

# Oxford Research Encyclopedia of Criminology

## Correctional Programming and Gender

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### Summary and Keywords

As the number of women under correctional supervision continues to increase in the United States, attention to gender within correctional programming is crucial as women offenders present with different concerns than their male counterparts. Gender differences exist in a range of criminal justice factors, including pathways to involvement in the criminal justice system, frequencies in types of offenses, treatment needs, and facilitating factors for treatment engagement and positive outcomes. Thus, this chapter highlights the importance of gender in terms of correctional program design and delivery. Gender-responsive programming for women involved in the criminal justice system is guided mainly by the feminist pathways theory of women's criminality, as well as additional theories. This framework considers the interconnected roles of trauma and victimization histories, substance abuse, economic and social marginalization, and the gendered effects of criminal justice policies and practices. For gender-responsive programming, elements that should be considered in women's treatment and services in correctional settings include: program environment or culture or both, staff competence, theoretical foundations, treatment modalities, reentry issues, and collaboration. In addition, principles of trauma-informed care are crucial elements needed in systems and services for women involved in the criminal justice system. These two frameworks of gender-responsive programming and trauma-informed care offer specific principles that can be applied across correctional settings for women to shape policies, programming design, program delivery, and daily practices. Likewise, these frameworks encourage community-based responses to women's involvement in criminal behaviors. Gender is a crucial element for correctional programming in multiple ways.

Keywords: female offenders, gender-responsive programming, trauma-informed care, correctional programming, corrections, gender, incarcerated women, Cross-References: Incarceration Effects on Families

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# Women and Incarceration

Approximately 7% of all inmates in state and federal prisons are women (Carson, 2015). Both the number and rate of incarcerated women have steadily increased since the 1980s. Specifically, from 1977 to 2004, the number of women in prison expanded by 757% (Frost, Greene, & Pranis, 2006). The imprisonment rate for women in 2000 was 65 per 100,000 residents, compared to 59 per 100,000 residents (Carson & Sabol, 2012) and only 10 per 100,000 residents in 1979 (Frost et al., 2006). Women of color have an especially higher risk of being imprisoned: the rate for White women is 51 per 100,000 residents; the rate for Hispanic women is 71 per 100,000 residents; and the rate for Black women is 129 per 100,000 residents, which is 2.5 times the rate for white women (Carson, 2015). Incarcerated women's offenses range in type, with 37% of women serving time for violent offenses, 29% for property crimes, 25% for drug crimes, and 8% for public-order offenses (Carson, 2015). The rapid increase in the number of women involved in the criminal justice system has been attributed primarily to changes in arrest and sentencing policies and practices (Bloom, Owen, & Covington, 2004). In the past 10 to 20 years, some research has focused on gender differences in factors such as pathways to criminal behavior and, specifically, on the gender-specific (and complex) social, physical, and psychological needs of incarcerated women (Belknap, 2015). Research has also examined gender differences in correctional programming and in treatment outcomes in order to better understand and develop programming for women offenders. This research has led to the development of recommendations for gender-responsive and trauma-informed programming and practices for incarcerated women.

## Discussion of the Literature: Gender Differences in Offender Populations

Significant differences between men and women involved in the criminal justice system serve as the rationale for considering gender in relation to criminal justice practices (Covington & Bloom, 2007). National data shows gender differences in the rates of involvement in the criminal justice system and in particular types of crimes. First, looking at types of criminal justice involvement, women have consistently lower rates of involvement in criminal behaviors than do men. Women comprise only approximately 25% of all persons arrested, 25% of adults on probation and parole, and 7% of the prison population (Carson, 2015). Second, women are less likely than men to be convicted of violent offenses or serious violent offenses. For example, almost 75% of women are convicted of nonviolent offenses, while over 50% of men are convicted of violent offenses (Carson, 2015). Even within the category of violent offenses, men and women differ in rates of types of violent crimes (e.g., sex offenses, murder, and robbery). Women are more likely to be convicted of simple assault, as opposed to more serious violent crimes (Steffensmeier, Zhong, Ackerman, Schwartz, & Agha, 2006). Third, gender differences have

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been found in examinations of motivations for crimes. Women's descriptions of their crimes more often include motivations of trying to survive severe economic marginalization and to escape violence from partners than do men's descriptions of their crimes (Belknap, 2015). Therefore, women's victims are more likely to be persons known to them, while men are more likely to victimize strangers (Steffensmeier, Zhong, Ackerman, Schwartz, & Agha, 2006). For example, 44% of all homicides perpetrated by women involve an intimate partner, with an additional one-third described as acquaintances (Lauritsen, Heimer, & Lynch, 2009).

Women offenders enter the criminal justice system with significant rates of specific concerns and risk factors (Owen, Wells, & Pollock, 2017). Women offenders are more likely to report the following factors than are male offenders: being primary caregivers of minor-age children, childhood histories of single-parent households, histories of at least one incarcerated parent, low educational attainment, experiences of poverty with little or no employment history, experiences of multiple forms of abuse and victimization (especially sexual victimization) in childhood and adulthood, substance use and mental health disorders (often co-occurring), and multiple physical health concerns that are often under or untreated (Chesney-Lind & Pasko, 2013; DeHart, Lynch, Belknap, Dass-Brailsford, & Green, 2014; Messina, Grella, Burdon, & Prendergast, 2007). Thus, women and men offenders may have similar concerns, but women have disproportionately higher rates of several of the above factors, especially co-occurring concerns. For example, approximately 75% of incarcerated women have mental health problems, and in comparison, 55% of men in state prisons have mental health concerns (James & Glaze, 2006). Also, women involved in the criminal justice system typically present with more than one mental health concern, and studies often find higher rates of co-morbidity for women than for men (Zlotnick, Clarke, Friedmann, Roberts, Sacks, & Melnick, 2008). Substance misuse is also highly prevalent among women involved in the criminal justice system, with over 80% of women meeting criteria for a substance use concern. Both alcohol and drug misuse rates are higher for women in prison than for men in prison (Fazel, Bains, & Doll, 2006). In particular, women experience these factors in a co-occurring or interrelated manner. For example, incarcerated women in drug treatment programs have more extensive substance abuse trajectories, histories of experiencing trauma, and comorbid disorders than do incarcerated men (Messina, Burdon, Hagopian, & Prendergrast, 2006).

### Gendered Pathways to Criminal Behaviors

Across studies, men and women display different pathways into crime in regard to the common risk factors experienced and how these factors have influenced their trajectories (Wattanaporn & Holtfreter, 2014). In comparison to men offenders, women are more likely to have histories of substance abuse, including histories of polysubstance use, early age at start of using, and more frequent use (Sonne, Back, Zuniga, Randall, & Brady, 2003). Women specifically cite substance use as a coping strategy for dealing with experiences of trauma and adversity (Sonne, Back, Zuniga, Randall, & Brady, 2003). Women's trajectories include histories of living in marginalized and disadvantaged communities, growing up in families with violence and incarcerated members, experiences of sexual and physical victimization in both childhood and adulthood (often within primary relationships), extreme poverty and unemployment, and resulting mental and physical health problems (DeHart, Lynch, Belknap, Dass-Brailsford, & Green, 2014; Wattanaporn & Holtfreter, 2014).

One frequently used theory to explain gender differences and trajectories into crime is feminist pathways theory. This theory encompasses a life-course perspective of the gender differences in life experiences, the dynamics of these experiences, and resulting outcomes (Belknap, 2015). For example, in Daly (1994), an often cited work on pathways to crime, the pathway category with the highest proportion of men was related to using violence for control and the prominent role of masculinity in promoting criminal behaviors, whereas the pathway with the largest proportion of women was based on a history of extensive abuse, victimization, substance abuse, mental health distress, and subsequent criminal behaviors.

Various studies, both qualitative and quantitative, have followed Daly (1994) and have shown similar pathways for women that center on these factors (Wattanaporn & Holtfreter, 2014). The life-course perspective illuminates the extensive, cumulative adversity and trauma that women experience; for example, women often experience childhood physical and sexual abuse, as well as re-victimization in adulthood, and they have higher levels of cumulative adversity than men do (Messina, Grella, Burdon, & Prendergast, 2007). A major issue for consideration is that while women have disproportionately higher rates of experiencing more adverse factors, men have higher rates of involvement in more serious criminal behaviors (Messina, Burdon, Hagopian, & Prendergast, 2006). Likewise, in more recent work that considers structural factors and social context to a greater extent, a "school-to-prison pipeline" has been established as a framework for understanding boys' and young men's trajectory into the criminal justice system. In comparison, a "sexual abuse-to-prison pipeline" has been found for girls and young women (Saada, Epstein, Rosenthal, & Vafa, 2015).

Most of the research about women's pathways into crime focuses on the pivotal and central role of adversity and trauma, especially in regard to the cumulative nature of these experiences and the significantly higher rates of victimization that women

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experience, which is commonly referred to as gendered violence (Owen, Wells, Pollock, Muscat, & Torres, 2008; Salisbury & van Voorhis, 2009; Wattanaporn & Holtfreter, 2014). These experiences also occur within a gendered context; for example, women often experience criminal justice involvement for their coping and survival strategies (e.g., running away from sexual abuse at home, which results in arrests as teenagers) (Javdani, Sadeh, & Verona, 2011). Also, race, class, and gender have been deemed a “triple jeopardy” for women, because they result in multiple forms of marginalization and disadvantage and contribute to the overrepresentation of women of color in the criminal justice system (Bloom, 1996). Multiple forms of violence, social marginalization, pervasive poverty, and addiction have been described as a system of “gendered entrapment,” specifically for African American women (Richie, 1996). Likewise, the cumulative effects of trauma pervade multiple aspects of women’s lives, including women’s physical and mental health, interactions with social systems, family and peer relationships, home and property status, school and work performance, and involvement in faith and religious activities (DeHart, 2008). These effects shape the context in which women seek to navigate their lives and the limited choices available to many women. Emerging theory also posits that women involved in the criminal justice system are denied forms of capital across their life courses, which contributes to further disadvantage (especially higher rates of poverty) and their involvement in the criminal justice system (Owens, Wells, & Pollock, 2017).

Overall, the main aspects of feminist pathways theory are the interconnections and ramifications of trauma during childhood and adulthood, substance use, poverty, social marginalization, and relational dynamics (Wattanaporn & Holtfreter, 2014). These aspects have been connected to explain women’s trajectories into criminal behaviors and have been connected to explain, at least partially, women’s recidivism. A life-course perspective is required to capture the dynamics, influences, and relationships between women’s experiences (Salisbury & van Voorhis, 2009). Feminist pathways theory does not posit that men have not experienced trauma and other adverse events, substance use, and other factors connected to women’s offending, but rather that the timing and context of these factors are crucial factors, especially in understanding the social context of what gender means and how it shapes experiences, opportunities, reactions, and practices with women and men (Kruttschnitt, 2013). Feminist pathways theory highlights disproportionalities in the experiences of men and women, as well as their qualitatively different experiences based on gender within the social context. For example, one review of over 1600 articles and book chapters focusing on juvenile justice involvement and gender found that the combinations and influences of risk factors are distinct for girls and boys; for example, child abuse is prevalent for both, but girls are more likely to experience sexual abuse with subsequent mental health concerns (Zahn et al., 2010). Given the expansion of research about gendered pathways to criminal justice involvement, efforts have also been made to design, implement, and test correctional programming for women that corresponds to this theoretical foundation (Covington, 2008).

### Gender and Correctional Programming

Upon entry into the criminal justice system, women are assessed for several factors (i.e., risks and needs) and often this occurs with standardized tools. These assessments are used to establish the woman's risk level for recidivism and/or misconduct behavior while incarcerated. Also, assessment tools can guide and result in a treatment plan to address specific risk- and need-based factors with the purpose of reducing criminality-related behaviors and preventing poor criminal justice outcomes. Assessment tools have changed over time to reflect expansions in both knowledge and perceptions around criminal justice. Debates exist regarding which assessment tools are appropriate for women, especially between those considered "gender neutral" and those considered "gender responsive" (van Voorhis, Wright, Salisbury, & Bauman, 2010). One major concern is that using assessment tools that have not been tested with or designed for women offenders leads to the overclassification of women offenders, specifically those who exhibit gendered pathways into the system (Reisig, Holtfreter, & Morash, 2006). Thus women offenders are erroneously put into higher custody levels (e.g., more severe and restricted levels) even though they engage in fewer acts of serious misconduct behavior than men in the same custody level. Regardless of tool used, assessment is a key aspect of the process of correctional programming.

Within correctional settings, programming often focuses within the following domains: educational opportunities, employment and job skills, and treatment programming. Educational opportunities may include GED classes, courses with or without attainment of a possible degree, and basic educational skills. Educational programming reduces the risk of recidivism, and builds educational attainment that may assist with successful reentry efforts and employment placement; a meta-analysis found that such programming reduces the risk of recidivism by 43% and increases the odds of post-release employment by 13% (Davis, Bozick, Steele, Saunders, & Miles, 2013). For work and job skills training, employment after prison is facilitated by work connections prior to incarceration and connections built during incarceration prior to reentry (Visher, Debus-Sherrill, & Yahner, 2011). Occupational and educational programming (such as budgeting skills and financial independence) has been suggested for women to improve their behavior within prison and promote successful reentry into the community (Wright, van Voorhis, Salisbury, & Bauman, 2012). Likewise, these forms of programming may address relational concerns for women, such as economic abuse within their primary relationships and regaining custody of their children.

For women, in particular, correctional programming related to parenting has been essential. Approximately 70% of women in prison are mothers, and they usually are the primary caregiver of their children before incarceration (Glaze & Maruschak, 2008). Unfortunately, women have multiple challenges in maintaining contact with their children and dramatic decreases in visits from their children during their prison stays (Tuerk & Loper, 2006). For example, in a study of 362 imprisoned mothers, a majority of the mothers reported seeing their children daily *before* being incarcerated, but while incarcerated,

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most (69%) had not seen their children in the past month and 34% had not seen their children in the past year, which was due to 74% of these women having lost permanent custody of their children (Houck & Loper, 2002). Several factors such as distance between children's residence and the prison, cost of travel, desire for the caregiver to keep children away from the prison environment and other inmates, lack of child-friendly visiting space, and inconvenient visiting hours contribute to a lack of contact between incarcerated mothers and their children. Specifically, due to the lower number of women incarcerated than men, there are fewer prisons for women than men, which creates a geographic barrier to visitation, and the combination of geographical isolation and restrictive security classifications prevents women from communicating with their children. Correctional programming that focuses on building and maintaining contact between mothers and their children during incarceration has shown some impact in improving mental health, maternal attachment, and lowered recidivism (Ferszt & Erickson-Owens, 2008; Kubiak, Young, Siefert, & Stewart, 2004; Smith Goshin & Woods Byrne, 2009).

Gender differences have been found in the type of treatment-focused programming available to men and women involved in the criminal justice system, as well as differences in significant factors for positive outcomes from programming (Belknap, 2015; Messina, Burdon, Hagopian, & Prendergast, 2006). Up until the 1980s, a majority of correctional programming was intended for and tested with male offenders (Belknap, 2015). In an initial meta-analysis of existing studies about treatment for adolescent girls and women involved in the criminal justice system in 1999, only 16 studies were found with samples of just women; these were mainly juvenile female delinquents, and the primary outcome studied was lowering recidivism (Dowden & Andrews, 1999). The strongest target for intervention associated with treatment success was interpersonal functioning and family processes—rather than substance abuse, education, or other common targets of male-based treatment models. Most evidence-based, cognitive behavioral-based (CBT) interventions for offenders had also been tested with male offenders. A meta-analysis of the existing literature that found that 62% of such studies used samples of all men offenders; only 5% used samples of all women offenders (Landenberger & Lipsey, 2005). In general, a majority of the research studies on treatment for adults involved in the criminal justice system had utilized samples of all men offenders (Polaschek, Wilson, Townsend, & Daly, 2005) or had not identified the sexes of the inmates, with an assumption of male offenders (Lambert, Hogan, Barton, & Stevenson, 2007). Even treatment models utilized within institutions without empirical support commonly had been designed for and used exclusively with male offenders, such as the Alternatives to Violence Project (Miller & Shuford, 2005).

In the last 10 to 20 years, treatment programs have been encouraged to understand and incorporate women's life experiences and modes of successful treatment (Bloom, Owen, & Covington, 2005). For example, in substance abuse programming, researchers have advocated for better understanding of women's successful recovery paths in treatment, because variables in outcome studies associated with men's successful trajectory through substance abuse treatment programs in prisons are not associated with women's success

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(Messina, Burdon, Hagopian, & Prendergast, 2006). Gender differences in outcomes from substance abuse treatment have shown that male-based treatment models are inadequate for women and result in less-positive outcomes for women (Messina, Burden, Hagopian, & Prendergast, 2006; Pelissier, Camp, Gaes, Saylor, & Rhodes, 2003). In particular, these outcome differences have been linked to women's multiple life experiences, compounded with substance abuse, that are relevant to treatment. Women have higher rates of mental illness, trauma and abuse experiences, family histories of drug use, and substance use with partners, as well as lengthier patterns of drug use (Messina, Grella, Burden, & Prendergast, 2007). Likewise, women have reported abusing drugs to cope with emotional distress, whereas men describe self-gratifying motivations for drug use. Based on a national evaluation of prison-based substance abuse treatment programs for men and women, it has been advocated that treatment must incorporate the components of effective treatment that are needed for both men and women, in conjunction with recognition of the specific needs and life experiences unique to women (Pelissier, Camp, Gaes, Saylor, & Rhodes, 2003). Incarcerated women also show different forms of engagement in treatment than do incarcerated men, contributing to gender differences in treatment experiences (Staton-Tindall et al., 2007). A pivotal turn in correctional programming has been the national call for gender-specific and gender-responsive programming for women offenders, which is based on numerous gender differences found for men and women involved in the criminal justice system, including few efficacious treatment programming opportunities (Bloom, Owen, & Covington, 2005).

In approximately the past ten years, the number of treatment groups designed for, tested with, and implemented with women offenders has grown; additional areas of expanded programming are still needed. In an updated systematic review of interventions for women offenders, two types of programming were mainly found: interventions focused on reducing recidivism through substance use treatment and interventions focused on enhancing mental and/or physical well-being (Tripodi, Bledsoe, Kim, & Bender, 2011). Interventions that included an emphasis on trauma, as well as those using a cognitive behavioral approach and psychodrama components, were found to have large effect sizes, indicating efficacy (Tripodi, Bledsoe, Kim, & Bender, 2011). A meta-analysis comparing the results of gender-neutral versus gender-specific interventions found that gender-specific interventions are significantly more likely to result in lowered recidivism rates for women offenders (Gobeil, Blanchette, & Stewart, 2016). This meta-analysis and the systematic review indicate the increase in the number of rigorously designed studies of programming for women offenders. As an example, a violence-prevention treatment program, *Beyond Violence: A Prevention Program for Criminal-Justice Involved Women* (Covington, 2013), was created specifically for incarcerated women with a history of violence. Within a Midwestern prison, researchers have studied the program's feasibility and fidelity (Kubiak, Fedock, Tillander, Kim, & Bybee, 2014), short-term and long-term outcomes (Kubiak, Fedock, Kim, & Bybee, 2016), and outcomes with specific populations (Fedock, Kubiak, & Bybee, 2017; Kubiak, Kim, Fedock, & Bybee, 2012) and have found consistently positive results of lowered mental health symptoms and low recidivism rates for women who completed the program. In addition, the program has been tested in two

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California women's prisons, and similar positive results have been found, with especially medium-to-high effect sizes for women who are serving long or life sentences (Messina, Braithwaite, Calhoun, & Kubiak, 2016). Specifically, significant reductions were found in PTSD, anxiety, serious mental illness symptoms, and anger and aggression in women serving time for violent offenses. These groups were tested with peer educators (i.e., incarcerated women serving life sentences), which is a model of both cost-effective and evidence-based programming (Messina, Braithwaite, Calhoun, & Kubiak, 2016). Notably, this is the first violence-prevention program for women involved in the criminal justice system. While evidence-based treatment for women has expanded, additional gaps in programming are continually being explored and need to be addressed.

The incorporation of two key aspects is crucial in programming for women in the criminal justice system: gender-responsive strategies and trauma-informed practices. These two frameworks offer specific principles that can be applied across correctional settings, used to shape policies, and embedded into daily practices.

### Gender-Responsive Strategies and Treatment

The increase in the number and rate of incarcerated women in the United States has prompted a reexamination of correctional policy and services in order to establish the most effective way to respond to women offenders and address their needs. The National Institute of Corrections report, *Gender-Responsive Strategies: Research, Practice and Guiding Principles for Women Offenders* (Bloom, Owen, & Covington, 2005), documents the need for a transformed vision for the criminal justice system—one that recognizes the behavioral and social differences between women and men offenders that have specific implications for gender-responsive policies and practices. Theoretically based evidence drawn from a variety of disciplines and effective practices suggests that addressing the realities of women's lives through gender-responsive policy and programs is fundamental to improved outcomes at all criminal justice phases (Bloom, Owen, & Covington, 2005). For example, four fundamental theories for creating women's services are pathways theory, relational theory, trauma theory, and addiction theory (Bloom, Owen, & Covington, 2004). The guiding principles that follow provide direction for a gender-responsive approach to the development of criminal justice services and, specifically, correctional programming.

1. Acknowledge that gender makes a difference.
2. Create an environment based on safety, respect, and dignity.
3. Develop policies, practices, and programs that are relational and promote healthy connections to children, family members, significant others, and the community.
4. Address substance abuse, trauma, and mental health issues through comprehensive, integrated, and culturally relevant services and appropriate supervision.
5. Provide women with opportunities to improve their socioeconomic status.
6. Create a system of comprehensive and collaborative community services.

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These principles continue to be crucial in shaping correctional programming for women.

### **Guiding Principle 1: Acknowledge That Gender Makes a Difference**

The foremost principle in responding appropriately to women is to acknowledge the implications of gender throughout the criminal justice system. The criminal justice field has been dominated by the rule of parity, with equal treatment to be provided to everyone (Belknap, 2015). However, this does not necessarily mean that the exact same treatment is appropriate for both women and men. Research consistently distinguishes significant differences among women and men offenders (Chesney-Lind & Pasko, 2013). They come into the criminal justice system by different pathways; respond to supervision and custody differently; exhibit differences in terms of substance abuse, trauma, mental illness, parenting responsibilities, and employment histories; and represent different levels of risk within both the institution and the community (Owen, Wells, Pollock, Muscat, & Torres, 2008). To successfully develop and deliver services, supervision, and treatment for women offenders, one must acknowledge gender differences.

*Strategies:* Some examples of how to apply this principle are to: (a) allocate both human and financial resources to create women-centered services, (b) designate a high-level administrative position for oversight of management, supervision, and services, and (c) recruit and train personnel and volunteers who have both the interest and the qualifications needed for working with women under criminal justice supervision.

### **Guiding Principle 2: Create an Environment Based on Safety, Respect, and Dignity**

Research from a range of disciplines and focus areas (e.g., health, mental health, and substance abuse) has shown that safety, respect, and dignity are fundamental to behavioral change (e.g., Apodaca & Longabaugh, 2009; Marks, Allegrante, & Lorig, 2005). To improve behavioral outcomes for women, it is critical to provide a safe and supportive setting for all services (Wright, van Voorhis, Salisbury, & Bauman, 2012). In their interactions with women offenders, criminal justice professionals not only must be aware of the significant pattern of emotional, physical, and sexual abuse that many of these women have experienced but also must take precautions to ensure that the criminal justice setting does not recreate the abusive environment that many women offenders have experienced. A safe, consistent, and supportive environment is the cornerstone of a corrective process. Because of their lower levels of violent crime and their low risk to public safety, women offenders should, whenever possible, be supervised and provided services with the minimal restrictions required to meet public safety interests (Covington & Bloom, 2007).

*Strategies:* A specific strategy of applying this principle is to conduct a comprehensive review of the institutional and community environment in which women are supervised in order to provide an ongoing assessment of the current culture. An additional strategy is to develop policy that reflects an understanding of the importance of emotional and

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physical safety, and to establish protocols for reporting and investigating claims of misconduct that threaten and disrupt safety. Lastly, ongoing efforts can be made to understand the effects of trauma in order to avoid further traumatization and to continually work to improve the environment.

### **Guiding Principle 3: Develop Policies, Practices, and Programs That Are Relational and Promote Healthy Connections to Children, Family Members, Significant Others, and the Community**

Understanding the role of relationships in women's lives is fundamental, because the theme of connections and relationships threads throughout the lives of women offenders. When the concept of relationship is incorporated into policies, practices, and programs, the effectiveness of the system or agency is enhanced (Covington, 1998). This concept is critical when addressing the following: reasons for women's involvement in criminal behaviors, the effects of interpersonal violence on women's lives, the importance of parenting for women offenders, relational dynamics between incarcerated women, the process of growth and development for women, the environmental context needed for programming, and women's challenges to reentering the community after incarceration. This concept also corresponds to understanding the role of disconnection in women's relationships, as well as ways to actively build healthy relationships currently and in the future.

*Strategies:* First, training for all staff and administrators in which relationship issues are a core theme is a key component of applying this principle. The training should include the importance of relationships, staff-client relationships, professional boundaries, communication, and the mother-child relationship. Second, examining all mother and child programming with a focus on three central components is key: ensuring that programming enhances the child's well-being, improves mother-child relationships, and builds connections between the mother and child caregivers and other family members. Third, programming should incorporate promoting supportive relationships among women in the justice system. Fourth, opportunities can be provided for women to develop positive and healing community and peer-support networks. Fifth, correctional sites can develop visitation policies that promote family contact, build positive relations, and make phone calls readily accessible and affordable.

### **Guiding Principle 4: Address Substance Abuse, Trauma, and Mental Health Issues Through Comprehensive, Integrated, and Culturally Relevant Services and Appropriate Supervision**

Substance abuse, trauma, and mental health are three critical, interrelated issues in the lives of women offenders (Lynch, DeHart, Belknap, & Green, 2013). These issues have a major impact on women's programming needs and their successful reentry. Although they are therapeutically linked, historically these issues have been treated separately. One of the most important developments in health care over the past several decades is the recognition that many women have histories of serious traumatic experiences that play a

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vital and often unrecognized role in the evolution of the women's physical and mental health problems (Anda et al., 2006). Correctional programming also benefits from addressing these co-occurring concerns and the connections between them.

*Strategies:* To implement these principles, service providers should be cross-trained in substance abuse, trauma, and mental health. Adequate resources, including skilled personnel, must be allocated to provide such services. The environment in which services are provided must be closely monitored to ensure the emotional and physical safety of the women being served. Treatment models should also consider cultural differences among women and provide services that relate to their unique life experiences.

### **Guiding Principle 5: Provide Women With Opportunities to Improve Their Socioeconomic Status**

Addressing both the social and material realities of women offenders' lives is an important aspect of correctional intervention (Owen, Wells, & Pollock, 2017). Women offenders' lives are shaped by their socioeconomic status; their experiences with trauma and substance abuse; and their relationships with partners, children, and family members. Most women offenders are disadvantaged economically, and this reality is compounded by their histories of trauma and substance abuse. Improving socioeconomic outcomes for women requires providing opportunities through education and training so they can support themselves and their children.

*Strategies:* As one strategy, resources can be allocated within community and institutional correctional programs for comprehensive, integrated services that focus on the economic, social, and treatment needs of women. As another strategy, correctional professionals can ensure that women leave correctional institutions with provisions for subsistence, lodging, food, transportation, and clothing. In addition, correctional sites can provide traditional and nontraditional training, education, and skill-enhancing opportunities to assist women in earning living wages in the community.

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### **Guiding Principle 6: Create a System of Comprehensive and Collaborative Community Services**

Women offenders face specific challenges as they reenter the community from jail or prison (Richie, 2001; Spjeldnes & Goodkind, 2009). Women on probation also face challenges in their communities. In addition to the offender stigma, they may carry additional burdens, such as single motherhood, decreased economic potential, lack of services and programs targeted for women, responsibilities to multiple agencies, and a general lack of community support (Wright, van Voorhis, Salisbury, & Bauman, 2012). Navigating through a myriad of systems that often provide fragmented services and conflicting requirements can interfere with supervision and successful reintegration. There is a need for wraparound services—that is, a holistic and culturally sensitive plan for each woman that draws on a coordinated range of services within her community. Types of organizations that should work as partners in assisting women who are reentering the community are: mental health service systems; alcohol and other drug programs; services for survivors of interpersonal violence; family service agencies; basic need services, including food, housing, emergency shelter, and financial assistance; educational organizations; vocational and employment services; health care; the child welfare system; child care and child service organizations; self-help groups; advocacy groups; faith-based organizations; and community service clubs.

*Strategies:* Correctional programming can include creating an individually tailored support plan with the necessary resources for the woman (and her children). Likewise, a one-stop approach to community services can be developed that centers on having a primary service provider who facilitates access to other services. In addition, a coordinated case-management model for community supervision and programming can create networks of support and access to services for women.

Gender-responsive programming is essential for treatment program design and delivery, as well as for the larger spectrum of services for women involved in the criminal justice system. A complimentary and equally foundational aspect, incorporating trauma-informed practices, is essential to correctional programming and also applies across all components of the criminal justice system.

### **Trauma-Informed Practices**

Trauma-informed services are services that are provided for problems other than trauma but require knowledge about violence against women and the effects of trauma on the individual (Harris & FalLOT, 2001). More specifically, trauma-informed services take histories of trauma into account in considering all service interactions; avoid “triggering” trauma-based reactions and/or retraumatizing the individual; adjust the behavior of counselors, other staff members, and the organization to support the individual’s coping capacity; and allow survivors to manage their trauma symptoms successfully so that they

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are able to access, retain, and benefit from these services (Harris & Fallo, 2001). Thus trauma-informed practices apply to the entire system of service delivery, both to transform the ways that the organization operates in all daily practices and to guide the policies behind these practices.

Becoming trauma informed is particularly important for the criminal justice system. The majority of individuals who interface with the criminal justice system—those in prisons, jails, and detention centers—have been exposed to traumatic events across courses of their lives (Owen, Wells, & Pollock, 2017). However, institutional confinement is intended to house perpetrators, not victims (Miller & Najavits, 2012) and may not acknowledge or recognize that individuals involved in the criminal justice system often were victims before they were offenders (Widom & Maxfield, 2001) or that hurt people often hurt others. When individuals enter confinement settings, they arrive with their personal histories of trauma exposure and may experience additional trauma, as it is likely that the settings are the sites of new traumatic exposure. Moreover, routine correctional practices (e.g., strip searches and pat-downs) may trigger previous trauma and increase trauma-related symptoms and behaviors, such as impulsive acts and aggression, that may be difficult to manage within the prison or jail (Covington, 2008). As is mentioned previously, experiences of childhood and adulthood abuse and violence are major themes in the lives of women offenders, and women frequently have their first encounters with the justice system as juveniles who have run away from home to escape situations involving violence and sexual or physical abuse. The high rates of toxic stress and severe childhood maltreatment, as well as the high rates of physical and sexual abuse in adolescence and adult life, underscore the importance of understanding the process of trauma (Shonkoff et al., 2012). Addressing trauma is also a critical step in the rehabilitation of women (Covington, 2008).

Although correctional environments may be reluctant to adopt the principles associated with a trauma-informed organization because this may run counter to the organizational culture and training received by correctional/jail/detention staff, the benefits of such a transformation are compelling. Miller and Najavits (2012) argue that the use of trauma-informed correctional care could help create a safe and rehabilitative environment for staff members as well as inmates. The integration of trauma-informed services and a trauma-informed organizational approach has the potential to improve rehabilitation outcomes and reduce adverse events (Miller & Najavits, 2012). Trauma impacts the health and well-being of all individuals, communities, and organizations; trauma-informed services can help minimize the risk of retraumatization and promote a culture of safety and collaboration for all those involved. For example, prisons that have implemented trauma-informed services have experienced substantial decreases in institutional violence. After a trauma-informed institutional environment was implemented in the mental health unit at the Framingham facility in Massachusetts, there was a 62% decrease in inmate assaults on staff members and a 54% decrease in inmate assaults on other inmates (National Resource Center on Justice Involved Women, 2016). Moreover, there is evidence to suggest that trauma-informed services result in a decrease of other

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behavioral and mental health concerns; the Framingham facility also experienced a 60% decline in the number of suicide attempts, a 33% decline in the need for one-on-one mental health watches, and a 16% decline in petitions for psychiatric services.

In general, a trauma-informed organizational approach supports and facilitates an understanding of the prevalence of trauma, recognizes how trauma affects all individuals involved within the organization, and responds by integrating this knowledge into practice (Substance Abuse and Mental Health Services Administration, 2014). A trauma-informed correctional organization is one in which the administration has committed to creating a trauma-informed setting and facilitates an infrastructure to initiate, support, and guide changes to incorporate the five core values of trauma-informed practice: safety, trustworthiness, choice, collaboration, and empowerment. Incorporating these values into practice manifests as:

- Understanding how individuals may be affected by and cope with trauma and victimization.
- Recognizing and minimizing power dynamics. Trauma can take away a feeling of power from victims, and advocates and correctional staff members are in positions of power. Trauma-informed strategies focus on restoring a sense of power to the person who was victimized.
- Explaining why certain events are happening, to increase the person's sense of safety and control.
- Providing an atmosphere of safety.
- Working in a manner designed to prevent relapse, revictimization, and retriggering of the trauma.

Although the five core values are key trauma-informed practices for both women and men, there also are gender differences to be considered. For example, safety often has a different meaning for women than for men. In addition, when trauma-specific interventions are considered, it is important to understand gender differences in terms of risk and response (Covington, 2008). For example, when men are socialized to be "independent, tough, and ready to fight back" it makes it very difficult for them to acknowledge trauma and appear vulnerable; these responses often are characterized as externalizing behaviors. In contrast, more internalizing responses are found for women. Internalizing refers to the tendency to keep responses within, which often is seen as mental health distress in women. It is suggested that this internalization is related to coping mechanisms that women often use to deal with violence and abuse within their primary relationships in childhood, adolescence, and adulthood (Covington, 2008). Therefore, applying a trauma-informed approach specifically to working with women in the justice system will:

- 1. Take their extensive histories of abuse and violence into account.**

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2. Avoid triggering trauma reactions or retraumatizing women during everyday practices within correctional sites.
3. Ensure that the behavior of counselors and staff members takes into account an individual's ability to cope and will support women in learning healthy coping strategies.
4. Allow women to manage their trauma-related symptoms successfully so that they can access, retain, and benefit from services provided and have positive treatment outcomes, including lowered recidivism rates and improved mental health.

A trauma-informed correctional organization is one in which administrators have committed to creating a trauma-informed setting and will facilitate an infrastructure to initiate, support, and guide changes (Bloom & Sreedhar, 2008). Developing a trauma-informed organization requires a commitment to incorporating trauma-informed services in all aspects of practice. While trauma-specific treatment focuses on the individual level of care, trauma-informed organizations implement the principles of trauma-informed service at multiple system levels. In other words, departments such as health care, education, programs, and housing within a prison each have to examine their policies and practices to develop trauma-informed services. Establishing a trauma-informed organizational approach requires that administrators and staff members understand the impact and prevalence of trauma. The organization should incorporate trauma-informed principles in staff hiring and training, written policies and procedures, and program guidelines, and create a physical environment that promotes a sense of safety. All screening and assessment processes and other services provided by the organization that involve contact with individuals should be trauma informed (SAMSHA, 2014). This requires a long-term administrative commitment (often three to five years) and leadership—particularly in the review and re-visioning of current policies and practices. The long-term nature of this organizational change often requires a champion who can guide the process and a steering committee or advisory group.

One specific guide that was designed to help create a trauma-informed organization is The Sanctuary Model. The Sanctuary Model has been effective in helping traumatized clients across various human service organizations, including residential treatment centers, schools, drug and alcohol treatment centers, and domestic violence shelters. The model aims to create a culture of nonviolence, emotional intelligence, social learning, shared governance, open communication, social responsibility, and growth and change (Bloom, 2008).

As an additional guide, the Trauma-Informed Effective Reinforcement System offers a framework for creating trauma-informed practices within correctional sites. The Trauma-Informed Effective Reinforcement System (TIER) is a gender-responsive, research-based model that offers programs an effective alternative to compliance-focused behavioral management systems (Selvaggi, 2013; Selvaggi & Rothschild, 2012). There are models for women, girls, and boys. The organizing principle of the TIER System is trauma-informed practice, establishing and maintaining physical and emotional safety in a 24-hour care facility. TIER is not built on compliance methods; it teaches staff members new skills that

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are more effective in motivating positive behavior than the traditional “points and level systems.” It provides tools that help women learn how to be safe and contribute toward a safe environment while living with others. This happens when positive, safe behaviors are reinforced and innovative practices that are relational, trauma-sensitive, and strengths-based are applied. Negative, destructive behaviors are diminished through supportive techniques that teach residents the necessary skills to manage their own challenging feelings, thoughts, and attitudes. All these strategies are facilitated using a relational approach in which staff members recognize and prioritize the importance of developing healthy connections with the women they serve.

The goal of the TIER System is to create safe facilities and programs in which residents can access opportunities to learn, grow, and change by learning new skills and insights into their own behaviors. Programs and facilities that adopt this framework change traditional schedules to account for changes in their cultures. This includes more time for women to talk with staff members individually and more meetings with the women to discuss their responsibilities and progress. For existing programs, this can be a difficult transition; however, once implementation is complete, these structural changes become the programmatic norm.

## **Best Practices and Programs for Trauma-Informed Services**

To assist correctional sites in developing or utilizing best practices and programs that embody the National Institute of Corrections’s guiding principles and the core values of trauma-informed services, this document identifies a number of models. The practices and types of programs recommended (Bloom, 2015) are outlined in the following sub-sections.

### **Women-Centered Risk and Needs Assessment**

The first rule of evidence-based practice requires the use of empirically valid risk and needs assessments. However, employing the same assessment tools that are used with men does not provide an accurate picture of women’s risk to reoffend or their treatment needs. Women-centered risk and needs assessments have been conducted in a range of jurisdictions (jails, prisons, probation, and community-based programs) using: (a) The University of Cincinnati’s Women’s Risk Needs Assessment; (b) The Northpointe Women’s COMPAS; and/or (c) the Level of Service Inventory (revised, with a gender-responsive supplement for women). Gender-responsive assessments have been found to be more predictive of women’s reoffending than gender-neutral assessments (Salisbury, van Voorhis, & Spiropoulos, 2009). Women’s risk and needs assessments can be beneficial in terms of pretrial release decisions as well as identifying alternative sentencing options. Women-centered risk and needs assessments consider the following factors: criminal justice history; housing and safety; mental health history; physical and sexual abuse history; substance abuse history; education, employment, and financial history; and parenting and family history. Studies of the Women’s Risk Needs Assessment and the

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follow-up “trailer” assessment by the University of Cincinnati and the National Institute of Corrections (van Voorhis, Wright, Salisbury, & Bauman, 2010) show the following promising results:

- Gender-responsive mental health factors, such as depression, anxiety, psychosis, and anger were predictive of institutional misconduct and/or recidivism.
- Certain factors emerged from the research as strengths of women, such as family support (which significantly reduced the risk of both misconduct and reoffending), and educational assets and self-efficacy (which reduced the likelihood of reoffending).

### Case Management

Case management is critical in providing coordinated services to women throughout the criminal justice process. It creates a link between treatment and criminal justice systems to ensure that women meet both their treatment and criminal justice requirements. Case management services also have been found to enhance retention in community treatment among offenders with substance abuse problems, which is closely linked to reductions in recidivism (Vanderplasschen, Wolf, Rapp, & Broekaert, 2007). Similar to the new risk and needs assessment instruments for women, a prototype case management tool, called the Women Offender Case Management Model—evolved from gender-responsive, evidence-based practices—was designed to reduce recidivism, increase the availability of services, and enhance the lives of women (Orbis Partners, 2006). The model is intended for use not only with women sentenced to probation but also with those going through the spectrum of reentry processes. Nine core practices guide the implementation of this model:

1. Provide a comprehensive case-management model that addresses the complex and multiple needs of women offenders.
2. Recognize that all women have strengths that can be mobilized.
3. Ensure the collaborative involvement of women to establish desired outcomes.
4. Promote services that are ongoing.
5. Match services in accordance with risk level and need.
6. Build links with the community.
7. Establish a multidisciplinary case-management team.
8. Monitor progress and evaluate outcomes.
9. Implement procedures to ensure program integrity.

One-year follow-up data revealed that participants had a significantly lower rate of new arrests in comparison to members of the control group.

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### Reentry Services

Reentry services are essential to effectively support women who are leaving a custodial setting. An example of a particularly productive reentry effort is the Time for Change Foundation's Positive Futures program. Positive Futures is a project funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) that aims to provide reentry services for 135 adult, formerly incarcerated women to reduce their prevalence of alcohol and other drug use and to reduce homelessness, unemployment, and recidivism (Messina & Jeter, 2015). Key elements are: creating a collaboration of agencies to provide wraparound services to Positive Futures clients; using evidence-based practices to address substance abuse and mental health issues, including trauma; and providing support services, such as mentoring, transportation, education, and job training. Of the women who have been enrolled in the program, at follow-up they reported:

- Increased abstinence from substances
- More stable housing
- Fewer crimes committed
- More employment or enrollment in education
- More income from wages
- Increased feelings of physical well-being
- More social connectedness

### Employment Services

The California Department of Corrections and Rehabilitation's Female Offender Treatment and Employment Program (FOTEP) is one example of the comprehensive employment service that can be made available to women for reintegration into the labor force and community. To reduce recidivism as well as to increase employment, the program provides residential drug abuse treatment, case management, and parenting support along with vocational services to women who are coming out of prison (with or without children). An evaluation by the UCLA Integrated Substance Abuse Programs found that the length of time spent in treatment is a major factor in predicting successful outcomes for the client, with longer periods reflecting significant reductions in return-to-custody incidents and related costs. Treatment for 120 to 150 days reduced the likelihood of returning to custody by 20%; treatment for up to 180 days reduced the likelihood by 43%; and treatment for more than 180 days reduced the likelihood by 58% (Grella, 2005).

### Curricula and Materials

The number of promising evidence-based and gender-responsive curricula and materials has grown with the increased understanding of women's unique pathways to crime and

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their treatment needs. The following are examples of these curricula and training programs:

*Beyond Trauma: A Healing Journey for Women* (Covington, 2016): This program uses psychoeducational, cognitive-behavioral, and relational therapeutic approaches to help women develop coping skills and emotional wellness. A brief version of this program is called *Healing Trauma: A Brief Intervention for Women* (Covington & Russo, 2016). Studies evaluating the effectiveness of *Helping Women Recover* and *Beyond Trauma*, both gender-responsive and trauma-informed programs, show that participants had reductions in PTSD and depression symptoms (Covington, Burke, Keaton, & Norcott, 2008; Messina, Calhoun, & Warda, 2012).

*Beyond Violence: A Prevention Program for Criminal Justice-Involved Women* (Covington, 2013): This is an evidence-based curriculum for women in criminal justice settings who have histories of aggression and/or violence. This model of violence prevention considers the complex interplay between individual, relationship, community, and societal factors. This program has been found to be efficacious in decreasing women's anxiety and anger and in improving long-term outcomes, compared to the results from women in the treatment-as-usual condition, and positive outcomes have been found in different women's prison systems (Kubiak, Fedock, Kim, & Bybee, 2016; Kubiak, Kim, Fedock, & Bybee, 2015; Messina, Braithwaite, Calhoun, & Kubiak, 2016). Likewise, this program has been expanded to focus on improving the mental health of women serving life sentences (Fedock, Kubiak, & Bybee, 2017) and to incorporate women serving long and/or life sentences as peer facilitators, who benefit greatly from such a role (Messina, Braithwaite, Calhoun, & Kubiak, 2016). One next step with this program is testing it within a segregated housing unit of a women's prison.

*Helping Women Recover: A Program for Treating Addiction* (Covington, 2008): This program addresses substance abuse by integrating theories of women's psychological development, trauma, and addiction. Women have shown significantly better outcomes from *Helping Women Recover* than from standard, non-gender-responsive programming (Messina, Grella, Cartier, & Torres, 2010).

*Moving On* (van Dieten, 2008): This program is based on cognitive-behavioral theory, relational theory, and motivational interviewing. It provides women with opportunities to expand their strengths and strategies, and mobilize and access resources within community and personal networks. It incorporates cognitive-behavioral techniques with motivational interviewing and relational theory. Positive outcomes have been found for this program for women on probation in terms of lower rearrests and conviction rates for women who completed this program (Gehring, van Voorhis, & Bell, 2010).

*Seeking Safety* (Najavits, 2002): This program treats the co-occurring disorders of trauma, PTSD, and substance abuse, based on research from cognitive-behavioral treatment of substance abuse disorders and posttraumatic stress treatment. Zlotnick, Najavits,

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Rohsenow, and Johnson (2003) evaluated *Seeking Safety* in a sample of incarcerated women with co-occurring PTSD and SUD; 53% of the women no longer met the criteria for PTSD after completing treatment, and 46% still no longer met the criteria three months after. Another study from Gatz et al. (2007) found that women receiving *Seeking Safety* improved significantly more on symptoms of PTSD and use of coping skills compared to women in the comparison group. Other trauma-informed, gender-specific treatment interventions developed for women involved in the criminal/legal system have shown similar outcomes.

### **The Optimal Approach: Community-Based Services**

A growing body of evidence shows that the majority of women offenders can be effectively managed in community settings that provide gender-responsive services and programs to reduce recidivism. A 2005 review of four studies funded by the National Institute of Justice found that successful treatment programs share the premise that the needs of women in the justice system differ in many respects from those of men. For women, the following attributes are associated with positive outcomes:

- Material and social concerns
- Access to childcare and transportation
- Protection from violence by intimate partners
- Comprehensive case-management services

Community placement serves not only the best interests of women in the justice system but the interests of their children as well. When custody is necessary, it should be short term and used as a step toward community-based supervision. Community-based and noncustodial placements should be the primary objective of correctional planning for women.

A coordinated system of supervision and support should include: housing, education, job training, employment, family counseling, child care, parenting education, drug and alcohol treatment, health and mental health care, peer support, and aftercare. Wraparound services and similar integrated approaches are very effective because they address multiple needs in a coordinated way and facilitate access to services. Community programming also is a more cost-effective approach to public safety than incarceration because, at a significantly reduced cost, it can improve outcomes for women, preserve their families, and reduce recidivism. Noncustodial and community-based placements offer a number of advantages, as they:

- Provide a wider range of rehabilitation and reentry options than are available in state prison systems.
- Enable greater emphasis on research-based programs for women.

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- Improve outcomes for women, their children, and their communities through effective alternative sanctioning.
- Prevent the children of those in the criminal justice system from also entering it.
- Decrease criminal justice costs and increase public safety.
- Meet the physical and mental health needs of women offenders through gender-responsive and trauma-informed treatment.
- Create policies and operational practices that ensure safe and productive placements.
- Develop educational, vocational, and treatment programs that target women's pathways to offending, thereby reducing recidivism.

## Conclusion

The number of women involved in the criminal justice system in the United States has grown exponentially over the past several decades. With this increase, attention has been given to understanding gender differences in women and men involved in the criminal justice system and to developing effective correctional programming. Gender-responsive programming principles and strategies guide the continued development of correctional programming, and trauma-informed practices offer a framework for considering changes to the organizational environment of corrections to improve outcomes and shape practices for women offenders.

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