

Gender-Specific Programming for Female Offenders: What is it and Why is it Important?

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Introduction

The increasing numbers of women involved in the criminal justice system and the paucity of programs and services that are geared toward their needs, has prompted criminal justice professionals to examine their sanctioning and supervision processes in terms of gender. Although there is more extensive data regarding the characteristics of women in prisons and jails, there is far less information on female offenders in community correctional settings. The neglect of women in criminal justice research has been justified on the grounds that they account for only a small fraction of arrests and commit fewer crimes than males. This justification ignores the fact that, women who do enter the justice system, while fewer in number and less violent than their male counterparts, often become extensive users of the system. In focusing on the overwhelming number of males in the criminal and juvenile justice systems, programs, policies and services often fail to develop a diversity of options for dealing with the gender and culturally-specific problems of female offenders enmeshed in the system. Additionally, while research indicates that community-based programs may be successful in dealing with the problems of female delinquents, few programs target the specific needs of girls and young women.

Furthermore, little is known about the characteristics of programs that serve women, or about the criteria or elements that make for effective programs and promote successful client outcomes. This lack of attention makes it critically important to document program characteristics that are related to positive outcomes for this population so that promising program models can be presented to criminal justice practitioners and policy makers.

Many criminal and juvenile justice professionals lack familiarity with criteria for female-specific programs and interventions. Recommendations from academics and program practitioners reflect an understanding of gender differences and needs, but they do not necessarily convey the "how to" elements instrumental to effective program development and evaluation (Bloom, 1997; Kempf-Leonard, 1998; Koons, Burrow, Morash & Bynum, 1997). Thus, it is often difficult to understand how effective female-specific services differ from effective services in general. This paper provides a discussion of gender-specific programming and presents a model for gender-specific treatment.

Who are the Women?

In order to design effective programs that match female offenders' needs, it is important to consider who they are--the demographics and history of the female population, as well as how various life factors impact their patterns of offending. A basic principle of clinical work is to know who the client is and what she brings into the treatment setting. "[I]f programming is to be effective, it must . . . take the context of women's lives into account" (Abbott & Kerr, 1995). Therefore, a review of the literature on the lives of women in the criminal justice system is presented.

In general, female offenders can be said to differ from their male counterparts in several significant ways:

Nonviolent Property Offenses

First, they are less likely to have committed violent offenses and more likely to have been convicted of crimes involving alcohol, other drugs, or property. Female offenders have been found to play "no substantial role in drug trafficking" (Phillips & Harm, 1998, p. 3), as most of their drug convictions relate to using drugs. Many of their property crimes are economically driven, often motivated by poverty and/or the abuse of alcohol and other drugs. In a study of California inmates, 71.9% of women had been convicted on a drug or property charge, versus 49.7% of men. Men also commit nearly twice the violent crimes that women do (Bloom, Chesney-Lind, & Owen, 1994).

Of those females in prison for violent crimes, many of them committed their crimes against a spouse, ex-spouse, or boyfriend. They are likely to report having been physically or sexually abused, often by the person they assaulted. Thus, even violent female offenders are frequently not seen as at risk of committing violence against the general public (Browne, 1987; Denborough, 1996; Phillips & Harm, 1998).

Substance Abuse Problems

Substance abuse is a major problem for female offenders. In the U.S., "up to 80% of the women offenders in some state prison systems now have severe, long-standing substance abuse problems," according to the Center for Substance Abuse Treatment (CSAT) (1997, p. 2). According to Snell (1994), drug violators make up 61% of women in U.S. federal prisons (up from 38% in 1986), 21% of the women in state facilities (up from 9%), and 23% of those in local jails (up from 9%). Despite the strong link between substance abuse and crime, only a fraction of female inmates receive treatment (Wellisch, Prendergast, & Anglin, 1994). For example, in California, only 3% of women inmates have access to any type of treatment (Bloom, et al., 1994).

To put these statistics into perspective, it is helpful to compare them to statistics on substance abuse by females in the general population. The Substance Abuse and Mental Health Services Administration (1993) reports that 2.1% of American females aged twelve and older had engaged in heavy alcohol use in the thirty days preceding the survey; 4.1% had used an illicit drug; and 1.2% had used a psychotherapeutic drug for a nonmedical purpose. By contrast, the National Center on Addiction and Substance Abuse (1998) found that 54% of women offenders in state prisons had used an illicit drug in the month prior to their crimes, and 48% were under the influence of either alcohol or another drug when they committed their crimes. Among women offenders in federal prisons, 27% had used an illicit drug in the month prior to their crimes, and 20% were under the influence when they committed their crimes. Among jail inmates, 54% had used an illicit drug in the previous month, and 48% were under the influence when they committed their crimes. It appears that substance-abusing females are present in U.S. jails and prisons by four to ten times more than in the general population.

Psychiatric Disorders

Substance abuse is the most common psychiatric disorder among female offenders. A survey of female pretrial jail detainees found that over 80% of the sample met the DSM-III-R criteria for one or more lifetime psychiatric disorders. "The most common disorders were drug abuse or drug dependence (63.6%), alcohol abuse or alcohol dependence (32.3%), and PTSD [Post-traumatic Stress Disorder] (33.5%)" (Teplin, Abram, & McClelland, 1996, p. 508). Sixty percent of the subjects had exhibited drug or alcohol abuse or dependence within six months of the interview. In addition, 16.9% met the criteria for a major depressive episode. Subjects were mostly nonviolent offenders who had been jailed because they could not pay bail for misdemeanors.

Poverty, Lack of Skills, and Ethnicity

Furthermore, most female offenders are poor, undereducated, and unskilled. Women of color are disproportionately represented in U.S. jails and prisons. A survey of female jail inmates in the U.S. found that "over 60% were unemployed when arrested and one-third were not looking for work. Less than one-third of male inmates were similarly unemployed and less than 12% were not looking for work" (Collins & Collins, 1996). Another study of women prisoners found that of those women who had been employed before incarceration, many were on the lower rungs of the economic ladder, with only 37% working at a legitimate job. Twenty-two percent were on some kind of public support, 16% made money from drug dealing, and 15% were involved in prostitution, shoplifting, or other illegal activities (Bloom et al., 1994).

Single Motherhood

Motherhood is also common among female offenders. Two-thirds of women incarcerated in the U.S. have children under the age of 18 (Bureau of Justice Statistics, 1991). Many of these women feel enormous guilt about being absent from their children's lives and worry about whether they will retain custody of their children when they were released (Bloom & Steinhart, 1993; Watterson, 1996). Bloom and Steinhart, (1993) found that over half (54%) of the children of incarcerated mothers never visited their mothers during the period of incarceration. Barriers to visitation such as the isolated locations of women's prisons and lack of transportation exacerbate the problems of maintaining family ties and reunifying with children.

Physical and Sexual Abuse

Many women in prison also have histories of physical and sexual abuse. One study found that nearly 80% of female prisoners had experienced some form of abuse. Twenty-nine percent reported being physically abused as children and 60% as adults, usually by their partners. Thirty-one percent experienced sexual abuse as a child and 23% as adults; 40% reported emotional abuse as a child and 48% as an adult (Bloom et al., 1994). Another study found that 23% of female inmates had experienced incest or rape as juveniles; 22% had been sexually abused as adults; and 53% had been physically abused (Brennan & Austin, 1997).

Pathways to Crime

When the profile of girl offenders is compared to the profile of adult women offenders, both in prison and in community corrections, it becomes clear that they are essentially the same females moving along the system from juvenile detention to jail or community corrections to state prison. Thus, two associations must be considered: the connection between childhood victimization and offending and the connection between substance abuse and offending.

Pre-feminist theories about pathways to crime have often claimed to be gender neutral. Therefore, separate data were not collected on women or girls or these data were omitted from various analyses. Research in the 1980s and 1990s reveals a pattern by which incest or other childhood victimization often leads girls (and some boys) to run away from home and/or to abuse alcohol or other drugs. Girls on the street then resort to prostitution, selling drugs, and/or robbery in order to survive. At any point in this process, a girl may be arrested for running away or using alcohol (status offenses), using other drugs, dealing drugs, robbery, or prostitution (Arnold, 1990; Belknap & Holsinger, 1998).

Daly (1992) found similar results in a study of U.S. court presentation investigation reports. Based on her research, Daly identified five pathways to female offending: (1) The *street woman*, who was severely abused as a child, lives on the street, and generally ends up in court because she has been supporting her drug habit through selling drugs, prostitution, and stealing; (2) The *harmed-and-harming woman*, who was also abused as a child, but who responded with anger and "acting out," and who may have become violent through use of alcohol and/or other drugs; (3) The *battered woman*, who usually reaches court when she has harmed or killed a violent man with whom she is in or has just ended a relationship (unlike the previous two types of women, the battered woman usually does not have a previous criminal record); (4) The *drug-connected woman*, who "uses or sells drugs as a result of her relationships with her male intimate, children, or mother . . . like the battered women, she does not tend to have much of a criminal record" (Belknap, 1996, p. 261); and (5) *Other women*, who commit economically motivated crimes, either out of greed or poverty.

Conclusion

Brennan and Austin (1997) characterize the "typical" female offender in U.S. prisons as: probably minority, aged 25 to 29, unmarried, has one to three children, a likely victim of sexual abuse as a child, a victim of physical abuse, has current alcohol and drug abuse problems, multiple arrests, first arrested around age 15, a high school dropout, on welfare, has low skills, and has held mainly low-wage jobs (p. 3).

In short, the females in the correctional system are mostly young, poor, and undereducated women of color who have complex histories of trauma and substance abuse. Most are nonviolent and are not threats to the community. Survival (of abuse and poverty) and substance abuse are their most common pathways to crime (Chesney-Lind & Bloom, 1997). Their greatest needs are multifaceted treatment for drug abuse and trauma recovery as well as education and training in job and parenting skills.

Theoretical Perspectives Underlying Gender-Specific Programming

In order to develop effective programs for women and girls, it is critical to develop a sound theoretical approach to treatment that is gender-sensitive and which addresses the realities of their lives. The influence of theory on research and evaluation is reflected in the variables studied (Bonta, Pang, & Wallace-Capretta, 1995). Theories of criminality are largely based on observations of male offenders. Historically, theorists have either attempted to explain female crime by applying traditional mainstream theories developed to explain male crime and delinquency to women and girls, or to create fundamentally different explanations of female criminality. While social and cultural theories of crime were developed to explain criminality in males, individual and pathological theories were often used to explain female crime well into the 1960s.

Historically, theories of female criminality ranged from biological to psychological and from economic to social. Much of the literature attempts to explain female criminality by focusing on women's (and girls') deviant behavior -- that is behavior that does not conform to traditional female stereotypes. The female "deviant" is deemed to be more deviant than her male counterpart. She experiences greater stigmatization when she transgresses gender standards and in some cases, faces harsher punishment. For example, the criminalization of pregnant, chemically dependent women raises issues related to their suitability for motherhood. The criminal justice system response to women's lawbreaking has often been that of moral reform.

The profile of female offenders stated previously indicates that they are socially and economically marginalized and often victimized by family members and intimates. Pollock (1998) maintains that theories of female criminality typically point to some elements of opportunity, need, or both, in women's entry into crime. She argues that because social structures put more barriers in front of women's criminal opportunities, women offender's lives may be different from those of law-abiding women. This would explain, for example, the fact that women offenders have histories of sexual and/or physical abuse which appear to be "instigators of delinquency, addiction and criminality" (p. 52). Additionally, while personal relationships (e.g., marriage, family) may generally serve to prevent lawbreaking by females, the relationships of women offenders with men are often abusive, exploitive, and/or the pathway to substance abuse and related criminal activity.

Studies of female offenders highlight the importance of relationships and the fact that criminal involvement often came through relationships with family members, significant others or friends (Chesney-Lind, 1997; Owen & Bloom, 1995; Owen, 1998; Pollock, 1998). Women offenders who cite drug abuse as self-medication often discuss personal relationships as the cause of their pain (Pollock, 1998). Abusive families and battering relationships are often strong themes in their lives (Chesney-Lind, 1997; Owen & Bloom, 1995). This has significant implications for therapeutic interventions that deal with the impact that these relationships have on women's current and future behavior.

Feminist theories suggest that the focus on gender goes beyond simply adding another variable to the study of female crime. Contemporary feminist research has contributed to our understanding of the female experience in a way that does not simply contrast it to that of men. In general, this research emphasizes the role of patriarchy and sexual exploitation of women and girls, or "women's place" in relation to offending (Chesney-Lind, 1989). Feminist theories also examine female criminality as a reflection of the situations of women's and girls' lives and their attempts to survive (Arnold, 1990; Chesney-Lind, 1997). Many women and girls on the social and economic margins struggle to survive outside of legitimate enterprises, which brings them into contact with the criminal justice system.

Contemporary feminists also assert that the differences between men and women should be viewed as sources of strength, not weakness. These strengths include women's capacity for relatedness and connection. According to Dr. Jean Baker Miller (1976), "women build on and develop in a context of attachment and affiliation with others" (p. 83). Miller calls for a new approach to psychology that acknowledges the different nature of women's development - an approach which affirms that connection, not separation, is the basis of growth for women (Covington, 1998).

Gilligan (1982) explored relational issues in the context of development and moral reasoning. She explained differences in moral reasoning in a manner that did not devalue women's or girls' behavior. According to Gilligan, boys develop their identity in relation to the world, while girls develop their identity in relation to others. In her studies of moral development, she discovered "a different voice" among women that emphasized relationship, commitment, and care.

Theories that focus on female development and mutual, caring, and empowering relationships can be useful tools for correctional programs for women and girls. However, while women's focus on relationships can be a self-empowering and growth producing experience, there are differences among women (e.g., race, class, culture, and sexual orientation) that need to be acknowledged in any theoretical or programmatic framework. Additionally, methods of survival and resistance to race, class and gender oppression need to be articulated in evolving theoretical and programmatic models.

Definition, Principles and Criteria for Gender-Specific Services

Based on the characteristics of female offenders, their pathways to crime, and how they differ from male offenders, the need for gender-specific treatment and services seems clear. But what exactly is a *gender-specific* service?

In order to develop effective gender-specific interventions and evaluative tools, a clear definition and statement of guiding principles and criteria is needed. For example, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) defines gender-specific services as those that are designed to meet the unique needs of female offenders; that value the female perspective; that celebrate and honor the female experience; that respect

and take into account female development; that empower girls and young women to reach their full human potential; and work to change established attitudes that prevent or discourage girls and young women from recognizing their potential.

The Oregon Intermediate Sanctions for Female Offenders Policy Group (1995) defines gender-specific programs as those that “take into account real differences between men and women in their learning and relationship styles and life circumstances. They are not those that admit only women and use the same approaches as are applied to men offenders” (p. 66). The Policy Group recommends that women-specific correctional programs include:

- Facilitation of visitation between women offenders and their children;
- Child care arrangements for women in community-based programs;
- Promotion of support systems and relationships that help women to develop healthy connections;
- Mentors who exemplify individual strength and growth while also providing caring support; and
- Residential substance abuse treatment resources for all women whose criminal behavior is related to their chemical dependency (p.67).

The Valentine Foundation (1990) suggests that:

Females need programs that potentiate relationships of trust and interdependence with other women already present in their lives. Friends, relatives, neighbors, church or special group members can be important providers of insight, strategy, and strength. Girls and women need mentors who reflect a rootedness in realities of their own lives. They need mentors who exemplify survival and growth, as resistance and change (Valentine Foundation Conference).

Beckman (1994) recommends similar criteria for a gender-specific treatment program:

- It is delivered in a setting compatible with females’ interactional styles, such as their need for and responsiveness to social relationships
- It takes into account gender roles and female socialization
- It does not allow sexual harassment
- It supports active, interdependent roles for women and girls
- It addresses females’ unique treatment issues, such as trauma, parenting skills, coping mechanisms, and self-worth

With regard to the value of community correctional settings, Bloom adds, “Whenever possible, women and girls should be treated in the least restrictive programming environment available. The level of security should depend on both treatment needs and concerns for public safety” (Bloom, 1997, pp. 4-5).

Stressing the importance of relational issues for girls, Belknap et al. (1997) recommend providing “the safety and comfort of same-gender environments,” offering learning

experiences after trusting relationships have been established, and helping girls to understand "that they can be professionally and emotionally successful in life and still have strong relationships" (Belknap et al., 1997, p. 24).

Issues of women's and girls' lives that gender-specific programs would address include, but are not limited to (Beckman, 1994; Belknap et al., 1997; Bloom, 1997):

- development of a sense of self and self-esteem
- establishment of trusting, growth-fostering relationships
- physical health
- sobriety—clean and sober living
- sexuality
- mental health
- physical fitness and athletics
- pregnancy and parenting skills
- decision-making skills
- trauma from physical, emotional, and sexual abuse—treatment and prevention
- cultural awareness and sensitivity
- spirituality

Beth Glover Reed (1987) defines women-oriented chemical dependency treatment services as those that address women's specific treatment needs; reduce barriers to recovery from drug dependence that are more likely to occur for women; are delivered in a context that is compatible with women's styles and is safe from exploitation; and take into account women's roles, socialization and societal status. Other definitions include statements about services for women and girls that should effect individual, relational, and community change (Albrecht, 1997; Greene, Peters & Associates, 1997).

A groundbreaking effort was undertaken in Canada by the Task Force on Federally Sentenced Women which was established to develop a plan which would be responsive to "the unique and special needs of women" (Shaw, 1993, p. 51). The Task Force established a long-term goal of serving female offenders in community-based programs rather than in institutions. The Task Force issued a landmark report (1990) that suggested a need for a holistic approach to the development of programs and facilities for women. The authors argued that women must be seen within their social context with a consideration of gender, race, and class inequalities. "The Task Force emphasized the importance of assessing individual needs and treating those needs as a whole. In essence, the Task Force rejected the male model of corrections, which classified risk, prioritized needs and fit offenders into pre-structured programs" (Shaw, 1993, p.55).

The Task Force report outlined five fundamental principles for effective programming: empowering women, providing meaningful choices in programs and community facilities, treating women with respect and dignity, providing a physically safe and supportive environment and sharing responsibility among both correctional staff and members of the community (Task Force on Federally Sentenced Women, 1990).

The Ohio Gender-Specific Services Work Group maintains that programs for girls must:

- Allow more opportunity for building trusting relationships;
- Provide learning experiences and skill building after these relationships are established;
- Provide safety and comfort in same-gender environments;
- Help girls understand that they can succeed in life and still maintain personal relationships; and
- Explore and honor cultural differences (Belknap, Dunn, & Holsinger, 1997, p. 24).

In summary, the following principles could be considered in the development of gender-specific correctional programming and service delivery to women and girls:

- Equality does not mean sameness; in other words, equality of service delivery is not simply about allowing women access to services traditionally reserved for men — equality must be defined in terms of providing opportunities which are relevant to each gender. Thus, treatment services may appear very different depending on to whom the service is being delivered;
- Gender-specific programs are not simply “female only” programs that were designed for males;
- Females’ sense of self is manifested and develops differently in female specific groups as opposed to coed groups;
- The unique needs and issues (e.g., physical/sexual/emotional victimization, trauma, physical and mental health, pregnancy and parenting) of women and girls should be addressed in a safe, trusting and supportive women-focused environment;
- Whenever possible, women should be treated in the least restrictive programming environment available. The level of security should depend on both treatment needs and concern for public safety;
- Treatment and services should build on women’s strengths/competencies and promote independence and self-reliance; and
- Cultural awareness and sensitivity should be promoted and the cultural resources and strengths in various communities should be utilized.

Promising Programs and Practices

Although there is little evaluation research documenting effective programs for women offenders, there have been a few studies that identify promising practices or strategies. In a recent study of promising correctional programs for women offenders, Koons Burrow, Morash, and Bynum (1997) identified 67 effective programs. Of those, there were

specific outcome measures in only 12 programs. Recidivism and/or drug use were outcome measures in only six programs, and none considered which program components were linked to success. Koons et al. noted that program administrators most often attributed positive outcomes to programs that targeted specific or multiple needs and provided continuums of care (p. 526). Additionally, program participants cited program staffing characteristics, the acquisition of skills, involvement in program delivery, and the influence of a social network or peer group as important aspects to successfully addressing their treatment needs (p. 527). Koons et al. note "that a sizable number of promising program models approached the treatment of women offenders using a comprehensive and holistic strategy for meeting their needs" (p. 521).

A study which addressed promising programs for female offenders in the community, *Female Offenders in the Community: An Analysis of Innovative Strategies and Programs*, was conducted for the National Institute of Corrections by Austin, Bloom, and Donahue (1992). This study involved telephone interviews with staff of 100 community-based programs serving women offenders (coed programs were excluded) and site visits to 23 programs. It identified effective strategies for working with women offenders in community correctional settings. Austin et al. found that the most promising community-based programs for women offenders do not employ the medical or clinical model of correctional treatment. Rather than attempting to cure the client of some pathology, effective programs work with clients to broaden their range of responses to various types of behavior and needs, enhancing their coping and decision making skills. These programs use an "empowerment" model of skill building to develop competencies in order to enable women to achieve independence. In addition, effective therapeutic approaches are multidimensional, and deal with specific women's issues, including chemical dependency, domestic violence, sexual abuse, pregnancy and parenting, relationships and gender bias. According to Austin et al., promising community programs "combined supervision and services to address the specialized needs of female offenders in highly structured, safe environments where accountability is stressed" (p. 21). Additional program aspects included a continuum of care design; clearly stated program expectations, rules and possible sanctions; consistent supervision; ethnically diverse staff including former offenders; coordination of community resources; and aftercare. Austin et al. found that information on the effectiveness of community programs for women was limited and difficult to compare. The authors found that evaluations had been conducted on only four out of the 100 programs that were surveyed. They found that data relating to clients, services delivered, and program outcomes were maintained manually, if at all and, for the most part, without a central database.

In their study of 165 community-based drug treatment programs for women offenders, Wellisch, Prendergast, and Anglin (1994) concluded that success appears to be positively related to the amount of time spent in treatment with more lengthy programs having greater success rates (Wellisch et al., 1994). Wellisch et al. also found that little is known about the specific needs of chemically dependent women offenders since very few drug abusing women offenders receive treatment in custody or in the community (p. 1). Additionally, many drug treatment programs do not address the multiple problems of

women drug offenders and few have family-focused services or provide accommodations for infants and children. The authors noted that services needed by women are more likely to be found in "women-only" programs than in coed programs. The study concluded that it was necessary to improve assessment of client needs in order to develop better programs to deliver a range of appropriate services. The assessment process should also provide the basis for developing individual treatment plans, establishing a baseline from which progress in treatment can be monitored, and generate data for program evaluation (p. 6).

A New Model for Treating Substance Abuse

Criminal justice researchers and practitioners are acknowledging the inter-relationship between multiple issues in the lives of female offenders. For example, an increasing number of studies are finding a correlation between chemical dependency and physical and /or sexual abuse. The *Helping Women Recover* program is presented as an example of a comprehensive gender-specific program based on research and clinical experience (Covington, 1999).

It is important to ground a gender-specific substance abuse program in theory—in the knowledge developed in the past twenty years about substance abuse and about women and girls, who often have histories of substance abuse since early adolescence; multiple trauma (including physical and/or sexual abuse, poverty, and racism); and developmental lags because of damaging relationships. The model presented here includes a theory of addiction, a theory of how women and girls grow and develop, and a theory of trauma.

Theory of Addiction

Traditionally, addiction treatment has been based on a medical model, which views addiction as a disease. The most commonly used analogy is that addiction is like diabetes, a physical disease that carries no moral or social stigma. This analogy is often useful because neither diabetes nor addiction can be managed by will power. They both require adherence to a lifestyle regimen for physical and emotional stability.

However, this analogy sees the disease/disorder rooted solely in the individual. As we move into the twenty-first century, health professionals in many disciplines are revising their concept of disease in general. Based on a holistic health model, not only are the physical aspects of disease being acknowledged, but also the emotional, psychological, and spiritual aspects (Northrup, 1994).

Addiction is better understood as a disease/disorder if it is seen holistically and cancer is included as an analogy. The diabetes model is useful, but too individualistic and simplistic to adequately explain addiction.

"Like cancer, addiction has a physical component as well as emotional, psychological, and spiritual dimensions. . . . [T]wo other components of disease must also be added to a fully holistic model: the environmental and the sociopolitical dimensions" (Covington, 1998,

p.147). It's interesting that few people question that cancer is a disease, while many question that addiction is a disease, even though up to 80% of doctors link cancer to lifestyle choices (diet and exercise) and the environment (pesticides, emissions, nuclear waste, etc.) (personal communication, Siegel, 1996). There are also sociopolitical aspects of both cancer and addiction: both carcinogenic products and addictive substances (legal and illegal) make huge profits for powerful business interest. Even though some women may have a strong genetic predisposition to addiction, an important treatment issue is acknowledging that many of them have grown up in an environment where drug dealing and addiction are a way of life.

Theory of Women's Development

The next important element is a theory of women's psychological development. Traditional developmental psychology is based on a separation/individuation model. The Relational Model, developed by the Stone Center, located at Wellesley College, posits that the primary motivation for women throughout life is not separation, but establishing a strong sense of connection. When a woman is disconnected from others, or involved in abusive relationships, she experiences disempowerment, confusion, and diminished zest, vitality and self-worth -- fertile ground for addiction. Healthy, growth-fostering relationships create increased zest and vitality, empowerment, self-knowledge, self-worth and a desire for more connection. In a growth-fostering relationship, a woman develops a sense of mutuality that is "creative, energy-releasing and empowering for all participants," and fundamental to her psychological well-being (Covington & Surrey, 1997).

If we are trying to create treatment for women to help them to change, grow and recover from addictions, it is critical that they be in programs and environments where relationship and mutuality are core elements. The system needs to provide a setting where women can experience healthy relationships with their counselors and each other. Unfortunately, the criminal justice system is designed to discourage women from coming together, trusting, speaking about personal issues or forming bonds of relationship. Women who leave prison are often discouraged from associating with other women who have been incarcerated.

If women are to be successfully reintegrated back into the community after serving their sentences, there must be a *continuum of care* that can connect them to a community after they've been released. Ideally, these community programs should have a relational basis.

Theory of Trauma

An understanding of trauma is also essential. Trauma is not limited to suffering violence, but includes witnessing violence, as well as the trauma of stigmatization because of poverty, racism, incarceration, or sexual orientation. The vast majority of female offenders have been physically and/or sexually abused both as children and adults. Thus, most female offenders are trauma survivors when they enter the system, and then they are at risk for retraumatization by the system. Incarceration can be traumatizing in itself, and the racism and classism that characterize the criminal justice system can be further traumatizing.

Many women use drugs or alcohol in order to medicate the pain of trauma. Trauma skews a woman's relational experience and hinders her psychological development.

Psychiatrist Judith Herman (1992) writes that trauma is a disease of disconnection and that there are three stages in the process of healing from trauma: (1) safety, (2) remembrance and mourning, and (3) reconnection. "Survivors feel unsafe in their bodies. Their emotions and their thinking feel out of control. They also feel unsafe in relation to other people" (Herman, 1992, p. 160). Stage One (safety) addresses the woman's safety concerns in all of these domains. In the second stage of recovery (remembrance and mourning) the survivor tells the story of the trauma and mourns the old self that the trauma destroyed. In Stage Three (reconnection) the survivor faces the task of creating a future; now she develops a new self.

Safety, the Stage One recovery from trauma, is the appropriate first level of intervention for a criminal justice setting. If we want to assist women in changing their lives, we must create a safe environment in which the healing process can begin to take place. We can help a woman feel safe in her external world by keeping facilities free of physical and sexual harassment and abuse. We can also help women feel safe internally by teaching them self-soothing mechanisms. Many chemically dependent trauma survivors use drugs to medicate their depression or anxiety because they know no better ways to comfort themselves.

It is also important to acknowledge that for some women and girls, their first experience of safety is in a correctional setting. Violence and abuse have been their experience at home and on the street. It is a harsh social reality when a female believes that she is safer in prison or jail.

Structure and Content of an Effective Treatment Program

Three theoretical perspectives, addiction, women's development, and trauma have been briefly described thus far. In the past, women often have been expected to seek help for addiction, psychological disorders, and trauma from separate sources and to incorporate what they learned from a recovery group, a counselor, and a psychologist into their own lives. This expectation has placed an unnecessary burden on recovering females. A gender-specific treatment program needs to integrate all three approaches.

Both structure and content should be considered when designing a gender-specific treatment program for women offenders. Not just the content of the program, but also the context and environment are important. The program needs to have the following qualities:

A Supportive Environment

An environment that supports recovery is characterized by the following:

- *Safety*: The environment is free of physical, emotional, and sexual harassment and spoken and unspoken rules of conduct provide appropriate boundaries. Although it may be impossible for a staff member to guarantee safety in her/his agency or institution, it is imperative that the treatment group itself be a safe place.
- *Connection*: Exchanges among the treatment group facilitator and group members need to feel mutual rather than one-way and authoritarian. Females begin to heal when they sense that a group facilitator wants to understand their experiences, is present with them when they recall painful experiences, allows their stories to affect her, and is not overwhelmed by their stories.
- *Empowerment*: The facilitator needs to model how a woman or girl can use power with and for others, rather than either using power over others or being powerless. It is important to set firm, respectful, and empathic limits and to encourage the group members to believe in and exercise their abilities.

Some people question whether a healing environment can be created in a correctional setting. There can often be a clash between the "control" model of corrections and the "change" model of substance abuse treatment. Hence, a correctional setting is rarely therapeutic. However, even within correctional institutions, healing spaces can be found. It is important for the group facilitator to encourage women to struggle with the conditions of the correctional setting and continue to thrive. Recovery can happen in or out of prison. In fact, for some women, prison offers their only chance of residential treatment.

Three Levels of Intervention

The group process and individual exercises used need to help women and girls on three levels: cognitive, affective, and behavioral.

At the *cognitive* level, education can help to correct their misperceptions and they can learn a process of critical thinking for decision making. In *Helping Women Recover* (Covington, 1999), for example, females practice the ORID process (Spencer, 1989) of interpreting and responding to an experience. This process includes four stages:

- *Objective*: Obtaining facts through observation
- *Reflective*: Expressing emotional reactions to the event or experience
- *Interpretive*: Assessing the meaning and impact of the event, its significance or usefulness, and its value
- *Decisive*: Identifying actions or decisions in response to the experience

The *affective* level is an especially important component for a female treatment program. The absence of feeling or reduced feeling is common in early sobriety and affect emerges as recovery progresses (Brown, 1985). Females need to learn to express their feelings appropriately and to contain them in healthy ways through self-soothing techniques. Because females frequently become dependent on drugs in order to seek relief from painful emotional states, they require an environment during recovery in which to understand their feelings and work through their emotions. Because females are often raised to suppress their feelings and to be compliant, if a treatment program obliges them to act in the same way, it can feel like the original abusive environment in which they learned to keep silent and turn to alcohol or other drugs. Such silence encourages them to avoid dealing with issues that can lead to relapse (Pepi, 1998). As feelings emerge in early recovery, females may feel confused and return to a cognitive focus on their drug of choice unless they have a context in which to learn new ways of handling those feelings.

Goleman's (1995) work on emotional intelligence emphasizes the importance of emotional development and its connection to juvenile delinquency and substance abuse. He also says that a "craving for calm seems to be an emotional marker of a genetic susceptibility to alcoholism," and that "a second emotional pathway to alcoholism comes from a high level of agitation, impulsivity, and boredom" (Goleman, 1995, p. 254). He further notes a study associating opioid addiction with a lifelong difficulty in handling anger. Such research implies that helping women and girls handle feelings such as anger, agitation, and depression may decrease rates of relapse.

Finally, a gender-specific treatment program needs a *behavioral* component. Women and girls must make changes in their drinking or drug-using behavior. For addicted females, the goal is abstinence. For the non-addicted, success may be evaluated by increased levels of functioning in every aspect of their lives.

Assessing Gender-Specificity in Programming

Assessment is a critical tool in matching program interventions with an individual's needs. Additionally, assessment instruments can help determine the best use of scarce resources. Often, due to a paucity of programs, women are assigned to programs and services that are available regardless of whether or not they meet the particular needs of the offender.

How do we measure gender-specificity? What are gender-specific assessment tools and have they been validated? It is important to understand female development and the specific issues which women and girls bring into the treatment setting in terms of assessing gender-specificity in corrections programs.

Gender-specific programming should provide services designed to intervene comprehensively in a female's life. In order to accomplish this, some general questions related to appropriate services for women and girls should be asked:

Does the program acknowledge and affirm commonalities and respect differences among and within groups (e.g., race, class, and sexual orientation)?

Is the program grounded in theory and is it accurately designed around statistical data and developmental research that is verifiable and reliable?

Does the program acknowledge and value the worth of individuals, regardless of their backgrounds and offense histories?

Does the staff reflect the client population in terms of race, ethnicity, gender and sexual orientation?

Does the program utilize gender-specific assessment tools and treatment plans and does it match appropriate treatment with the identified needs of the women and girls it serves?

When considering whether or not a program is gender-specific practitioners might also want to consider the following:

In co-correctional settings, what is ratio of women to men? Do men substantially outnumber women?

If the program is women only, what is the composition of the staff in terms of gender, race/ethnicity and sexual orientation?

What are the program's mission, goals and objectives? Is there mention of the unique needs of women and interventions specific to this population?

Does the program emphasize a "relational" treatment approach and encourage the development of growth producing, trusting, and healthy relationships?

Does the program begin at the point where the woman is in her life and proceed in a manner that is sensitive to the pace and direction that she chooses?

Does the program utilize positive female role models and mentors?

Does the program address trauma related to physical, sexual and emotional abuse?

Does the program address chemical dependency within a context of trauma related to physical, sexual and emotional abuse?

Does the program address pregnancy and parenting issues, including family reunification?

Does the program provide for development of skills that may lead to future employment in both traditional and nontraditional settings?

Does the program address issues related to transition to the community (e.g., safe and affordable housing, aftercare, job training and placement and childcare)?

Does the program offer components such as: individual change (e.g., drug treatment); relational change (e.g., dealing with destructive relationships); and community change (e.g., altering the cultural and structural contexts surrounding women which may contribute to their problems or solutions)?

Is the program child friendly? Is the environment conducive to enhancing family relationships? Does it offer services to women and their children and caregivers?

Does the program emphasize the building of support systems (e.g., women's resource networks, childcare networks, transportation, racial, ethnic and cultural programs and advocacy organizations)?

Does the agency provide staff training in gender-specific and culturally appropriate issues and service delivery?

Measuring Effectiveness: Program Evaluation

Traditionally, practitioners have not paid sufficient attention to evaluation. However, funders and policymakers are increasingly mandating that programs document their effectiveness.

While there appears to be some general agreement on the findings of the treatment literature as to what constitutes effective correctional intervention, the question of whether or not these findings can be generalized to women and girls under correctional supervision, is still unanswered. Females represent only a small portion of the total offender population; most studies of program effectiveness involve male populations, or coed programs that serve few females. In their review of the literature, Ross and Fabiano (1986) state that researchers generally ignore evaluations of female offender programs. They claim that "the vast majority of the information on the treatment of female offenders is hidden within reports of the treatment of male offenders" (p.3). The few existing evaluations of female offender programs are poorly designed and tend to disregard diversity among women offenders.

Outcome evaluations are valuable because they describe measures of program success or failure. They examine the short and long-term impact of the intervention on program participants. Some examples of short-term outcome measures include program participation, rule violation, escape from program, restitution paid, and arrest for new criminal offense. Examples of long-term outcome measures include reconviction for a new offense, return to custody for a violation of probation or parole, and relapse from

alcohol and drug recovery. Some outcome criteria that are typically used in correctional programs include:

- Observed behavior change;
- Personality and attitude inventories;
- Employment status;
- Educational attainment;
- Substance abuse recovery;
- Probation or parole revocations;
- Arrests;
- Convictions;
- Time to re-arrest;
- Type of offense; and
- Seriousness of offense.

Ideally, outcome measures used in evaluations should be tied to program mission, goals and objectives. Also, outcome measures should go beyond the "traditional" recidivism measures to assess the impact of specific program attributes.

Short-term and long-term outcome measures for female-specific programs could include:

- Program participation/completion/discharge;
- Alcohol/drug recovery;
- Trauma recovery;
- Attainment of GED, trade, college degree;
- Employment;
- Safe and sober housing;
- Improved family and significant other relationships;
- Regaining custody of children; and
- Maintenance of physical and mental health.

It is important to note that the environments within which programs operate are important factors for consideration in evaluation research. Program evaluators need to be aware of the unique "culture" of individual programs, i.e., the relationships between staff and offenders, relationships between offenders, and rules and regulations so as to determine how these factors may impact the program. Some corrections programs focus more on facility security and discipline than on treatment. What, if any effect, does this emphasis have on program efficacy? Also factors such as mandatory versus voluntary participation in treatment programs may affect program effectiveness and therefore should be considered in evaluation design.

Ultimately, the evaluator's frame of reference or theoretical perspective will guide the way in which evaluations are designed. The methods used to evaluate programs will depend on the kind of data that researchers regard as valuable. For example, if a researcher is guided by feminist theory, she/he may conduct face-to-face interviews with women offenders to gain their subjective experience about a program. On the other hand, a researcher who embraces positivist or "scientific" theories of causation may employ

sophisticated statistical methods in program evaluation. It is also very likely that this evaluator would use recidivism as the primary outcome measure of program effectiveness. Instead of using one approach or the other, both quantitative and qualitative research methods should be included in program evaluation. This approach provides information on a more comprehensive range of characteristics of programs and participants.

Conclusion

Women and girls who are involved in the criminal justice system present different circumstances and needs than those of their male counterparts. Effective gender-specific programs and interventions may address these issues. Due to the nature of their offenses, which are primarily nonviolent, female offenders are often a lower risk to public safety than male offenders. Thus, this population presents a unique opportunity to implement and expand corrections alternatives and intermediate sanctions without compromising public safety.

The importance of issues such as racism, sexism, and economic oppression cannot be overlooked in discussions of effective interventions for women offenders. While dealing with individual issues and therapeutic approaches is important, the larger social issues of poverty, and race and gender inequalities have a profound impact on the lives of women and girls involved in the criminal and juvenile justice systems. Successful interventions must relate to the social realities from which women and girls come and to which they will return. They must also be sensitive to cultural differences and expectations and therapeutic approaches need to reflect this awareness.

Kendall (1994a) expresses concern that feminism is being co-opted by the corrections system. She asks, "how can individual treatment address such issues such as racism, sexism and violence in the larger society?" Kendall stresses the danger of therapeutic approaches that locate the problem within the individual and claims that in correctional settings, there is still a power imbalance between staff and inmates. As Kendall points out, a psychological therapeutic approach reduces the problems from "the political to the personal" (p. 2). She asserts that even feminist therapy is problematic in that by design, the equitable balance of power that is common to feminist therapy, is artificial in a prison setting that is rife with power and authority roles that are endemic to the institution (Kendall, 1994b, p. 3). To a lesser degree, this concern can also be raised in community correctional settings.

The discussion of intervention approaches suggests that no one approach may work with women and girls in correctional settings. Programs should be designed to be multi-modal and sensitive to differences among these populations. Also, program developers should conduct needs assessments with current female offenders (for further discussion see Owen & Bloom, 1995) to determine their pathways to crime and the barriers to successful treatment. Additionally, interviews with formerly incarcerated women can help to identify

the factors that have aided them to return successfully to their communities. This type of information is not only important to program design but also to program evaluation.

Austin et al. (1992) conclude their report on women offenders in community corrections settings with the following recommendation:

Developing a rational and compassionate justice system which promotes accountability, while acknowledging the underlying causes of women's conflicts with the law, is not an overwhelming task. A range of promising programs throughout the country can serve as examples of integrated, thoughtful, and purposeful designs to provide much needed expansion of the programs for women offenders in the community. This will require the commitment of the criminal justice system to adequately, plan, implement, and support policies and programs to address the multidimensional problems of women offenders (p. 33).

We know how to treat female offenders and design programs that are tailored to their needs. The primary challenge is to utilize the theories and research that support the development and implementation of these critical programs.

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