

A Woman's Journey Home: Challenges for Female Offenders

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in

*Prisoners Once Removed: The Impact of Incarceration and Reentry on Children,
Families, and Communities*

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Over the past 25 years, our knowledge and understanding of women's lives have increased dramatically—in part because of the influence of the women's movement. New information has impacted and improved services for women, particularly in the areas of health, education, employment, mental health, substance abuse, and trauma treatment. At present, however, both a need and an opportunity exist to bring knowledge from other fields into the criminal justice system to develop effective programs for women. Until recently, theory and research on criminality focused on crimes perpetrated by men, with male offenders viewed as the norm. Historically, correctional programming for women has thus been based on profiles of male criminality or paths to crime. However, the policies, services, and programs that focus on the overwhelming number of men in the corrections system often fail to identify gender- and culturally responsive options for women's specific needs. While men and women face some similar challenges upon returning to the community, the intensity, multiplicity, and specificity of their needs, and the most effective ways for addressing those needs, are very different.

Profile of Women in the Criminal Justice System

Clinical work seeks to know who the client is and what she brings into the treatment setting. As such, in order to design system wide services that match women's specific strengths and needs, it is important to consider the demographics and history of the female offender population, and how various life factors impact women's patterns of offending.

In recent decades, the number of women under criminal justice supervision has increased dramatically. Although the rate of incarceration for women continues to be far lower than the rate for men (51 of every 100,000 women vs. 819 of every 100,000 men), since 1980 the number of women imprisoned in the United States has increased at a rate nearly double the rate for men (Greenfeld and Snell 1999). In 2000, there were 162,026 women incarcerated in jails and prisons across the country (Beck and Karberg 2001).

However, most female offenders are under community supervision. In 2000, 844,697 women were on probation, representing 22 percent of all probationers (up from 18 percent in 1990); 87,063 women were on parole, representing 12 percent of all parolees (up from 8 percent in 1990) (Bureau of Justice Statistics 2002).

Women are arrested and incarcerated primarily for property and drug offenses. A recent study conducted by the Bureau of Justice Statistics indicates that drug offenses represented the largest share of growth in the number of female offenders (38 percent, compared with 17 percent for males) (Greenfeld and Snell 1999). Between 1995 and 1996, female drug arrests increased by 95 percent, while male drug arrests increased by 55 percent. In 1979, approximately 1 in 10 women in U.S. prisons was serving a sentence for a drug conviction; by 1999, however, this figure had grown to approximately 1 in 3 women (Beck 2000).

While the rate of female incarceration has risen, there has not been a corresponding rise in violent crime among female offenders. In fact, the proportion of women imprisoned for violent crimes continues to decrease as the proportion of women incarcerated for drug offenses increases. The women in state prisons in 1998 represented 14 percent of all violent offenders (Greenfeld and Snell 1999). Many of the violent crimes committed by women are against a spouse, ex-spouse, or partner; women often report having been physically and/or sexually abused by the person they assaulted.

The increased incarceration of women appears to be the outcome of forces that have shaped U.S. crime policy over the past two decades: government policies prescribing simplistic, punitive enforcement responses for complex social problems; federal and state mandatory sentencing laws; and the public's fear of crime (even though crime in this country has been on the decline for nearly a decade). Included in these forces are the war on drugs and the shift in legal and academic realms toward a view of lawbreaking behavior as individual pathology, a view that discounts the structural and social causes of crime.

Most women in the criminal justice system are poor, undereducated, and unskilled, and they are disproportionately women of color. Many come from impoverished urban environments and were raised by single mothers or in foster homes. Women are more likely than men to have committed crimes to obtain money to purchase drugs. Although it is widely assumed that female addicts typically engage in prostitution as a way to support a drug habit, it is more common for these addicts to engage in property crimes (Sanchez and Johnson 1987).

Important documented differences exist between female and male drug offenders, differences with implications for their incarceration, treatment, and reentry. A recent study of 4,509 women and 3,595 men in 15 prison-based drug treatment programs found that drug-dependent women and men differ with regard to employment histories, substance abuse problems, criminal involvement, psychological functioning, and sexual and physical abuse histories (Messina, Burdon, and Prendergast 2001). Cocaine/crack was the most prevalent drug problem reported by women, while

methamphetamine use was a more prevalent problem among men. While men had more severe criminal histories, many men and women reported that their last offense was drug related. Women had more severe substance abuse histories (e.g., more frequent usage, intravenous drug use). Women reported more co-occurring psychiatric disorders and were more likely to use prescribed medications. They also reported lower self-esteem and more extensive sexual and physical abuse histories. Although income levels for both sexes were, for the most part, below the federal poverty level, the women reported earning only half as much as the men reported earning.

The Importance of Acknowledging Gender

To create appropriate services and treatment for women in the criminal justice system, we must first acknowledge and understand the importance of gender differences as well as the gender-related dynamics inherent in any society. “Despite claims to the contrary,” comments one expert, “masculinist epistemologies are built upon values that promote masculinist needs and desires, making all others invisible” (Kaschak 1992, 11). Women are often invisible in the many facets of the correctional system. This invisibility, in turn, can act as a form of oppression.

Where sexism is prevalent, frequently something declared genderless or gender neutral is, in fact, male oriented. The same phenomenon occurs in terms of race in a racist society, where the term “race neutral” generally means white (Kivel 1992). The stark realities of race and gender disparity touch the lives of all women and appear throughout the criminal justice process (Bloom 1996).

Understanding the distinction between sex differences and gender differences is vital. While sex differences are biologically determined, gender differences are socially constructed—they are assigned by society and relate to expected social roles. Gender differences are neither innate nor unchangeable. Gender is about the reality of women’s lives and the contexts in which women live. “If programming is to be effective, it must take the context of women’s lives into account” (Abbott and Kerr 1995, 7).

Race and socioeconomic status or class can also determine views of gender-appropriate roles and behavior. And regardless of women’s differences in these categories, all women are expected to incorporate the gender-based norms, values, and behaviors of the dominant culture into their lives. As Kaschak points out,

The most centrally meaningful principle on our culture’s mattering map is gender, which intersects with other culturally and personally meaningful □categories such as race, class, ethnicity, and sexual orientation. Within all of these categories, people attribute different meanings to femaleness and maleness (Kaschak 1992, 5).

Gender stereotypes influence both our beliefs about the appropriate roles for women and men in our society and our behaviors toward women and men. Stereotypes also influence how we perceive people who violate the law, and stereotypes often have a differential impact on women. A convicted female offender may automatically be

labeled a bad mother, while a male offender may not necessarily be labeled a bad father.

Research on women's pathways into crime indicates that gender matters. Steffensmeier and Allen (1998) note how the "profound differences" between the lives of women and men shape their patterns of criminal offending. Many women on the social and economic margins struggle to survive outside of legitimate enterprises, engaging in a lifestyle that brings them into contact with the criminal justice system. Because of their gender, women are also at greater risk for experiencing sexual abuse, sexual assault, and domestic violence. Among women, the most common pathways to crime are characterized by issues of survival (of abuse and poverty) and substance abuse. Pollock (1998) points out that women offenders have histories of sexual and/or physical abuse that appear to be precursors to subsequent delinquency, addiction, and criminality.

The link between female criminality and drug use is very strong, with research indicating that women who use drugs are more likely to be involved in crime (Merlo and Pollock 1995). Of female offenders in state prisons, approximately 80 percent have substance abuse problems (Center for Substance Abuse Treatment 1999), and about 50 percent had been using alcohol, drugs, or both at the time of their offense (Greenfeld and Snell 1999). Nearly one in three women serving time in state prisons report having committed their offenses in order to obtain money to support a drug habit. Furthermore, about half of the incarcerated women describe themselves as daily drug users.

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

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

The gender differences inherent in all of these issues—invisibility, stereotypes, pathways to crime, addiction, abuse, homelessness, and relationships—need to be addressed at all levels of criminal justice. Such issues significantly affect female

offenders' successful transition to the community, in terms of both programming needs and successful reentry. Unfortunately, these issues have until now been addressed separately at best, even though they are crucial in the lives of most women in the system. Without a holistic perspective on women's lives in any discussion of criminal justice, appropriate policy, planning, and program development is impossible.

Relational Theory

Various theories explain human psychological growth and development. One such premise, the relational theory, is a developmental theory stemming from an increased understanding of gender differences, specifically the different ways in which females and males develop psychologically. We need to understand relational theory in order to develop effective services and to avoid re-creating, in correctional settings, the same kinds of growth-hindering and/or violating relationships that women experience in society at large. It is also important to consider how women's life experiences may affect how they will function both within the criminal justice system and during the process of their transition and successful reentry into the community.

Traditional theories of psychology have described development as a progression from childlike dependence to mature independence. According to these theories, an individual's goal is to become a self-sufficient, clearly differentiated, autonomous self. Therefore, a person should spend his or her early life separating and individuating in a process leading to maturity, at which point he or she will be equipped for intimacy. Jean Baker Miller (1976, 1986) challenged this assumption, however. She suggested that these accepted theories describe men's experience, while a woman's path to maturity is different. A woman's primary motivation, said Miller, is to build a sense of connection with others. Women develop a sense of self and self-worth when their actions arise out of, and lead back into, connections with others. Connection, not separation, is the guiding principle of growth for women.

Miller's work led a group of researchers and practitioners to create the Stone Center at Wellesley College in 1981. The center was established to examine the qualities of relationships that foster growth and development. The Stone Center relational model defines connection as "an interaction that engenders a sense of being in tune with self and others and of being understood and valued" (Byington 1997, 35). According to this model, such connections are so crucial that many of women's psychological problems can indeed be traced to disconnections or violations within their family, personal, or societal relationships.

In relational theory, mutual, empathic, and empowering relationships produce five psychological outcomes: (1) increased zest and vitality, (2) empowerment to act, (3) knowledge of self and others, (4) self-worth, and (5) a desire for more connection (Miller 1986). These outcomes constitute psychological growth for women. Therefore, mutuality, empathy, and power with others are essential qualities of an environment that will foster growth in women. By contrast, Miller (1990) has described the outcome of disconnections—that is, nonmutual or abusive relationships that become what she terms a "depressive spiral." The psychological outcomes of a "depressive spiral" are

(1) diminished zest or vitality, (2) disempowerment, (3) unclarity or confusion, (4) diminished self-worth, and (5) a turning away from relationships.

The recurring themes of relationship and family seen in the lives of female offenders underscore the importance of understanding relational theory. Disconnection and violation rather than growth-fostering relationships characterize the childhood experiences of most women in the correctional system. In addition, these women have often been marginalized, not only because of race, class, and culture, but also by political decisions that criminalize their behavior (e.g., the war on drugs). “Females are far more likely than males to be motivated by relational concerns...Situational pressures such as threatened loss of valued relationships play a greater role in female offending” (Steffensmeier and Allen 1998, 16).

Many women in prison have lost family members and/or experienced abuse in family or other relationships. Of 82 women surveyed in a Massachusetts prison, 38 percent had lost parents in childhood, 69 percent had been abused as children, and 70 percent had left home before the age of 17. Seventy percent of women had been repeatedly abused verbally, physically, and/or sexually as adults (Garcia Coll and Duff 1996). Further compounding the sense of loss and disconnection, the majority of women in the criminal justice system are mothers who may be at risk of losing their children during their incarceration.

Although Gilligan, Lyons, and Hanmer (1990) report that girls are socialized to be more empathic than boys, incarcerated women have been exposed repeatedly to nonempathic relationships. As a result, they may lack empathy for both themselves and others, or they may be highly empathic toward others but lack empathy for themselves. To create change in their lives, incarcerated women need to experience relationships that do not repeat their histories of loss, neglect, and abuse.

Risk, Need, and Level of Burden

Any discussion of women’s services and the reentry process must consider the roles of classification and assessment (Covington and Bloom 1999). Throughout the 1990s, much of the research on correctional interventions was conducted by a group of Canadian psychologists who argued that it was possible to target the appropriate group of offenders with the appropriate type of treatment. Gendreau, Andrews, Bonta, and others in the “Ottawa school” developed a theory they called “the psychology of criminal conduct.” The premise of this theory is that correctional programming should focus on criminogenic risks and needs directly related to recidivism; for example, interventions should be concentrated on those offenders who represent the greatest risk. This theory focuses on developing effective methods of assessing and managing risk factors—personal characteristics that can be assessed prior to treatment and used to predict future criminal behavior (Andrews, Bonta, and Hoge 1990).

The assessment of risk continues to play a critical role in correctional management, supervision, and programming. At the community corrections level, classification and assessment involve calculating the degree of risk an offender represents and, increasingly, determining service and program needs as well. (This

approach is often referred to as “risk and needs” assessment.) In the community, these calculations are designed not only to assess the level of threat from the prisoner, typically as it relates to violence, but also to evaluate the risk of the prisoner absconding from parole supervision.

Canadian academics in particular, however, have raised concerns about the reliability and validity of risk-assessment instruments as these relate to women and to people of color (Hannah-Moffat 2000; Kendall 1994; McMahon 2000). Hannah-Moffat (2000) argues that the concept of risk is not neutral for gender or race. Most risk-assessment instruments are developed for white males, and using these tools with women and nonwhite offender populations raises empirical and theoretical questions. In fact, justification for using the risk-needs framework for women is based on a meta-analysis of 26 studies conducted from 1965 to 1997. More than 70 percent of these studies were conducted before 1985, and some focused on delinquent girls (Dowden and Andrews 1999). Therefore, given the age and paucity of the data, the validity of these instruments for women is questionable.

In addition, as Hannah-Moffat and Shaw state:

Classification systems that prioritize risk often give limited consideration to needs. When needs are considered in the context of risk, they are often redefined as risk factors that must be addressed. If the current risk paradigm does not seem to work well for women, then why keep it? (Hannah-Moffat and Shaw 2001, 59).

In other words, why should we keep trying to fit women into a preexisting mold? Another academic researcher asks:

Does women’s offending relate to criminogenic risks and needs or to the complex interconnection of race, class, gender, and trauma, or does it relate to both? The philosophy of criminogenic risks and needs does not consider factors such as economic marginalization, the role of patriarchy, sexual victimization, or women’s place in society. Nor does the existing “What Works?” body of literature address the concerns of those scholars who study women offenders (B. Bloom 2000, 128).

As Nancy Stableforth, Deputy Commissioner for Women, Correctional Service of Canada, asserts:

There are respected and well-known researchers who believe that criminogenic needs of women offenders is a concept that requires further investigation; that the parameters of effective programs for women offenders have yet to receive basic validation; that women’s pathways to crime have not received sufficient research attention; and that methodologies appropriate for women offender research must be specifically developed and selected to be responsible not only to gender issues, but also to the reality of the small number of women (Stableforth 1999, 5).

Another approach to the assessment of female offenders is based on the concept of “level of burden,” which is defined as the number and severity of problems

experienced by the women themselves, by the staff, and by the community. Brown, Melchior, and Huba (1995, 1999) found that exploring the level of burden from the client's perspective is important for several reasons. First, individuals with three or four disorders, such as alcohol and/or other drug abuse, mental illness, cognitive impairment, and HIV/AIDS and/or other health problems experience continuous challenges to their self-esteem from associated negative images and social stigmas. Second, understanding how the level of burden impacts a woman may help caregiving staff to understand how to intervene when a woman is noncompliant with treatment or exhibits a poor connection with treatment providers. Third, this understanding can also contribute to the development of interventions for helping staff, family members, and the larger community.

Specific Issues of Female Offenders

Policymakers and corrections officials planning for and providing gender-responsive services for female offenders need to consider two main concerns: (1) the role of motherhood and (2) the interrelationship between substance abuse, trauma, and mental health issues.

The Role of Motherhood

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

Incarcerated women are mostly portrayed as inadequate, incompetent mothers who are unable to provide adequately for the needs of their children (Garcia Coll et al. 1998). In reality, separation from and concern about the well-being of their children are among the most damaging aspects of prison for women, and the problem is exacerbated by a lack of contact (Baunach 1985; Bloom and Steinhart 1993). “One of the greatest differences in stresses for women and men serving time is that the separation from children is generally a much greater hardship for women than for men” (Belknap 1996, 105). For many incarcerated mothers, their relationships—or lack thereof—with their children can profoundly affect how they function in the criminal justice system. Often, behaviors such as negativism, manipulation, rule breaking, and fighting among incarcerated women are signs of what Garcia Coll et al. (1998) have described as “resistance for survival” in response to the grief, loss, shame, and guilt these women feel about their roles as mothers.

Grandparents most frequently care for the children of female offenders, while approximately 10 percent of these children are in foster care or group homes. According to the Bureau of Justice Statistics, 54 percent of mothers in state prisons as

of 2000 had had no personal visits with their children since their admission (Mumola 2000). Geographical distance, lack of transportation, the prisoner-caregiver relationship, and the caregiver's inability to bring a child to a correctional facility represent the most common reasons for a lack of visits. In some cases, the forced separation between mother and child can result in permanent termination of the parent-child relationship (Genty 1995). In addition, passage of the Adoption and Safe Families Act (ASFA) in 1997 increased the risk of such termination. This legislation allows states to file for termination of parental rights if a child has been in foster care for 15 or more of 22 consecutive months.

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

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

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

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

The invisibility of women in the criminal justice system often extends to their children. And this situation is exacerbated by the fact that there are few, if any, sources of data about offenders' children. However, one study (Johnston 1995) identified three factors that were consistently present in the lives of the children of incarcerated parents: parent-child separation, enduring traumatic stress, and inadequate quality of care. Not surprisingly, these factors can have a profound impact on children's ability to successfully progress through the various developmental stages of childhood. For instance, children born to women in the criminal justice system experience a variety of prenatal stressors (e.g., a mother's drug or alcohol use, poor nutrition, and high levels of stress associated with criminal activity and incarceration). Better outcomes can be achieved if mothers can adopt more stable lifestyles and receive adequate nutrition and

proper medical care. There is a clear need for a range of prenatal services for women during both their incarceration and their transition back to the community (Johnston 1995).

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

Substance Abuse, Trauma, and Mental Health Issues

Looking at the profile of women in the system, the differences between women and men, and the concept of level of burden reveals three critical and interrelated issues in women's lives: substance abuse, trauma, and mental health. These issues affect a female offender's transition back into the community in terms of both programming needs and the success of reentry. Historically, however, these three issues have been treated separately. Both the training of professionals and the categorical funding of services have helped to create and maintain this separation. Yet substance abuse, trauma, and mental health are generally related issues for women in the system.

Gender differences exist in the behavioral manifestations of mental illness; men generally turn anger outward and women turn it inward. Men tend to be more physically and sexually threatening and assaultive, while women tend to be more depressed, self-abusive, and suicidal. Women engage more often in self-mutilating behaviors, such as cutting, as well as in verbally abusive and disruptive behaviors.

In terms of substance abuse, female offenders are more likely to have used drugs (e.g., cocaine and heroin), to have used them intravenously, and to have used them more frequently before being arrested. Women are also more likely to have a coexisting psychiatric disorder and to exhibit lower self-esteem (Bloom and Covington 2000). In one study of both men and women in the general population, 23 percent of those surveyed reported a history of psychiatric disorders; of this group, 30 percent also reported having had a substance abuse problem at some time in their lives (Daley, Moss, and Campbell 1993). These co-occurring issues are more prevalent among women, with depression, anxiety, and other mood disorders more common among substance-abusing women than among men. A study by Blume (1990) found that major depression co-occurred with alcohol abuse in 19 percent of women (almost four times the rate for men); phobic disorder co-occurred with alcohol abuse in 31 percent of women (more than twice the rate for men); and panic disorder co-occurred with alcohol abuse in 7 percent of women (three and one-half times the rate for men).

With regard to the issue of trauma, one of the most important developments in health care over the past several decades is the recognition that many people have a history of serious traumatic experiences that play a vital and often unrecognized role in

the evolution of physical and mental health problems. According to the Bureau of Justice Statistics, nearly 8 of every 10 female offenders with a mental illness report having been physically or sexually abused (Greenfeld and Snell 1999). A 1994 study of women in U.S. jails found that approximately 22 percent had been diagnosed with posttraumatic stress disorder (PTSD) (Vesey 1997). Another study found that nearly 80 percent of female prisoners had experienced some form of abuse either as children or as adults (Bloom, Chesney-Lind, and Owen 1994). Browne, Miller, and Maguin (1999) found that 70 percent of incarcerated women interviewed in a New York prison reported physical abuse, and nearly 60 percent reported sexual abuse.

A history of abuse drastically increases the likelihood that a woman will also abuse alcohol and/or other drugs. In one of the earliest comparison studies of addicted and nonaddicted women (Covington and Kohen 1984), 74 percent of the addicts reported sexual abuse (vs. 50 percent of the nonaddicts); 52 percent (vs. 34 percent) reported physical abuse; and 72 percent (vs. 44 percent) reported emotional abuse. The connection between addiction and trauma for women is complex and often includes the following dynamics: (1) substance-abusing men are often violent toward women and children; (2) substance-abusing women are vulnerable targets for violence; and (3) both childhood abuse and current abuse increase a woman's risk for substance abuse (Miller 1991).

The risk of physical and sexual abuse continues to be higher for women than for men throughout life. "While both male and female children are at risk for abuse, females continue to be at risk for interpersonal violence in their adolescence and adult lives. The risk of abuse for males in their teenage and adult relationships is far less than that for females" (Covington and Surrey 1997, 341). In a study of participants in prison-based treatment programs, Messina et al. (2001) found that women reported childhood abuse at a rate almost twice that of men. Abuse of women as adults was reported at a rate eight times higher than the rate for men. It is important to note that abuse statistics may reflect the possibility that women are more willing than men to report victimization. The traumatization of women is not limited to interpersonal violence, however. It also includes witnessing violence, as well as stigmatization stemming from gender, race, poverty, incarceration, and/or sexual orientation (Covington 2002).

Posttraumatic stress disorder is common among survivors of abuse. A survey of female pretrial jail detainees found that more than 80 percent of the women in the sample met the Diagnostic and Statistical Manual of Mental Disorders criteria for one or more lifetime psychiatric disorders (American Psychiatric Association 1994). "The most common disorders were drug abuse or drug dependence (63.6 percent), alcohol abuse or alcohol dependence (32.3 percent), and post-traumatic stress disorder (33.5 percent)" (Teplin, Abram, and McClelland 1996, 508). Sixty percent of the subjects had exhibited drug or alcohol abuse or dependence within six months of the interview. In addition, 17 percent met the criteria for a major depressive episode. Najavits (1998) reviewed studies that examined the combined effects of PTSD and substance abuse on women and found more comorbid mental disorders, medical problems, psychological symptoms, inpatient admissions, interpersonal problems, lower levels of functioning, difficulties in compliance with aftercare and motivation for treatment, and other

significant life problems (such as homelessness, HIV, domestic violence, and loss of custody of children).

PTSD and co-occurring substance abuse disorders can have devastating effects on women's ability to care for their children properly. PTSD symptoms include flashbacks, hypervigilance, and dissociation. Because of the unpredictable, volatile, and depressive behaviors associated with PTSD, women with this disorder may be viewed as unfit or inadequate mothers, putting them at risk for the removal of their children or loss of custody (Garcia Coll et al. 1998). Additionally, if women have co-occurring substance abuse problems, their focus on dealing with addiction can impact their ability to adequately care for their children. As Garcia Coll et al. point out:

This is a tragedy for them, their children, and society. We need to recognize both their good intentions and their bad judgments that led them into this destructive pathway at the expense of other, more crucial relationships in their lives, including those with their children (Garcia Coll et al. 1998, 205).

As noted earlier, women who have been exposed to trauma and who are also addicted to drugs or alcohol are at higher risk for other mental disorders. The rate of major depression among alcoholic women was almost three times the rate of the general female population, and the rate for phobias was almost double. The rate of antisocial personality disorder (ASPD)—a disorder that can often result in criminal justice involvement—was 12 times higher among alcoholic women than among the general female population (Blume 1990, 1997).

Co-occurring disorders are complex, and the prevalence of dual diagnoses for women with both substance abuse and another psychiatric disorder has not been well studied. Women in early recovery often show symptoms of mood disorders, but these can be temporary conditions associated with withdrawal from drugs. Also, it is difficult to know whether a psychiatric disorder existed for a woman before she began to abuse alcohol or other drugs, or whether the psychiatric problem emerged after the onset of substance abuse (Institute of Medicine 1990). Research suggests that preexisting psychiatric disorders improve more slowly for recovering substance abusers and need to be addressed directly in treatment.

Women with serious mental illness and co-occurring disorders experience significant difficulties in criminal justice settings. As a study by Teplin et al. reported:

The American Bar Association recommends that persons with mental disorders who were arrested for misdemeanors be diverted to a mental health facility instead of [being] arrested. With appropriate community programs, nonviolent felons also could be treated outside the jail after pretrial hearings..... Unfortunately, community-based programs are rarely available for released jail detainees, who often have complex diagnostic profiles and special treatment needs (Teplin et al. 1996, 511).

With the higher rate of mental illness among female offenders, higher rates of medication can be expected. However, there is a rush to overmedicate women both in

society at large and in correctional settings. The use of psychotropic drugs is ten times higher in women's prisons than in men's prisons (Culliver 1993). Leonard (2002) notes the overuse of psychotropic drugs (e.g., tranquilizers), which she refers to as "chemical restraints," as a means of institutional social control. Leonard also states that many of her interviewees reported that psychotropic drugs directly interfered with their ability to participate in the preparation of their defense cases.

RETRAUMATIZATION VIA OPERATING/MANAGEMENT PRACTICES

Standard policies and procedures in correctional settings (e.g., searches, restraints, and isolation) can profoundly affect women with histories of trauma and abuse, often acting as triggers to retraumatize women already suffering from PTSD. These issues clearly have implications, therefore, for service providers, corrections administrators, and staff.

Many forms of custodial misconduct have been documented, including verbal degradation, rape or other sexual assault, unwarranted visual supervision, denial of goods and privileges, and the use or threat of force (Amnesty International USA 1999; GAO 1999; Human Rights Watch 1996). For example, female prisoners are generally strip-searched after prison visits (as well as at other times), and these searches can be used punitively. In light of the large percentage of incarcerated women who have been sexually abused, strip searches can be traumatic personal violations. Furthermore, many jails and state prisons require that pregnant women about to give birth be shackled as they are transported to hospitals (Amnesty International USA 1999). This procedure can be traumatic for a woman already in labor, especially since the escape risk in such a situation is minimal.

Sexual misconduct by staff is a serious issue in women's prisons. "Male correctional officers and staff contribute to a custodial environment in state prisons for women that is often highly sexualized and excessively hostile" (Human Rights Watch 1996, 2). Reviewing the situation of incarcerated women in five states (California, Georgia, Michigan, Illinois, and New York) and the District of Columbia, Human Rights Watch concluded:

Our findings indicate that being a woman prisoner in U.S. state prisons can be a terrifying experience. If you are sexually abused, you cannot escape from your abuser. Grievance or investigatory procedures, where they exist, are often ineffectual, and correctional employees continue to engage in abuse because they believe that they will rarely be held accountable, administratively or criminally. Few people outside the prison walls know what is going on or care if they do know. Fewer still do anything to address the problem (Human Rights Watch 1996, 1).

As criminal justice researchers and practitioners begin to acknowledge the interrelationship among the multiple issues facing female offenders, the need for gender-specific treatment programming that is both comprehensive and integrated becomes clearly evident. In the past, women have often been expected to seek help for addiction, psychological disorders, and trauma from separate sources and to somehow incorporate on their own what they have learned from a recovery group, a counselor,

and/or a psychologist. These unrealistic expectations obviously can lead to relapse and/or recidivism. A longitudinal study conducted by Gil-Rivas, Fiorentine, and Anglin determined that:

Assessment of sexual and physical abuse as well as PTSD, along with the delivery of services dealing with these issues, should be a routine feature of effective drug-abuse treatment programs. Indeed, there is some evidence that women are more likely to participate in drug-abuse treatment programs that offer services addressing emotional and family problems (Gil-Rivas et al. 1996, 96).

THE IMPORTANCE OF ENVIRONMENT

The development of effective gender-responsive services should provide for an environment that understands the realities of women's lives and addresses the participants' issues. This environment should comprise such integral elements as appropriate site selection, staff selection, and program development, content, and material (Covington 2001).

In reality, the culture of corrections (i.e., the environment created by the criminal justice system) is often in conflict with the culture of treatment. The corrections culture is based on control and security, and thus discourages women from coming together, trusting others, speaking about personal issues, or forming bonds. Women who leave prison are often discouraged from associating with other women who have been incarcerated. Treatment, however, is necessarily based on concern for the women's safety and on the need to assist them in making life changes. One way to alter the corrections aspect of treatment is to apply relational theory on a systemwide basis.

If women in the system are to change, grow, and recover, they must be involved in programs and environments that foster relationships and mutuality. We therefore need to provide settings that enable women to experience healthy relationships both with staff and with one another. A pilot project in a Massachusetts prison found that women benefited from being in a group in which members both received information and had the opportunity to practice mutually empathic relationships with others (Garcia Coll and Duff 1996). Women also need respectful, mutual, and compassionate relationships with correctional staff. In a study done in Ohio, young women in detention reported their need for respect from correctional staff (Belknap, Dunn, and Holsinger 1997). Finally, women will benefit if relationships among staff and between staff and administration are mutual, empathic, and respectful.

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

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

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

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

A Plan for Reentry

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

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

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

and juvenile institutions in the United States) (Pollock 1999, 250). In turn, this process provides yet another mechanism to link women with support and resources.

Transition to the Community

There is a critical need to develop a societal support system that provides assistance to women transitioning from jails and prisons back into the community. The need to navigate a myriad of systems that often provide fragmented services can impede successful prisoner reintegration. For example, released women must comply with conditions of probation or parole, achieve financial stability, access health care, locate housing, and attempt to reunite with their families (Bloom and Covington 2000). In addition, they must obtain employment (often with few skills and a sporadic work history), find safe and drug-free housing, and, in many cases, maintain recovery from addiction. However, many women find themselves either homeless or in environments that do not support sober living. Without strong community support in dealing with multiple systems and agencies, many offenders fall back into a life of substance abuse and criminal activity.

Community-based programs offer other benefits, not only to female offenders and their children, but also to society. One survey compared the average annual cost of an individual's probation with the costs of jailing or imprisoning that person. While the cost of probation is roughly \$869, the cost for jail is \$14,363 and for prison, \$17,794 (Phillips and Harm 1998). Community sanctions are less disruptive to women than incarceration and subject them to less isolation. Furthermore, community corrections potentially create far less disruption in the lives of female offenders' children.

Most women in the correctional system are mothers, and a major consideration for these women is reunification with their children. Because of ASFA stipulations, the time frame for reunification is now critical. These conditions add what Brown et al. (1999) identify as an additional level of burden for mothers who must provide safe housing, economic support, medical services, and so on for their children also. Because these children have specific needs, being the custodial parent potentially brings women returning from prison into contact with more agencies, which may have conflicting or otherwise incompatible goals and values. At present, few treatment programs address the needs of women, especially those with minor children.

Much has been learned about community-based services for women from the work done through the Center for Substance Abuse Treatment (CSAT) grants and models. Treatment programs must not only offer a continuum of services, but they must also integrate these services within the larger community. The purpose of comprehensive treatment, according to a model developed by CSAT, is to address a woman's substance use in the context of her health and her relationship with her children and other family members, the community, and society. An understanding of the interrelationships among the client, the treatment program, and the community is critical to the success of the comprehensive approach (Reed and Leavitt 2000). Few treatment programs can respond to all the identified needs of substance-abusing women; therefore, these programs need to include referral mechanisms and collaborative agreements to further assist women in their recovery process (CSAT

1994, 1999; Covington 1999). Furthermore, CSAT's knowledge base can be applied not only to substance abuse treatment programs, but also to the development of other programs for transitioning women.

A study by Austin, Bloom, and Donahue (1992) identified effective strategies for working with women offenders in community correctional settings. Austin et al. found that the most promising community-based programs for female offenders do not employ the medical or clinical model of correctional treatment. Effective programs enable clients to broaden their range of responses to various types of behavior and needs. Their coping and decisionmaking skills can be enhanced by using an "empowerment" model designed to promote self-sufficiency. In addition, effective therapeutic approaches are multidimensional and deal with specific women's issues, including chemical dependency, domestic violence, sexual abuse, pregnancy and parenting, relationships, and gender bias.

Another study of community-based drug treatment programs for female offenders concluded that success appears to be positively related to the amount of time women spend in treatment, with more lengthy programs having greater success rates (Wellisch, Anglin, and Prendergast 1994). The authors noted that the services women need are more likely to be found in programs for women only, rather than in coed programs. The study also concluded that improving client needs assessment is necessary in order to develop better programs that deliver a range of appropriate services. The assessment process should provide the basis for developing individual treatment plans, establishing a baseline from which progress in treatment can be monitored; the process should also generate data for program evaluation.

Wraparound Services

Each transitioning woman clearly needs a holistic and culturally sensitive plan that draws on "wraparound services"—a coordinated continuum of services located within a community. As Jacobs notes, "Working with women in the criminal justice system requires ways of working more effectively with the many other human service systems that are involved in their lives" (Jacobs 2001, 47). The types of organizations that must work as partners to assist women's reentry into the community include mental health systems; alcohol and other drug programs; programs for survivors of family and sexual violence; family service agencies; emergency shelter, food, and financial assistance programs; educational, vocational, and employment services; health care services; the child welfare system; transportation; child care; children's services; educational organizations; self-help groups; organizations concerned with subgroups of women; consumer advocacy groups; organizations that provide leisure options; faith-based organizations; and community service clubs.

Wraparound models and other integrated and holistic approaches can be very effective because they address multiple goals and needs in a coordinated way and facilitate access to services (Reed and Leavitt 2000). Wraparound models stem from the idea of "wrapping necessary resources into an individualized support plan"

(Malysiak 1997, 12) and stress both client-level and system-level linkages. The need for wraparound services is highest for clients with multiple and complex needs that cannot be addressed by limited services from a few locations in the community.

Community-based wraparound services can be particularly useful for two primary reasons:

1. Women have been socialized to value relationships and connectedness and to approach life within interpersonal contexts (Covington 1998a, b). Service-delivery approaches that are based on ongoing relationships, that make connections among different life areas, and that work within women's existing support systems are especially congruent with female characteristics and needs.
2. More female offenders than male offenders are the primary caregivers of young children. These children have needs of their own and require other caregivers if their mothers are incarcerated. Support for parenting, safe housing, and an appropriate family wage level are crucial when the welfare of children is at stake.

Programming that is responsive in terms of both gender and culture emphasizes support. Service providers need to focus on women's strengths, and they need to recognize that a woman cannot be treated successfully in isolation from her social support network (e.g., relationships with her partner, family, children, and friends). Coordinating systems that connect a broad range of services will promote a continuity-of-care model. Such a comprehensive approach provides a sustained continuity of treatment, recovery, and support services, beginning with incarceration and continuing through the full transition to the community.

Gender-Responsive Models for a Community Approach

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

Program Models

1. *Helping Women Recover: A Program for Treating Substance Abuse* is a unique, gender-responsive treatment model designed especially for women in correctional settings. It is currently in use in both institutional and community-based programs. The program provides treatment for women recovering from substance abuse and trauma by dealing with their specific issues in a safe and nurturing environment based on respect, mutuality, and compassion. This program addresses the issues of self-esteem, parenting, relationships, sexual concerns, and spirituality that have been identified by the Center for Substance Abuse Treatment (CSAT 1994, 1999) in its guidelines for comprehensive treatment. *Helping Women*

Recover integrates the theoretical perspectives of addiction, women's psychological development, and trauma in separate program modules of four sessions each (Covington 1999, 2000). Using a female facilitator, the modules address the issues of self, relationships, sexuality, and spirituality through the use of guided discussions, workbook exercises, and interactive activities. According to recovering women, addressing these four areas is crucial to preventing relapse (Covington 1994).

2. *Beyond Trauma: A Healing Journey for Women* is an integrated, theoretically based, gender-responsive treatment approach that consists of 11 sessions (Covington 2003). This program has been developed for use in residential, outpatient, and correctional settings in a group format (it can be adapted for individual work). *Beyond Trauma* has a psychoeducational component that teaches women what trauma is, its process, and its impact on both the inner self (thoughts, feelings, beliefs, values) and the outer self (behavior and relationships, including parenting). The major emphasis is on coping skills with specific exercises for developing emotional wellness. The curriculum includes a facilitator guide, participant workbook, and videos. These items can be used alone or as a continuation of the trauma work in the *Helping Women Recover* curriculum (Covington 1999).
3. The *Sanctuary Model* is an example of an institutional-based and community milieu program that addresses the issues of mental health, substance abuse, and trauma. The sanctuary model focuses on safety, affect management, grieving, and emancipation (SAGE) in the treatment of trauma (Foderaro and Ryan 2000). This model provides for either an inpatient or outpatient environment in which trauma survivors are supported in a process to establish safety and individual empowerment.
4. *Seeking Safety* is a cognitive-behavioral program for women who have substance dependence and co-occurring PTSD. It is based on five key elements: (1) safety (the priority of this "first stage" treatment); (2) integrated treatment of PTSD and substance abuse; (3) a focus on ideals; (4) cognitive, behavioral, and interpersonal therapies, along with case management; and (5) attention to therapist processes (Najavits 2002).
5. The *Addiction and Trauma Recovery Integration Model (ATRIUM)* is a psychoeducational program with expressive activities designed for a 12-week period. It is an assessment and recovery model designed to intervene on the levels of body, mind, and spirit (Miller and Giudry 2001).
6. The *Trauma Recovery and Empowerment Model (TREM)* is a psychoeducational group approach that includes survivor empowerment, techniques for self-soothing, secondary maintenance, and problem solving, in 33 sessions over a nine-month period (Harris and Anglin 1998).

Agency Models

The two agency models described below share a similar conceptual basis—the settlement house. Social worker Jane Addams opened the first settlement house in the United States in 1886 with the aim of providing multiple services to “strangers in a new land” (Elshtain 2001). This concept of resettlement is particularly applicable to the experiences of women with multiple challenges who are returning to their

communities. Recently, several women who had had lengthy incarcerations and who were preparing to leave institutions expressed fears about “being a stranger,” “feeling alone,” and feeling “overwhelmed by changes in the community.”

1. *Our Place, D.C.*, located in Washington, D.C., is an example of a community-based organization that provides a continuum of services and addresses the important issue of family reunification. The organization’s mission is to empower women who are or have been in the criminal justice system by providing them with the support and resources they need to resettle in the community, reunite with their families, and find decent housing and jobs. The center also supports incarcerated women by providing prerelease classes, a family support program, family transportation to the prisons, and a quarterly newsletter called Finding Our Place. When women are released, the center assists them in finding housing, employment, clothing, substance abuse treatment, mental and physical health care services, HIV services, legal services, and support groups. Support is ongoing, with no time limits. Over 90 percent of the women who utilize the center have done so voluntarily.
2. The *Refugee Model* provides a well-coordinated, comprehensive example of a community response to the issue of prisoner reentry that could be made applicable to women. This process would entail appropriate site and staff selection, a focus on women’s specific issues, and the use of gender-responsive materials. For the past 30 years, the Catholic Church has resettled tens of thousands of refugees from all over the world. Through local parishes, this practice has been expanded to assist parolees as well. Using the refugee model, Catholic dioceses work to promote the coordination of services and supportive relationships for parolees transitioning to the community. In turn, the church believes this experience enriches its parishes. Using the refugee model reflects an understanding of the complexity of reentry issues and acknowledges the similarities between refugees’ needs and those of offenders. However, while this model provides an excellent conceptual foundation for reentry, it has yet to be redesigned for gender specificity.

Recommendations

All offenders have similar categories of needs. Both women and men transitioning from prison back to the community typically require substance abuse treatment and vocational and educational training. Family and community reintegration issues are also shared, as are physical and mental health care concerns. However, the research on differences between women and men suggests that the degree or intensity of these needs and the ways in which they should be addressed by the criminal justice system are quite different.

In planning for gender-responsive policies and practice, it is necessary to consider gender differences in terms of both behavior under correctional supervision and responses to programs and treatment. We must also understand the current social climate, which is reflected in policies and legislation, and the differential impact of that

climate on women and men. For example, the following provisions have a greater negative impact on women transitioning to their communities (and, subsequently, their children) than they do on men:

- **Drug policy**
The War on Drugs has had a particularly devastating impact on women. As previously mentioned, drug offenses have accounted for the largest proportion of growth in the numbers of women prisoners. In fact, women are more likely than men to be incarcerated for drug offenses. Furthermore, society's emphasis on punishment rather than treatment has brought many low-income women and women of color into the criminal justice system (The Sentencing Project 2001).
- **Welfare benefits**
Section 115 of the Welfare Reform Act, Temporary Assistance for Needy Families (TANF), stipulates that persons convicted of using or selling drugs are subject to a lifetime ban on receiving cash assistance and food stamps. No other offenses result in a loss of benefits (Allard 2002).
- **Drug treatment**
Access to drug treatment is frequently impeded for women who lose welfare benefits because of drug offense convictions. Since these women are denied the cash assistance and food stamps so critical to their successful recovery, they may be required to go to work and thereby are prevented from participating in treatment. In addition, programs that accommodate women with children are limited (Legal Action Center 1999).
- **Housing**
Federal housing policies permit (and, in some cases, require) public housing authorities, Section 8 providers, and other federally assisted housing programs to deny housing to individuals who have engaged in drug-related activity (Legal Action Center 1999).
- **Education**
Although correctional institutions are now offering more general education programs, there are still fewer programs for women than there are for men. As of 1996, only 52 percent of correctional facilities for women offered postsecondary education. Access to college education was further limited in 1994, when prisoners were declared ineligible for college Pell Grants (Allard 2002).
- **Reunification with children**
The 1997 Adoption and Safe Families Act (ASFA) allows states to file for termination of parental rights once a child has been in foster care for 15 or more of 22 consecutive months. It is difficult enough for single mothers with substance abuse problems to meet ASFA requirements when they live in the community, but the short deadline has particularly severe consequences for incarcerated mothers, who serve an average of 18 months (Jacobs 2001).

Clearly, women's inability to access various social entitlements critical to successful reentry into the community undermines their efforts to recover, care for their children, and become full, productive members of their communities. Our current policies and legislation must be reviewed and revised to prevent harmful short- and long-term consequences for both women and their children.

A gender-responsive approach includes services that in content and in context (i.e., structure and environment) are comprehensive and relate to the reality of women's lives. While the overarching standard for gender-responsive practice is to do no harm, the specific guidelines that follow can be used in the development of services in both institutional and community-based settings (Bloom and Covington 1998):

1. The theoretical perspectives used consider women's particular pathways into the criminal justice system, fit their psychological and social needs, and reflect their actual lives (e.g., relational theory, trauma theory).
2. Treatment and services are based on women's competencies and strengths and promote self-reliance.
3. Programs use a variety of interventions—behavioral, cognitive, affective/dynamic, and systems perspectives—in order to fully address women's needs.
4. Homogeneous groups are used, especially for primary treatment (e.g., trauma, substance abuse).
5. Services/treatment address women's practical needs, such as housing, transportation, child care, and vocational training and job placement.
6. Participants receive opportunities to develop skills in a range of educational and vocational (including nontraditional) areas.
7. Staff members reflect the client population in terms of gender, race/ethnicity, sexual orientation, language (bilingual), and ex-offender and recovery status.
8. Female role models and mentors are provided who reflect the racial/ethnic/cultural backgrounds of the clients.
9. Cultural awareness and sensitivity are promoted using the resources and strengths available in various communities.
10. Gender-responsive assessment tools and individualized treatment plans are utilized, with appropriate treatment matched to each client's identified needs and assets.
11. Programs emphasize parenting education, child development, and relationships/reunification with children (if relevant).
12. The environment is child friendly, with age-appropriate activities designed for children.
13. Transitional programs are included as part of gender-responsive practices, with a particular focus on building long-term community support networks for women.

Because of the high rates of violence against women and children, it is imperative that all services become trauma informed. Trauma-informed services are services that have been created to provide assistance for problems other than trauma, but in which all practitioners have a shared knowledge base and/or core of understanding about trauma resulting from violence. Knowledge about violence and the impact of trauma helps providers avoid both the triggering of reactions to trauma and retraumatization. Such information also allows women to manage their trauma symptoms successfully so that they are able to benefit from these services (Harris and Falot 2001).

Conclusion

A look at the principal themes and issues affecting women in the criminal justice system reveals that women's issues are also society's issues: sexism, racism, poverty, domestic violence, sexual abuse, and substance abuse. While the impact of incarceration and reentry sets the stage and defines the individual experiences of female prisoners, their children and families, and their communities, what is required is a social response. Agencies and actions are not only about the individual; they are also, unavoidably, about family, institutions, and society. "Each of us is inextricably bound to others—in relationship. All human action (even the act of a single individual) is relational" (Gilligan 1996, 7).

If we expect women to successfully return to their communities and avoid rearrest, community conditions must change. A series of in-depth interviews with women produced the following conclusion:

They need families that are not divided by public policy, streets and homes that are safe from violence and abuse, and health and mental health services that are accessible. The challenges women face must be met with expanded opportunity and a more thoughtful criminal justice policy. This would require a plan for reinvestment in low-income communities in this country that centers around women's needs for safety and self-sufficiency (Richie 2001, 386).

Communities need to increase their caring capacity and create a community response to the issues that negatively impact women's lives and increase their incarceration and recidivism risks.

We have become a careless society.... Care is the consenting commitment of citizens to one another.... Care is the manifestation of a community. The community is the site of the relationships of citizens. And it is at this site that the primary work of a caring society must occur (McKnight 1995, x).

A series of focus groups conducted with women in the criminal justice system asked this question: How could things in your community have been different to help prevent you from being here? The respondents identified a number of factors whose absence they believed had put them at risk for criminal justice involvement: housing, physical and psychological safety, education, job training and opportunities, community-based substance abuse treatment, economic support, positive female role models, and a community response to violence against women (Bloom, Owen, and Covington 2003). These are the critical components of a gender-responsive prevention program.

Perhaps we can begin to learn from other nations, applying in our own communities the knowledge we gain. Poor countries around the world have found that spending money on health, education, and income-generation programs (such as microcredit for women) is the most efficient way to reduce poverty because a woman's progress also helps her family—women spend their money on their children. As

women receive education and health care, and as they enter the work force and increase their power both in the family and in society, they have fewer and healthier children. Also, because women are poorer than men, each dollar spent on them means proportionally more (New York Times 2001).

In conclusion, the true experts in understanding a woman's journey home are women themselves. Galbraith (1998) interviewed women who had successfully transitioned from correctional settings to their communities. These women said that what had really helped them do this were

- relationships with people who cared and listened, and who could be trusted,
- relationships with other women who were supportive and who were role models,
- proper assessment/classification,
- well-trained staff, especially female staff,
- proper medication,
- job training, education, substance abuse and mental health treatment, and parenting programs,
- inmate-centered programs,
- efforts to reduce trauma and revictimization through alternatives to seclusion and restraint,
- financial resources, and
- safe environments

As we saw earlier, the reasons why the majority of criminal justice programming is still based on the male experience are complex, and the primary barriers to providing gender-responsive treatment are multilayered. These barriers are theoretical, administrative, and structural, involving policy and funding decisions. There are, therefore, many of us in a diversity of professions who play a role within the continuum of care for women in the criminal justice system and who can do more.

NOTE

1. These statements were made by female inmates of a large East Coast correctional institution during interviews with the author in June 2000. These women were serving sentences of 15 years or more, and their comments came as they were preparing to be part of a one-day program sponsored by community providers and held in the prison.

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