women’s lives into account” (p. 2).

Covington and Bloom (2003) state, “because of the historical lack of services for women, both the U.S. Congress and the courts have mandated that female offenders be given access to services of the same quality and quantity as those provided for males (p. 7). Litigation involving what are known as “parity cases” has increasingly exposed the lower quality of services available to female offenders (Covington & Bloom, 2003). But equality for incarcerated women does not mean providing them with programming and treatment services that were designed based on the incarcerated male. In further discussing the topic of programming for female offenders, Covington and Bloom (2003) state the following:

Over the past twenty years, much knowledge concerning women's services has been gained in the fields of mental health, substance abuse, and trauma treatment. However, this knowledge has yet to be applied in the majority of programs serving women in the criminal justice system. Further, few correctional administrators have a clear understanding of what elements of their current programs promote successful outcomes for women. Most criminal justice professionals who are not familiar with the criteria for female-responsive interventions do not understand the ways in which effective female-responsive services differ from effective services in general. Correctional administrators and program providers need to have gender-responsive curricula and training programs that incorporate this knowledge.

(p. 7)

Moreover, study findings indicate that paying attention to the differences in male and female pathways into criminality and their differential responses to custody and supervision can lead to better outcomes for both men and women offenders in institutional and community settings. Policies, programs, and procedures that reflect empirical, gender-based differences can –

- Make the management of women offenders more effective.
- Enable correctional facilities to be more suitably staffed and funded.
- Decrease staff turnover and sexual misconduct.
- Improve program and service delivery.
- Decrease the likelihood of litigation against the criminal justice system.

- Increase the gender appropriateness of services and programs.

(Bloom, Owen, Covington, 2005, pp.2-3)

Recent corrections research indicates that programs and community services providing assistance and training for women offenders continues to be lacking (Holtfreter and Morash, 2003). Boudin (1998) asserts that women offenders represent a unique population, having characteristics and circumstances separate from their male counterparts (as cited in Holtfreter & Morash, 2003). For example, some programs made available to women did not properly address the primary familial, relational, and economical needs of women such as childcare issues, abusive relationships, and the lack of marketable job skills. Many of the programs that were available for women offenders were designed to teach traditional stereotypes of women's work such as cosmetology, cleaning, cooking, and secretarial work (Holtfreter & Morash, 2003; Morash, Haarr, & Rucker; Schram, 1998). These types of programs were designed to teach domestic, feminine, and moral reform to these women.

Renzetti and Goodstein (2009) point out, given the less serious nature of much female crime, appropriate community sanctions, and treatment should be developed and implemented for female offenders. These community-based programs should include vocational-training, substance abuse treatment, and other programs that facilitate productive and self-sufficient lives (Renzetti & Goodstein, 2009). When the personal histories of women in prison are examined, it is clear that opportunities exist for intervention early into their criminal and substance-abusing lifestyle outside prison fences (Renzetti & Goodstein, 2009).

Renzetti and Goodstein (2009) indicate studies suggest community-based programs would be economically efficient as well as more logical in terms of providing intervention rather than after-the-fact sanctions. It still holds true today that most women in prison have few employment skills and inadequate education. Upon release, the majority must support themselves and their children. The need for economic self-sufficiency is apparent to even the most casual observer (Renzetti & Goodstein, 2009). Women in prison must gain the necessary skills and training that will assist them to move forward once they return to the community. Although substance abuse treatment and other counseling, as well as improved parenting and family reunification, are also critical in addressing these problems, economic self-sufficiency is the cornerstone to success after imprisonment (Renzetti & Goodstein, 2009).

Renzetti and Goodstein (2009) discuss how conventional programs have responded to this problem by developing ways to maintain the mother-child relationship while the mother is behind bars. Placing a high priority on the importance of nurturing the mother-child relationship necessarily leads one to question the wisdom of relying so heavily upon institutionalization of female offenders (Renzetti & Goodstein, 2009). Most female offenders would benefit enormously by being sentenced to community-based programs structured to accommodate their special needs as mothers (Renzetti & Goodstein, 2009).

Further, in-prison drug programs and community-based treatment programs are an absolute necessity. These programs should be grounded in a “continuum of care,” including institutional assessment and aftercare upon release into the community (Renzetti & Goodstein, 2009). Renzetti and Goodstein (2009) stress the need for family based-interventions that address parenting, family reunification,

family violence, and other personal concerns are very critical. Prison programs need to address these family issues, especially in light of the importance of children in the lives of imprisoned women (Renzetti & Goodstein, 2009).

Experts generally agree that the goals of intervention and rehabilitation programs for incarcerated individuals are economic and social independence, family reunification, and reduced involvement in criminal activities. However, much is still to be learned about the needs of women prisoners – information that could inform what types of programs might be accepted and effective in addressing these goals (Green et al., 2005 p. 136).

Research on women's pathways to crime clearly shows that treating female inmates the same as male inmates is ineffective in regards to responding to their criminal behavior. Studies have proven that gender matters in the forces that push women into criminal behavior. For this reason, gender must be considered when creating and developing effective responses to their problems. Although services targeting women offenders' specific needs are becoming more common in programming proposals, these specialized services continue to be the exception rather than the rule. Furthermore, data available to inform creation of appropriate and effective gender-specific services is still quite limited (Green et al., 2005).

The last three decades changed the shift in the U.S. criminal justice system. Due to swift and severe crime policies and the "war on drugs of the early 1980s, the incarceration rate for women offenders skyrocketed at a much faster pace than that of incarcerated male offenders. Despite the fact that large numbers of women were being incarcerated, the criminal justice system was not prepared. It was the

assumption of those in the criminal justice system that female and male offenders are alike in their pathways to crime; this could not be any farther from the truth.

Women offenders are very complex individuals with complex problems. From dealing with childhood abuse and victimization to mental illness, substance abuse issues, and familial problems; this population challenged the traditional mechanisms of the 1980s criminal justice system that treated women offenders in the same design as male offenders.

In the 1990s, gender-specific treatment was introduced, which took into account that female and male offenders are separate and distinct when it comes to life experiences prior to, during, and after incarceration. Advocates of this style of treatment supported the notion of addressing the basic needs of women. Research and case studies support this idea as effective in battling female criminality.

In recent times, gender-responsive treatment and programming remains in its infancy, despite the research, advocacy, and case studies supporting this as the preferred method of treatment. The needs of women offenders from the 1980s – economic, mental health, victimization, substance abuse, familial and personal relationships – are the same for the female offenders of today. The treatment and programming for women offenders in the criminal justice system have come a long way, as gender-specific needs of women offenders have been recognized, but there are still many barriers to overcome in addressing the unique needs of women within the criminal justice system.

Research Strategy and Overview

The purpose of this study is to gain an understanding of the importance of gender-specific treatment and programming for female offenders. A qualitative

design was selected in order to capture this concept. This study was designed to provide participants with an opportunity to give a detailed response regarding their experience in working with female offenders.

In discussing how to begin qualitative research, Creswell (2007) states, “Researchers should begin their inquiry with philosophical assumptions about the nature of reality (ontology), how they know what is known (epistemology), the inclusion of their values (axiology), the nature in which their research emerges (methodology), and their writing structures (rhetorical)” (p.238). Qualitative researchers use various interpretive paradigms to address these assumptions (Creswell, 2007). After selecting an interpretive paradigm, the researcher identifies a research question that informs the approach or design used in qualitative research to collect and analyze data (Creswell, 2007). According to Creswell (2007), these questions are open-ended, calling for views supplied by participants in a study; differ depending on the design type; and span the scope of questions based on individual stories to collective views told by members of an entire community.

The participants of this study were asked the following survey questions:

1. What is the process in determining services for a female offender?
2. What services are generally rendered for adult female offenders?
3. Are these services readily available upon request? If not, what is the average waiting period?
4. Please describe two barriers adult female offenders face upon re-integrating into the community?

5. How barriers are generally addressed? Who take on the responsibility to address them?
6. Please provide one example of a successful attempt at reintegration for an adult female offender and discuss why it was successful.
7. Please provide one example of a failed attempt at reintegration and discuss why it failed.
8. What is your age and gender?
9. What is your educational background?
10. What is your current position? How long have you been in this position?
11. How long have you worked with adult female offenders?
12. In your professional opinion, what is needed for a successful reintegration?

Methodology

Qualitative research is an inquiry process of understanding a social or human problem, based on building a complex, holistic picture, formed with words, reporting detailed views of informants, and conducted in a natural setting (Creswell, 2007). This method was used to gain an understanding of the importance of life experiences of female offenders, and acknowledge which services are needed to be effective as they are returned to the community.

Data was collected through anonymous surveys. Participants of this study were criminal justice professionals who have experience in working with female offenders. Because of time constraints, and the straightforwardness of the study, this

method was better suited for this study than personal interviews. The survey consisted of open-ended and direct questions.

The surveys were handed out to criminal justice professionals known to the principal investigator. The surveys were completed and returned to the principal investigator at the discretion of the participant. Participants were advised that the survey should not take longer than 30 minutes to complete, participation in the survey was voluntary, and their responses would remain anonymous. By completing and returning the survey, participants gave their consent to use their responses for this professional project. All returned surveys are on file with the principal investigator. The survey is Appendix A.

Sample

Twenty-five participants were selected through professional and personal contacts of the principal investigator, and given a survey to complete voluntarily and anonymously. All participants are criminal justice professionals employed within a correctional institution or in a community corrections setting. Eleven surveys were returned to the principal investigator; it was determined that using all eleven surveys would be beneficial to discuss and identify the needs of female offenders as it relates to a successful reintegration into the community.

The sample consisted of all females. One participant is an employment counselor working at a correctional institution, two are psychiatric social workers working in a correctional institution, and eight participants are probation agents, all having experience working with female offenders.

The participants have been employed in these positions from one year to 17 years. The age range of the participants is from 25 to 56 years old. The participants

were not compensated for their participation in this research study. Not all participants were able to answer all of the questions in the survey protocol.

At the time of this study's completion, Participant A is a 27-year-old with a Master's degree in social work. She has been working as a psychiatric social worker with female offenders in a correctional institution for one year and eight months. As a psychiatric social worker, she works with both the female and male populations.

Participant B is a 25-year-old with a Bachelor's degree in social work and a Masters degree in criminal justice, and has been a probation and parole agent working with female offenders for the past four years.

Participant C is a 33-year-old with a Master's degree in social work, who has been a psychiatric social worker in a correctional institution for three and a half years, but has been working with female offenders for a total of seven years.

Participant D is a 41-year-old college graduate (degree not specified), who has worked with female offenders as a probation agent for close to 18 years.

Participant E is a 42-year-old with an Associate degree in human services and a Bachelor's degree in psychology/sociology. She worked with female offenders as a probation agent for four years, but has worked in human services for the past 17 years.

Participant F is 56-years-old, has a Bachelors degree in social work, with additional training in supervision, mental health, sexual health, criminal justice, police science, alcohol and other drug abuse, post traumatic stress disorders, and trauma. She is currently a Corrections Field Supervisor. She has worked for the Wisconsin

Department of Corrections for the past 12 years. She has worked with female offenders for five years.

Participant G is 36-years-old with a Bachelor of Arts degree (field of study is unspecified). She worked with female offenders as a probation agent for 14 years.

Participant H is 27-year-old with a Bachelor's degree in criminal justice. She has been a probation agent for four years, but she has worked with the female offender population for two years.

Participant I is 39-years-old, with a Bachelor of Arts degree in criminal justice and a minor in psychology, in addition to a master's degree in criminal justice administration. She has been probation agent for the past 15 years, and has worked with female offenders throughout her career.

Participant J is a 54-year-old employment counselor of seven years, who is currently pursuing a Bachelor's degree in (field of study is not specified). She has worked with the female offender population for a total of 12 years.

Participant K is 34-years-old and has a Bachelor's degree in criminal justice. She has been a probation agent of 10 years, who has been working with female offenders her entire career.

Procedures

The survey consisted of twelve questions (See Appendix A – Survey Protocol), seven pertaining specifically to female offenders, and five pertaining to the experience, education, and professional opinion of each participant in working with women offenders.

Each survey received by the principal investigator was given a code number, which was used during the course of this research study. Because the sample size was relatively small, the principal investigator has chosen to utilize each survey. In explaining the results of this study, the principal investigator has chosen to refer to each participant's answer in the order they were returned.

Results

What is the process in determining services for a female offender?

In answering this question Participant A made the following statement:

“A routine mental health assessment is completed within the first 2 weeks of incarceration. We request information from community agencies if they were receiving treatment there. Then compile data to see what programs, if any, would be most helpful or necessary.”

Participant B states services are determined by assessing the female offender's current needs. She states that she makes the determination as to which program/organization would best address her clients' needs. Participant C states that female offenders are assessed for programming at their request. Program eligibility is determined through an interview. She also included that the offender could be court ordered for services. Participant D answers that services are determined based on the offender's need(s). Participant E reports services are determined by an initial intake and if there is an existing court order specifying services. Participant F answers this question with the following statement:

Contact with the female, obtaining a social history from her which includes criminal history, family education, residence history, health/mental health,

alcohol & other drug abuse history, children, romantic/domestic/marital history, her own impressions of herself & what her strengths & challenges are; risk & needs assessment, AODA/UNCOPE/mental health assessment; collateral information, DOC historical records. All this is utilized by a DOC social worker &/or probation & parole agent in determining need and priority of addressing presenting needs.

Participant G reports she “has no idea” as to the process of how services are determined for a female offender. Participant H indicates, “The first step is completing an initial intake, which includes completing a risk/needs assessment. This is also done before an inmate is released from prison during pre-release planning.” Participant I states, “I look at what their needs are compared to their wants. I then help them prioritize and plan on ways of accomplishing their needs.” Participant J states, “The offender is given a TABE test and fills out an assessment/triage form. If the offender is then placed in a class, further intake information is gathered and appropriate referrals are made.” Participant K reports that she first interviews the offender- inquiring about her background and need. She further states she would talk with outside contacts. From there, she inquires as to what services/programs are available through the Department of Corrections and/or the community.

What services are generally rendered for adult female offenders?

Participant A reports general services within her facility consist of psychotropic medication, talk therapy, alcohol and other drug abuse (AODA)/educational/vocational programming, as well as chaplain services. Participant B provides parenting, AODA, anger management, cognitive intervention, trauma counseling, batterer intervention, and relationship issues. Participant C notes

medical, psychiatric, chaplain, AODA, and Huber services are generally rendered. Participant D answers this question with housing, outpatient treatment, and employment services. Participant E states AODA, case management, housing, parenting classes, GED/HSED, and skilled trade training are typical rendered services. Participant F states services are individually determined, but typical services involve counseling for: PTSD (post traumatic syndrome disorder), mental health, AODA, educational/vocational, women's health/sexual safety, parenting, and CGIP (cognitive intervention program). Participant G gives the following statement: "no idea." Participant H lists AODA treatment, anger management, domestic violence counseling, housing (if needed), employment assistance, and parenting classes as typical services utilized. To answer this question, participant I lists AODA treatment, child services for visitation, parenting, job services, HSED/GED help, college classes, and psychiatric services. Participant J states, "The main services that I refer on are for school (GED) and driver's license recovery." In answering this question, participant K lists housing, anger management, parenting, PTSD, health services, domestic violence treatment, AODA treatment, and mental health services."

Are these services readily available upon request? If not, what is the average waiting period?

Participant A infers waiting time for services to be available is a few weeks. Some programs also require a release date with substantial time on their sentence." Participant B reports most resources are immediate, but there can be a waitlist for housing placements. Participant C states general services within the correctional facility are readily available, but there is an undetermined wait time for AODA services. According to Participant D, services are not readily available, and there is a 90-day wait. Participant E provides a split answer, if the offender is in custody,

services are available immediately upon release, but if she is actively in the community, the wait time can take up to six weeks. Participant F reports the availability of services depends on the funding source and the availability, it could be from immediate to up to three months. Participant G, again, reports she has no idea regarding the availability of services.

In answering this question, Participant H made the following statement, “Usually not available, waiting lists can vary depending on whether or not the offender has insurance or not. With insurance, services are immediately available, but without insurance, services can be anywhere to 30-90 days.” Participant I states AODA, parenting, and psych services are available within two weeks. Participant J reports the waiting period is affected by how long it takes for the client to be transferred to another facility in order to receive services. Participant K states there is no waiting period for group counseling, and there is a short wait for housing.

Please describe two barriers adult female offenders face upon reintegrating into the community.

Participant A states, “Often they leave the same way they came in...no resources, money, or support. Many also still struggle with drug addictions.” Participant B lists prior relationship and codependence as barriers for female offenders. Participant C states lack of housing and employment to support self and/or children are recognized barriers. Participant D states childcare and family issues are barriers. Participant E answers this question with employment, reverting to criminal behaviors, and/or relapsing with drugs and/or alcohol. Participant F lists disintegrated natural support system (family dysfunction), medical and mental health including PTSD issues, AODA, and employment as common barriers for female offenders.

Participant G lists child care and transportation as common barriers. Prior relationships with significant others and AODA relapse are barriers listed by Participant H. Children and employment are listed as barriers by Participant I. Participant J lists AODA issues and inability to find employment as barriers. Participant K indicates, “Kids – services they can go to with kids – their own push to have kids back in their care full time.”

How are barriers generally addressed? Who takes on the responsibility to address them?

Participant A states, “Our case managers try to give them information on community resources. Drug treatment workers address addictions when females are here long enough. The facility’s case management specialist (CMS) would provide Rehab Centers.” Participant B made the following statement:

Typically I address these issues with the female offender on an on-going basis during their period of supervision. As agents, we have no control over offenders’ decision-making process. If offenders made choices about their associations, they must live with the consequences.

Participant C states the case manager and jail programs address the barriers. Female offenders can be assisted with finding housing. Participant D feels that the offenders must be responsible to address their barriers, with the assistance of the agent and any other community connection. Participant E states, “Agent addresses them with the offender, and directs them to treatment or disciplinary sanction (jail) time or ATR (alternative to revocation). The offender is always the one held responsible.” To answer this question, Participant F wrote the following statement:

Barriers are uncovered and discussed through contact with the female; ideally the female takes ownership for her recovery. When that occurs, prioritization of needs/risk assists making appropriate referrals and effective case plan formulation. A probation & parole agent is key team member.

According to Participant G, the offender and the agent are responsible for addressing the barriers. Participant H reports that a no contact order can be enforced if the offender was a victim of domestic violence with the significant other, and AODA relapse prevention services could address the AODA issues. Participant I reports that women go to court and schedule court dates for future visitation, and receiving help with creating resumes, job referrals, CCEP, and job fair notifications would address the employment issues. Participant J reports that her agency has employment counselors to help offenders with their job search. Participant K states working with social workers, family, and providers regarding the reintegration of children back into an offender's life, and utilizing employment services, school and training services.

Provide one example of a successful attempt at reintegration for an adult offender and discuss why it was successful.

Participant A made the following statement:

One woman worked with the psychiatric social workers (PSWs) & CMS extensively. Received AODA treatment, meds, & talk therapy. She also had a strong support system on the outside. Was able to turn her life around.

Support was crucial component. If she didn't have this – money would have dictated her progress.

To answer this question, Participant B provides the example of how one female offender received a number of resources, including those that were *gender-specific*, found stable housing, and made positive strides in her rehabilitation. This particular offender had not returned to prison two years post release. Participant C gives the following example, “Inmate had supportive family so housing was in place, had insurance so sought mental health & AODA treatment via private providers, and has not returned to jail per records.” Participant D’s successful female offender reintegration example consists of placing a female offender in a halfway house. The offender completed the 90-day program, as well as aftercare. She is currently employed and clean. Participant E believes a successful attempt to reintegration consists of submitting a referral to a halfway house where the offender receives all of the necessary programming and services.

Participant F’s answer to this question consists of the following:

Woman supervision for prostitution, drugs. Didn’t comply, received new felony charges resulting in prison sentence. Her reaction to the immediate consequences provided sobering reflective moment. She participated in institutional programming, complied with AODA treatment upon release to the community, obtained employment, joined a gym, went back to church, strengthened family ties, and made hard choices about negative companions. Successful discharge from supervision occurred. In prison for murdering her husband after many years of scrapes with the law; terms of supervision, prison sentences. Released from prison with age and drug abuse related health issues. Restored relationships with positive family members, connected with AIDS Resource Center of Southeastern Wisconsin; stayed sober, came to peace about murder, discharged from supervision.

Participant G chose not to answer this question. Participant H generalizes her answer by stating that placements in a halfway house upon release, providing assistance with getting back involved in children's lives, and assistance with retaining employment lead to a successful reintegration. Participant I provided her answer in the following statement:

Released from prison & place in an ASHA-TLP, which required tenants to attend job readiness and relapse prevention. Offender hooked up with W2 who allowed her to return to college as her work experience. She obtained custody of all five of her children and continues to do well. She was successful because of her drive and motivation, and willingness to ask for help. Agent must be willing to help and be flexible.

Participant J made the following statement to address this question, "A number of clients have mentioned that they felt more confident and much better prepared for what to expect when looking for a job after completing the job readiness class. So they were able to secure jobs." Participant K gave an example of an offender being released from prison, going to a halfway house, having a supportive family, and being approved for social security benefits. The offender completed the residential program and continued to attend groups at the halfway house after completion of inpatient treatment.

Please provide one example of a failed attempt at reintegration and discuss why it failed.

Participant A generalizes this answer by stating that many women come into custody very addicted to drugs. They are not ready for treatment. They don't believe they have a problem. Participant A believes that treatment only works if the client

wants and believes in it. Participant B was unable to provide an answer, as her survey did not include this question. Participant C's answer stated the following, "An offender was provided with a resource book, unable to get her directly into inpatient ADOA due to lack of community programs. The inmate resumed abuse of drugs upon release & returned to jail on PO hold." Participant D gives the example of an offender being placed in residential treatment, leaving on a day pass and using drugs while on the pass. Participant E states a failed attempt would consist of the offender deciding to leave the treatment facility or absconding from supervision. Participant F was unable to provide an answer, as her survey did not include this question. Again, Participant G chose not to answer this question. Participant H believes that immediate drug relapse is a downfall to reintegration attempts. Participant I was unable to answer this question, as it was not listed on her survey. Participant J states that AODA issues are the cause of failed attempts at reintegration. Participant K gives examples of failed attempts that include the offender failing to cooperate or participate with community groups and absconding from supervision.

In your professional opinion, what is needed for a successful reintegration?

Participant A believes that more individualized attention to each female offender is necessary, as many of the groups assisting the women do not offer personalized care, but also allowing program participation without a release date is needed. She also indicated that more staff dedicated to making individualized plans is needed. Participant B suggests the elimination of prior negative relationships and addressing co-dependence issues are factors to a successful reintegration. Participant C lists community resources and programming – housing, AODA inpatient treatment, employment programs, mental health treatment, child care, and positive support system as what is needed for successful reintegration. Intensive treatment upon

release with follow-up care is Participant D's answer. Participant E believes mandatory education is needed for successful reintegration, as it could assist the offender in finding employment, instead of depending on W2.

In her professional opinion, Participant F provided the following statement:

Increased access to effective programming in the prisons as well as in the community, with a focus on completing basic educational/vocational programs prior to prison release; desire to change/access to hope on the part of the offender; sobriety!!; strong support system; meaningful and effective monitoring/supervision from DOC.

Participant G believes ongoing communication between servicing agencies is a component for successful reintegration. Participant H believes community involvement and resources (Wraparound services), communication and case planning with community groups, and working closely with the agent would lead the way to successful reintegration. To answer this question, Participant I states, "Good case planning prior to prison release, a hands-on approach to supervision, and having the ability to take the time to handle more barriers than an average male offender."

Participant J advises that providing services and addressing issues before the offenders are released would assist with being successful in reintegrating into the community. For successful reintegration, Participant K lists continued positive mentoring, more transitional housing that allows children to stay with the offender while they are receiving support, information on dating and dating violence, sexual health, parenting support, and education/training as the services that are needed.

Data Analysis

Based on the literature, the female offender has complex needs, and in order for her to have a chance at a successful transition back into the community, treatment, and programming must be gender-specific and individualized to her specific needs. The research shows that each female offender is unique in the complexity of her life, and services must be personalized to have a chance at being effective.

The results of this study mirror the literature regarding the complicated issues that women offenders and the criminal justice system continue to face regarding treatment and programming. The participants' answers show there is a constant level of inconsistency in even assessing the needs of this population. Although research, mentioned in the literature review, on women offenders advocates for gender-responsive services, and the needs of this population are evident, the existence and availability of this level of services are scarce and partly inaccessible.

The results of the survey also show these criminal justice professionals do not utilize a uniform assessment tool to effectively determine the most appropriate services for each female offender. Among the probation agents, the responses varied from a using an informal need/risk assessment tool to relying on a court order. One of the participants, a 14-year veteran probation agent, reported in her survey that she did not know how services were determined.

Among those participants who worked within a correctional institution, a generalized mental health assessment is completed to determine the needs of the offenders. Once the mental health assessment is complete, offenders are advised of available programs within the facility, which are next to none, especially for female offenders. This coincides with the literature, which states that correctional institutions

often lack the services or programs to address the needs of female offenders while they are incarcerated.

Furthermore, as the survey demonstrates, often times, female offenders are expected to access limited services on their own without knowing how to access either the services or the availability of the services.

Out of the eleven participants of this study, there was one response that explained in-depth the necessary steps to assess the needs and determine appropriate services for each female offender. A conclusion can be drawn that, in general, front line criminal justice professionals are unaware of how to address the needs of women offenders.

Determining the most appropriate and effective services is the first step towards successful reintegration for women offenders. If the needs assessment process is not seriously considered or uniformly structured, it would be difficult for female offenders to successfully reintegrate into the community. No uniform assessment process hinders successful reintegration to the community.

In discussing which services are generally rendered for female offenders, all but two responses were based on generalized terms such as AODA treatment, anger management, parenting classes, housing, domestic violence counseling, and mental health services. This shows that most criminal justice professionals are aware of the basic needs of women offenders, however only one participant mentions the need for individualization when determining services for the female offender. Again, one participant states she is unaware of what services are generally rendered. The aforementioned services that are generally rendered for the women offenders by the survey reflect the research on women offenders in acknowledging the needs of the

offenders' complex lives. Based on the results, the availability of these services can vary, from being immediate to having to wait up to three months. While in custody, the female offender has access to basic services such as medical, psychiatric/mental health care and chaplain services fairly easy. There was no mention of the existence or availability of gender-specific treatment or programming while incarcerated.

The results of this study reflect that of the literature in that correctional institutions and the criminal justice system, as a whole, have not been able to keep up with the pace in addressing the needs of females coming into custody. In many of the survey results, the participants acknowledged specific services were a part of their clients' success stories. Despite the acknowledgement of and need for gender-specific treatment and programming, the criminal justice system has not been redesigned to meet the women's needs (Covington, 1998). In the past, correctional treatment and programming have been solely based on the male offender experience, often neglecting, and not considering the needs of female offenders (Covington, 1998). The majority of the participants' responses about treatment were fairly generalized, with little to no mention of the need for gender-specific treatment and programming.

Based on the answers of the probation agents, there is no guarantee that each adult female offender would have access to services that are gender responsive once they return to the community. Housing, AODA treatment, parenting classes, and cognitive intervention, are among the most critical services that are needed, but these are also the services with the longest waitlists. Studies have demonstrated that continued drug abuse among female offenders leads to returning back to prison for violating probation/parole conditions. Without services in place immediately upon released, or readily available while in the community, the chances of recidivism greatly increased.

The information provided in this study, along with the existing literature, shows that not having immediate access to available treatment and programming is detrimental to addressing the general needs of women offenders. This could cause the adult female offender to fall prey to returning to past criminal behavior; which in turn would send them back to prison, thus continuing the cycle of adult female incarceration.

Front-line criminal justice professionals must be knowledgeable of appropriate and available services that would be beneficial to women offenders. Direct criminal justice professionals fail to utilize existing and available assessment tools to properly assess the needs of women offenders. Prior to, during, and after their incarceration, women offenders face various challenges in their complex lives. The responses of this study mirror the literature review in that gender-specific treatment and programming are essential in appropriately addressing the needs of women offenders.

In discussing how barriers are addressed, the responses slightly varied. Many responses placed the accountability on the female offenders, with the professionals assisting to some extent. In many cases, it is left to the female offender to find access to community resources – taking ownership of her treatment and programming. The literature indicates that female offenders generally are not aware of the availability of services in the community, nor do they know how to gain access to these services on their own, especially if there are limited gender-specific services that exist. This can negatively affect reintegration efforts. Many of the study's responses indicate the female offender is responsible for the success or failure at reintegration, despite the fact these services are clearly lacking in availability, at no fault of the female offender.

The study's responses in describing successful attempts at reintegration are very much connected to one another. Ideally, successful reintegration revolves around having and working closely with a supportive network, both professionally and personally; gender-specific services, including mental health and AODA treatment; and safe and stable housing. With these services, among others, in place, the chances of a successful reintegration increase. Research indicates the incorporation of the children of the female offenders has been proven to increase the chances of success in reintegration. Research indicates that returning to the lives of their children is a positive motivation for most female offenders. Because most female offenders are the primary caregivers of their children, it would be beneficial to have treatment and services surrounding this issue, which in turn could keep the female offenders from relapsing or re-offending.

Female offenders' failed attempts at successful reintegration must be addressed as well. Based on the responses, drug addiction, not being ready for treatment, and a lack of community resources and services in place, can definitely have a negative impact on reintegration efforts. Until female offenders are ready to address their drug addiction and other serious issues that have led them down the path of criminal behavior, they will continue to have barriers and roadblocks to successfully reintegrating back into the community.

It should be noted that, throughout much of this study, there is one participant that did not or could not provide an answer to the survey. It would be beneficial to the female offender if criminal justice professionals are motivated and well equipped with the knowledge of how to address the needs of this population. Based on the literature research and this study, there are two defining issues, the female offender's

want/need for programming and the availability of services (or lack thereof), that could positively or negatively affect reintegration efforts.

The study shows and the literature review suggest that there are specific services that need to be in place for successful reintegration of the female offender. These services include: Individualized care plans, more competent available staff with the ability to wade through and help eliminate any potential barriers, effective supportive services – including community resources and programming, intensive treatment, and communication among participating agencies, and most importantly, gender-specific services. The participants' responses mirror the literature in regards to what is needed for successful reintegration. There is also an indication that more services and funding for these services, which could eliminate critical waiting periods for women attempting to enter a program, are needed.

Research Limitations

Although the results of this research study mirror the literature regarding female offenders and the need for gender-specific treatment and programming, there are some definite limitations to this study. One limitation to this study is the fact the information was gathered through an anonymous survey. Using this method of research prevented the principal investigator to meet with the study's participants to ask follow-up questions or ask additional, more in-depth questions. Another limitation to this study is the fact that one participant chose not to fully answer each question. Three of the participants could not answer a question, as it was omitted from their copy of the survey. Due to time constraints and conflicting schedules, using the anonymous surveys was the most appropriate research method to utilize.

Future Research

Future studies regarding female offenders could increase the sample size and demographics of the criminal justice professionals. A larger sample size would provide more credibility to the contents of this study.

More research is needed to study the education and training of criminal justice professionals regarding gender-specific treatment and programming. Based on the results of this study, the majority of the participants did not express the idea of gender-specific treatment and programming. It would be interesting to compare various criminal justice organizations among varied counties and municipalities.

To better understand the importance of gender-specific treatment and programming for female offenders, it may be beneficial to have a standardized definition of *successful reintegration* that could be individualized pertaining to the offender's needs.

To support or discredit the existing literature on female offenders, it would be interesting to conduct studies from the female offender's perspective on exactly what she feels she needs to be successful in reintegration.

The topic of female offenders is very complex and multifaceted. Future research is needed to gain a better understanding of female offenders' needs, as well as what services would be the most beneficial for their successful reintegration into the community.

Summary

The needs of the female offender population, identified by the survey participants, mirror the needs identified in the research. There was no standardized

means of assessing the needs of female offenders; standardized assessment tools are either unknown or not used. Therefore, there is no standardized way to access services. Services continue to either be unavailable, difficult to access, left to chance or left to women to access on their own. Instinctively the participants knew what was needed for the women to be successful, and although few if any specifically mentioned gender based services, the answers suggested that is what worked. Failures seem to occur when services were unavailable or the female offender did not buy into the services.

Without the appropriate gender-specific services in place, the female offender is left vulnerable to re-offend or return to unhealthy behaviors that could lead to re-incarceration. Among the participants, a number of key elements needed for a successful reintegration for female offenders are: substance abuse treatment, positive support system, basic educational/vocational programming, stable housing, mental health care, and services allowing children to be a part of the recovery process. Based on the literature review, much of the results of the study were anticipated.

It is time for the criminal justice system to move beyond the culture of punishment, retribution, and “male” driven services for female offenders to gender specific services to address the growing female offender population and adequately meet their needs.

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REINTEGRATION OF WOMEN OFFENDERS

You have been asked to complete the following research survey. It should take no longer than 30 minutes for you to complete the survey. The purpose of this survey is to research how to successfully reintegrate female offenders. Your responses are strictly anonymous and your participation is completely voluntary. Please feel free to bypass any question that is uncomfortable to answer. By completing the survey, you are giving your permission to the researcher to use your anonymous responses for use at professional meetings and in research publications. If you need additional space for your answers, please use the following page.

Thank you for your participation.

Melody N. Joiner

Graduate Student of the Master of Arts in Public Service Program at Marquette University

What is the process in determining services for a female offender?

What services are generally rendered for adult female offenders?

Are these services readily available upon request? If not, what is the average waiting period?

Please describe (2) barriers adult female offenders face upon reintegrating into the community?

How are barriers generally addressed? Who takes on the responsibility to address them?

Please provide (1) example of a successful attempt at reintegration for an adult female offender and discuss why it was successful.

Please provide (1) example of a failed attempt at reintegration for an adult female offender and discuss why it was successful

What is your age and gender?

What is your educational background?

What is your current position? How long have you been in this position?

How long have you worked with adult female offenders?

In your professional opinion, what is needed for a successful reintegration?

PARTICIPANT FLOW CHART

SURVEY PARTICIPANT	AGE & GENDER	EDUCATION	PROFESSION & YEARS IN POSITION	YEARS OF EXPERIENCE IN WORKING WITH FEMALE OFFENDERS
A	27 & Female	Master degree in Social work	1 yr. & 8mos.	1 yr. & 8mos.
B	25 & Female	Bachelor degree in Social Work & Master degree in Criminal Justice	4yrs.	4 yrs.
C	33 & Female	Master degree in Social Work	3.5 yrs.	7 yrs.
D	41 & Female	College Graduate	18 yrs.	18 yrs.
E	42 & Female	Associate degree in Human Service & Bachelor degree in Psychology/Sociology	17 yrs.	17 yrs.
F	56 & Female	Bachelor degree in Social Work	12 yrs.	5 yrs.

G	36 & Female	Bachelor of Arts degree	14 yrs.	14 yrs.
H	27 & Female	Bachelor degree in Criminal Justice	4 yrs.	2 yrs.
I	39 & Female	Bachelor & Master degrees in Criminal Justice	15 yrs.	15 yrs.
J	54 & Female	Currently Pursuing a Bachelor degree	12 yrs.	12 yrs.
K	34 & Female	Bachelor degree in Criminal Justice	10 yrs.	10 yrs.