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Emily M. Wright, Patricia Van Voorhis, Emily J. Salisbury and Ashley Bauman
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GENDER-RESPONSIVE LESSONS LEARNED AND POLICY IMPLICATIONS FOR WOMEN IN PRISON

A Review

EMILY M. WRIGHT

University of Nebraska at Omaha

PATRICIA VAN VOORHIS

University of Cincinnati

EMILY J. SALISBURY

Portland State University

ASHLEY BAUMAN

University of Cincinnati

The authors review evidence of gender-responsive factors for women in prisons. Some gender-responsive needs function as risk factors in prison settings and contribute to women's maladjustment to prison; guided by these findings, the authors outline ways in which prison management, staff members, and programming can better serve female prisoners by being more gender informed. The authors suggest that prisons provide treatment and programming services aimed at reducing women's criminogenic need factors, use gendered assessments to place women into appropriate interventions and to appropriately plan for women's successful reentry into the community, and train staff members to be gender responsive.

Keywords: female offenders; risk/needs; gender responsive; correctional policy; correctional classification

THE NATIONAL INSTITUTE OF CORRECTIONS GENDER-RESPONSIVE PROJECT

The 1990s saw increased attention to female offenders. This was perhaps fueled by a dramatic increase in their numbers within the criminal justice system, especially relative to male offenders (Javdani, Sadeh, & Verona, 2011), as well as research suggesting that gender differences between offenders existed throughout the criminal justice system (Bloom, Owen, & Covington, 2003, 2004) and at various decision points in the system (Javdani et al., 2011). Scholars have since contended that female offenders are unique from male

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offenders in that they engage in qualitatively different offenses than men and do so for different reasons, pose less threat of violence across criminal justice settings, and follow different pathways into criminal behavior (Belknap, 2007; Belknap & Holsinger, 2006; Bloom et al., 2003; Chesney-Lind & Shelden, 2004; Daly, 1992; Owen, 1998; Reisig, Holtfreter, & Morash, 2006; Salisbury & Van Voorhis, 2009; Van Voorhis, Wright, Salisbury, & Bauman, 2010; Wright, Salisbury, & Van Voorhis, 2007).

With these differences in mind, the Prisons Division of the National Institute of Corrections (NIC) entered into a cooperative agreement with the University of Cincinnati to begin a research initiative to develop improved strategies for classifying female offenders (see Hardyman & Van Voorhis, 2004). This research initiative was founded on the idea that female offenders “look” different from male offenders in terms of their offenses, background characteristics, and gender-responsive needs; that is, female offenders are economically and socially marginalized, less violent than men, and more likely to experience childhood and adult victimization, substance abuse, and diagnoses of mental illness. Naturally, NIC wondered whether these differences necessitated different correctional strategies for women than for men.

The NIC gender-responsive project began in 1999 with a pilot study in the Colorado Department of Corrections and continued in 2004 with three larger projects in Maui, Minnesota, and Missouri. Across all four project sites, women in prison (in Colorado, Minnesota, and Missouri), on probation (in Maui, Minnesota, and Missouri), and in pre-release settings (in Colorado and Missouri) were examined with regard to various gender-neutral and “gender-responsive” (e.g., victimization, mental health problems, marginalization, relationship difficulties, and substance abuse) risk and need factors. In accordance with the NIC research objectives, the research endeavors to date have examined whether gender-responsive factors are risk factors for institutional misconduct and community recidivism, as well as whether these factors improve the classification of women when they are considered in classification assessment tools (Salisbury, Van Voorhis, & Spiropoulos, 2009; Van Voorhis, Salisbury, Wright, & Bauman, 2008; Van Voorhis et al., 2010; Wright et al., 2007). Overall, the results of these studies support the use of various gender-responsive risk factors in correctional classification systems (Salisbury et al., 2009; Van Voorhis et al., 2008; Van Voorhis et al., 2010; Wright et al., 2007). In a new cooperative agreement between NIC and the University of Cincinnati, researchers are currently reexamining these gender-responsive risk and need factors with additional samples and seeking to refine and revalidate a gender-responsive risks and needs assessment, the Women’s Risk Needs Assessment, which was developed under the prior cooperative agreement.

In the present review, we take stock of what is now known about female offenders’ risk and need factors in prison and focus on the policy implications that arise from these factors. We consider how the findings of the NIC project as well as recent independent studies of institutionalized women and their gendered risk and need factors may influence the ways in which prison officials manage, supervise, treat, and program for them. In short, we provide evidence-based suggestions for prisons to be more gender responsive (i.e., by “creating an environment through site selection, staff selection, program development, content, and material that reflects an understanding of the realities of women’s lives and addresses the issues of the participants”; Bloom, Owen, & Covington, 2005, p. 2) in responding to female offenders.

THE RISK AND NEED FACTORS OF INCARCERATED FEMALE OFFENDERS

WOMEN'S RISK

Contemporary gender-responsive researchers have noted that female prisoners are different from men in terms of the nature and seriousness of the offenses for which they are incarcerated as well as their background characteristics and areas of need (Austin, Bruce, Carroll, McCall, & Richards, 2001; Brennan, 1998; Daly, 1992; Owen & Bloom, 1995; Salisbury et al., 2009; Steffensmeier & Allan, 1998; Taylor & Blanchette, 2009; Van Voorhis et al., 2010; Wright et al., 2007). Many researchers (e.g., Bloom, 2000; Bloom et al., 2003, 2004; Owen, 1998; Owen & Bloom, 1995) have argued that female prisoners are mostly nonviolent offenders whose numbers throughout the criminal justice system have risen drastically, primarily because of the war on drugs and "get tough" laws (e.g., harsher sentencing policies and mandatory minimums), and evidence supports these claims (Javdani et al., 2011). Steffensmeier and Allan (1998) likewise noted that women are far more likely than men to be involved in minor property crimes, such as larceny, fraud, forgery, and embezzlement, whereas men are more often involved in serious person or property crimes. The data continue to support these arguments: In 2009, 35.9% of female offenders were sentenced for violent offenses, compared with 54.4% of male offenders, and a larger proportion of female offenders (29.6%) compared with male offenders (18.4%) engaged in property offenses. Furthermore, 25.7% of women were sentenced for drug offenses, compared with 17.2% of men (Guerino, Harrison, & Sabol, 2011). Van Voorhis and colleagues also reported that incarcerated women across three different states engaged in mostly drug offenses, followed by forgery or fraud offenses and property offenses (Salisbury et al., 2009; Wright et al., 2007).

Daly (1992) and others have also suggested that female offenders engage in different types of crime than male offenders (e.g., running away, forgery, fraud) and for different reasons (e.g., running away from abusive and violent homes, poverty and economic marginalization; see Belknap, 2007; Bloom et al., 2004; Chesney-Lind & Shelden, 2004; Daly, 1992; Reisig et al., 2006; Steffensmeier & Allan, 1998). When male and female offenders do engage in similar categories of crime (e.g., drug crimes), women's roles are often qualitatively different than men's roles (e.g., women are often drug "runners" as opposed to drug "dealers"; see Bloom et al., 2004; Maher, 1997; Miller, 1998).

Because of their lower levels of violence, researchers have noted that women pose lower levels of risk to institutional security than male prisoners (Brennan, 1998; Burke & Adams, 1991; Farr, 2000; Hardyman & Van Voorhis, 2004). Female prisoners tend to engage in fewer violent assaults, stabbings, and drug-related incidents than male prisoners (Farr, 2000) and pose less threat of escape (Hardyman & Van Voorhis, 2004). Furthermore, women's institutional infractions are frequently less serious than men's; for instance, women are often cited for disobeying orders from correctional officers and asking for justifications of those orders (Hardyman & Van Voorhis, 2004) or for being in unauthorized areas or interfering with security measures (Van Voorhis et al., 2010). In fact, in their national sample of female prisoners, Steiner and Wooldredge (2009) reported that only 10% of women committed serious infractions, such as an assault, while almost 40% committed at least one nonviolent rule infraction. Although the majority of studies on female offenders to date have examined the predictors of their recidivism but not institutional

misconduct (e.g., Rettinger & Andrews, 2010; Smith, Cullen, & Latessa, 2009), these recent findings continue to support the notion that female prisoners are largely nonviolent drug and property offenders who pose substantially less threat to institutional safety compared with male prisoners.

WOMEN'S NEEDS

Female prisoners have also largely been characterized as socially and economically marginalized offenders who demonstrate unique needs pertaining to their histories of victimization or abuse, substance use, mental health problems, and traumatic relationships (Bloom et al., 2003, 2004; Heilbrun et al., 2008; Holtfreter, Reisig, & Morash, 2004; Koons-Witt & Schram, 2003; McDaniels-Wilson & Belknap, 2008; Reisig, Holtfreter, & Morash, 2002; Reisig et al., 2006). Women often have low levels of education and poor job skills that tend to keep them employed at low-paying and low-skilled jobs (e.g., as clerks). Female offenders may have trouble keeping full-time employment, which may explain why a high percentage report receiving some sort of public assistance prior to their arrest, report being homeless, or report having lived in shelters at some point during their adulthood (Wright, Van Voorhis, Bauman, & Salisbury, 2008). Heilbrun et al. (2008) also reported that released female offenders in New Jersey showed higher levels of risk on the financial domain of the Level of Service Inventory than male offenders.

Furthermore, female prisoners are more likely than male prisoners to be the primary caregivers of young children prior to their incarceration and immediately after release, and they often report little or no support for financial or emotional child care provisions (Bloom et al., 2003; Mumola, 2000; Sharp, 2003). Van Voorhis and colleagues reported that relatively few women, whether they were incarcerated, on probation, or in prerelease centers, reported being married at the time of intake, although large percentages reported having at least one child under the age of 18 (Van Voorhis et al., 2010; Wright et al., 2007). Likewise, Heilbrun et al. (2008) reported that women scored significantly higher on the family and marital status domain of the Level of Service Inventory than did men, indicating that this was a particularly salient area of risk for women as opposed to men. The combination of poverty, child care, and low support may reinforce women's economic marginality and financial dependence on others (e.g., boyfriends).

Female offenders are also uniquely affected by victimization (Browne, Miller, & Maguin, 1999; Green, Miranda, Daroowalla, & Siddique, 2005; McClellan, Farabee, & Crouch, 1997; Salisbury & Van Voorhis, 2009; Van Voorhis et al., 2010), substance abuse (Grella, Stein, & Greenwell, 2005; Henderson, 1998; McClellan et al., 1997; Mumola & Karberg, 2006; Neff & Waite, 2007; Van Voorhis et al., 2010; Wright et al., 2007), and physical and mental health problems (Houser, Belenko, & Brennan, in press; James & Glaze, 2006; Messina & Grella, 2006; Steiner & Wooldredge, 2009) compared with male offenders (Belknap & Holsinger, 2006; Bloom et al., 2003; Greenfeld & Snell, 1999; Messina, Grella, Burdon, & Prendergast, 2007). These "gender-responsive" factors are not typically seen among men, are typically seen among men but occur at a greater frequency among women, or occur in equal frequency among men and women but affect women in uniquely personal and social ways (Chesney-Lind & Shelden, 2004; Farr, 2000; Funk, 1999; Gavazzi, Yarcheck, & Chesney-Lind, 2006; Holtfreter & Morash, 2003; Reisig et al., 2006; Salisbury & Van Voorhis, 2009).

For instance, more female than male prisoners report being victims of abuse and trauma at some point in their lives (Browne et al., 1999). Results from the NIC project found that over 60% of women in a Minnesota prison had been victimized either as adults or as children, and many times both. Domestic violence during adulthood was the most commonly reported type of abuse, followed by sexual and nonsexual abuse during childhood (Wright et al., 2008). In their sample of institutionalized youth in Ohio, Belknap and Holsinger (2006) found that women were significantly more likely than men to experience physical, sexual, and verbal abuse from family members, parents, siblings, and strangers. McDaniels and Belknap (2008) also reported that over 54% of sampled incarcerated women in Ohio had been raped, 11% had been gang raped, and over 70% had been forcibly coerced to engage in sexual experiences prior to their incarceration. Houser et al. (in press) also found a high percentage of women in their sample who had experienced sexual and physical victimization (42% and 49%, respectively) prior to incarceration. Victimization can greatly affect women's subsequent behavior and mental health well-being, inciting both immediate and long-term consequences such as delinquency (Chesney-Lind & Shelden, 2004), substance abuse (Grella et al., 2005; Jasinski, Williams, & Siegel, 2000; Widom, Marmorstein, & White, 2006), mental health problems (McClellan et al., 1997; Messina & Grella, 2006; Milligan & Andrew, 2005), revictimization (Browne et al., 1999; Casey & Nurius, 2005), and criminal behavior (Makarios, 2007; Widom, 1989). Although victimization, substance abuse, and mental health problems are found among male and female prisoners alike, they are more prevalent among female offenders (James & Glaze, 2006; McClellan et al., 1997). In fact, Houser et al. (in press) recently reported that almost 43% of incarcerated women suffered from co-occurring drug dependence and mental health problems. It has been suggested that women may use substances in an effort to self-medicate or to deal with the emotional and physical pains of victimization or mental health problems (Covington, 2000).

A high proportion of female offenders also report suffering from medical, physical, and mental problems, with approximately 52% of female federal inmates reporting one or more medical problems (as opposed to 37% of male federal inmates) in 2004 (Maruschak, 2008). Furthermore, large percentages of women suffer from mental health problems (approximately 73% of female state inmates and 61% of female federal inmates) than male inmates (55% and almost 44%, respectively; James & Glaze, 2006). Not surprisingly, many female prisoners report being hospitalized for or diagnosed with mental illnesses or taking prescription medications for their mental illnesses at some point in their lives (James & Glaze, 2006). Female offenders also tend to have particularly high rates of diagnoses for depression, anxiety, and post-traumatic stress disorder (Belknap & Holsinger, 2006; Blume, 1997; McClellan et al., 1997), mood disorders that may remain undetected if not properly assessed.

WOMEN'S CRIMINOGENIC NEEDS AND PRISON ADJUSTMENT

Although researchers understand that the majority of female prisoners display a range of needs not as often reported by men (e.g., victimization, mental health problems), it has been unknown whether these factors influence women's behavior while in prison. For various reasons (see Hubbard & Matthews, 2008), these unique needs of women have not been widely examined in classification instruments until recently, and so little was known empirically about these factors as potential risk factors for women's institutional adjustment.

The results of the NIC gender-responsive project have provided some insights into this issue. Of most importance, the NIC project found that some of women's needs actually function as risk factors for their misconduct while in prison (Salisbury et al., 2009; Van Voorhis et al., 2010; Wright et al., 2007). In general, the NIC results indicated that victimized women, those who reported substance abuse and mental health problems, and those with problematic intimate relationships adapted poorly to the prison environment. That is, women who had been abused; who were depressed, anxious, or angry; who suffered from psychosis or abused substances; or who were engaged in criminal and unsupportive romantic relationships were more likely to incur serious misconduct violations within 1 year of incarceration than women who did not display such characteristics (Salisbury et al., 2009; Van Voorhis et al., 2010; Wright et al., 2007).

Emerging evidence from other independent studies has also confirmed the NIC results. For instance, Steiner and Wooldredge (2009) found that women with histories of physical or sexual abuse and those who reported overnight mental health stays prior to incarceration were at increased risk for maladjustment in prison; specifically, these women were more likely to engage in violent assaults and nonviolent rule breaking while in prison than women without histories of either problem. Houser et al. (in press) also found that women with co-occurring drug dependence and mental health disorders were more likely than those with only mental health problems or drug dependence (or neither) to engage in minor prison misconducts. Those with mental health or co-occurring disorders were also equally and highly likely to engage in serious prison misconduct. Furthermore, women with histories of sexual or physical victimization were approximately 1.4 times more likely to engage in serious misconduct while incarcerated (Houser et al., in press), a result also consistent with both the NIC project and the findings of Steiner and Wooldredge (2009).

Thus, the findings from recent endeavors have expanded our knowledge regarding the criminogenic need factors for women's misconduct and maladjustment to prison. As we discuss in the subsequent section, these findings have many implications for prison administrators and management.

PRISON IMPLICATIONS AND RECOMMENDATIONS

Although we acknowledge that some prison facilities across the country are meeting the concerns of female offenders, it is unfortunately also true that many are not. Even though researchers have established the differences between male and female offenders for several years (Belknap, 2007; Bloom et al., 2003), many women's prisons continue to resemble men's prisons in terms of prison management styles (Schram, Koons-Witt, & Morash, 2004), staffing techniques (Harding, 2002), and programming services (Koons-Witt, Burrow, Morash, & Bynum, 1997; Morash, Haarr, & Rucker, 1994; Schram, 2003).

In the following sections, we discuss how gender-responsive research could inform day-to-day operations within women's prisons. Overall, we suggest that because female prisoners are primarily nonviolent drug and property offenders characterized by a multitude of needs, prisons should embody the rehabilitative principles that prioritize skill-based treatment while still holding inmates accountable. In other words, the missions of women's prisons should more closely align with a rehabilitative, rather than punitive, orientation. We

then recommend that prisons target to change those criminogenic needs that increase women's institutional misbehavior; this of course necessitates that prisons provide the appropriate programming and services to address such factors (e.g., substance abuse and mental health treatment). To maximize the benefits of prison programming, we also suggest that prisons use valid assessment tools to screen and triage female offenders for suitable interventions. A focus on treatment instead of punishment requires that prisons also hire and train staff members who are qualified for and amenable to case planning for female prisoners. Last, we recommend that prison management and staff members program and plan for the issues that their prisoners will have to negotiate upon reentry, such as parenting and mental health problems. Overall, we believe that prisons that take our recommendations into account will benefit from more "gender-informed" policies.

PRISONS SHOULD FOCUS ON TREATMENT AND REHABILITATION

Because most female prisoners are not violent offenders (see Guerino et al., 2011) and pose little threat of violence within institutions, we suggest that prison management should be less concerned with security measures and more concerned with proper officer training and treatment options (Hardyman & Van Voorhis, 2004; Koons-Witt et al., 1997; Owen & Bloom, 1995; Schram et al., 2004).

Prison administrators appear to understand this need: 83% of those surveyed by Schram et al. (2004) said that women require a different management style than male offenders because of women's different interpersonal skills (i.e., they need to talk to work things out), programming needs (e.g., related to issues such as parenting and mental health), and lower levels of security (e.g., they are less violent than men). We agree with these administrators. Women need more treatment and less punishment because they are less violent than men and display a wide range of treatable problems (e.g., depression, anxiety).

Women's environments also need to be conducive to treatment and rehabilitation, so that they can focus on making positive changes (Covington & Bloom, 2006) and not simply "do time." Covington and Bloom (2006) suggested that a therapeutic environment is important for women to be able to express their feelings and receive support from others. Both are important given women's need for relational closeness with others. They also encourage treatment sessions in woman-only groups. Although we agree that woman-only and group-oriented treatments would be most conducive for women, we caution administrators against mixing high- and low-risk offenders in these groups, so that social learning does not occur between the low-risk women and the high-risk women (Lowenkamp & Latessa, 2005).

Furthermore, it is important that the environment be nonconfrontational whenever possible, so that women feel safe, secure, and free from traumatization by the prison environment. Finally, the prison staff members should reflect the population of women they are managing in terms of gender, age, and race, whenever possible (Covington & Bloom, 2006). Effective change and treatment are potentially more likely under these conditions (Covington & Bloom, 2006; Matthews & Hubbard, 2008). We understand that treatment as opposed to punishment is an institutional philosophy that of course differs across facilities; however, we contend that those prisons that reduce their emphasis on punishment will see benefits in terms of less institutional misconduct, healthier incarcerated women, and safer staff members. Furthermore, if prisons use effective treatments, they will find fewer women recidivating back into their facilities. The first step in this process is that prisons

prioritize treatment and rehabilitative services so that women can receive the services they need while incarcerated.

PRISONS SHOULD PROVIDE PROGRAMMING TO ADDRESS CRIMINOGENIC NEEDS

Although women are generally less violent than male prisoners, they nonetheless do engage in misbehavior while in prison. Because some gender-responsive need factors are risk factors for women's institutional misbehavior (Houser et al., in press; Salisbury et al., 2009; Steiner & Wooldredge, 2009; Van Voorhis et al., 2010; Wright et al., 2007), much of this misbehavior may be due to unmet and untreated needs. Prison officials should be aware that certain needs are in fact criminogenic (i.e., they contribute to women's criminal behavior) and are thus detrimental to the prison as well as the women housed within it (Andrews et al., 1990). On the basis of these findings, we recommend that prisons should focus their attention on the factors that contribute to women's maladjustment and devote treatment services and resources to alleviate these areas of women's lives. This suggestion follows directly from evidence-based corrections, which states to treat those needs that are criminogenic (i.e., risk factors) to reduce the likelihood of recidivism and criminal behavior among offenders (Andrews et al., 1990; Gendreau, 1996). Research suggests that substance abuse problems, victimization, mental health (especially depression and co-occurring disorders), unhealthy relationships, and family unification difficulties are particularly important among women in prison and should be targeted for treatment to provide a safer prison environment and more humane adjustment among female prisoners. We believe that programs addressing each or all of these criminogenic needs would be highly beneficial in institutional settings. Furthermore, the NIC project found substance abuse, mental health problems, trauma, unhealthy relationships, parental stress, employment, safe housing, child care, financial assistance, and education to be criminogenic needs that increased women's recidivism in community settings. Thus, addressing these issues while in prison may lead to higher success rates once women return to the community.

Use cognitive behavioral and relational program models that incorporate women's strengths. Consistent with Matthews and Hubbard's (2008) recommendations, we suggest that program models in prison use both cognitive behavioral and relational techniques to better treat female offenders. Cognitive behavioral programs are effective therapies used to restructure thoughts, values, beliefs, skills, and behavior to evoke more prosocial thoughts, attitudes, skills, and behaviors (Van Voorhis, Braswell, & Lester, 2009). Underlying this technique is the idea that the way one thinks and believes (e.g., "I am a worthwhile person," "Stealing cars is fun and exciting") is inextricably linked to the way he or she acts and behaves. Matthews and Hubbard outlined several ways that cognitive behavioral programs could be made to be more gender responsive: by being less confrontational and allowing more expressions of feelings while in therapy and by targeting to change the dysfunctional thoughts and beliefs that plague women more so than men (such as self-deprecating beliefs). We applaud Matthews and Hubbard's efforts here and believe that such programming—that which incorporates both relational and supportive aspects as well as cognitive behavioral techniques—should be beneficial to women in prison as well.

Finally, Matthews and Hubbard (2008) suggested that programs could take a more strengths-based approach (something gender-responsive scholars have long suggested; see

Covington & Bloom, 2006) by building on the strengths of girls, such as their empathy and moral development. Strengths of women may also include empathy and moral development, but also ties and motivations relating to their children. That is, women often report that reuniting with their children (and staying connected with them) is a strong motivator for their noncriminal behavior (Cobbina, 2009, 2010); thus, relationships with children may be incorporated under “strengths” of female offenders. We also contend that despite the often-cited negative influences in women’s lives (e.g., boyfriends, criminal families), there may be positive influences in their lives as well. Relationships with noncriminal others and those who provide positive social support can be beneficial to women (Leverentz, 2006), and recognizing these relationships and developing or maintaining them, should thus be a focus of treatments for women in prison.

Drug and alcohol programs. Given that the majority of incoming female prisoners are drug offenders and that substance abuse increases women’s institutional misbehavior, we argue that drug and alcohol programming is critically needed within women’s prisons. If society wishes to reduce women’s recidivism, programs must be placed within prisons to address women’s addiction to or use of illicit substances. Without programs that promote independence from drug use and teach coping skills for avoiding continued drug use, women are unlikely to abstain from drug use outside of prison, especially because they are likely to return to the same situations upon release that placed them into prison in the first place. These programs should also recognize that women’s substance abuse often co-occurs with trauma and mental health problems (Covington, 2008; Salisbury & Van Voorhis, 2009). To be specific, drug and alcohol programs should promote drug-free lifestyles among women, and they should teach women techniques for abstaining from drug use both within prison and after they are released. In this regard, women should learn what “triggers” their drug use and how to either effectively resolve these triggers or avoid them. In this way, women are likely to see and understand the interrelatedness of their drug use with other problems (trauma, violence, mental health problems, etc.). Programs such as Helping Women Recover (Covington, 2008) and Forever Free (Hall, Prendergast, Wellisch, Patten, & Cao, 2004) would likely be helpful in this regard.

Victimization programs and trauma-informed services. Prisons also need to provide programs that adequately address the consequences of victimization, such as the tendency to be victimized later in life (e.g., McDaniels-Wilson & Belknap, 2008; Widom, 1989), become involved with violent partners and significant others (e.g., Browne et al., 1999; Leverentz, 2006), use substances (e.g., Covington & Surrey, 1997; Grella et al., 2005), or develop mental health problems (e.g., Green et al., 2005). Bloom and Covington (2009) suggested that programs educate women about abuse and trauma so that they can recognize it within their own lives. Women should also be taught positive ways to cope with the aftermath of their victimization; otherwise, they may continue to “deal with” the emotional and physical effects of trauma in criminal ways (e.g., substance use). Programs such as Seeking Safety (Najavitz, 2002b), Beyond Trauma (Covington, 2003), and Dialectical Behavioral Treatment (Linehan, 1993) may be helpful for incarcerated female offenders.

Because of the pervasive amount of trauma and victimization that female inmates have experienced, prisons should operate in a trauma-informed manner; that is, the prison environment, management practices, and staff duties should be structured in such a way that

women are not revictimized while they are incarcerated (e.g., strip-searches by male correctional officers, forced treatment or sharing of trauma stories). In this regard, staff members and management can be trained on providing trauma-informed services, so that women (especially those who have histories of victimization and abuse) can be made to feel safer and more secure within the prison. Trainings may include skill-building exercises around the importance of establishing trustworthy relationships, offering choices to the women when possible, creating appropriate boundaries, maintaining a focus on the present (and not women's histories), and moderating tone of voice (Elliott, Bjelajac, Fallot, Markoff, & Reed, 2005; Harris & Fallot, 2001; Najavitz, 2002a). More specifically, a trauma-informed prison would educate all management and staff members on the near universality of trauma in female inmates' lives and how these experiences manifest behaviorally within institutional settings. For instance, repeated trauma and violence have significant effects on cognitive functioning, including hypervigilance and reduced levels of interpersonal trust, which may result in aggressive behavior (Baer & Maschi, 2003; Janoff-Bulman, 1992). Traumatized offenders may begin most, if not all, social interactions with distrust and an assumption of impending harm from supervising staff members. Thus, if not adequately trained to recognize how repeated trauma can result in the overperception of aggression in others and the underperception of aggression in themselves (Baer & Maschi, 2003), staff members will continue to misinterpret the behavior of inmates as acts of disobedience. However, this is only one example. All components of the institutional system would need to be reevaluated with the knowledge of the adverse effects that trauma and violence have on individuals (Harris & Fallot, 2001).

Mental health programs. Prisons should also have programs in place that address the multiple mental health problems often suffered by female prisoners. Given the recent findings of the NIC project and others' work, we specifically suggest that prison programs address mental health needs related to psychosis, post-traumatic stress disorder, depression, anxiety, anger, and co-occurring (drug use and mental health) problems among women.

Services offered in prisons should recognize the interrelatedness of trauma or victimization, drug abuse, and mental health problems. Bloom and Covington (2009) suggested that treatment programs first educate women about abuse and trauma that they may have experienced, because often women do not recognize their abuse and/or do not understand post-traumatic stress disorder and how it might affect their lives. Programs should also help women develop positive coping skills to better respond to these issues, to replace the poor coping skills (e.g., drug use) they may have developed over the years (Bloom & Covington, 2009). Gender-responsive curricula simultaneously addressing mental health, substance abuse, and trauma have received favorable evaluation results. For instance, two programs developed by Stephanie Covington, *Helping Women Recover* and *Beyond Trauma*, recently received strong experimental evaluation support. *Helping Women Recover* is a substance abuse program that incorporates the evidence on women's pathways to crime and the intersection of addiction, trauma, and mental health. *Beyond Trauma* focuses primarily on defining trauma and abuse, the common effects of trauma on current behavior, and coping and management skills. Messina, Grella, Cartier, and Torres (2010) conducted a controlled study of 115 female inmates randomly assigned to either a gender-responsive program that included both *Helping Women Recover* and *Beyond Trauma* or a traditional therapeutic community. Women who participated in the gender-responsive programming

were significantly less likely to be reincarcerated after a year and had greater reductions in drug use in comparison with therapeutic community participants.

Mental health problems should be assessed at intake, and women should be afforded treatment plans for these problems at this time. Equally important, treatments must include transition plans that address how care can be ongoing in the community after release (i.e., access to needed medications, etc.). Assessments should ask questions related to formal diagnoses as well as symptomatology of problems, because some problems could be missed if staff members ask only about formal diagnoses. It is important that staff members be trained on the symptoms and effects of mental health problems so that they can recognize symptoms and appropriately respond, either through direct service and intervention or by referring women to mental health professionals and psychological service agencies when necessary (Covington & Bloom, 2007; Matthews & Hubbard, 2008). At times, staff members have reported being the targets of women's anger, stress, or other coping difficulties (Monster & Micucci, 2005) while in treatment; therefore, proper staff training not only benefits women but also may benefit the safety of prison staff members and the operation of the prison itself.

Relationship programs. Because relationships are vitally important to female offenders (Leverentz, 2006), we suggest that incarcerated women will greatly benefit from programs that foster and enhance women's healthy connections and relationships with their children, family, and prosocial associates outside of prison (Brennan & Austin, 1997; Farr, 2000; Matthews & Hubbard, 2008; Pollock, 2002b). These programs may include expanded visitations rights (Brennan, 1998) and privileges for mothers and children (Pollock, 2002a). Expanded visitations for women who have displayed good behavior, made strides in treatment, or made other positive steps while in prison can be positive reinforcement for their good behavior while incarcerated, thus increasing the likelihood of future good behavior.

Given that many incarcerated women have young and dependent children, facilities should attempt to be as child friendly as possible. One prison in the Southeast sends coloring books to children before they visit their mothers with pictures that depict the visitation process (e.g., check-in, the visitation room); the underlying purpose is that children can become familiar with the process while coloring the pictures. Other facilities allow overnight visits between mothers and their young children in separate but confined and secure areas of the prisons. Of course, a facility cannot traumatize children who are visiting, so any attempts to allow expanded visitations should be considered from children's perspective as well. Efforts can be made to make special visiting areas for mothers and children with books, games, and other child-friendly accommodations. Many female offenders have reported that they are motivated to engage in good behavior because of their children (i.e., to see their children again or to make them proud), so it may be helpful for women to see (and thus be reminded of) those people who motivate their good behavior.

Also, treatments that focus on recognizing, developing, cultivating, and maintaining healthy relationships with significant and nonsignificant others may prove helpful in women's prisons. Given women's often troublesome relationships, these programs should focus on developing relationships with others inside and outside of prison that are supportive, loving, nonabusive, and free from criminal activity. One type of violence particularly relevant for female offenders, domestic violence, should be incorporated into these programs (Covington & Bloom, 2006; Javdani et al., 2011). Programs that enhance skills such

as anger and conflict management may be useful so that women can use these techniques, both within and outside of prison, to deescalate conflicts with others. Furthermore, programs that provide domestic violence advocacy would also be useful in women's prisons. These programs should educate women about domestic violence, the effects of domestic violence for themselves as well as their children (Wright & Fagan, 2012), and programs and services (e.g., police response, shelters, domestic violence laws) at their disposal. The Moving On (Van Diemen, 1998) program devotes considerable attention to the importance of healthy relationships.

Other programs. Finally, previous researchers have suggested that successful programming would address the multiple needs of women while providing a continuum of care, individualized and structured programming, and skill-building components (Covington & Bloom, 2006; Koons-Witt et al., 1997). Prison directors have suggested that women would benefit from parenting programs that address general parenting issues such as prenatal care, parenting roles, and child development. Because women are likely to be the primary caregivers for young or dependent children when they are released from prison, it is important to provide them with skills related to effective parental management and role modeling so that they do not become ineffective or overwhelmed upon reentry. Furthermore, given that women suffer from more health problems than men (Maruschak, 2008) and that many women are pregnant during incarceration, women should have access to health care providers, particularly female doctors (Monster & Micucci, 2005), who can treat them. Female offenders have reported being uncomfortable with male doctors and may prefer women to treat their health care needs (e.g., Pap tests, pregnancy issues). This may speak to their extensive histories of trauma and abuse and serve as a method to prevent further retraumatization.

Potential family reunification programs may include parenting skills classes (Showers, 1993) or programs such as Mother Read (see Pollock, 2002a) and Girl Scouts Behind Bars (Moses, 1993, 1995). Additionally, programs should tackle issues related to conflict and anger management, so that women who report high levels of family distress and dysfunction (Belknap & Holsinger, 2006) are better equipped to handle and respond to these problems once they are released. Techniques learned in these classes may prove beneficial within prison as well, so that women learn how to better manage and respond to nonfamilial conflict, too. Programs may also address the guilt and shame of leaving their children that often plague women while incarcerated (Covington & Bloom, 2006), because these feelings may be linked to the development or symptomatology of mental health problems (depression) during this time.

Other programs involving life skills and job skills components have been recommended; these programs should educate women about financial budgeting, how to balance work and home responsibilities, and provide women with skills related to nontraditional vocations (e.g., carpentry) to help them become economically independent and self-sufficient (Koons-Witt et al., 1997). Financial independence and security are critically important for women so that they do not have to rely on others, such as boyfriends, to support themselves or their families (Brown & Bloom, 2009). This may be particularly helpful when women reenter the community. Although evidence has not yet indicated that problems related to parenting stress, financial needs, or family conflict predict institutional misconduct among women, they are often cited as barriers to successful reintegration into community life and have also been found to be risk factors for community recidivism (Brown & Bloom, 2009;

Dodge & Pogrebin, 2001; Richie, 2001; Salisbury & Van Voorhis, 2009; Schram, Koons-Witt, Williams, & McShane, 2006; Van Voorhis et al., 2010). Therefore, we strongly advocate the use of parenting, educational, occupational, and life skills programs within women's prisons.

PRISONS SHOULD ASSESS, SCREEN, AND TRIAGE FOR PROBLEMS

Programming is of very little value if women are not receiving the specific services they need. Therefore, we recommend that prisons use assessments to screen and triage women for services. Assessments will help staff members identify women's needs that are most important to treat. It is important to note that a period of adjustment should be allowed before such assessments are administered. The accuracy of assessment results may be questionable if assessments are conducted on the day of intake. Once women become more acclimated to the prison environment, they may feel more comfortable sharing details about these problems and may reduce the overreporting of anger or symptoms of depression that may result from the entrance into the prison environment. Those criminogenic factors that are most highly related to women's institutional misbehavior or criminal behavior should be prioritized (Andrews, 2006), depending on what outcome (misconducts vs. recidivism) wardens wish to target; recent evidence suggests the criminogenic factors for women differ across correctional settings (Van Voorhis et al., 2010).

Given that some criminogenic gender-responsive needs increase institutional misbehavior, we strongly suggest that such criminogenic needs be assessed at intake to ensure proper placement into a treatment program (e.g., a woman who displays substance abuse problems would be placed into a substance abuse program). We contend that women's need factors should be used to identify treatment targets and develop treatment plans, but not elevate custody scores so that they are ineligible for treatment and programming; treatment is precisely what they need to become lower risk and lower need (Van Voorhis et al., 2008). The optimal assessment tool would be objective, standardized, and validated and would assess gender-responsive needs to guide treatment planning and case management (Lerner, Arling, & Baird, 1986). The Women's Risk Needs Assessments developed during the NIC and University of Cincinnati research collaboration were designed to assess both traditional gender-neutral and gender-responsive risk factors and provide recommendations for correctional programming and gender-responsive case management (Van Voorhis et al., 2008). Without standardized and objective assessments, decisions regarding risk and needs can be biased and open to judgments based on prior experience and ideologies (Holsinger, Lurigio, & Latessa, 2001) and may also lead to improper classification of women into higher custody levels than is warranted by their behaviors (Hardyman & Van Voorhis, 2004).

With regard to assessments that examine gender-responsive factors, we recommend that staff members be properly trained and knowledgeable concerning how to talk about and respond to sensitive aspects of women's lives (e.g., childhood abuse). Staff members should be trained on how to conduct interviews that ask about victimization, relationships, and mental health problems in a sensitive manner. Effective gender-responsive interviews require that staff members engage in a meaningful dialogue with offenders, build trust, and sensitively listen to women's stories. Thus, it is imperative that staff members who conduct interviews receive intensive training in topics such as motivational interviewing (Miller & Rollnick, 2002) and gender-specific case management techniques.

We recognize that there may be logistical barriers that might affect the feasibility and accuracy of assessing, triaging, and screening within prisons. For instance, overcrowding and the massive influx of female inmates within prisons may affect staff members' ability to assess appropriately. Furthermore, the economic downturn of the past few years has contributed to widespread cuts in staffing, including intake and correctional counselors who are in charge of assessments and screening. Nonetheless, we contend that prisons that use assessment tools to identify and screen for women's needs will see benefits in terms of reduced institutional maladjustment and more effective treatment services.

PRISONS SHOULD HIRE AND TRAIN STAFF MEMBERS TO WORK WITH WOMEN

Koons-Witt et al. (1997) identified characteristics of staff members who might be best suited for working with female offenders, and we believe that their recommendations are still relevant today. Koons-Witt et al. suggested that because of the differences between male and female prisoners, correctional staff members who are treatment oriented as opposed to punishment oriented and who display positive interpersonal skills will be most effective in women's prisons. That is, because female prisoners are more verbal (e.g., ask questions, need to talk to work things out) than male prisoners and are considered to have more emotional needs than men in light of their victimization and mental health backgrounds (Schram et al., 2004), correctional staff members need to be skillful listeners and communicators. Therefore, correctional staff members who have good communication skills and patience and who are positive role models are considered to better "fit" female as opposed to male prisoners (Koons-Witt et al., 1997).

We also believe that staff members who have a desire to work with female prisoners will be more effective than those who begrudgingly serve in women's facilities. Furthermore, because of the mental health needs of female prisoners, it seems that prisons would benefit from hiring personnel with background qualifications or interests in serving the mental health and medical needs of female prisoners (see also Harding, 2002).

Aside from staff members' personal characteristics and interests, prisons should provide adequate training so that staff members better understand and can respond to female offenders. We suggest first and foremost that staff members be trained regarding the ways that female prisoners differ from male prisoners in terms of their risk and need factors. Staff members certainly might benefit from understanding how victimization and trauma affect various aspects of women's lives (e.g., women's relationships, mental health, substance abuse, parenting practices). Staff members may also be more likely to embrace the necessity for and importance of trauma-informed services when they understand that women's needs are different from men's. Furthermore, staff members would be better equipped to manage female prisoners once they understand their unique characteristics. For instance, staff members trained on the differences between male and female prisoners may be less likely to see women's questions (e.g., "why") as acts of insubordination, and thus be less likely to cite women on disciplinary infractions (Hardyman & Van Voorhis, 2004).

Finally, prisons should consider hiring and training staff members for case-planning purposes. The case-planning model involves assessing, diagnosing, and planning programming services for prisoners, so prisons should invest in staff members who possess the skills necessary to design or implement the services mentioned here. Case planning can be easily modified to not only address the needs of women inside the prison but also to

prepare for services addressing their needs once they are released into the community. Specifically, we recommend that prison staff members begin to plan for women's reentry well in advance of their release and should be knowledgeable of and associated with mental health, substance abuse, parenting, housing, and advocacy agencies (among others) in the communities in which their prisoners will return.

Although institutions may have to navigate a few barriers in accomplishing this, hiring and training staff members on these issues will increase their effectiveness when working with female prisoners. Budgetary restrictions can make hiring staff members with advanced qualifications challenging and training difficult to procure. Motivating and assisting current staff members to adopt new roles while changing the organizational culture and policy often requires a good deal of time and a strong leadership team that exhibits commitment to the goals of moving away from the status quo.

PRISONS SHOULD FOCUS ON REENTRY

Finally, we suggest that prisons identify and program for reentry issues important to female offenders. Although the expected length of incarceration has declined slightly for all offenders since 2000 (West, Sabol, & Greenman, 2010), women's prison sentences are shorter than men's, with a median sentence length of 36 months and a median time served of 12 months (Greenfeld & Snell, 1999). This indicates that women will be released into the community sooner than men, usually within 1 year of entry. As such, prison staff members should begin to program for women's reentry issues immediately upon intake, and they should work with wraparound services in the community to ensure that women receive a continuum of services once they are released (Covington & Bloom, 2006). It is important for newly released women to be prepared for circumstances in the community that may raise their risk for recidivating; knowledge of and programming for these potential problems will help women stay out of criminal behavior once they are out of prison. The NIC project included prerelease samples in Colorado and Missouri. Preliminary results from these sites suggest that substance abuse, mental health problems, employment, lack of family support, poor self-efficacy, and abuse during adulthood may be risk factors for women when they are released into the community (Van Voorhis et al., 2010). We therefore suggest that these factors be given priority when planning for reentry.

Other researchers have come to similar conclusions regarding the potential risk factors that women on parole face (e.g., Cobbina, 2009, 2010; Dodge & Pogrebin, 2001; Huebner, Dejong, & Cobbina, 2010; O'Brien, 2001; Richie, 2001). Richie (2001) suggested that newly released women need access to substance abuse treatment in the community to continue their treatments and to find support systems outside of prison. She also noted that mental health problems such as depression, anxiety, anger, psychosis, and other emotional problems continue to create adjustment problems for women in the community. Furthermore, women reentering the community often return to the violent and abusive homes they left behind while in prison (Brown & Bloom, 2009; Cobbina, 2009; Richie, 2001). Although these households may be abusive, the women often depend on these places as stable living situations and for financial reasons (Brown & Bloom, 2009; Richie, 2001). Women unprepared to address such situations are at increased risk for recidivating.

Parenting responsibilities, difficulties arising from poverty, and finding educational, occupational, and health care services have also been suggested as obstacles paroled

women face. Brown and Bloom (2009) note that paroled women often have to “renegotiate” their roles as mothers and may find it difficult to return to households where their roles as authority figures have been diminished or reallocated to other family members (e.g., sisters, grandmothers). Paroled women may also have to deal with the social stigma of being labeled “criminals,” which may also make their reintegration into their families, as well as their communities, more difficult (Dodge & Pogrebin, 2001). Certainly, family reunification is a source of excitement as well as stress for newly released women (Brown & Bloom, 2009; Dodge & Pogrebin, 2001; Richie, 2001; Schram et al., 2006); as such, reentry programming that prepares women for the potential problems associated with reunification may prove beneficial.

The problems created by poverty are also reintroduced to women at reentry. Released women must attempt to find and keep jobs, provide for themselves and their children, learn to cope with rejection from employers, and satisfy the conditions of their supervision (Brown & Bloom, 2009; Huebner et al., 2010; Richie, 2001). Women who have not been given educational or occupational programming while in prison may have more difficulty finding employment upon release (Schram et al., 2006). Likewise, finding affordable, safe, and stable housing can also be a significant barrier for newly released women (Richie, 2001). Finally, women also note that gaining access to medical services for illness, mental health medication, or other ailments can be a barrier to their successful reintegration into the community (Richie, 2001). These problems highlight the importance of positive and helpful parole officers or other criminal justice personnel in women’s successful reentry (Bui & Morash, 2010; Cobbina, 2010).

In light of these arguments, we suggest that prisons plan for the above areas of need for female offenders at reentry. We stress the importance of wraparound services in the community to provide substance abuse treatment, mental health care, and protection from abusive partners or family members. Specifically, reentry planning might focus on assessing and referring women to these community-based agencies. Schram et al. (2006) noted that assessment for needs (e.g., substance abuse treatment) is not often accomplished among female parolees but that it may be an important aspect in preventing their recidivism. We agree with Schram et al. (2006) and suggest that needs be assessed prior to reentry into the community so that case planners can connect women to the appropriate services in the community. In line with recent research findings, we also note the importance of planning for parenting and family reunification issues at reentry, as well as linking women with occupational and educational opportunities in the community.

Certainly, knowledge of the situations that bring women into the system in the first place (i.e., households with substance abuse and violence, no legitimate employment opportunities) will help staff members plan for these issues before release. Therefore, we suggest that prisons prepare women for their eventual release into the community by identifying these problems upon entry and programming for them while women are institutionalized. It is essential that case planners work closely with community agencies to provide continued treatment options and support for women once they are paroled. Certainly for many institutions, the largest barrier to focusing on reentry is developing these required community partnerships. Many case managers report limited if any connections with community service providers and often are not aware of which services exist in the community. Likewise, community agencies need to be properly trained to work specifically with female offenders

as well, and incentives for employers to hire ex-felons are needed. Developing these partnerships, incentives, and the services knowledge base within the community will help facilitate the reentry programming within institutions and produce better outcomes for the female inmates.

CONCLUSIONS AND FUTURE DIRECTIONS

We are encouraged that recent research is making progress toward “putting women first” in corrections. However, although recent endeavors have yielded valuable information regarding the nature of female offenders, much more needs to be done. First, data on the mental health, victimization, relationships, and other needs of male offenders are sorely needed. Although we expect that these factors truly affect female offenders uniquely, data on male offenders are needed for comparative purposes. Furthermore, although our research indicates that many gender-responsive needs are predictive of community recidivism (Salisbury & Van Voorhis, 2009; Salisbury et al., 2009; Van Voorhis et al., 2010), continued research is still needed across multiple criminal justice settings (e.g., pretrial or specialized courts settings, program success). Nonetheless, the gender-responsive line of inquiry should be continued to better understand and serve female offenders.

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Emily M. Wright is an assistant professor in the School of Criminology and Criminal Justice at the University of Nebraska at Omaha. Her research examines exposure to violence and intimate partner violence in neighborhood context, gender differences in these effects, and effective correctional responses to female offenders. Her research has appeared in journals such as *Social Problems*, *Justice Quarterly*, and *Child Abuse and Neglect*.

Patricia Van Voorhis is a professor of criminal justice at the University of Cincinnati. She was the principal investigator for the National Institute of Corrections–University of Cincinnati Women’s Classification Project and has written extensively on women offenders and correctional treatment and classification. She is the former director of the University of Cincinnati’s Corrections Institute.

Emily J. Salisbury is an assistant professor of criminology and criminal justice in the Hatfield School of Government at Portland State University. Her primary research interests include correctional assessment and treatment intervention strategies, with a particular focus on female offenders. Her research has appeared in top academic journals, including *Crime & Delinquency* and *Criminal Justice and Behavior*. Her most current research focuses on implementing and sustaining Effective Practices in Correctional Supervision in the state of Oregon.

Ashley Bauman currently serves as a research associate for the University of Cincinnati Corrections Institute and acts as the project manager on the Women’s Risk Needs Assessment Project. She trains correctional staff members on a number of topics, including the women’s risk and needs assessment, gender-responsive principles and practice, and motivational interviewing. She also provides technical assistance to correctional agencies implementing risk and needs assessment, gender-responsive practices, and other best practices in the field.