

Predicting the Prison Misconducts of Women Offenders

The Importance of Gender- Responsive Needs

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The needs of women offenders may be qualitatively different than the needs of male offenders. The “pathways” and “gender-responsive” perspectives of female offending have recently garnered attention in both practitioner and scholarly arenas. The pathways perspective focuses attention on the co-occurrence and effects of trauma, substance abuse, dysfunctional relationships, and mental illness on female offending, while the gender-responsive perspective also suggests that problems related to parenting, childcare, and self-concept issues are important needs of women offenders. Few studies have examined whether or not these are risk factors for poor prison adjustment. With a sample of 272 incarcerated women offenders in Missouri, we examine how each gender-responsive need is related to six- and twelve-month prison misconducts, and whether the inclusion of such needs to traditional static custody classification items increases the predictive validity of such tools. Results suggest that women offenders do, in fact, display gender-responsive risk factors in prison.

Keywords: *correctional classification; criminogenic needs; gender-responsive; needs; risk factors; women offenders*

Classification and Institutional Misconduct of Women Offenders: The Importance of Needs

Institutional custody classification tools have been adopted by correctional agencies throughout the United States (Van Voorhis & Presser, 2001) and are used to inform offender placement into community, minimum-, medium-, and maximum-security

custody levels. For prisons, placement into an appropriate custody level facilitates safety, housing, privileges, movement, and programming (Brennan, 1998; Van Voorhis & Presser, 2001). Because male offenders make up the majority of prisoners in the United States, it is not surprising that custody classification systems were developed from male samples and designed with male offenders in mind (Salisbury, Van Voorhis, & Spiropolous, in press).

Until recently these classification systems were applied to women offenders with little regard to their applicability and appropriateness. However, the increasing number of women offenders being sentenced to prison and the increasing attention granted to the “gender-responsive” needs of females has amplified scrutiny over the usefulness of such systems for women offenders. Gender-responsive scholars suggest that institutional classification systems that were designed for male offenders are less useful for women offenders and in many cases are invalid. They contend that females are very different from male offenders, as evidenced by their unique paths into criminal behavior, the offenses in which they engage, their decreased threat of violence across criminal justice settings, and their unique needs relating to victimization, substance abuse, mental health, self-concept, child care, and relationship issues (Bloom, Owen, & Covington, 2003; Covington, 2000). Furthermore, these scholars criticize current systems for ignoring women’s needs and failing to adequately inform their treatment and programming.

These criticisms are not without merit; a growing body of empirical research reports that women offenders are more likely than male offenders to be victims of sexual and physical abuse, exhibit mental health problems, engage in substance abuse, encounter parenting and child care problems, be affected by relationship issues, and have problems with self-concept (Bloom et al., 2003; Koons, Burrow, Morash, & Bynum, 1997; Lindquist & Lindquist, 1997; Sheridan, 1996). Moreover, current evidence indicates that prison classification systems do work better for male offenders than for female offenders (Hardyman & Van Voorhis, 2004). Custody classification systems that are used today tend to overclassify women into higher risk categories than is warranted by their behavior, thus increasing the limitations placed on women’s freedoms and access to programming (Brennan, 1998; Van Voorhis & Presser, 2001). Although gaining increased attention in practitioner and scholarly debate, these gender-responsive needs have been understudied with regard to women offenders and institutional outcomes.

In a recent pilot study to the current research, however, Salisbury et al. (in press) noted that some of these needs were more relevant to prison adjustment than the

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criminal history variables typically used to predict serious prison misconducts. Specifically, substance abuse, mental health, child abuse, self-concept, and relationship issues significantly affected women's chances of becoming involved in serious prison misconducts.¹

Given that current prison classification systems may be doing more harm than good for women offenders, scholars have begun to question whether changes to the systems are needed to increase their predictive accuracy. Of particular concern is whether the inclusion of important gender-responsive needs would increase the validity of these assessment tools for women offenders and more appropriately inform their treatment and programming. Of course, the importance of this research extends beyond the classification instruments themselves to the very issue of the mission of women's prisons. The discovery that troubled inmates make poorer adjustment to prison than those currently classified as high custody through offense-related variables may question many of the current policies for managing women's prisons. Prison safety from this needs-based perspective emanates not solely from the practice of holding women with serious offenses at higher custody levels but rather from sound plans to accommodate, program for, and promote well-being. In this sense, gender-responsive classification systems are intended to serve as tools to more accurately guide gender-responsive placement, programming, and correctional policies in settings that place high emphasis on treatment, case management, and effective community transition.²

To this end, the current study examines the role that gender-responsive needs relating to trauma and abuse, mental health, parenting, relationships, and self-concept play in women's adjustment to prison. We consider as well those needs that are currently identified by gender-neutral, risk/needs assessments (e.g., employment, education, substance abuse, antisocial attitudes, and antisocial associates, see Andrews & Bonta, 1995; Brennan, Dieterich, & Oliver, 2006).³ The current study expands on the pilot study reported by Salisbury et al. (in press) but utilizes a larger sample of women offenders and tests more gender-responsive needs.⁴ Specifically, this article examines whether gender-responsive needs function as risk factors to women offenders' institutional misconducts. Finally, we examine whether the inclusion of gender-responsive needs increases the predictive validity of custody classification for women offenders.

The Importance of Unique Needs Among Female Offenders

The gender-responsive risk factors of interest to the current study are drawn from the "pathways" perspective (see Chesney-Lind & Pasko, 2004; Daly, 1992, 1994; Owen, 1998; Reisig, Holtfreter, & Morash, 2006) and recent gender-responsive work (see Bloom et al., 2003; Chesney-Lind, 2000b; Covington, 1998; Green, Miranda, Daroowalla, & Siddique, 2005).

According to the pathways perspective, the confluence of trauma, substance abuse, and mental health puts women on “pathways” to crime that are inherently different from the pathways into crime that males take. Chesney-Lind (2000a), for example, noted that early victimization, trauma, and exploitation of females by family members or close friends provide the incentive for girls to run away, increasing their chances of later engaging in crime. Daly’s (1992, 1994) groundbreaking research provided a framework for understanding several women’s criminal pathways that were organized by their life experiences, offending contexts, and social location. Four of the five pathways found by Daly (1992, 1994) can be considered “gendered” pathways reflecting offending contexts not typically seen with men. Other researchers have suggested that the early victimization of girls leads to depression and low self-concept that then may promote drug use, subsequent victimization, and crime in adult years; such a trajectory may not be comparable to male offenders (McClellan, Farabee, & Crouch, 1997). Scholars asserted that gender-specific theories of female offending cannot discard the important roles of trauma, substance abuse, relationships, and mental health in female offending (Covington, 1998). Thus, at the least, a gender-specific perspective on female misbehavior entails that women are more likely than men to experience childhood and adult victimization, substance abuse, and diagnoses of mental illness. Additional needs related to parenting, child care, and self-concept have also been suggested as influencing women’s criminal behavior (Bloom et al., 2003).

Victimization and Abuse

Data from incarcerated women offenders support the assertion that female offenders are more likely to experience abuse or victimization. As many as 47% and 39% of women in corrections report experiencing some sort of physical or sexual abuse, respectively, during their lifetimes (Bureau of Justice Statistics [BJS], 1999; McClellan et al., 1997). The estimates of male abuse are much lower—just up to 13% and 6% report experiencing physical or sexual abuse, respectively (BJS, 1999). Estimates of such rates can be widely variable, however; some researchers have reported rates of physical abuse among women offenders as high as 75% (e.g., Browne, Miller, & Maguin, 1999; Greene, Haney, & Hurtado, 2000; Owen & Bloom, 1995) and sexual abuse as high as 65% (e.g., Browne et al., 1999; Islam-Zwart & Vik, 2004).

Although research on prevalence rates indicates that women offenders often experience abuse as children as well as adults (Browne et al., 1999), conclusions are mixed concerning the importance of childhood abuse versus adult abuse per se, as well as their importance to community versus institutional outcomes. Whereas some researchers have found no association between adult victimization and community recidivism (Bonta, Pang, & Wallace-Capretta, 1995; Loucks & Zamble, 1999; Rettinger, 1998), others have found negative relationships (Blanchette, 1996; Bonta et al., 1995) once these variables were entered into multivariate models; still other researchers have found positive associations between adult victimization and recidivism (Salisbury

et al., in press).⁵ Results regarding the effect of childhood abuse on community outcomes are also mixed—some researchers suggest that childhood abuse is a significant predictor of community recidivism (Law, Sullivan, & Goggin, in press), whereas other researchers have found that childhood abuse is not significantly related to community outcomes (Salisbury et al., in press).

Moreover, whether these relationships are stable across community and institutional settings is understudied. Although Law et al. (in press) found that childhood abuse was predictive of recidivism in the community, this relationship did not hold when assessing institutional adjustment. However, Salisbury et al. (in press) found that though adult victimization was predictive of community recidivism and childhood victimization was not, these relationships flipped when assessing institutional misconducts—child abuse became a significant predictor of institutional misconducts while adult emotional victimization was the only type of adult victimization which remained significant.⁶ Islam-Zwart and Vik (2004) also assessed childhood and adult physical and sexual abuse on women's adjustment to prison. These researchers found that female inmates who were sexually victimized during adulthood reported more external adjustment problems such as fighting and arguing, while childhood sexual abuse was also associated with internal adjustment problems such as having anger toward others (Islam-Zwart & Vik, 2004). These studies demonstrate mixed results regarding the importance of adult and childhood victimization, especially when assessing their impact on institutional misbehavior.

Mental Health and Related Personal Distress

Mental illness, alone as well as in interaction with other factors, is a major hindrance to prison adjustment among women offenders and has been found to be predictive of such problems (Law et al., in press; Salisbury et al., in press; Warren, Hurt, Booker Loper, & Chauhan, 2004). It is a well-established observation that incarcerated women experience high levels of distress on many mental health indices (Center for Substance Abuse Treatment, 1999; Jordan, Schlenger, Fairbank, & Caddell, 1996; Singer, Bussey, Song, & Lunghofer, 1995; Teplin, Abram, & McClelland, 1996) and that the prevalence of mental health problems is greater among incarcerated women than incarcerated men (Lindquist & Lindquist, 1997; Sheridan, 1996).

Within prediction assessments, mental health needs have often been considered “personal distress” factors; these factors have been found to exert only weak to moderate relationships with criminal justice–related outcomes among male and female offenders (Andrews & Bonta, 2003; Gendreau, Little, & Goggin, 1996; Simourd & Andrews, 1994). Although, mental health problems are considered gender-neutral risk/need factors in this context, the mental health needs of female offenders may differ substantially from those of male offenders. Depression, anxiety, and self-injurious behavior are more prevalent among female than male populations (Belknap & Holsinger, 2006; Bloom et al., 2003; McClellan et al., 1997; Peters, Strozier, Murrin, &

Kearns, 1997), and women often suffer from several cooccurring mental health needs such as depression and substance abuse (Bloom et al., 2003; Holtfreter & Morash, 2003; Owen & Bloom, 1995) at higher rates than men (Blume, 1990).

There may be two potential problems concerning the measurement of “personal distress” in gender-neutral assessments that may have masked the true importance of mental health among female offenders. First, some forms of mental illness may be overlooked in current risk assessment instruments. For example, women who suffer from major mood disorders may be ignored, especially if they have not been previously diagnosed and recorded. As such, the mental health problems of stress, depression, fearfulness, and suicidal thoughts or attempts have shown to be strong predictors of women’s recidivism (Benda, 2005; Blanchette & Motiuk, 1995; Brown & Motiuk, 2005), though not for men’s recidivism (Benda, 2005).

Second, prediction studies frequently aggregate mental illness indicators into broad mental health domains that could potentially confound relevant associations. For example, a recent meta-analysis by Law et al. (in press) suggested that women offenders’ mental health is significantly related to institutional and community outcomes. Although the mean effect sizes reported from that study are relatively weak in strength (M_z^+ [mean effect size] = .07, and .09 for institutional and community outcomes, respectively), the study’s mental health domains reflected a mixture of heterogeneous indicators of mental illness. This method of aggregation could mask important relationships between specific types of mental illness and criminal behavior. To address these potential problems, we examine specific, symptom-based measures and general measures of mental illness in the current study.

Substance Abuse and Addiction

Substance abuse and addiction are related to male and female offending (McClellan et al., 1997) and are currently assessed in gender-neutral needs and risk/needs assessments. However, some scholars have suggested that substance abuse has unique effects on females, given its high cooccurrence with mental illness, relational problems, and histories of victimization (Covington & Bloom, 2007). There is some evidence to support this argument. McClellan et al. (1997) found that overall illicit drug use was higher for female inmates than male inmates, and the severity of substance abuse was more predictive of property crime for women than for men. In addition, a recent meta-analysis showed that substance abuse was a significant criminogenic need in predicting women’s general and violent recidivism (Law et al., in press; see also Salisbury et al., in press), and women who reported problems with substance abuse have been shown to incur more prison misconducts than women without such problems (see Salisbury et al., in press).

The prevalence of substance abuse among female offenders is high. Among state prisoners, over 60% of women met the *Diagnostic and Statistical Manual of Mental*

Disorders (DSM-IV; American Psychiatric Association, 1994) criteria for having a drug dependence or abuse problem during the year prior to their incarceration, and 59% reported having abused substances in the month prior to their offense (BJS, 2006). In addition, mandatory drug sentences may have affected women offenders more than male offenders (Austin, Bruce, Carroll, McCall, & Richards, 2001); in 1998, more than a quarter of a million female drug arrests were reported, accounting for 18% of all female arrests for drug law violations (BJS, 1999). Given that a substantial proportion of females being sentenced to prison are characterized by substance abuse (Austin et al., 2001), it is important to determine whether this need also acts as a risk factor to prison adjustment and misconduct.

Relationships With Significant Others

Proponents of “gender-responsive” approaches also focus on needs that do not fall under the rubric of physical or mental health. With calls for holistic and comprehensive approaches to the treatment of offenders, additional needs relating to relationships, self-concept, parenting, and child-rearing warrant consideration (Bloom et al., 2003). For example, deeply rooted in feminist scholarship is the notion that most aspects of women’s lives are contextualized according to their relationships with others (Gilligan, 1982; Miller, 1976). According to relational theory, a woman’s identity, self-worth, and sense of empowerment are said to be defined by the quality of relationships she has with others (Gilligan, 1982; Kaplan, 1984; Miller, 1976; Miller & Stiver, 1998).

Research indicates that women are more relational than men and tend to place great emphasis on the importance of developing and maintaining healthy and supportive relationships with others in their lives (Bloom et al., 2003). Female offenders are no different. However, because of the high rates of abuse and trauma experienced by female offenders, their ability to achieve healthy relationships may be severely limited (Covington, 1998). Relationships characterized by high levels of conflict and dysfunction between partners and low levels of support may influence women’s criminality prior to, during, or after incarceration. In fact, Salisbury et al. (in press) found that women whose relationships were characterized by high codependency incurred more misconducts while incarcerated, whereas relationships characterized by low codependency decreased the likelihood that a woman would have problems adjusting to prison. Many women offenders may engage in relationships that facilitate their criminal behavior (Koons et al., 1997; Richie, 1996), may be involved in abusive relationships (Bloom et al., 2003; BJS, 1999), or may turn to substance abuse as a result of problems with their inmate relationship (Langan & Pelissier, 2001; Peters et al., 1997). All of these factors have been hypothesized to relate to women offenders’ criminal behavior.

Institutional misbehavior can also be influenced by the nature of women’s relationships with significant others on the outside. Support from family members may be

important in this regard. Emotional support, warmth, contact, and encouragement from family members may alleviate some of the strife that incarceration may bring on women offenders; however, limited support from or high conflict with family members may also make adjustment more difficult.

Parenting

Relationships with children may also affect women's behavior while institutionalized. This is an important issue to consider given that the prevalence of women offenders with children is so high; female offenders in the criminal justice system are more likely than male offenders to be the primary caregiver for dependent children prior to and immediately after their experience with the criminal justice system (Bloom et al., 2003; Mumola, 2000). In fact, more than 70% of women under supervision in the criminal justice system are mothers to minor and dependent children, whereas more than 40% of those women are single and often experience no help from intimate others in raising those children (Bloom et al., 2003).

Thus, concern for children may loom as a major source of anxiety among incarcerated women. Women offenders with dependent children may feel overwhelmed and worry about their ability to ensure the safety and security of their children while incarcerated (Greene et al., 2000). Furthermore, they may worry about their ability to manage their children and provide for their needs on release. Whether or not such problems affect institutional misconduct is still being investigated; however, much research indicates that access to children and family are focal concerns for women (Fogel & Martin, 1992; Koons et al., 1997; Warren et al., 2004). Despite such evidence, Salisbury et al. (in press) found no significant relationship between parental stress and institutional misconduct.⁷

Self-Esteem and Self-Efficacy

A significant amount of research has addressed whether self-esteem is a dynamic risk factor. Most results from these studies have shown that low self-esteem, often aggregated into the category of personal distress, was not a risk factor for recidivism and that programs targeting self-esteem were not promising (Andrews & Bonta, 2003). In fact, some programs actually increased the likelihood of recidivism (Andrews, 1983; Andrews, Bonta, & Hoge, 1990; Gendreau et al., 1996; Wormith, 1984).

Again, the majority of these studies focused on male offenders. The gender-responsive literature emphasizes the importance of self-esteem and self-efficacy in that high levels of each aides women in taking control of their lives and circumstances (Task Force on Federally Sentenced Women, 1990). Such needs are often cited by correctional treatment staff, researchers, and women offenders themselves as critical to their desistance (Carp & Schade, 1992; Case & Fasenfest, 2004; Chandler &

Kassebaum, 1994; Koons et al., 1997; Morash, Bynum, & Koons, 1998; Prendergast, Wellisch, & Falkin, 1995; Schram & Morash, 2002; Task Force on Federally Sentenced Women, 1990).

Gender-responsive scholars contend that trauma, victimization, and abusive relationships may contribute to lower self-concept, self-esteem, and feelings of self-efficacy and self-worth (Bloom et al., 2003). In support, the psychological literature puts forward a large body of knowledge showing negative associations between women's abusive experiences and self-esteem among women in the general population (Aguilar & Nightingale, 1994; Cascardi & O'Leary, 1992; Clements, Ogle, & Sabourin, 2005; Clements, Sabourin, & Spiby, 2004; Orava, McLeod, & Sharpe, 1996; Resick, 1993; Williams & Mickelson, 2004; Zlotnick, Johnson, & Kohn, 2006). However, whether women's self-esteem, in turn, is related to their institutional misconduct is understudied.

Likewise, little is known about the importance of self-efficacy to institutionalized women offenders, although it has been suggested as playing a major role (Rumgay, 2004). Self-efficacy reflects a person's confidence in achieving her or his specific goals. Although high self-efficacy may function as a protective factor in the community (e.g., by increasing the likelihood of goal attainment), it may operate as a risk factor for prison misbehavior. This is because self-efficacious women may be more likely to question institutional authority, thereby instigating citations from staff who have difficulty managing female inmates. Indeed, Salisbury et al. (in press) found support for self-efficacy increasing the likelihood of prison misconducts but decreasing the likelihood of community recidivism.

Current Institutional Classification Systems: Problems for Women Offenders

Increased attention to the gender-responsive needs has brought gender disparity to the forefront of research and practice, especially with respect to women's prisons. Scholars suggested that institutional classification systems that are not gender sensitive overclassify female offenders and do not adequately identify or treat their needs. As such, current evidence indicates that prison classification systems work better for male offenders than for female offenders (Bloom et al., 2003; Hardyman & Van Voorhis, 2004). That this situation has not been corrected is largely attributable to the fact that most states have not validated their classification systems on women offenders (Van Voorhis & Presser, 2001).

Institutional custody classification systems currently focus on factors relating to prior record, seriousness of the current offense, history of violent offenses, and age to assess risk (Brennan & Austin, 1997). Within prison settings, *risk* refers to the degree to which an offender poses a threat to himself or herself, other offenders, prison

workers, or the secure management of a correctional facility. Custody classification assessments based on risk inform custody-level placement, which allows prison administrators to allocate resources properly, determine eligibility for and access to programs, determine appropriate housing and cellmate assignments, and maintain safety and security within prison by protecting prisoners against self-inflicted violence and victimization from other prisoners (Warren et al., 2004).

Overclassification occurs when women are placed into higher risk/custody categories than is warranted by their behavior. Overclassification sometimes occurs when the same cut-points for differentiating custody levels are applied to men and women. Women's scores typically have to be higher than men's before a given custody level (e.g., maximum) shows similar rates of misconduct for men and women. Of course, if the custody assessment is not valid to begin with, the problem cannot be corrected simply by changing cutoff scores. Overclassification can be detrimental for females because their inflated custody score may lead to excessive and inappropriate custody measures, such as limited movement, more restraints, inappropriate housing, and inappropriate programming (Brennan, 1998). Overclassification is evident by staff overrides of custody scores; in a recent survey of state classification systems, Van Voorhis and Presser (2001) found that 20% of state correctional agencies used overrides between 18% and 70% of the time when classifying their female offenders.

Integrating needs into the institutional custody assessment practices is a prospect that stands in stark contrast to the current custody classification process. However, doing so appears to improve the prediction of women's prison misconducts (Salisbury et al., in press). Including the assessment of needs in risk-based classification systems is not a new idea in the assessment and classification literature; however, it is something that has not been widely considered in prison assessments. Early assessments used in community and institutional settings distinguished between the assessment of risk and the assessment of needs (Van Voorhis, 2004). Early risk assessments included static variables linked to criminal history and current offense behavior (Bonta, 1996). In this sense, community risk assessments looked much like current custody classification systems. A second distinct assessment was used to measure needs so that offenders could be referred to programs related to educational, employment, substance abuse, mental health, or family problems (Lerner, Arling, & Baird, 1986). More recently, researchers have found that certain needs are also predictive of recidivism (Andrews et al., 1990). The most recent generation of risk assessment instruments, known as dynamic risk/need assessments, include the assessment of static risk factors (e.g., measures of prior criminal history and the seriousness of the current offense) as well as criminogenic needs (e.g., education difficulties and substance abuse) to predict an offender's likelihood of future criminal behavior.

Again, though community agencies have largely integrated dynamic risk/needs assessment in their operations, prisons have been slower to include measures of

dynamic needs in their assessments, preferring to rely on static measures of criminal history (Hardyman & Van Voorhis, 2004). However, with prisoner reentry initiatives (Petersila, 2003; Travis, 2005) and the notion that offender's needs affect one's risk of reoffending on release, a number of states are beginning to use dynamic risk/needs assessments in prisons (Salisbury et al., in press). The most commonly used instruments of this type are the Northpointe COMPAS (Brennan et al., 2006) and the Level of Service Inventory-Revised (LSI-R; Andrews & Bonta, 1995). These assessments do not incorporate gender-responsive needs, however.

Given these considerations, including an assessment of needs in prison classification systems might increase the validity of institutional classification systems for women offenders. If cut-points are set appropriately, such assessments may also reduce overclassification and simultaneously inform women's treatment and programming.⁸ We examine gender-responsive as well as gender-neutral needs in the current study.

The Current Study

There have been no comprehensive, large-scale, and ongoing empirical investigations into the specific risk factors for women, their unique needs and adjustment to incarceration, or their institutional misconduct rates after lengthy follow-up periods. What evidence does exist in this area of research suggests that gender-responsive needs are prevalent among women offenders. The limited research conducted to date indicates that gender-responsive needs are predictive of prison misconducts, and assessment of these needs improves the prediction of such behavior (Salisbury et al., in press). However, further research is clearly warranted to provide more conclusive statements regarding the importance of needs for women offenders.

To this end, the current study expands on the study conducted by Salisbury et al. (in press) and seeks additional understanding of the role that needs play in women's adjustment to prison. Two research questions are posed: First, do gender-responsive needs function as risk factors to women's institutional misconducts? Second, does the inclusion of gender-responsive needs increase the predictive validity of custody classification among women offenders?

Method

Data collection and analyses were funded by the National Institute of Corrections (NIC), as part of a larger research agenda to improve classification, assessments, and programs for women. The sample consisted of 272 newly admitted women offenders to the Missouri Department of Corrections. All women admitted between February 11,

2004, and July 28, 2004, were asked to participate: of 322 women, 84.5% consented to the research under recruitment and consent procedures approved by the University of Cincinnati's Institutional Review Board. Follow-up data describing the incidence and prevalence of prison misconducts were obtained between August 2004 and July 2005.

Participants

Table 1 describes the demographic characteristics, criminal histories, offense characteristics, and institutional misbehavior for the 272 institutionalized women who participated in the current study. On average, the participants were age 33 years, with the majority being White, followed by African American (79.6% and 19.5%, respectively). Consistent with previous findings regarding the female correctional population (see Bloom et al., 2003), most of the women in this sample had children younger than age 18 years (74.6%), although only 27% were married. Also in line with previous research (see Austin et al. 2001; BJS, 1999, 2006), 44% of the participants were convicted of drug offenses, with forgery or fraud cited second most frequently (20.6%). Only 10% of incarcerated women committed a violent offense against a person. Of the 272 women offenders, roughly 56% had been convicted of a prior felony, 25% had been previously incarcerated, and 6% had previously engaged in a prior violent offense. Table 1 demonstrates that around 47% of the incarcerated women incurred a serious misconduct 6 months into their prison term, and that increased to almost 52% after 12 months.

Assessment Instruments

Scales derived from one of the two sources were included in the analyses as potential risk factors (predictors) for misconducts. These sources included (a) the Missouri Women's Risk Assessment interview created by the Missouri Women's Issues Committee in conjunction with the University of Cincinnati and National Institute of Corrections and (b) the Trailer, a self-report, paper-and-pencil instrument created by the University of Cincinnati staff. A more detailed description of each assessment follows.

Missouri Women's Risk Assessment. The Missouri Women's Risk Assessment is an intake interview that was created by the Missouri Women's Issues Committee as a way to integrate gender-specific questions into Missouri's custody classification system. Twelve subscales make up the Women's Risk Assessment; these subscales assess areas regarding women's criminal history, family lives, relationships, parenting issues, substance use or abuse, economic issues, mental health issues, friends outside of prison, anger, educational and employment attainments, adult and childhood victimization, and criminal attitudes. This interview incorporated gender-responsive questions

Table 1
Sample Descriptive Statistics, Missouri Prison (N = 272)

| Characteristic | <i>n</i> | Percentage |
|--|----------|------------|
| Participant age | | |
| 18 - 20 years old | 12 | 4.5 |
| 21 - 30 years old | 86 | 32.2 |
| 31 - 40 years old | 110 | 41.2 |
| 41 - 50 years old | 55 | 20.6 |
| 51 years and older | 4 | 1.5 |
| <i>M</i> = 33.8 years (<i>SD</i> = 8.3) | | |
| Participant race | | |
| White | 211 | 79.6 |
| African American | 53 | 19.5 |
| Asian | 1 | 0.4 |
| Indian | 1 | 0.4 |
| Participant currently married | | |
| Yes | 74 | 27.2 |
| Participant has children younger than age 18 years | | |
| Yes | 203 | 74.6 |
| Participant employment | | |
| Employed full- or part-time | 228 | 84.8 |
| Unemployed | 41 | 15.2 |
| Participant holds high school diploma | | |
| Yes | 155 | 57.0 |
| Current offense | | |
| Drug-related offense | 121 | 44.5 |
| Forgery/fraud offense | 56 | 20.6 |
| Property offense | 30 | 11.0 |
| Violent offense | 28 | 10.3 |
| DUI/DWI/motor vehicle offense | 23 | 8.5 |
| Prior felonies | | |
| Yes | 145 | 55.6 |
| None | 116 | 44.4 |
| 1 - 2 | 111 | 42.5 |
| 3 - 5 | 30 | 11.5 |
| 6 or more | 4 | 1.5 |
| <i>M</i> = 2.0 felonies (<i>SD</i> = 1.6) | | |
| Prior incarcerations | | |
| Yes | 69 | 25.4 |
| <i>M</i> = 1.4 terms (<i>SD</i> = 1.0) | | |
| Prior violent offense | | |
| Yes | 15 | 5.5 |
| 6-month misconducts | | |
| Yes | 129 | 47.4 |
| <i>M</i> = 1.00 misconducts (<i>SD</i> = 1.43) | | |
| 12-month misconducts | | |
| Yes | 141 | 51.8 |
| <i>M</i> = 1.39 misconducts (<i>SD</i> = 1.98) | | |

Note: DUI = Driving under the influence; DWI = driving while intoxicated.

and gender-neutral items that are used in various other assessment tools (e.g., the LSI-R or Northpointe COMPAS).

Gender-Responsive "Trailer." The "Trailer" is a self-report survey that was created by University of Cincinnati research staff to measure gender-responsive needs of women offenders. The survey comprises multiple subscales; each asks several questions to tap an underlying domain. These domains pertain to self-esteem, self-efficacy, parenting and relationship problems, and childhood and adult victimization.

Measures

Dependent variables. All outcome variables used in the analyses are described in Table 1. The dependent variables were intended to tap institutional adjustment as measured by serious prison misconducts. In this case, serious misconducts excluded minor rule violations such as being in unauthorized areas. These measures were collected 6 and 12 months after intake and are reported as incidence (frequency) and prevalence (presence/absence) measures.

Gender-neutral independent variables. The mean, standard deviation, and ranges for the scales tested in this study are provided in Table 2. For the ease of presentation, the subscales have been designated as either gender-neutral scales or gender-responsive scales. The gender-neutral scales reflect domains in offenders' lives that are often incorporated in risk and needs assessment tools, such as the LSI-R, and have been shown to be predictive of criminal behavior among males and females (e.g., Andrews & Bonta, 2003; Gendreau et al., 1996; Simourd & Andrews, 1994). The gender-responsive scales were designed to reflect those areas in women's lives that may be particularly important to their criminal behavior and institutional misconduct, such as self-concept, trauma or victimization, relationships, and mental health problems.

The scales presented below were identified through factor analyses using principle component extraction with varimax rotation. Final scales were created through principle component analysis of the selected items. Scales are coded so that higher scores reflect the presence of a risk factor; to accommodate differences in ranges among the scales, all individual measures with ranges higher than 0 to 10 were divided into quartiles.

The Antisocial Attitudes scale was designed to assess the degree to which an offender had internalized criminal values or denied responsibility for her actions. Seven items pertaining to attitudes such as harm minimization, denial of responsibility, and blaming others were included in this scale. The summed items resulted in a scale with an eigenvalue of 3.91 and an alpha reliability of .87.

Antisocial Friends scale included six items (eigenvalue = 2.29, alpha = .70) to assess whether the offender associated with friends who engaged in criminal behavior.

Table 2
Descriptive Statistics for Assessment Scales, Missouri
Prison Sample (*N* = 272)

| Scale Item | <i>M</i> | <i>SD</i> | Range |
|---|----------|-----------|--------|
| Gender-Neutral Scales | | | |
| Antisocial attitudes | 1.49 | 2.04 | 0 – 7 |
| Antisocial friends | 2.18 | 1.61 | 0 – 5 |
| Low education | 3.34 | 1.62 | 0 – 5 |
| Employment/financial difficulties | 3.34 | 1.88 | 0 – 8 |
| High family conflict | 0.80 | 0.87 | 0 – 4 |
| Low family support | 2.13 | 1.83 | 0 – 6 |
| Static substance abuse | 5.90 | 3.00 | 0 – 10 |
| Dynamic substance abuse | 2.27 | 1.51 | 0 – 5 |
| History of mental illness | 2.43 | 1.91 | 0 – 6 |
| Anger control | 1.54 | 1.55 | 0 – 7 |
| Gender-Responsive Scales | | | |
| Low self-esteem | 1.36 | 1.16 | 0 – 3 |
| Low self-efficacy | 1.45 | 1.11 | 0 – 3 |
| Childhood abuse | 1.29 | 1.12 | 0 – 3 |
| Adult emotional abuse | 1.33 | 1.07 | 0 – 3 |
| Adult physical abuse | 1.47 | 1.14 | 0 – 3 |
| Adult harassment | 1.36 | 1.11 | 0 – 3 |
| Low relationship support | 5.86 | 3.32 | 0 – 10 |
| High relationship conflict | 0.89 | 1.18 | 0 – 5 |
| High relationship dysfunction | 2.72 | 2.52 | 0 – 10 |
| Parental stress (<i>N</i> = 203) | 1.40 | 1.06 | 0 – 3 |
| Current depression/anxiety | 2.00 | 1.99 | 0 – 6 |
| Current psychosis | 0.08 | 0.32 | 0 – 2 |
| Risk Scale | | | |
| Institutional risk | 1.02 | 1.01 | 0 – 5 |
| Needs Scales | | | |
| Gender-neutral needs | 11.73 | 5.46 | 1 – 30 |
| Gender-responsive needs | 9.22 | 4.36 | 1 – 19 |
| Modified Risk/Needs Scales | | | |
| Gender-neutral risk/needs | 12.80 | 5.70 | 1 – 31 |
| Gender-responsive risk/needs | 10.28 | 4.56 | 1 – 22 |
| Final Scale | | | |
| Gender-neutral & gender-responsive risk/needs | 22.09 | 8.35 | 3 – 46 |

Questions relating to whether the participant had friends outside of prison who had been incarcerated or been in trouble with the law made up this scale.

Educational issues were tapped by a four-item scale incorporating questions about whether the offender had difficulty reading and writing, had learning disabilities, or never graduated from high school or received her General Equivalency Diploma (GED). The scale produced an eigenvalue of 2.12 and an alpha reliability of .66, which was marginal.

Employment and financial difficulties were measured with eight items (eigenvalue = 2.16, $\alpha = .61$). This scale comprised questions relating to whether participants had difficulty finding or keeping a job, paying their bills, and supporting themselves.

Family problems were measured with the Family Conflict and Family Support scales. The Family Conflict scale consisted of three items indicating that there was much conflict, criminality of other family members, and the family's refusal to communicate with the inmate. Factor loadings for these items were high (eigenvalue = 1.28); however, the alpha for the scale was unacceptably low (.29). The items did, however, form a Guttman scale with a coefficient of reproducibility equal to .83, so the scale was retained for further analysis. The Family Support scale included five items (eigenvalue = 2.50, $\alpha = .73$) that measured how supportive an offender's family members had been during incarceration; questions regarding whether family members had visited or helped the woman while incarcerated and were willing to help after the prison term were included in this scale.

Data reduction analyses produced two substance abuse factors, a 10-item History of Substance Abuse scale measuring past substance use or abuse (eigenvalue = 4.63, $\alpha = .86$), and a 5-item Dynamic Substance Abuse scale (eigenvalue = 2.14, $\alpha = .66$). The History of Substance Abuse scale comprised items pertaining to prior substance-related offenses, prior drug treatment, and whether the use of drugs affected daily life. The Dynamic Substance Abuse scale assessed the degree to which substance use presented a problem for an offender within 6 months prior to their incarceration and incorporated questions relating to whether the offender associated with other substance users, missed treatment programs, or was violated for using substances.

Mental illness has also been incorporated in gender-neutral needs assessments and is often denoted as a personal distress variable. The 6-item History of Mental Illness scale used in the current study was designed to evaluate whether an offender had ever experienced delusions, attempted suicide, been hospitalized, received medication, or been diagnosed with a mental illness (eigenvalue = 3.02, $\alpha = 0.80$).

Anger Control scale (eigenvalue = 2.25; $\alpha = 0.62$) measured the degree to which women reported difficulties managing their anger. The scale consisted of seven questions related to whether the participants felt they had strong tempers or engaged in physical violence toward others when upset or angry, and whether such behaviors ever resulted in law enforcement involvement.

Gender-Responsive Independent Variables

The Self-Esteem scale was based on the Rosenberg Self-Esteem Scale (Rosenberg, 1979) and consisted of 10 items tapping the degree to which participants feel positive feelings about themselves, such as self-respect, self-worth, and self-satisfaction (eigenvalue = 5.29, $\alpha = .90$). The purpose of the Self-Efficacy scale was to measure the degree to which participants felt that they were capable of achieving their goals

and dealing with problems in their lives. This 17-item scale was based on the Sherer Self-Efficacy Scale (Sherer et al., 1982) (eigenvalue = 7.01, $\alpha = .91$).

Abuse and victimization were measured with the Childhood Abuse, Adult Emotional Abuse, Adult Physical Abuse, and Adult Harassment scales. These scales were informed by the writings of Crowley and Dill (1992), Fischer, Spann, and Crawford (1991), and Roehling and Gaumont (1996). The 19-item Childhood Abuse scale (eigenvalue = 10.92, $\alpha = .95$) was designed to assess the degree to which a participant experienced physical and emotional abuse as a child. Questions included whether the participant had been pushed, kicked, beaten, dragged, choked, and burned, as well as forced to do something embarrassing, or insulted or ridiculed, among other things during childhood. The 17-item Adult Emotional Abuse scale (eigenvalue = 11.37, $\alpha = .97$) measured the degree to which participants had been controlled, insulted, humiliated, disrespected, and harassed by others during adulthood. The purpose of the Adult Physical Abuse scale was to determine the degree of physical abuse experienced by the participant as an adult. Fifteen items made up this scale; questions relating to physical violence such as being kicked, beaten, dragged, scratched, and choked, as well as being threatened with weapons were used (eigenvalue = 10.26, $\alpha = .96$). Finally, the Adult Harassment scale tapped participants' experience of harassment, such as being stalked or followed, as well as having a restraining order violated and having their home broken into. Eleven items made up this scale (eigenvalue = 6.71, $\alpha = .93$).

Several scales were created to measure relationships with intimate partners, including two from the interview and one from the self-report Trailer. The Relationship Support scale (eigenvalue = 5.07, $\alpha = .86$) consisted of seven items relating to whether participants' significant other was encouraging of treatment, as well as their expected level of support and help on release. High scores on this scale reflect little support in relationships. Relationship Conflict scale was designed to tap the amount of conflict and control within the relationship. This five-item scale produced an eigenvalue of 2.21, and an alpha reliability of .66. Finally, the six-item Relationship Dysfunction scale (eigenvalue = 2.94, $\alpha = .77$) measured notions of codependency and loss of power while in relationships. Its development was informed by Crowley and Dill (1992), Fischer et al. (1991), and Roehling and Gaumont (1996).

The Parental Stress scale was based on the scale developed by Avison, Turner, and Noh (1986). Modifications were made to the scale to include 12 items that measured the degree that women felt that their lives were out of control, their children were unmanageable, and they received little to no support from family members or significant others (eigenvalue = 4.31, $\alpha = .82$).

Variables measuring mental illness in gender-neutral needs and risk/needs assessment have potentially masked the effect of specific mental illnesses such as depression and psychosis among women offenders. We examined depression, anxiety, and psychosis as gender-responsive needs to assess whether these specific measures of mental illness were more important to women offenders than less specific measures of mental illness. The six-item Current Depression/Anxiety scale (eigenvalue = 3.13,

alpha = .82) measured the degree to which participants were currently experiencing symptoms of depression and anxiety. Questions pertaining to loss of appetite and worry interfering with daily functioning were incorporated in this scale. The purpose of the two-item Current Psychosis scale ($r = .36, p < .001$) was used to assess whether participants were presently experiencing delusions or having thoughts that others are out to harm them.

Institutional risk scale. The Institutional Risk Assessment scale was designed to reflect custody assessment tools that are used in many prison institutions throughout the United States. This scale summed six items pertaining to the severity of the current offense, history of violence, history of escapes, multiple prior felonies, prior violent offenses, prior incarcerations, and forms of noncompliance during prior terms of correctional supervision (eigenvalue = 2.37, alpha = .63). The low alpha improved to .70 when items pertaining to current and prior assaults were removed from the scale. However, that decision would not be acceptable to correctional managers charged with supervising high-stakes offenders.

Needs scales. The current study examines whether institutional classification systems used today benefit from the assessment of needs. Although we are primarily interested in the importance of gender-responsive needs among female offenders, we include an examination of the significance of gender-neutral needs among women offenders as well. The Gender-Neutral Needs scale is the composite of the significant gender-neutral needs. Only items that reached significance at the $p < .05$ level when correlated with the institutional misconduct measures at the bivariate level were included in this scale. The total Gender-Neutral Needs assessment scale summed the totals of six gender-neutral scales, including the Antisocial Attitudes, Employment/Financial Difficulties, Family Conflict, Family Support, Mental Illness, and Anger Control scales. The Gender-Responsive Needs scale is the composite of the gender-responsive needs that were significantly correlated at the $p < .05$ level with any of the institutional misconduct measures. Thus, this scale summed the totals of four of the gender-responsive scales, including the Childhood Abuse, Relationship Support, Depression/Anxiety, and Psychosis scales.

Modified risk/needs scales. The Modified Risk/Needs Scales incorporated risk and need factors to predict institutional misconducts. The Gender-Neutral Risk/Needs scale was designed to measure an offender's criminal risk level and gender-neutral needs. The Institutional Risk and the Gender-Neutral Needs scales were combined to create this measure. This scale summed the totals of the severity of the current offense, history of violence, history of escapes, multiple prior felonies, prior violent offenses, prior incarcerations, antisocial attitudes, employment/financial difficulties, family conflict, family support, mental illness, and anger control.

The Gender-Responsive Risk/Needs scale was designed to measure an offender's criminal risk level and gender-responsive needs. The Institutional Risk and Gender-Responsive Needs scales were combined to create this measure. This scale summed the totals of the severity of the current offense, history of violence, history of escapes, multiple prior felonies, prior violent offenses, prior incarcerations, childhood abuse, low relationship support, current depression or anxiety, and current psychosis scales.

Final scale. The Gender-Neutral and Gender-Responsive Risk/Needs scale was designed to measure the degree to which the inclusion of gender-responsive and gender-neutral needs with institutional risk factors increased the predictive validity of such tools. Therefore, the Institutional Risk scale was combined with the gender-neutral needs assessment and the gender-responsive needs assessment. This scale summed the totals of the severity of the current offense, history of violence, history of escapes, multiple prior felonies, prior violent offenses, prior incarcerations, antisocial attitudes, employment/financial difficulties, family conflict, family support, mental illness, and anger control scales, childhood abuse, low relationship support, current depression or anxiety, and current psychosis scales.

Results

Results of this study are shown in Tables 3 and 4. The first goal of this research was to determine whether certain gender-responsive needs function as risk factors to institutional adjustment. Table 3 presents the bivariate relationships between gender-neutral and gender-responsive needs and institutional misconducts. As can be seen, many gender-neutral and gender-responsive needs are highly correlated with 6- and 12-month institutional misconducts. Gender-responsive needs such as *experiencing childhood abuse, depression or anxiety, psychosis, and involvement in unsupportive relationships* were highly correlated with all measures (e.g., prevalence and incidence) of institutional misconducts. Experiencing childhood abuse increased the likelihood of women engaging in institutional misconduct within 6 and 12 months of incarceration (correlation coefficients ranging from $r = .20$ to $r = .25$, all significant at $p < .01$), as does having an unsupportive significant other on the outside ($r = .10$ to $r = .16$, significance at all levels). Currently experiencing depression, anxiety, or psychosis also dramatically increased the likelihood of institutional misconducts (correlation coefficients ranging from $r = .13$, $p < .05$ to $r = .23$, $p < .01$ for depression and anxiety, and $r = .16$ to $r = .31$, all significant at $p < .01$ for psychosis). Parental stress was marginally correlated with 6-month institutional misconducts ($r = .09$ for the number of 6-month misconducts; $r = .10$ for the occurrence of any 6-month misconducts, both significant at $p < .10$), but not with 12-month misconducts. Likewise, experiencing

Table 3
Relationships Between Gender-Neutral Assessment Scales,
Gender-Responsive Assessment Scales, and Prison Misconducts,
Missouri Prison Sample (Pearson r , one-tailed)

| Assessments and Subscales | 6-Month Outcomes | | 12-Month Outcomes | |
|-----------------------------------|------------------|-----------------|-------------------|-----------------|
| | # Misconducts | Any Misconducts | # Misconducts | Any Misconducts |
| Gender-neutral scales | | | | |
| Antisocial attitudes | .16*** | .18*** | .14** | .15*** |
| Antisocial friends | — | — | — | — |
| Low education | — | — | — | — |
| Employment/financial difficulties | .10** | — | .09* | — |
| High family conflict | .18*** | .14*** | .19*** | .12** |
| Low family support | .19*** | .15*** | .20*** | .12** |
| Static substance abuse | — | — | — | — |
| Dynamic substance abuse | — | — | — | — |
| History of mental illness | .12** | .11** | .19*** | .13** |
| Low anger control | .12** | .09* | .13** | — |
| Gender-responsive scales | | | | |
| Low self-esteem | — | — | — | — |
| Low self-efficacy | — | — | — | — |
| Childhood abuse | .25*** | .22*** | .22*** | .20*** |
| Adult emotional abuse | — | — | — | — |
| Adult physical abuse | — | — | — | — |
| Adult harassment | .08* | — | — | — |
| Low relationship support | .10* | .16*** | .13** | .16*** |
| High relationship conflict | -.09* | — | -.16*** | -.09* |
| High relationship dysfunction | — | .09* | — | — |
| Parental stress (N = 203) | .09* | .10* | — | — |
| Current depression/anxiety | .20*** | .14** | .23*** | .13** |
| Current psychosis | .26*** | .19*** | .31*** | .16*** |

* $p < .10$. ** $p < .05$. *** $p < .01$.

harassment by others as an adult was significantly correlated with the number of 6-month misconducts ($r = .08$, $p < .10$), and dysfunctional relationships were significantly correlated with the prevalence of 6-month misconducts ($r = .09$, $p < .10$); however, these were relatively weak relationships and did not hold with any other outcomes. In general, the coefficients for the gender-responsive needs were as strong as or stronger than the coefficients among the gender-neutral needs. In their relationships with institutional misconducts, gender-neutral need correlation coefficients ranged from $r = .09$ to $r = .20$, whereas the gender-responsive need coefficients ranged from $r = .09$ to $r = .31$.

This is not to imply that gender-neutral needs were not predictive of institutional outcomes. Indeed, they were; gender-neutral need factors pertaining to antisocial attitudes, employment and financial difficulties, conflict with family members, limited family support, a history of mental illness, and limited anger control were highly predictive of institutional misconducts during 6- and 12-month periods. Having antisocial attitudes while incarcerated increased the likelihood that women would engage in institutional misconduct (correlation coefficients ranging from $r = .14$, $p < .05$ to $r = .18$, $p < .01$). Employment and financial difficulties prior to incarceration increased the incidents of 6- and 12-month misconducts ($r = .10$, $p < .05$, and $r = .09$, $p < .10$ for the number of 6- and 12-month misconducts, respectively). High family conflict and little to no family support also increased the chances that a woman would incur institutional misconducts (correlation coefficients ranging from $r = .12$ to $r = .19$, significant at $p < .05$ and $p < .01$, respectively, for high family conflict, and $r = .12$ to $r = .20$, significant at $p < .05$ and $p < .01$, respectively, for low family support). Having experienced previous indicators of mental illnesses was also predictive of institutional misbehavior (correlation coefficients ranging from $r = .11$ to $r = .19$, significant at $p < .05$ and $p < .01$, respectively). Anger control was predictive of the number of misconducts ($r = .12$ and $r = .13$, $p < .05$, for 6- and 12-month misconducts, respectively), and the prevalence of six-month misconducts ($r = .09$, $p < .10$).

The second objective of the current study was to determine whether the inclusion of gender-responsive needs increased the predictive validity of institutional classification systems that are often used today. This was accomplished through a three-step process. First, total risk and needs scales were created. These scales, the Institutional Risk scale, Gender-Neutral Needs Scale, and Gender-Responsive Needs Scale, were described in the Method section. Each scale was correlated with 6- and 12-month prevalence and incidence measures of institutional misconducts. Second, Modified Risk/Needs Scales were created. The Institutional Risk scale was combined with the Gender-Neutral Needs scale to create the Gender-Neutral Risk/Needs scale; this scale determined the relative importance that gender-neutral needs play in predicting misconducts. The Gender-Responsive Needs scale was combined with the Institutional Risk scale to determine the importance of gender-responsive needs in predicting institutional misconducts; this scale is denoted as the Gender-Responsive Risk/Needs scale. Last, a final scale assessing gender-neutral needs, gender-responsive needs, and risk factors was created. The Institutional Risk scale was combined with the Gender-Responsive Needs scale and the Gender-Neutral Needs scale to determine the importance that gender-responsive needs play in addition to gender-neutral risk and need factors in predicting institutional misconducts. This scale is denoted as the Gender-Neutral and Gender-Responsive Risk/Needs scale.

Table 4 illustrates the results of the above analyses. There are five important results evident in this table. First, the traditionally used institutional assessment was a comparatively weak predictor of institutional misconduct among women offenders (correlations ranging from $r = .11$ to $r = .23$, significant at $p < .05$ and $p < .01$, respectively).

Table 4
Comparison of Risk, Need, and Gender-Responsive Assessment Scales,
Missouri Prison Sample (Pearson r , one-tailed)

| Assessments and Subscales | 6-Month Outcomes | | 12-Month Outcomes | |
|--|------------------|-----------------|-------------------|-----------------|
| | # Misconducts | Any Misconducts | # Misconducts | Any Misconducts |
| Risk Scale | | | | |
| Institutional Risk Scale ^a | .11** | .16*** | .23*** | .17*** |
| Needs Scales | | | | |
| Gender-Neutral Needs Scale ^b | .26*** | .22*** | .28*** | .19*** |
| Gender-Responsive Needs Scale ^c | .25*** | .25*** | .28*** | .25*** |
| Modified Risk/Needs Scales | | | | |
| Gender-Neutral Risk/Needs Scale ^d | .29*** | .26*** | .33*** | .23*** |
| Gender-Responsive Risk/Needs Scale ^e | .27*** | .28*** | .34*** | .27*** |
| Final Scale | | | | |
| Gender-Neutral & Gender-Responsive Risk/Needs Scale ^f | .33*** | .31*** | .38*** | .28*** |

a. Scale includes factors pertaining to severity of the current offense, history of violence, prior escapes, prior felonies, prior violent offenses, and prior incarcerations.

b. Scale includes gender-neutral needs pertaining to antisocial attitudes, employment/financial difficulties, high family conflict, low family support, mental illness, and low anger control.

c. Scale includes gender-responsive needs pertaining to childhood abuse, low relationship support, depression/anxiety, and psychosis.

d. Scale includes all factors in the Institutional Risk Scale plus the gender-neutral needs included in the Gender-Neutral Needs Scale.

e. Scale includes all factors in the Institutional Risk Scale plus the gender-responsive needs included in the Gender-Responsive Needs Scale.

f. Scale includes all factors in the Institutional Risk Scale and the Gender-Neutral Needs Scale, plus gender-responsive needs included in the Gender-Responsive Needs Scale.

* $p < .10$. ** $p < .05$. *** $p < .01$.

Second, Gender-Neutral and Gender-Responsive Needs were more important than the Institutional Risk scale in predicting institutional misconduct. That is, by themselves, needs assessments were somewhat stronger predictors of institutional misconducts than risk assessments currently being used by many correctional agencies.

A third finding evident in Table 4 is that the predictive power of institutional misconducts was greatly increased when needs were added to the assessment of risk. For instance, when needs were added to the Institutional Risk scale, the predictive power of the new scales (i.e., the Gender-Neutral Risk/Needs Scale and the Gender-Responsive Risk/Needs scale) increased. This increase went beyond the assessment of gender-neutral or gender-responsive needs only. The strengths of these relationships were quite strong; institutional misconduct and gender-neutral risk/needs and gender-responsive risk/needs were strongly related (correlations ranging from $r = .23$ to $r = .33$

for the Gender-Neutral Risk/Needs scale and $r = .27$ to $r = .34$ for Gender-Responsive Risk/Needs scale). Thus, the assessment of gender-responsive needs in addition to traditional risk factors seems quite promising, given the results provided here.

A fourth noteworthy finding from the current study is that gender-responsive needs were important to consider when predicting institutional misconducts. Although gender-responsive needs and gender-neutral needs performed at similar levels, the correlations between gender-responsive needs and institutional misconducts appear to be more consistent than correlations between gender-neutral needs and prison misconducts (correlation coefficients ranging from $r = .19$ to $r = .28$ for the Gender-Neutral Needs scale compared to correlations ranging between $r = .25$ to $r = .28$ for the Gender-Responsive Needs scale), and they increase the predictive power of risk assessments slightly more than gender-neutral needs do ($r = .27$ to $r = .34$ for the Gender-Responsive Risk/Needs scale compared to $r = .23$ to $r = .33$ for the Gender-Neutral Risk/Needs scale). Thus, it appears that gender-responsive needs are, in fact, important factors to consider when predicting institutional misconducts.

Finally, the inclusion of gender-responsive needs in risk assessments with gender-neutral needs yielded the strongest relationship with institutional misconducts and increased the predictive power of such behavior beyond the assessment of risk, needs, and gender-neutral or gender-responsive risk/needs alone. Certainly, the prediction of all types of institutional misconducts was increased when risk and gender-neutral as well as gender-responsive needs were included; relationships between the Gender-Neutral and Gender-Responsive Risk/Needs scale and institutional outcomes were stronger than all other relationships presented in Table 4 (correlations ranging from $r = .28$ to $r = .38$, all significant at $p < .01$). This presents convincing evidence that needs, gender-neutral and gender-responsive, are important to consider when predicting institutional misconducts.

Discussion

Results from the current study indicate that gender-responsive needs are indeed predictive of institutional misconducts. Furthermore, these gender-responsive needs performed as well as and, in some instances, slightly better than gender-neutral needs when predicting institutional misbehavior. In particular, childhood abuse, unsupportive relationships, experiencing anxiety or depression, and psychosis were highly related to the likelihood that a woman might incur institutional misconducts within 6 and 12 months of incarceration. Other research has also found support for child abuse as a risk factor. Salisbury et al. (in press) found that childhood abuse was predictive of institutional misconducts ($r = .16$, $p < .05$), though it was not so with community recidivism outcomes. Thus, a pattern appears to be emerging with regard to the effect of child abuse on women offenders, particularly in institutional settings. Women who experienced abuse as children may be at risk for prison misconducts because they

are acutely sensitive to the traumatizing aspects of prison life. These results highlight the importance of implementing trauma-informed protocols and services in women's prisons.⁹

Lack of support from significant others outside of prison also appeared to be quite critical in identifying women who have difficulty adapting to the institutional environment. It is important that women have a satisfying relationship with their partner, as well as the expectation of continued support on their release. This is consistent with relational theory and pathways research that emphasize the significant impact of relationships in women's lives (Gilligan, 1982; Miller, 1976). Such findings may also translate into the need for supportive relationships inside the institution, from staff and other inmates.

It is interesting to note that women who reported high relationship conflict at intake actually incurred fewer misconducts than women with lower levels of relationship conflict. At first glance, this appears to contradict our findings related to supportive intimate relationships. However, one explanation for this unexpected finding may be that women who experienced conflict-ridden relationships (characterized by power and control and resulting in physical violence) actually felt more behavioral stability, and perhaps even safety, once admitted to prison as a result of being removed from their current relational situation. Such relationships may be more pertinent as a risk factor for women in the community, or it may be an important element in establishing a pathway toward offending (Koons et al., 1997; Richie, 1996), perhaps exhibiting an indirect relationship with crime through other risk factors (Salisbury & Van Voorhis, 2007).

Results regarding women's current mental health, specifically *depression*, *anxiety*, and *psychosis*, were consistent with previous research under the pathways perspective (Bloom et al., 2003; Covington, 1998; McClellan et al., 1997). Women's mental health needs cannot be overlooked as risk factors for prison adjustment; adequate treatment for women's mental illnesses is essential.

Parental stress, dysfunctional relationships, and experiencing adult harassment were also predictive of 6-month institutional misconducts; however, the importance of these gender-responsive needs to prison adjustment appears to be marginal. Because these needs were measured during the intake process, it may be that they are more critical to prison adjustment only for an initial short-term period. Recall that parental stress measured the degree that women felt that their lives were out of control, their children were unmanageable, and they received little to no support from family members or significant others. Such stressful aspects of parenting understandably might diminish for women once they become stabilized in prison. It is important to note that our measure of parental stress was not focused on potential child custody stressors, which may be strong predictors of institutional misconducts.

Similarly, the deleterious effects of dysfunctional relationships and harassment appeared to be important only in the short term. Similar results come from Salisbury

et al. (in press), who found that relationship dysfunction was predictive of women's misconducts after 6 months. However, the same study indicated that adult harassment was not predictive of institutional misconducts but was predictive of rearrest once released (Salisbury et al., in press).

The findings from the current study also suggest that self-esteem, self-efficacy, adult emotional abuse, and adult physical abuse are not significantly related to institutional misbehavior, and thus do not function as risk factors for misconduct. Once again, this is in partial support of the findings reported by Salisbury et al. (in press), who also found that self-esteem and adult physical abuse were not significantly related to institutional misconduct.

Gender-neutral needs relating to antisocial attitudes, employment and financial difficulties, family problems, mental illness, and anger were predictive of institutional misbehavior and thus functioned as risk factors to women offenders' institutional misconduct. Thus, these needs cannot be dismissed as irrelevant to women offenders' risk. On the other hand, several gender-neutral needs were not predictive of women's misconducts after either 6 or 12 months, including antisocial friends, low education, and substance abuse. This suggests that researchers cannot assume that all risk factors pertinent to men are applicable to women.

Findings with respect to substance abuse are not consistent with other studies of women offenders. They may implicate the assessment scales themselves, except for the fact that the scales predicted in other samples are yet to be published. The findings may also be an artifact of the fairly good control Missouri officials had over in-prison substance abuse-related misconducts.

Finally, our analyses of risk and needs assessment scales indicated that risk assessments based primarily on static criminal history measures were relatively weak predictors of institutional misconducts among women offenders. It is unfortunate that this static, offense-based risk assessment is the common classification system in place today for women inmates across the United States (Van Voorhis & Presser, 2001). If most systems are only able to predict female misbehavior marginally well, there is an ethical obligation to attempt to improve it, particularly because classification affects not only custody level but also a variety of additional privileges including movement around the facility, access to programs, work release, and prerelease/parole decisions (Brennan, 1998; Van Voorhis & Presser, 2001).

Our results demonstrated that needs, gender-neutral and gender-responsive, were more predictive of women's institutional adjustment than offense-based items. It is important to note that we found that the most predictive power was achieved when static, offense-related risk factors were combined with gender-neutral and gender-responsive need factors. The utility of a needs-based institutional classification system for women lies not only in its predictive power but also in its ability to (a) identify women's treatment needs, (b) triage women into appropriate treatment programs, and (c) serve as a seamless tool across supervision settings. We recognize that implementing

such a model would require careful policy discussions surrounding the translation of needs into risks. Our intent is certainly not to punish women for having a multitude of needs, nor should it be the intent of any correctional agency. For a needs-based approach to work effectively, institutional settings must (a) be treatment intensive, (b) have competent case management, and (c) strive for wrap-around and reentry services.

Last, results from the current study provide evidence that women's risks and needs do not necessarily emerge from solely "gender-neutral" or "gender-responsive" domains. Factors from both perspectives are relevant, and thus neither perspective should be dismissed as irrelevant to women. Undoubtedly, we still have much more to learn about women's complex lives and the factors that contribute to their success in institutional as well as community settings.

It will be for policy makers and practitioners to sort out the implications of findings such as these. We maintain, however, that gender-responsive risk assessment instruments are best used in treatment-intensive settings, including regional community-based correctional centers focused on wrap-around services, and facilities where inmate transition is a priority. These assessments could facilitate continuity of care concerns and efforts to plan prison transition even at the point of prison intake. States that reserve some facilities for intensive programming and others for more limited approaches to low-risk offenders might also benefit from these systems because the assessments also differentiate between high-need inmates and low-need inmates. It would be unacceptable, however, to elevate custody beyond a medium level according to issues pertinent to trauma, mental health, and other needs identified by this research. In addition to rather obvious ethical issues, the need for maximum custody placement of women is being reevaluated by prison scholars and correctional practitioners alike because aggression among women inmates is dramatically lower than rates for male inmates (Hardyman & Van Voorhis, 2004). Finally, the nature of the risk factors observed in this research may also be suggesting that prisons may need to reevaluate policies and conditions that aggravate trouble inmates. Trauma-informed policies, family reunification, improved mental health services, and enhanced staff skills for managing women offenders all appear to be warranted.

Notes

1. Mental health predicted aggressive prison misconducts but did not predict nonaggressive misconducts.
2. Using the tools solely for the purpose of elevating custody according to one's problems would clearly be a misuse of the gender-responsive systems.
3. *Risk/needs classification* refers to the emerging dynamic risk assessment systems where offender outcomes are predicted by needs and criminal history characteristics. Most custody classification systems reach a risk score through the consideration of static criminal history items. As is explained later in this article, the risk/needs risk assessments are used primarily in community corrections but are valid for institutional corrections as well.

4. The pilot study compared existing custody variables to the variables identified by the Level of Service Inventory-Revised (Andrews & Bonta, 1995), and to the seven gender-responsive variables (mental health, self-esteem, self-efficacy, loss of power in relationships, parental stress, child abuse, and adult victimization). As will be seen, the current study considers a larger array of gender-responsive factors.

5. No multivariate model was conducted by Salisbury, Van Voorhis, and Spiropoulos (in press).

6. Salisbury et al. (in press) found that a composite scale of adult victimization, as well as emotional victimization and harassment, were associated with community rearrests.

7. The variable did, however, correlated with recidivism on release.

8. Valid assessment does not fully resolve the issue of overclassification, however. Researchers must also take special care to set cut-points that effectively differentiate the different risk classifications.

9. For a detailed discussion of trauma-informed services, please see Elliott, Bjelajac, Fallot, Markoff, and Reed (2005).

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