

GENDER-RESPONSIVE RISK AND NEED ASSESSMENT

Implications for the Treatment of Justice-Involved Women

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When properly utilized to its fullest potential, a validated, general risk and need assessment instrument may drive nearly every subsequent criminal justice decision made on behalf of justice-involved individuals, regardless of whether the instrument is conducted at the front end of the system during pre-trial, or at the back end during parole or post-release supervision. Nearly every decision point is improved in some way from the assessment information obtained, whether that decision is made by a judge, probation officer, correctional counselor, parole board or case manager. Without actuarial risk and need assessment, our communities would undoubtedly be far less safe, and we might still be under the assumption that “nothing works” to reduce recidivism (Martinson, 1974).

Of course, we know certain interventions *actually do work* to reduce offender recidivism under the right conditions (Van Voorhis & Salisbury, 2014). There is a “science” behind such conditions, and a body of empirical knowledge that must not be ignored in the continued theoretical and practical development of risk and need assessment as a research inquiry. The principles of effective intervention (also referred to as the “What Works” or Risk-Need-Responsivity model; Andrews & Bonta, 2010; Bonta & Andrews, 2007; Gendreau, Little & Goggin, 1996) have transformed the operation of the correctional system for the better, directing correctional staff on (1) which offenders to prioritize for supervision and intervention (*risk principle*), (2) what problems, among the many that offenders have, to address through intervention (*need principle*), and (3) the most effective modalities with which to target them (*general and specific responsivity principles*).

When Ted Palmer asked the question of what methods work for certain offenders under which conditions, he pioneered the exploration of the unknown “black box” of effective intervention (Palmer, 1975). While neither myself, nor my co-authors, proclaim to be as innovative as Ted Palmer, it is nevertheless in this same vein that gender-responsive risk assessment researchers tackle what works for women offenders in particular. Given that we know women’s lives prior to and during offending are often fundamentally different than men’s lives, and the pathways to criminal behavior differ by gender, we explore the optimal conditions for their effective treatment, without losing sight of the evidence supporting the general principles of effective intervention. More specifically, scholars who engage in gender-responsive offender rehabilitation research pose the question, “If our criminal justice policies and procedures started first with women offenders in mind, how might they operate differently to achieve positive outcomes?” Particularly salient for

our purposes in this chapter, "If women were at the forefront of our research inquiry, how might offender risk and needs assessment function differently to achieve positive treatment outcomes?"

In the pages that follow, we articulate an evidence-based rationale for the reasons why gender-responsive risk/need assessment is critical to public safety, despite evidence that traditional, gender-neutral risk/need assessments (constructed with male offenders and applied to female offenders) such as the suite of Level of Service-Inventory instruments, demonstrate adequate predictive validity for women offenders (Coulson, Ilaqua, Nutbrown, Giulekas, & Cudjoe, 1996; Lowenkamp, Holsinger, & Latessa, 2001; Vose, Lowenkamp, Smith, & Cullen, 2009; but see also Holtfreter, Reisig, & Morash, 2004; Reisig, Holtfreter, & Morash, 2006). Moreover, gender-responsive assessment is critical not just to gain positive outcomes with justice-involved women, but as a way to intervene earlier with their children who are at risk (Giordano & Copp, 2015), and to advance the science of correctional rehabilitation further.

First, we discuss the gender-responsive paradigm, providing a context for how it is unique to the traditional, gender-neutral perspective on offender risk and need assessment. In this section we explain the "spirit" of the gender-responsive perspective. Second, we summarize what has become known as the "pathways research" on women offenders' routes to initial offending and recidivism. This line of research inquiry has empirically tested several gender-responsive theoretical assumptions. Next, we summarize the empirical validation data from a gender-responsive risk/needs assessment instrument specifically constructed and validated with women offenders in mind, the Women's Risk Needs Assessment (WRNA; Van Voorhis, Salisbury, Wright, & Bauman, 2008). Lastly, we propose gender-responsive principles of effective intervention as part of a strategy to further develop this area of research.

Theoretical Foundations

Gender-responsive risk and needs assessment is part of a larger perspective that starts with a very different theoretical orientation compared to traditional, or gender-neutral, risk assessment. Whereas traditional, actuarial offender risk/needs assessment inquiry begins with a social learning (Bandura, 1977) and behavioral theoretical orientation (Andrews & Bonta, 2010), gender-responsive risk assessment begins with a feminist theoretical perspective, though still incorporating social learning and behavioral theories. Feminist theories assume that social hierarchies such as patriarchy and sexism exist and have consequences that create differences across the sociologically constructed idea of gender and gender roles (i.e., femininity vs. masculinity). Feminism has been defined as "a set of theories about women's oppression and a set of strategies for change" (Daly & Chesney-Lind, 1988, p. 502). Although there are different types of feminism and feminist theories, some of which espouse conflicting epistemological thought, a thread that ties all feminism together is an acceptance that *gender matters* in important social, psychological, cultural, historical, and individual ways (Petersen, Salisbury, & Sundt, 2015). Phrased differently, feminism assumes that a woman's life experiences are fundamentally different than a man's life experiences because our society proscribes masculine and feminine gender roles while simultaneously favoring masculinity as the normative and dominant role.

Applying feminist thought to the risk assessment field means taking a critical, gendered look at our risk/need assessment instruments and the ways we administer and use them. If there is an acceptance that gender matters and has consequences for how men and women develop, think, behave, communicate, self-reflect, interact with others, and so on, then it is important to investigate whether assessment instruments and procedures can be improved to more effectively serve women offenders and the overall community.

Beyond risk and needs assessment, the gender-responsive approach has been defined by Covington and Bloom (2007) as "... creating an environment through site selection, staff selection, program development, content and material that reflects an understanding of the realities of the

lives of women in criminal justice settings and addresses their specific challenges and strengths" (p. 19). We argue that to create a criminal justice environment that reflects the realities of justice-involved women, while simultaneously addressing their individual needs and strengths, traditional, male-based risk assessments are simply insufficient. These instruments do not measure women's gender-specific criminogenic needs and strengths; therefore, they fail to capture them for case planning and treatment intervention purposes, and frequently misclassify women offenders' risk of community recidivism and institutional misbehavior (Van Voorhis & Presser, 2001). As a result, women do not receive the most effective offender treatment interventions, thus increasing their likelihood of recidivism.

In order to gain an understanding of women's gender-specific criminogenic needs, it is useful to begin with a discussion of the additional underlying theoretical perspectives that are integrated into gender-responsive risk and needs assessment. While feminism is generally considered the overarching theoretical orientation, additional theories are integrated that highlight the distinct social psychological needs and life history pathways of women offenders. These include trauma theory, relational theory, holistic addiction theory, and social capital theory (Salisbury, 2007; Salisbury & Van Voorhis, 2009). Each theory and supporting evidence is briefly discussed below. Together, these theories and the evidence supporting them have come to formulate the pathways perspective within gender-responsive offending inquiries.

Trauma Theory

Stemming from principles of trauma-informed services (Harris & Fallot, 2001), as well as the three-stage model of trauma recovery developed by Judith Herman (1992; 1997), trauma theory aims to address the psychological distress experienced from trauma that can lead to self-destructive behaviors, including substance use and criminal activities. According to the Substance Abuse and Mental Health Services Association (SAMHSA, 2014), "Individual trauma results from an *event*, series of events, or set of circumstances that is *experienced* by an individual as physically or emotionally harmful or life threatening and that has lasting adverse *effects* on the individual's functioning and mental, physical, social, emotional, or spiritual well-being" (p. 7, emphasis in original). Trauma is not defined by simply an event or circumstance, but by how an individual experiences such events, which may lead to long-term adverse effects.

A higher incidence of childhood abuse and neglect is reported among incarcerated females in comparison to males (Armytage, Martyres, & Feiner, 2000; Shaw, 2000; Thomas & Pollard, 2001) and the general female population (Arnold, 1990; Browne, Miller, & Maguin, 1999; Byrne & Howells, 2000; Chesney-Lind & Rodriguez, 1983; Gaarder & Belknap, 2002; Gilfus, 1992; 2002; Siegel & Williams, 2003; Widom, 1989). In fact, one study found that 77–90% of incarcerated women reported life histories of emotional, physical, and sexual abuse (Messina & Grella, 2006). In particular, child sexual abuse experienced with high frequency and duration often increases the severity of trauma experienced (Chesney-Lind, 1997).

Additionally, women's responses to violence and abuse can vary (Bloom, Covington, & Owen, 2003). Some may respond without trauma, as they possess effective coping skills developed through nurturing or loving relationships with family, friends, or partners. However, many others may experience persistent maladaptive coping, posttraumatic stress disorder (PTSD), low self-esteem, insomnia, shame, panic disorder, depression, anxiety, nightmares, flashbacks, and substance abuse (Bloom et al., 2003; Gelinas, 1982; Kendler et al., 2000; Molnar, Buka, & Kessler, 2001; Sorbello, Eccleston, Ward, & Jones, 2002). Women who suffer from trauma often experience relational dysfunctions that significantly hinder psychological development (Covington, 1998; El-Bassel et al., 1996; Herman, 1992).

Thus, trauma may act as an underlying factor that precipitates into criminal behavior. Specifically, research has shown a direct link of trauma stemming from childhood abuse to major mental

health problems such as depression and anxiety as well as substance abuse (Anumba, DeMatteo, & Heilbrun, 2012; Bowles, DeHart, & Webb, 2012; McDaniels-Wilson & Belknap, 2008; Scott, Grella, Dennis, & Funk, 2014; Verona, Murphy, & Javdani, 2015). In turn, substance abuse and depression/anxiety are directly related to prison admissions, suggesting that childhood victimization leads to self-destructive cognition and behavior that contribute to recidivism among female probationers (Salisbury & Van Voorhis, 2009).

Relational Theory

In comparison to their male counterparts, research has shown that women's psychological and cognitive development is highly dependent on their relationships and caring for others (Belentky, Clinchy, Goldberger, & Tarule, 1986; Jordon, 1991; Miller, 1976). Likewise, female offenders tend to value prosocial relationships in distinct ways from their male counterparts (Anderson, 1989; Bennett, Bloom, & Craig, 1989; South, 1993; Wilson, 1997). As such, relational theorists suggest women's identity and sense of empowerment, also known as self-efficacy, is defined by the quality of relationships they have with others (Gilligan, 1982; Kaplan & Surrey, 1984; Miller, 1976; Miller & Stiver, 1998). However, female offenders, particularly incarcerated females, often have life histories of repeated non-empathic and harmful relationships, which can promote a lack of empathy for both the self and others, or an exaggerated empathy for others with no empathy for the self (Covington, 1998).

As discussed by Miller (1988), prolonged and repeated unhealthy relationships can lead to mental illness and substance abuse. When women experience unhealthy relationships, often characterized by intimate partner abuse, they may respond with feelings of hopelessness and helplessness that they will not be able to repair or escape the relationship. Intense feelings of depression often result in drug abusing behaviors as a form of self-medication or escape (Miller, 1988). Women may also feel "condemned isolation" as they are often cut off from friends and family while in unhealthy relationships (Miller & Stiver, 1998). Additionally, women who feel disconnected from others or who have difficulty forming healthy relationships can experience major depressive characteristics including low self-esteem (Kaplan & Surrey, 1984). Likewise, women may rely on substances to maintain relationships or to cope with psychological distress experienced in relationships (Covington & Surrey, 1997).

Holistic Addiction Theory

Holistic addiction theory acknowledges the physical, emotional, psychological, and spiritual aspects of substance abuse unique to female offenders (Covington, 2008). Women's substance abuse etiology, persistence, and desistance are distinct from that of men (Blume, 1990; Nelson-Zlupko, Kauffman, & Dore, 1995). In particular, women often engage in substance use to cope with traumatic life events such as physical or sexual violence, sudden physical illness, an accident, or disruption in family life (Grella, 1997; Nelson-Zlupko et al., 1995). Moreover, women substance abusers are often initiated into substance use by intimate partners or other dominant male figures such as male family members or friends (Chesney-Lind, 1997; El-Guebaly, 1995; Hser, Anglin, & Booth, 1987a; Hser, Anglin, & McGlothlin, 1987b; Rosenbaum, 1981) as they are often raised in environments with heavy drinking or drug abuse (Hser et al., 1987b; Ramlow, White, Watson, & Leukefeld, 1997).

Female substance abusers also tend to have co-occurring mental disorders, lower self-esteem, histories of sexual abuse, addictions to multiple substances and more acute drug histories than their male counterparts (Celentano & McQueen, 1984; Henderson, 1998; James & Glaze, 2006; Langan & Pelissier, 2001; Messina, Burdon, & Prendergast, 2003; Owen & Bloom, 1995; Pelissier & Jones, 2005; Peters, Strozier, Murrin, & Kearns, 1997). Furthermore, the severity of addiction has

been shown to be a stronger predictor of criminal behavior for women than for men (Dowden & Brown, 2002; McClellan, Farabee, & Crouch, 1997; Reisig et al., 2006; Scott et al., 2014). Thus, holistic addiction theory takes all precipitating and co-occurring factors into account.

Social Capital Theory

Positive outcomes in life are often associated with healthy social networks. Specifically, social networks provide social structural resources (social capital) that enable the attainment of skills and knowledge (human capital) to achieve goals that would otherwise be unattainable (Coleman, 1998; Portes, 1998; Reisig, Holtfreter, & Morash, 2002). However, social capital can vary by the relationships individuals have that enable them to achieve access to desired resources as well as the quantity and quality of such resources (Bordieu, 1985). As such, social and human capital are not evenly distributed across social networks and are commonly deficient among female offenders (e.g., Holtfreter et al., 2004; Reisig et al., 2002).

Although social capital theory may help explain criminal involvement among both male and female offenders, social capital is a particularly important factor toward explaining female criminality due to decreased access to human capital (i.e., education, self-efficacy, and self-esteem) and social capital (i.e., social networks linked to prosocial employment and financial support). Descriptive studies of female offenders show that women who enter the criminal justice system experience high incidences of socioeconomic disadvantages including unemployment, low paying or part-time employment, being widowed, separated, or divorced, and a lack of educational or vocational skills (Heilbrun et al., 2008; Miller, 1989; Steffensmeier, 1993; Wolfe, Cullen, & Cullen, 1984). However, the research is mixed on whether financial, vocational, and economic deficiencies affect female offenders more so than their male counterparts (Heilbrun et al., 2008; van der Knaap, Alberda, Oosterveld, & Born, 2012). Nonetheless, women experience unique struggles to maintain stable employment as scholars suggest that women in general experience more economic marginality in comparison to men (for a review, see Heimer, 2000). Specifically, women typically have lower paying jobs, and even in equal positions, they tend to earn less income (Heimer, 2000). Most importantly, single mothers experience the brunt of gender inequality in earnings as they are typically the sole providers for their children (Messerschmidt, 1986). Thus, due to their position in society, socioeconomic disadvantages are particularly important to consider among women offenders.

Social capital is innately related to informal social control as close relationships with prosocial individuals help to foster prosocial values, and in turn, behaviors. According to Sampson and Laub's (1993) age-graded theory of informal social control, there is an inverse relationship between criminal involvement and an individual's bond to society. Individuals will be less likely to commit crime as they accumulate social capital in their marital or employment relationships (Coleman, 1988; Sampson & Laub, 1993; Portes, 1998). In particular, family support contributes to children's human capital through educational and personality development (Portes, 1998). However, there are often higher incidences of teenage pregnancy and lower educational and employment achievements among children raised in single-parent households, resulting from reduced access to social capital (Hao, 1994; McClanahan & Sandefur, 1994).

Likewise, Portes (1998) suggests extra-familial networks also foster social capital. Specifically, such networks can lead to employment or educational opportunities, which increases human capital. Nonetheless, prior research suggests that female offenders experience a deficiency in both social and human capital as they often come from disadvantaged and poverty-stricken backgrounds that are characterized by fewer prosocial networks and decreased social capital (Holtfreter et al., 2004; Lin, 2000; Owen & Bloom, 1995; Reisig et al., 2002; Richie, 2001). For example, Reisig, Holtfreter, and Morash (2002) found that higher educated and higher income (over \$8,000 legal income annually) female felons reported larger social networks and more social support, which fostered significantly more emotional, social, and overall support than women with lower educational and financial backgrounds.

As discussed by Van Voorhis and colleagues (2008), educational, employment, and financial deficits are especially potent risk factors for recidivism among female probationers. Incarcerated women usually lack educational and vocational training, the majority are single or divorced, and most are unemployed at the time of arrest (Bloom et al., 2003). Female offenders who have received vocational training in the community tend to focus on traditional women's jobs, such as cosmetology, clerical work, and food service, which generally pay less than jobs typical of male offenders including welding and construction (Bloom et al., 2003).

Concepts of social and human capital are also related to psychological empowerment or self-efficacy (Pollack, 2000). In particular, self-efficacy is one form of human capital, defined as a personal confidence in achieving specific goals (Salisbury & Van Voorhis, 2009). Female offenders often lack strong senses of self-confidence and self-esteem, while men typically do not suffer from similar issues nearly as often as women (e.g., Robins, Trzesniewski, Tracy, Gosling, & Potter, 2002). In particular, female offenders' lack of self-efficacy often results from frequently experiencing painful dysfunctional relationships or trauma (Covington, 1998). Likewise, reduced levels of self-efficacy is one pathway through which mental illness (i.e., depression and anxiety) and substance abuse are fostered (Miller, 1988; Salisbury & Van Voorhis, 2009).

Moreover, upon release, self-efficacy can act as a protective factor for women to avoid recidivism through the confidence to find stable employment, housing, and healthy relationships (Van Voorhis, 2010). Salisbury and Van Voorhis (2009) found that levels of social and human capital both directly and indirectly contributed to women's continued offending. For example, female offenders' lack of education, healthy relationships, family support, and self-efficacy affected employment and financial difficulties, which in turn increased recidivism. Likewise, the longitudinal research conducted by Giordano and her colleagues (2002) indicated that high quality employment and marriages were particularly important to women offenders to serve as protective mechanisms from criminal activity.

Lastly, addiction, victimization, lack of economic stability, and deficiencies in social relations often result in homelessness among women, further impairing access to social and human capital (Bloom, 1996). Prior research highlights the importance of safe housing toward re-entry (Cobbina, 2010; Richie, 2001). For instance, Richie (2001) found that women described the need for stable employment and that education is highly dependent on their housing situation upon release. Consequently, housing stability is a particularly important criminogenic need among female offenders toward building social and human capital, yet many women often lack the resources to obtain and maintain safe housing free of abuse and substance use (Bloom, 1996; Van Voorhis et al., 2008).

Pathways Perspective

Collectively, the theories described above formulate an argument for studying the life histories of women offenders because they often differ from the life histories of men offenders, particularly when considering their histories of trauma and abuse, relational identities, substance abuse, and limited access to social and human capital. Research that falls within the pathways perspective suggests that gender plays a significant role in shaping individuals' criminality and recognizes the biological, psychological, and social realities that are distinctive of female offenders. The perspective investigates how girls and women enter and cycle back through the criminal justice system in seemingly distinct pathways from their male counterparts (e.g., Belknap & Holsinger, 2006; Chesney-Lind, 1989, 1997, 2000; Chesney-Lind & Rodriguez, 1983; Chesney-Lind & Shelden, 1992, 2004; DeHart, Lynch, Belknap, Dass-Brailsford, & Green, 2014; Gavazzi, Yarcheck, & Chesney-Lind, 2006; Holsinger, 2000; Holtfreter & Morash, 2003; Reisig et al., 2006; Salisbury & Van Voorhis, 2009). In particular, pathways research confirms that female offenders often have life histories comprised of ongoing physical and sexual abuse, traumatic childhood experiences, mental illness (e.g., depression, anxiety, Borderline Personality Disorder, and PTSD), economic marginality, self-medicating behavior through substance abuse, unhealthy relationships, parental stress,

and low levels of self-esteem and self-efficacy (Arnold, 1990; Bowles et al., 2012; Browne et al., 1999; Belknap & Holsinger, 2006; Chesney-Lind, 1989; 2000; Chesney-Lind & Rodriguez, 1983; Covington, 1998; DeHart et al., 2014; Daly, 1992; McClellan, et al., 1997; McDaniels-Wilson & Belknap, 2009; Owen, 1998; Verona et al., 2015).

Daly's (1992, 1994) pathways to crime framework is considered a hallmark in this perspective and was developed in response to a growing disconnect between mainstream and feminist criminology (Wattanaporn & Holtfreter, 2014). Using presentence investigation reports to create qualitative biographies, Daly (1992) discovered five pathways women typically take when initially engaging in crime that are distinct from their male counterparts: (a) *street women* who fled abusive households and survived on the street by engaging in drugs, prostitution, or theft to survive; (b) *battered women* who were involved in extreme victimization from violent partners, leading to criminal behavior related to their relationship; (c) *harmed and harming women* who experienced extreme sexual and physical child abuse and neglect, which led to school delinquency and ultimately chronic adult offending; (d) *drug-connected women* who were involved in a pattern of using and trafficking drugs usually while collaborating with intimate partners or family members; and (e) *other*, later termed *economically motivated women* (Morash & Schram, 2002), which involved women who committed crime for economic gains such as fraud, theft, and embezzlement. The most common pathway to female crime was the *harmed and harming* pathway (37.5%) followed by *street women* (25%), and the *drug-connected* pathway (15%) (Daly, 1992).

Similar to Daly's pathways framework, the work of Meda Chesney-Lind, Joanne Belknap, and others highlights the impact of victimization and abuse on young girls that directly leads to criminal involvement through homelessness (Chesney-Lind, 1989; Chesney-Lind, 2000; Chesney-Lind & Shelden, 1992; DeHart et al., 2014). Specifically, young girls with histories of victimization and abuse often run away to escape abusive households (Chesney-Lind, 1989). Consequently, run-away girls often cycle through the justice system, surviving on the streets in between juvenile detention stays. Typical strategies for survival include prostitution and drug sales, which can further facilitate drug use, as well as relationships with antisocial men who provide for licit or illicit financial needs (Belknap, 2001; Belknap, Holsinger, & Dunn, 1997; Owen & Bloom, 1995). Such relationships often become violent and can create increased criminal opportunities for women. This behavior persists into adulthood and fosters continued involvement in criminal behavior such as prostitution, drug sales, and drug use (Chesney-Lind, 1989; 2000; McClellan et al., 2003).

Although the pathways perspective was founded upon qualitative, narrative research (Belknap, 2001), scholars have recently applied advanced quantitative methods to test the generalizability and statistical power of gendered pathways as predictors of female criminal behavior (Brennan, Breitenbach, Dieterich, Salisbury, & Van Voorhis, 2012; Dehart et al., 2014; Salisbury & Van Voorhis, 2009). In what appears to be the first quantitative evaluation of the pathways perspective, Salisbury and Van Voorhis (2009) examined three common narratives stemming from feminist theories addressing female criminality—the child abuse pathway, relational pathway, and social and human capital pathway. Relatedly, Salisbury (2007) compared these three gender-specific pathways to a gender-neutral model based on constructs from social learning theory using female probationers' recidivism over a two-year span as an outcome. Both studies used a sample of 313 women probationers from the state of Missouri.

Together, using a path analytic technique, findings from these two studies indicated that gender-specific pathway models were superior in explaining women probationers' subsequent prison admissions in comparison to a social learning pathway. Notably, two key variables in the social learning pathway—criminal history and antisocial attitudes—did not demonstrate any significant direct or indirect effects on women's prison admissions. Rather, stronger support was found for gendered pathways. For example, for the child abuse pathway, childhood victimization, relational dysfunctions with intimate partners, and low self-efficacy were directly related to substance abuse and depression/anxiety. In turn, current substance abuse and current depression/anxiety

were directly related to prison admissions, suggesting that childhood victimization, relational dysfunction, and self-efficacy were indirectly related to subsequent criminal offending among probation clients. Two additional gender-specific pathways were supported in the path analyses, which quantitatively demonstrated that women have multiple pathways to ongoing criminal offending. Factors such as prior and current victimization, substance abuse, self-efficacy, and dysfunctional relationships both directly and indirectly impacted women probationers' revocations and remand to prison.

In a more recent examination of female pathways to serious and habitual crime, Brennan and colleagues (2012) examined five pathways based upon Daly's categories as well as Moffitt's (1993) adolescent-limited (AL) and life-course-persistent (LCP) developmental typologies: *normal or situated* (i.e., female offenders characterized by an absence of risk factors, late onset into crime, and minor offenses), *adolescent-limited* (i.e., female offenders that engage in minor crimes during adolescence and desist by adulthood), *victimized, socially withdrawn and depressed* (i.e., female offenders that experienced early abuse and trauma, leading to withdrawn behaviors, drug use, and crime), *chronic serious* (i.e., high-risk women who experienced early abuse, school and familial problems, low self-control, and aggressive personality) and *socialized or socially marginalized* (i.e., female offenders characterized as poor and lacking in social/human capital necessary to lead a prosocial lifestyle). The authors found evidence for four of the five pathways and the most common sub-pathway to incarceration was a "normal functioning 'drug dependent' pathway" (34.8%) followed by the "socialized-subcultural" pathway (28.5%) and the "victimized/battered pathway" (23.6%) while the "aggressive, antisocial pathway" accounted for the least number of females (12.9%). The normal functioning drug dependent pathway, similar to Moffitt's (1993) AL trajectory, is characterized by a relative absence of risk factors, later onset, and relatively minor histories of property or drug offenses with little early abuse, few early school problems, and few psychological abnormalities.

In sum, female offenders have various pathways to crime that often stem from childhood and ongoing victimization, trauma, substance abuse, dysfunctional relationships, lack of human or social capital, economic disadvantage, and mental health issues including depression and anxiety. For instance, Daly (1992) found that victimization as well as connections to street and drug crimes are the most common pathways to offending (Daly, 1992). Similar to Daly's (1992) seminal work, others have found a cycle of victimization, running away from home to escape abuse, and early involvement in the criminal justice system as major contributors to women's further involvement in prostitution and drug use (e.g., Belknap, 2001; Chesney-Lind, 1989). Indeed, it appears that women's pathways to crime are complex and interrelated.

Women's Risk Need Assessment (WRNA): Starting from the "Women Up"

As noted above, a growing body of research demonstrates that several factors expand on the current knowledge of risk and need assessment tools to more effectively represent women's involvement in crime. With a basis in feminist theory, research has implicated issues such as unhealthy intimate relationships, economic marginality, unsafe housing, past and current victimization and trauma, addiction, low self-efficacy, parental stress, anger/hostility, and depression/anxiety to be particularly salient among women (Blanchette & Brown, 2006; Bloom et al., 2003; Taylor & Blanchette, 2009; Van Voorhis et al., 2008). As such, existing risk/need assessment tools, particularly the widely acclaimed LSI-R (Andrews & Bonta, 1995) and LS/CMI (Andrews, Bonta, & Wormith, 2008a), have come under scrutiny for primarily investigating men samples and thus not adequately accounting for women's risk and needs (Hannah-Moffat, 2009). Further, there is a general concern that these risk tools do not integrate specific measures that would be useful in assessing women's pathways to criminal behavior, the gender-responsive pathways that affect dynamic needs, or the unique factors that are important for women's specific responsivity needs.

In response, the National Institute of Corrections partnered with Pat Van Voorhis at the University of Cincinnati to develop a gender-responsive risk and need assessment tool for use with women—now referred to as the Women's Risk Need Assessments (WRNAs). The instrument was initially intended to function as an adjunct to well established risk/need assessment tools such as the LSI-R (Andrews & Bonta, 1995) or LS/CMI (Andrews et al., 2008a) and COMPAS (Brennan, Dieterich, & Oliver, 2006). Yet, in addition to producing what has come to be known as the "trailer" version (WRNA-T), a full, stand-alone version was also developed (Van Voorhis et al., 2008) that includes both gender-responsive and gender-neutral criminogenic needs (see Table 10.1). The instruments were intended to ultimately drive a gender-responsive model of case management and service provision centrally focused on the most predictive criminogenic needs for women offenders.

An important feature of the WRNA is that it was literally created from the "ground up," or more poignantly, from the "women up." Calls for the development of such a tool have been made for at least a decade, if not longer (Blanchette & Brown, 2006). In addition to consulting the research literature noted above, Van Voorhis and her colleagues conducted interviews and focus groups with women offenders and the practitioners supervising them in an effort to answer the question, "What would risk and needs assessment look like if we started with women offenders in mind?" Other instruments that claim to be "gender-informed," such as the Gender-Informed Supplement to the LS/CMI (Andrews, Bonta, & Wormith, 2008b), were nevertheless originally designed for men, but added a few items that were severely limited in theoretical and conceptual scope, and are not factored into women's risk score (see Table 10.2). Its designation as a "supplement" is quite fitting, given that its design perpetuates the practice of viewing justice-involved women as an afterthought. It never was scientifically defensible to "simply add women and stir," (Chesney-Lind & Irwin, 2008, p. 14; see also Van Voorhis, 2012) or, in this case, to add a few "woman, gender specific issues" (Andrews et al., 2008b, p. 3) and claim to be gender-informed.

Table 10.1 Women's Risk Need Assessment Risk and Strength Scales (Probation Version) (Reproduced from Van Voorhis et al., 2013)

<i>WRNA-Stand Alone</i>	<i>WRNA-Trailer</i>
<i>Criminal History</i>	Depression
<i>Antisocial Friends</i>	Employment/Financial
<i>Substance Abuse History</i>	Housing Safety
<i>Current Substance Abuse</i>	Anger
Depression	Child Abuse
Employment/Financial	Adult Abuse
Housing Safety	Parental Stress
Anger	Educational Assets (strength-subtracted)
Child Abuse	Self-Efficacy (strength-subtracted)
Adult Abuse	Family Support (strength-subtracted)
Parental Stress	
Educational Assets (strength-subtracted)	
Self-Efficacy (strength-subtracted)	
Family Support (strength-subtracted)	

Note: The scales included here are for the probation version of the WRNA. Italicized scales are removed from the WRNA-T. Additional needs not listed here are included on the WRNA for case management and specific responsivity purposes (e.g., antisocial attitudes, symptoms of psychosis and PTSD, intimate relationship dysfunction, etc.).

Gender-Responsive Risk and Need Assessment

Table 10.2 Gender-Informed Scales from the Level of Service/Case Management Inventory (Reproduced from Andrews et al., 2008)

LS/CMI Item	LS/CMI Section
Education/employment Family/marital (e.g., family conflict)	Section 1: General Risk/Need Factors (summed in overall risk score)
Substance abuse	
Accommodation problems Financial problems Parenting concerns	Section 4: Other Client Issues (not summed in overall risk score)
Victimization (e.g., child abuse, adult victimization, relationship dysfunction)	
Woman, gender-specific issues (e.g., women's health, mothering concerns, cross-gender victimization)	Section 5: Special Responsivity Considerations (not summed in overall risk score)

The WRNA assessment process includes a collateral case file review, semi-structured interview, self-report survey, and case management treatment plan. WRNA development research began with a pilot study with the Colorado Department of Corrections, and subsequent construction and validation research extended to women offenders in Maui County, Hawaii, and correctional departments from Minnesota and Missouri. For outcome measures, researchers examined serious institutional misconducts and community recidivism with multiple samples of women from various parts of the correctional system (pre-trial defendants, probationers, inmates, and pre-release inmates). In setting out to develop the WRNA, researchers were focused on determining whether women's needs could predict future offending and serious misconducts in prison, and whether existing classification instruments could be improved upon in terms of prediction by adding indicators of those needs (Gehring & Van Voorhis, 2014; Salisbury, Van Voorhis, & Spiropoulos, 2009; Van Voorhis et al., 2008; Van Voorhis, Wright, Salisbury, & Bauman, 2010; Wright, Salisbury, & Van Voorhis, 2007).

The series of WRNA instruments provides measures for factors that are unique to women offenders, as well as gender-neutral items, which have been conceptualized in a way that is responsive to women's qualitative life experiences. For instance, if a woman is unable to work because of child caretaking responsibilities, she is not considered fully unemployed, but rather, partially employed. Women in this situation are scored as having partial risk in the Employment/Financial scale, but not full risk as if she were completely unemployed but able to work.

Additionally, a special focus on "trauma and abuse, unhealthy relationships, parental stress, depression, safety, and personal strengths" (Van Voorhis, Bauman, Wright, & Salisbury, 2009, p. 81) has been highlighted as a key feature of the instrument. Scales include criminal history, substance abuse, housing (expanded to include safety at home), mental health (expanded to include symptoms of mood disorders such as depression, anxiety, and PTSD), and family relationships (expanded to include parental stress and to focus on unhealthy intimate relationships and family background). Similarly, antisocial attitudes and cognitions were expanded to include self-efficacy and self-esteem. Some of these same factors (self-efficacy, educational assets, and relational support) are used as measures of strengths to indicate potential resiliency, mediating factors, or sources of leverage for women.

The instrument was intended to provide flexible implementation across correctional settings and thus, the instrument was developed and tested with three prison, three probation, and two pre-release samples in the original participating sites.² Construction validation research by the WRNA development team found that the scales demonstrated strong results across sites, and that valid predictions of the outcomes were provided by the individual scales and the overall

composite risk score (Van Voorhis et al., 2010). Moreover, results showed that both gender-neutral and gender-responsive factors held predictive validity (Van Voorhis et al., 2008; Van Voorhis et al., 2010; Salisbury et al., 2009), and gender-responsive models significantly increased predictive validity above and beyond gender-neutral models (Van Voorhis et al., 2010).

A revalidation study of WRNA (and WRNA-T) was conducted using the probation version of the instrument and offender samples from Missouri, Ohio, Iowa, and Minnesota (Van Voorhis, Bauman, & Brushett, 2013). The stand-alone WRNA was developed as part of the construction validation research in Missouri, and both instruments had been revised following the construction research. The revised trailer version, WRNA-T, was tested in Iowa and Minnesota, while the revised stand-alone version was tested in Missouri and Ohio. Outcome measures included arrests, conviction, incarceration, and technical violations, as well as more general measures for offense-related failure (i.e., new arrests/convictions as well as behavior which could have been processed as a violation but through officer discretion or agency policy was not) or any failure (i.e., any of the above), where possible by jurisdiction, over a 12-month period. The WRNA-T alone showed statistically significant correlations with outcome measures, and when combined with the LSI-R, enhanced prediction of those offenses in most cases in comparison with isolated LSI-R prediction of risk. AUC scores ranged from .59 to .73 (Van Voorhis et al., 2013). Table 10.3 provides more detail on these particular analyses, but readers are encouraged to review the psychometric results from the various sites and samples at www.uz.edu/womenoffenders/publications.html.

Area Under the Curve (AUC), a product of Receiver Operating Characteristic (ROC) analysis, is a common and even preferred method for analyzing and reporting predictive validity because it controls for a low base rate (Rice & Harris, 1995), as is found when studying recidivism in female offender samples (Durose, Cooper, & Snyder, 2014). A value of .50 represents the rate of chance, while higher values up to .99 indicate increasing levels of accuracy. (Hosmer & Lemeshow, 2000). AUC values higher than .70 are considered to be representative of strong predictive accuracy.

The WRNA-T and stand-alone WRNA also showed statistically significant positive correlations with measures of re-incarceration, technical violations, offense-related failure, or any failure in the Missouri sample. Similar results were exhibited among the Ohio sample, except that re-incarceration data was not available in Ohio and that sample also failed to display statistically significant correlations to offense-related failures. Van Voorhis et al. (2013) noted limited follow-up in this jurisdiction within the voluntary study. Moreover, fidelity to the implementation of WRNA was greater in Missouri than it was in Ohio, which likely helps explain ranges in AUC values for the stand-alone WRNA in Ohio (AUC = .58 for offense-related failure) versus Missouri (AUC = .89 for re-incarceration). According to Van Voorhis et al. (2013), "... (Ohio) was affected by poor cooperation from probation officers in referring women to the study and by concerns for the validity of the follow up measures" (p. xxiv). Nevertheless, the pattern of results from the re-validation study provided support for the predictive validity of WRNA (Van Voorhis et al., 2013).

Gender-Responsive Principles of Effective Intervention

The collective wisdom that has emerged from the development and validation of the Women's Risk Need Assessment, along with continued research on women offender pathways, demonstrate a need to consider how the risk, need, and responsivity (RNR) principles should be revisited for women offenders. This line of inquiry is consistent with previous calls for *gender-informed* risk and needs assessment (Blanchette & Brown, 2006; Smith & Manchak, 2015). In fact, a thoughtful reformulation of RNR for women offenders was carefully outlined by Blanchette and Brown (2006). We concur with these scholars that RNR principles should

Gender-Responsive Risk and Need Assessment

*Table 10.3 Bivariate Correlations Between LSI-R and WRNA-T and AUC Results, Iowa and Minnesota
(Reproduced from Van Voorhis et al., 2013)*

Scale	Arrests		Convictions	
	Yes/No	AUC	Yes/No	AUC
<i>6-Month Follow Up</i>				
Total (N = 382)				
LSI-R	.14***	.65	.12***	.66
WRNA-T	.30***		.12***	
LSI-R + WRNA-T	.24***	.73	.14**	.69
Partial Corr.	.26***		.07*	
Iowa (N = 329)				
LSI-R	.14***	.69	.13***	.71
WRNA-T	.16***		—	
LSI-R + WRNA-T	.17***	.72	.12**	.70
Partial Corr.	.10**		—	
Minnesota (N = 53)				
LSI-R	.23***	.65	—	.60
WRNA-T	.36***		—	
LSI-R + WRNA-T	.30***	.70	—	.61
Partial Corr.	.28***		—	
<i>12-Month Follow Up</i>				
Total (N = 366)				
LSI-R	.21***	.68	.13***	.62
WRNA-T	.29***		.16***	
LSI-R + WRNA-T	.28***	.71	.16***	.65
Partial Corr.	.22***		.11***	
Iowa (N = 315)				
LSI-R	.22***	.70	.14***	.65
WRNA-T	.18***		.10***	
LSI-R + WRNA-T	.23***	.70	.14***	.65
Partial Corr.	.09**		—	
Minnesota (N = 51)				
LSI-R	.28**	.67	—	.58
WRNA-T	.44***		—	
LSI-R + WRNA-T	.37***	.71	—	.59
Partial Corr.	.36***		—	

continue to drive the operations and practices of correctional rehabilitation and intervention with women offenders because the research demonstrating their importance for this population has been strongly supported (for a review see Blanchette & Brown, 2006; Smith & Manchak, 2015). Even still, we argue that each principle of risk, need, and responsivity should be reconsidered in its conceptualization for justice-involved women in light of the pathways research and WRNA studies.

Gender-Responsive Risk Principle

The *risk principle* has two primary components: (1) criminal behavior can be predicted, and (2) reductions in recidivism will occur when the intensity of treatment is matched to the risk level of the offender, where higher dosage is provided to higher risk individuals (Andrews & Bonta, 2010). The risk principle has been supported with women offenders through studies investigating the harmful effect of intensively treating low risk women and the beneficial effect of treating high risk women (e.g., Lovins, Lowenkamp, Latessa, & Smith, 2007), as well as studies investigating the overall predictive validity of risk assessment instruments for women offenders (e.g., Jones, Brown, Robinson, & Frey, 2015; Smith, Cullen, & Latessa, 2009; Van Voorhis et al., 2010; but see also Holtfreter & Cupp, 2007; Reisig et al., 2006). It is clear that women offenders represent a heterogeneous group, and that some have a greater likelihood of engaging in criminal behavior than others. We see no evidence to believe that the risk principle does not apply to women offenders, despite insightful objection to its use (Hannah-Moffat, 2009).

However, how do we feel that the construct of risk for justice-involved women is fundamentally different than the construct of risk for justice-involved men, especially given the fact that women pose far less risk of offending and reoffending as a group than men (known as the "gender-ratio problem")? Additionally, "Adherence to the risk principle ... must consider the relative risk an individual poses *within his or her peer group*" (Blanchette & Brown, 2006; pp. 143–144, emphasis in original). Operationalization and measurement of women's risk should reflect these fundamental facts.

Moreover, despite their predictive validity, gender-neutral risk/need instruments appear to be less valid for women offenders, particularly for those who follow gendered pathways to offending (Holtfreter & Cupp, 2007; Holtfreter et al., 2004; Morash, 2009; Reisig et al., 2006). For instance, Reisig et al. (2006) found that the LSI-R misclassified women offenders who were characterized as following Daly's (1992) *drug-connected* and *harmed and harming* pathways. However, the LSI-R demonstrated validity with women who were characterized as *economically motivated*, which is more consistent with traditional, gender-neutral, and social learning theoretical assumptions of crime.

In other studies, various gender-neutral criminogenic needs appear to be more or less predictive for women compared to men (Holtfreter et al., 2004; Manchak, Skeem, Douglas, & Siranosian, 2009). Although a LSI-R total score may be predictive of women's offending, the drivers of prediction look different across gender. Manchak et al. (2009) found that the only significant LSI-R scale that was a predictive driver of seriously violent women's general recidivism was the Financial scale. Comparatively, three scales were significant for the sample of serious and violent men offenders and their general recidivism: Criminal History, Financial, and Alcohol/Drug. Notably, the Financial scale in the updated LS/CMI instrument is no longer used to measure overall offender risk in either the gender-neutral or gender-informed versions. Given women's greater economic marginality, this poses problems for maximizing prediction of female offending.

To address these validity issues, psychometricians working with gender-neutral instruments will typically adjust the cutoff scores for female populations. This is considered standard practice to "fit" the instrument to the data to maximize predictive validity. And while it is admirable that some risk assessment scholars are attempting to go beyond simply adjusting cutoff scores for women and instead adjusting the weights of gender-neutral predictors separately for women and men in their samples (e.g., Hamilton et al., 2016), we argue that the purest "gender-informed" or "gender-specific" or "gender-responsive" operationalizations of women's risk (regardless of the terminology used) will be reflected by assessments that are built from the ground up with women. *If statistically predictive, gender-responsive items are not included in an instrument in the first place, we will never see true and accurate measures of women's criminogenic risk.* If these gender-responsive items are excluded, we increase the potential for misclassification among women offenders. Overclassification, which assigns women to higher risk levels than is behaviorally warranted, already frequently occurs with

male-based institutional custody classification instruments, such as the NIC Model Prisons classification (Hardyman & Van Voorhis, 2004; Van Voorhis & Presser, 2001).

Moreover, because there is now evidence from the WRNA studies that there are additional criminogenic needs relevant to women's recidivism and institutional behavioral adjustment (e.g., unhealthy relationships, child/adult abuse, depression/anxiety, parental stress, unsafe housing, etc.), there is a logical possibility that current gender-neutral risk and need instruments may actually be underclassifying women's risk (i.e., assigning them to lower risk caseloads than is warranted by their behavior). But herein lies the importance of emphasizing that women's base rates of offending consistently remain markedly lower than men's offending. Underclassification of women offenders likely poses substantially less of a public safety problem than it does with men because (1) there are far fewer women offenders to begin with and (2) those women who are in the system still pose a decreased likelihood to commit future crimes compared to men.

Of course, this does not mean that underclassification of women offenders poses no problems for public safety. Furthermore, even though women pose generally less risk of offending, we still have an ethical obligation to achieve the most accurate and predictive assessment and classification procedures on their behalf and on behalf of the community. To comply with the risk principle, these underclassified women will receive few, if any, treatment interventions when, in fact, they need them. Correctional staff who supervise women offenders have claimed for decades that many justice involved women reflect individuals who are low risk to reoffend but in high need of treatment services specific to their gendered needs (Koons, Burrow, Morash, & Bynum, 1997). Evidence of this effect has been supported in the WRNA validation research (Salisbury, Van Voorhis, Wright, & Bauman, 2009; Van Voorhis et al., 2010).

Gender-Responsive Need Principle

Three core assumptions comprise the need principle highlighted by Andrews and Bonta (2010). First, a select few social and personality factors are criminogenic, or predictive of future offending, while many others are not. Second, among those factors that are criminogenic, some are more or less predictive of future offending than others. Third, successfully targeting dynamic (i.e., changeable), criminogenic needs using appropriate treatment modalities will reduce the likelihood of an individual's future offending.

The *big four* and *central eight* (Andrews & Bonta, 2010) criminogenic needs can be recited by heart by many correctional staff throughout the world, perhaps even in order of their importance. They have become a key part in the universal knowledge among the correctional rehabilitative world. The *big four* criminogenic needs include (1) a history of antisocial behavior,³ (2) antisocial attitudes and beliefs, (3) antisocial peers, and (4) antisocial personality characteristics and patterns (e.g., low self-control, impulsivity, sensation and thrill seeking, aggression, etc.). The *central eight* refer to these four factors plus (5) poor family/marital relationships, (6) school and/or work problems, (7) poor use of leisure time, and (8) substance abuse (Andrews, Bonta, & Wormith, 2006). While some claim that there is no shortage of studies and meta-analyses supporting these criminogenic needs for male and female offenders (e.g., see Dowden & Andrews, 1999; Gendreau et al., 1996; Hubbard & Pratt, 2002; Smith et al., 2009), the problem lies in the fact that they generally are measured by only one risk/needs assessment instrument (LSI-R or LS/CMI) with theoretical assumptions that may not be the best at explaining women's offending and recidivism.

Other studies that focused primarily on women offender samples showed that some of these gender-neutral risks, which have been widely promoted as the primary criminogenic needs for all offenders, are less predictive for women (Manchak et al., 2009; Reisig et al., 2006; Salisbury et al., 2009; Van Voorhis et al., 2008; Van Voorhis et al., 2010). For example, while the WRNA research did reveal that criminal history and other traditional factors were valid predictors, antisocial attitudes

and antisocial peers were not found to be particularly salient criminogenic needs across multiple research sites. Van Voorhis et al. (2010) concluded that, "... there is little in these findings to suggest that attitudes and associates should be the main treatment target for women offenders to the exclusion of other needs" (p. 281). Rather, treatment priorities exhibited from the WRNA research centered on targeting substance abuse, economic, educational, parental and mental health needs for women in the community, and trauma, dysfunctional relationships, and mental illness for women in prison (Van Voorhis et al., 2010). Similar findings were revealed by Manchak et al. (2009) whereby seriously violent women offenders scored significantly lower on the LSI-R scales of antisocial attitudes and criminal history compared to seriously violent men.

While the need principle undoubtedly applies to women offenders, there is reason to question whether the *big four* and *central eight* apply as uniformly to women offenders since additional gender-responsive criminogenic needs were not included in the meta-analyses that established the *big four* and *central eight*. What remains to be seen is which criminogenic needs are most predictive of women's recidivism and misconducts, and thus a reformulation from the *big four* to the *female four* is likely warranted. Analyses are currently underway investigating this possible reformulation, and we speculate that economic, relational, addiction, and depressive/anxious needs are likely among the top *female four* risk factors.

However, we acknowledge the body of work conducted by Skeem and her colleagues, which concludes that mental health diagnoses are not criminogenic in nature (e.g., Peterson, Skeem, Kennealy, Bray, & Zvonkovich, 2014) and that the Risk-Need-Responsivity model has not been fully applicable with mentally ill offenders, though it shows strong promise (Skeem, Steadman, & Manchak, 2015). Given this, it is important to note that the depression/anxiety scale on the WRNA is measured not as a mental health diagnosis, but rather as symptoms reflecting depression and anxiety through six items (e.g., problems staying focused or concentrating, mood swings, trouble sleeping, loss of appetite, etc.). This distinction in measurement makes a substantial difference as the scale is only intended to be a screener for case management to a full mental health assessment, if needed. In any case, we remind readers that much of the research exploring the criminogenic nature of serious mental illness focuses primarily on men offender samples—or if both men and women are included, results are seldom disaggregated by gender. Nevertheless, we caution readers about the necessary ethical considerations that must be made in light of any need being criminogenic that is beyond the control of offenders, such as depressive and anxious symptoms. We return to this point below in our closing remarks.

Lastly, results from the WRNA studies provided indication that measures of strengths (i.e., self-esteem, self-efficacy, family and relationship support, and financial and educational assets) were associated with positive outcomes (Van Voorhis et al., 2008; Van Voorhis et al., 2010). This is consistent with more recent research on the independent statistical contributions that strengths can make beyond criminogenic risk (Jones et al., 2015). Many scholars in general now agree on the importance of including strengths or resiliency/protective factors (Andrews & Bonta, 2010; Bloom et al., 2003; Sorbello et al., 2002; Taxman & Pattavina, 2013; van Wormer, 2001; Ward & Brown, 2004). In sum, if there is a shift in the prioritization of criminogenic needs for women and utility in including strengths, there should be a similar shift in the prioritization of treatment targets, as well as in the modalities used to reduce these criminogenic needs among women.

Gender-Responsive Responsivity Principle

Aside from the admitted awkwardness of this subsection title, even the responsivity principle warrants reexamination in light of gender-responsive work. We are not the first to suggest such a reformulation. The most basic suggestion has come from Andrews and Bonta (2010) in their argument that gender should simply be considered a *specific responsivity* issue. We find it strange, and perhaps even a bit offensive, to think of the socially proscribed role of gender (and other social roles such as

race) as a barrier to treatment success that should be accommodated before addressing gender-neutral criminogenic needs that do not fully reflect their pathways to offending and recidivism.

Moving the concept of gender further, Blanchette and Brown (2006) advocated that gender be incorporated in the *general responsiveness* principle, while Bloom and her colleagues (2003) highlighted the importance of using holistic, wraparound services with women offenders. Blanchette and Brown's (2006) proposed *gender-informed responsiveness principle* was summarized as follows:

A gender-informed responsiveness principle states that in general, optimal treatment response will be achieved when treatment providers deliver structured behavioral interventions [grounded in feminist philosophies as well as social learning theory] in an empathic and empowering manner [strength-based model] while simultaneously adopting a firm but fair approach. (p. 126)

We concur, and also advocate for a *gender-informed general responsiveness* principle, though we honestly prefer the term "responsive" over "informed" because the former connotes a spirit of empowerment that proactively promotes feminist philosophies rather than the latter, which seems to convey a passive acceptance that gender matters. Regardless, additional evidence supporting this position can now be found in program evaluations of gender-responsive curricula, such as *Moving On* (Duwe & Clark, 2015; Gehring, Van Voorhis, & Bell, 2010), the *Women Offender Case Management Model* (Millson, Robinson, & Van Dichten, 2010), and *Seeking Safety* (Lynch, Heath, Mathews, & Cepeda, 2012; Zlotnick, Johnson, & Najavitz, 2009; Zlotnick, Najavitz, Rohsenow, & Johnson, 2003), as well as parenting programs such as *Parenting Inside Out* (Eddy, Martinez, & Burratson, 2013; Kjellstrand, Cearley, Eddy, Foney, & Martinez, 2012). In addition, a meta-analysis by Tripodi, Beldsoe, Kim, and Bender (2011) demonstrated the effectiveness of adult correctional-based interventions for women targeting their substance abuse and psychological well being.

Lastly, a meta-analysis of 38 effect sizes reflecting 37 studies and nearly 22,000 women offenders demonstrated that gender-responsive curricula (i.e., based on feminist and relational theory and pathways research which targeted women's specific needs using a trauma-informed, strengths-based, and cognitive-behavioral modality) were as effective as gender-neutral curricula in reducing women's recidivism (fixed-effects weighted mean OR = 1.22, random-effects weighted mean OR = 1.35, $Q = 136.51, p < .001$) (Gobeil, Blanchette, & Stewart, 2016). Most importantly, when Gobeil et al.'s meta-analysis was limited to the 18 high-quality, methodologically rigorous studies (i.e., those involving a matched comparison group, adequate statistical control for group differences, or randomized control trial), *gender-responsive programs were significantly more likely to exhibit reductions in women's recidivism compared to gender-neutral programs* ($Q_{between} = 5.13, df = 2, p < .05$). Positive outcomes are substantially enhanced with women and girls when their criminogenic needs are addressed holistically using curricula that is informed by both feminist and cognitive-behavioral theories and implemented with fidelity.

Parting Policy Shots

Taken together, the primary theme emerging from the growing gender-responsive risk and needs assessment research is that *gender is more than a specific or general responsiveness issue* (Hannah-Moffat, 2009; Salisbury, 2015; Van Voorhis, 2012). Gender, we argue, should be in the foreground of offender rehabilitation, the principles of effective intervention, and risk/needs assessment inquiry, not the background. While others have cogently proposed that gender can be incorporated in the RNR model by subsuming it into general responsiveness by making it gender-informed (Blanchette & Brown, 2006; Smith & Manchak, 2015), we feel this is no longer sufficient. Keeping the construct of gender relegated to general responsiveness ignores a body of empirical evidence demonstrating

the need to reformulate *each* of the risk, need, and responsivity principles for justice-involved women—not just responsivity.

Additionally, we note that the continued investigation of correlates such as trauma and mental illness with women offenders will likely shed more light on how these needs are related to men's initial and ongoing offending. The research that has emerged from the epidemiological and public health community on the behavioral effects of cumulative adverse childhood events with both men and women is astonishing, and indicates that trauma is at the very least correlated with anti-social behavior in men and women further in the life course (Colman & Widom, 2004; Kelley, Thornberry, & Smith, 1997; Langsford et al., 2007; Widom & Maxfield, 2001). And although the "what works," gender-neutral research repeatedly finds that mental illness is not a predictor of recidivism in men or women, but rather a specific responsivity issue (Andrews & Bonta, 2010), we carefully remind readers that the manner in which constructs are measured on an assessment, such as with a LS/CMI versus a WRNA, matters greatly. We are hopeful that gender-responsive research informs the larger risk assessment research community on both women's and men's offending. After all, this area of inquiry is intentionally labeled "gender" responsive, as opposed to "female" responsive. If risk assessment researchers were to develop behavioral prediction tools from a masculinity theoretical orientation, nuanced differences in predictors might emerge. Nevertheless, we find it important to continue our focus on women's offending patterns, because for far too long they have been considered an afterthought to male offending.

As the field moves forward with improving the conceptualization and application of these *gender-responsive principles of effective intervention*, important ethical considerations must be considered. First, in the course of developing the WRNA, Van Voorhis and her colleagues carefully considered how best to apply newly identified gender-specific criminogenic needs such as child abuse, adult victimization, depression/anxiety, unsafe housing, and economic marginalization. It seems morally and ethically indefensible to fault women offenders for these personal hardships or factors beyond their control, even though it is the highly troubled woman with these needs who has the highest risk for recidivism (Van Voorhis et al., 2010). We are well aware of the backlash that occurs when a call is made for gender equality, but instead results in "vengeful equity" (Chesney-Lind, 2006). We can see the potential danger in advocating for these needs as risks, which some agencies might adopt as a way to punish women for being "promiscuous" or "crazy" or "manipulative."

As a result, we emphasize that the implementation of gender-responsive risk/needs assessments must be carefully planned and implemented with agencies that are invested in not just gender-responsive assessment, but a cultural shift toward adopting the gender-responsive principles of effective intervention for women. If there is no desire on the part of a correctional system to adopt gender-responsive curricula to target women's criminogenic needs, or to philosophically embrace the gender-ratio problem, then the utility of an instrument like the WRNA is severely diminished and potentially even harmful to women who are interviewed with it. The genuine interest and emotional relief displayed by justice-involved women when they are finally asked questions from the WRNA that are relevant to their lives is powerful and palpable. The interview also promotes an anticipation and belief in these women that they will soon have access to programming that will guide them in working through their complex and multifaceted needs. Denying them such programs might foster further distrust, delegitimization, and frustration toward the criminal justice system.

In sum, women's risk is dependent on enmeshed needs, and while their risk level as a group is lower relative to men's, their needs are often high. The treatment of women offenders should focus on building healthy relationships, providing relevant services for substance abuse, mental health, and trauma, improving socioeconomic status, and facilitating community connections to services (Bloom et al., 2003; Van Voorhis et al., 2009). This is best accomplished through well-coordinated provision of wraparound services, which involves case management with multiple resources at all stages of correctional processing (Morash, 2009).

Furthermore, gender-responsive risk and needs assessment is not some fleeting idea. In 2010, the United Nations adopted the first international standards relating specifically to women prisoners—the *Standard Minimum Rules for the Treatment of Female Prisoners and Non-Custodial Measures for Women Offenders* (i.e., Bangkok Rules; United Nations, 2011). The Bangkok Rules specifically call for research to be conducted on (among other things) the causes of women's imprisonment, the characteristics of women in prison, and the impact on children (United Nations, 2011). Rule 40 highlights that, "Prison administrators shall develop and implement classification methods addressing the gender-specific needs and circumstances of women prisoners to ensure appropriate and individualized planning and implementation towards those prisoners' early rehabilitation, treatment and reintegration into society" (United Nations, 2011; p. 17).

Additionally, more research emerges annually within the pathways perspective for women offender samples beyond North America and with adult-onset women offenders (Nuytiens & Christiaens, in press; Nuytiens & Christiaens, 2012; Salisbury, Kalantry, Brundige, & Martinez, 2015), as well as on the unique experiences of women offenders' incarceration, reentry, and desistance processes, particularly among women of color (Cobbina, 2009; Giordano, Cernkovich, & Rudolph, 2002; Huebner, DeJong, & Cobbina, 2010; Kruttschnitt & Bijleveld, 2015; McCorkel, 2013; Starr Sered & Norton-Hawk, 2014). Even Candace Kruttschnitt's presidential address at the 2015 annual meeting of the American Society of Criminology was titled, *The Politics, and Place, of Gender in Research on Crime* (Kruttschnitt, 2016). Among the many key themes from Kruttschnitt's address was the call for continued theoretical and practical investigation of how offending and desistance patterns differ for girls and women, particularly in relation to socially stratified contexts surrounding race and class. Research agendas following this call could take on many different forms—from focusing on life course/developmental criminology with women, to exploring the theoretical correctional rehabilitation principles (risk, need, responsivity, dosage, etc.) with economically disadvantaged women of color. These agendas and others similar to them will continue to inform women's risk and needs assessment strategies.

Notes

- 1 University of Nevada, Las Vegas.
- 2 An additional version exists for pre-trial women defendants, called the *Inventory of Needs*. See Gehring, K. S., & Van Voorhis, P. (2014). Needs and pre-trial failure: Additional risk factors for female and male pretrial defendants. *Criminal Justice and Behavior*, 41, 943–970.
- 3 Technically, history of antisocial behavior is not considered a criminogenic need because it is not a dynamic, changeable factor. Nevertheless, its strength in being a predictive factor of future offending warrants its inclusion in the *big four* categorization.

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