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GENDER-RESPONSIVE LESSONS LEARNED AND POLICY IMPLICATIONS FOR
WOMEN IN PRISON: A REVIEW

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ABSTRACT

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

THE NATIONAL INSTITUTE OF CORRECTIONS GENDER-RESPONSIVE PROJECT

The 1990s saw increased attention to women offenders. This was perhaps fueled by a dramatic increase in their numbers within the criminal justice system, especially relative to males (Javdani, Sadeh, & Verona, 2011), as well as research suggesting that gender differences between offenders existed throughout the criminal justice system (Bloom, Owen, & Covington, 2003, 2004) and at various decision points in the system (Javdani et al., 2011). Scholars have since contended that female offenders are unique from male offenders in that they engage in qualitatively different offenses than men and do so for different reasons, pose less threat of violence across criminal justice settings, and follow different pathways into criminal behavior (Belknap, 2007; Belknap & Holsinger, 2006; Bloom et al., 2003; Chesney-Lind & Shelden, 2004; Daly, 1992; Owen, 1998; Reisig, Holtfreter, & Morash, 2006; Salisbury & Van Voorhis, 2009; Van Voorhis, Wright, Salisbury, & Bauman, 2010; Wright, Salisbury, & Van Voorhis, 2007).

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

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

The current review takes stock of what we now know about women offenders' risk and need factors in prison and focuses on the policy implications that arise from these factors. We consider how the findings of the NIC project as well as recent independent studies on institutionalized women and their gendered risk and need factors may impact the ways in which prison officials manage, supervise, treat, and program for them. In short, we provide evidence-based suggestions

for prisons to be more gender-responsive (i.e., by "creating an environment through site selection, staff selection, program development, content, and material that relects an understanding of the realities of women's lives and addressses the issues of the participants," see Bloom, Owen, & Covington, 2005, p. 2) in responding to female offenders.

THE RISK AND NEED FACTORS OF INCARCERATED WOMEN OFFENDERS

Women's Risk

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

17.2 percent of males (Guerino, Harrison, & Sabol, 2011). Van Voorhis and colleagues also reported that incarcerated women across three different states engaged in mostly drug offenses, followed by forgery or fraud offenses and property offenses (Salisbury et al., 2009; Wright et al., 2007).

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

Because of their lower levels of violence, researchers have noted that women pose lower levels of risk to institutional security than male prisoners (Brennan, 1998; Burke & Adams, 1991; Farr, 2000; Hardyman & Van Voorhis, 2004). Female prisoners tend to engage in fewer violent assaults, stabbings, and drug-related incidents than male prisoners (Farr, 2000), and pose less threat of escape (Hardyman & Van Voorhis, 2004). Further, women's institutional infractions are frequently less serious than males' – for instance, women are often cited for disobeying orders from correctional officers and asking for justifications of those orders (Hardyman & Van Voorhis, 2004), or for being in unauthorized areas or interfering with security measures (Van Voorhis et al., 2010). In fact, in their national sample of female prisoners, Steiner and Wooldredge (2009) reported that only 10 percent of females committed serious infractions, such as an assault, while almost 40 percent committed at least one nonviolent rule infraction.

Although the majority of studies on female offenders to date examine the predictors of their recidivism but not institutional misconduct (e.g., Rettinger & Andrews, 2010; Smith, Cullen, & Latessa, 2009), these recent findings continue to support the notion that female prisoners are largely nonviolent drug and property offenders who pose substantially less threat to institutional safety compared to male prisoners.

Women's Needs

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

Further, female prisoners are more likely than male prisoners to be the primary caregivers of young children prior to their incarceration and immediately after release, and they often report little or no support for financial or emotional childcare provisions (Bloom et al., 2003; Mumola,

2000; Sharp, 2003). Van Voorhis and colleagues reported that relatively few women, whether they were incarcerated, on probation, or in pre-release centers, reported being married at the time of intake, although large percentages reported having at least one child under the age of eighteen (Van Voorhis et al., 2010; Wright et al., 2007). Likewise, Heilbrun et al. (2008) reported that females scored significantly higher on the family and marital status domain of the LSI than did males, indicating that this was a particularly salient area of risk for females as opposed to males. The combination of poverty, childcare, and low support may reinforce women's economic marginality and financial dependence upon others (e.g., boyfriends).

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

For instance, more women prisoners than male prisoners report being victims of abuse and trauma at some point in their lives (Browne et al., 1999). Results from the NIC project found that

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

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

Women's Criminogenic Needs and Prison Adjustment

Although researchers understand that the majority of women prisoners display a range of needs not as often reported by males (e.g., victimization, mental health problems), it has been unknown whether these factors influence women's behavior while in prison. For various reasons (see Hubbard & Matthews, 2008), these unique needs of women have not been widely examined in classification instruments until recently, and so little was known empirically about these factors as potential risk factors for women's institutional adjustment. The results of the NIC gender-responsive project have provided some insights into this issue. Of most importance, the NIC project found that some of women's needs actually function as risk factors for their misconduct while in prison (Salisbury et al., 2009; Van Voorhis et al., 2010; Wright et al., 2007). In general, the NIC results indicated that victimized women, those who reported substance abuse

and mental health problems, and those with problematic intimate relationships adapted poorly to the prison environment. That is, women who had been abused, who were depressed, anxious, angry, suffered from psychosis, abused substances, or who were engaged in criminal and unsupportive romantic relationships were more likely to incur serious misconducts within one year of incarceration than women who did not display such characteristics (Salisbury et al., 2009; Van Voorhis et al., 2010; Wright et al., 2007).

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

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

PRISON IMPLICATIONS AND RECOMMENDATIONS

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

In the following sections, we discuss how gender-responsive research could inform the day-to-day operations within women's prisons. Overall, we suggest that, because women prisoners are primarily nonviolent drug and property offenders characterized by a multitude of needs, prisons should embody the rehabilitative principles that prioritize skill-based treatment while still holding inmates accountable. In other words, the missions of women's prisons should more closely align with a rehabilitative, rather than punitive, orientation. We then recommend that prisons target to change those criminogenic needs which increase women's institutional misbehavior; this of course, necessitates that prisons provide the appropriate programming and services to address such factors (e.g., substance abuse and mental health treatment). To maximize the benefits of prison programming, we also suggest that prisons use valid assessment tools to screen and triage women offenders for suitable interventions. A focus on treatment instead of punishment requires that prisons also hire and train staff who are qualified for and amenable to case planning for women prisoners. Lastly, we recommend that prison management and staff program and plan for the issues that their prisoners will have to negotiate upon reentry,

such as parenting and mental health problems. Overall, we believe that prisons which take our recommendations into account will benefit from more "gender-informed" policies.

Prisons Should Focus on Treatment and Rehabilitation

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

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

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

offenders in these groups, however, so that social learning does not occur between the low risk women and the high risk women (Lowenkamp & Latessa, 2005).

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

Prisons Should Provide Programming to Address Criminogenic Needs

Although women are generally less violent than male prisoners, they nonetheless do engage in misbehavior while in prison. Because some gender-responsive need factors are risk factors for women's institutional misbehavior (Houser et al., forthcoming; Salisbury et al., 2009; Steiner & Wooldredge, 2009; Van Voorhis et al., 2010; Wright et al., 2007), much of this misbehavior may be due to unmet and untreated needs. Prison officials should be aware that certain needs are in fact criminogenic (i.e., they contribute to women's criminal behavior) and are thus detrimental to the prison as well as the women housed within it (Andrews et al., 1990). Based on these findings,

we recommend that prisons should focus their attention on the factors which contribute to women's maladjustment and devote treatment services and resources to alleviate these areas of women's lives. This suggestion follows directly from evidence-based corrections, which states to treat those needs that are criminogenic (i.e., risk factors) so as to reduce the likelihood of recidivism and criminal behavior among offenders (Andrews et al., 1990; Gendreau, 1996). Research suggests that substance abuse problems, victimization, mental health (especially depression and co-occurring disorders), unhealthy relationships, and family unification difficulties are particularly important among women in prison, and should be targeted for treatment in order to provide a safer prison environment and more humane adjustment among women prisoners. We believe that programs addressing each or all of these criminogenic needs would be highly beneficial in institutional settings. Further, the NIC project found substance abuse, mental health problems, trauma, unhealthy relationships, parental stress, employment, safe housing, child care, financial assistance, and education to be criminogenic needs that increased women's recidivism in community settings. Thus, addressing these issues while in prison may lead to higher success rates once women return to the community.

Use Cognitive Behavioral and Relational Program Models that Incorporate Women's Strengths. Consistent with Matthews and Hubbard's (2008) recommendations, we suggest that program models in prison use both cognitive behavioral and relational techniques in order to better treat women offenders. Cognitive behavioral programs are effective therapies used to restructure thoughts, values, beliefs, skills, and behavior to evoke more prosocial thoughts, attitudes, skills, and behaviors (Van Voorhis, Braswell, & Lester, 2009). Underlying this technique is the idea that the way one thinks and believes (e.g., "I am a worthwhile person," "Stealing cars is fun and exciting") is inextricably linked to the way they act and behave.

Matthews and Hubbard (2008) outlined several ways that cognitive behavioral programs could be made to be more gender-responsive: namely, by being less confrontational and allowing more expressions of feelings while in therapy, and by targeting to change the dysfunctional thoughts and beliefs that plague females more so than males (such as self-deprecating beliefs). We applaud Matthews and Hubbard's efforts here and believe that such programming – that which incorporates both relational/supportive aspects *and* cognitive behavioral techniques – should be beneficial to women in prison as well.

Finally, Matthews and Hubbard (2008) suggest that programs could take a more strengths-based approach (something gender-responsive scholars have long suggested, see Covington & Bloom, 2006) by building on the strengths of girls, such as their empathy and moral development. Strengths of women may also include empathy and moral development, but also ties and motivations relating to their children. That is, women often report that reuniting with their children (and staying connected with them) is a strong motivator for their noncriminal behavior (Cobbina, 2009, 2010); thus, relationships with children may be incorporated under "strengths" of women offenders. We also contend that, despite the often-cited negative influences in women's lives (e.g., boyfriends, criminal families, etc.), there may be positive influences in their lives as well. Relationships with noncriminal others and those who provide positive social support can be beneficial to women (Leverentz, 2006), and recognizing these relationships and developing or maintaining them thus should be a focus of treatments for women in prison.

Drug and Alcohol Programs. Given that the majority of incoming women prisoners are drug offenders and that substance abuse increases women's institutional misbehavior, we argue that drug and alcohol programming is critically needed within women's prisons. If society wishes to

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

Victimization Programs and Trauma-Informed Services. Prisons also need to provide programs which adequately address the consequences of victimization, such as the tendency to be victimized later in life (e.g., McDaniels-Wilson & Belknap, 2008; Widom, 1989), become involved with violent partners and significant others (e.g., Browne et al., 1999; Leverentz, 2006), use substances (e.g., Covington & Surrey, 1997; Grella et al., 2005), or develop mental health problems (e.g., Green et al., 2005). Bloom and Covington (2009) suggest that programs educate women about abuse and trauma so that they can recognize it within their own lives. Women should also be taught positive ways to cope with the aftermath of their victimization; otherwise, they may continue to "deal with" the emotional and physical effects of trauma in criminal ways

(e.g., substance use). Programs such as *Seeking Safety* (Najavitz, 2002b), *Beyond Trauma* (Covington, 2003), and *Dialectical Behavioral Treatment* (Linehan, 1993) may be helpful for incarcerated women offenders.

Because of the pervasive amount of trauma and victimization that women inmates have experienced, prisons should operate in a trauma-informed manner – that is, the prison environment, management practices, and staff duties should be structured in such a way that women are not re-victimized while they are incarcerated (e.g., strip-searched by male correctional officers, forced treatment or sharing of trauma stories). In this regard, staff and management can be trained on providing trauma-informed services, so that women (especially those who have histories of victimization and abuse) can be made to feel safer and more secure within the prison. Trainings may include skill building exercises around the importance of establishing trustworthy relationships, offering choices to the women when possible, creating appropriate boundaries, maintaining a focus on the present (and not women's histories), and moderating tone of voice (Elliott, Bjelajac, Fallot, Markoff, & Reed, 2005; Harris & Fallot, 2001; Najavitz, 2002a). More specifically, a trauma-informed prison would educate all management and staff on the near universality of trauma in women inmates' lives and how these experiences manifest behaviorally within institutional settings. For instance, repeated trauma and violence has significant effects on cognitive functioning, including hyper-vigilance and reduced levels of interpersonal trust, which may result in aggressive behavior (Baer & Maschi, 2003; Janoff-Bulman, 1992). Traumatized offenders may begin most, if not all, social interactions with distrust and an assumption of impending harm from supervising staff. Thus, if not adequately trained to recognize how repeated trauma can result in the over-perception of aggression in others and the under-perception of aggression in themselves (Baer & Maschi, 2003), staff will

continue to misinterpret the behavior of inmates as acts of disobedience. This, however, is only one example. All components of the institutional system would need to be reevaluated with the knowledge of the adverse effects that trauma and violence have on individuals (Harris & Fallot, 2001).

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

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

Torres (2010) conducted a controlled study of 115 women inmates randomly assigned to either a gender-responsive program that included both *Helping Women Recover* and *Beyond Trauma* or a traditional therapeutic community (TC). Women who participated in the gender-responsive programming were significantly less likely to be re-incarcerated after a year and had greater reductions in drug use in comparison to TC participants.

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

Relationship Programs. Since relationships are vitally important to women offenders (Leverentz, 2006),we suggest that incarcerated women will greatly benefit from programs that foster and enhance women's healthy connections and relationships with their children, family, and prosocial associates outside of prison (Brennan & Austin, 1997; Farr, 2000; Matthews & Hubbard, 2008; Pollock, 2002b). These programs may include expanded visitations rights

(Brennan, 1998) and privileges for mothers and children (Pollock, 2002a). Expanded visitations for women who have displayed good behavior, made strides in treatment, or made other positive steps while in prison can be positive reinforcement for her good behavior while incarcerated, thus increasing the likelihood of future good behavior.

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

Also, treatments which focus on recognizing, developing, cultivating, and maintaining healthy relationships with significant and non-significant others may prove helpful in women's prisons. Given women's often troublesome relationships, these programs should focus on developing relationships with others inside and outside of prison which are supportive, loving, non-abusive, and free from criminal activity. One type of violence particularly relevant for women offenders – domestic violence – should be incorporated into these programs (Covington

& Bloom, 2006; Javdani et al., 2011). Programs which enhance skills such as anger and conflict management may be useful so that women can utilize these techniques, both within and outside of prison, to deescalate conflicts with others. Further, programs which provide domestic violence advocacy would also be useful in women's prisons. These programs should educate women about domestic violence, the effects of domestic violence for themselves as well as their children (Wright & Fagan, 2012), and teach women about programs and services (e.g., police response, shelters, domestic violence laws) at their disposal. The *Moving On* (Van Dieten, 1998) program devotes considerable attention to the importance of healthy relationships.

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

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

Other programs involving life skills and job skills components have been recommended; these programs should educate women about financial budgeting, how to balance work and home responsibilities, and provide women with skills related to nontraditional vocations (e.g., carpentry) to help them become economically independent and self-sufficient (Koons-Witt et al., 1997). Financial independence and security is critically important for females so that they do not have to rely on others, such as boyfriends, to support themselves or their families (Brown & Bloom, 2009). This may be particularly helpful when she reenters the community. Although evidence has not yet indicated that problems related to parenting stress, financial needs, or family conflict predict institutional misconduct among women, they are often cited as barriers to successful reintegration into community life and have also been found to be risk factors for community recidivism (Brown & Bloom, 2009; Dodge & Pogrebin, 2001; Richie, 2001; Salisbury & Van Voorhis, 2009; Schram, Koons-Witt, Williams, & McShane, 2006; Van

Voorhis et al., 2010). Therefore, we strongly advocate the use of parenting, educational, occupational, and life skills programs within women's prisons.

Prisons Should Assess, Screen, and Triage for Problems

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

Given that some criminogenic gender-responsive needs increase institutional misbehavior, we strongly suggest that such criminogenic needs be assessed at intake to ensure proper placement into a treatment program (e.g., a woman who displays substance abuse problems would be placed into a substance abuse program). We contend that women's need factors should be used to identify treatment targets and develop treatment plans, but not elevate custody scores so that they are ineligible for treatment and programming; treatment is precisely what they need in order to become lower risk and need (Van Voorhis et al., 2008). The optimal assessment tool

would be objective, standardized, and validated and would assess gender-responsive needs in order to guide treatment planning and case management (Lerner, Arling, & Baird, 1986). The Women's Risk Needs Assessments (WRNAs) developed during the NIC/UC research collaboration were designed to assess both traditional gender-neutral and gender-responsive risk factors and provide recommendations for correctional programming and gender-responsive case management (Van Voorhis et al., 2008). Without standardized and objective assessments, decisions regarding risk and needs can be biased and open to judgments based on prior experience and ideologies (Holsinger, Lurigio, & Latessa, 2001) and may also lead to improper classification of women into higher custody levels than is warranted by their behaviors (Hardyman & Van Voorhis, 2004).

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

We recognize that there may be logistical barriers that might impact the feasibility and accuracy of assessing, triaging, and screening within prisons. For instance, overcrowding and the massive influx of women inmates within prisons may impact staff members' ability to assess appropriately. Further, the economic downturn of the past few years has contributed to

widespread cuts in staff, including intake and correctional counselors who are in charge of assessments and screening. Nonetheless, we contend that prisons which use assessment tools to identify and screen for women's needs will see benefits in terms of reduced institutional maladjustment and more effective treatment services.

Prisons Should Hire and Train Staff to Work with Women

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

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

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

Finally, prisons should consider hiring and training staff for case planning purposes. The case planning model involves assessing, diagnosing, and planning programming services for prisoners, so prisons should invest in staff who possess the skills necessary to design or implement the services mentioned here. Case planning can be easily modified to not only address the needs of women inside the prison, but also to prepare for services addressing their needs once they are released into the community. Specifically, we recommend that prison staff begin to plan for women's reentry well in advance of their release, and should be knowledgeable of and associated with mental health, substance abuse, parenting, housing, and advocacy agencies (among others) in the communities in which their prisoners will return.

Although institutions may have to navigate a few barriers in accomplishing this, hiring and training staff on these issues will increase their effectiveness when working with female

prisoners. Budgetary restrictions can make hiring staff with advanced qualifications challenging and training difficult to procure. Motivating and assisting current staff to adopt new roles while changing the organizational culture and policy often requires a good deal of time and a strong leadership team that exhibits commitment to the goals of moving away from the status quo.

Prisons Should Focus on Reentry

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

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

Parenting responsibilities, difficulties arising from poverty, and finding educational, occupational, and health care services have also been suggested as obstacles that paroled women face. Brown and Bloom (2009) note that paroled women often have to "renegotiate" their roles as mothers and may find it difficult to return to households where their role as an authority figure has been diminished or reallocated to another family member (e.g., sister, grandmother). Paroled women may also have to deal with the social stigma of being labeled a "criminal," which may also make their reintegration into their families, as well as their communities, more difficult (Dodge & Pogrebin, 2001). Certainly, family reunification is a source of excitement as well as stress for newly released women (Brown & Bloom, 2009; Dodge & Pogrebin, 2001; Richie, 2001; Schram et al., 2006); as such, reentry programming which prepares women for the potential problems associated with reunification may prove beneficial.

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

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

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

CONCLUSIONS AND FUTURE DIRECTIONS

We are encouraged that recent research is making progress towards "putting women first" in corrections. However, while recent endeavors have yielded valuable information regarding the nature of women offenders, there is much more that needs to be done. First, data on the mental health, victimization, relationships, and other needs of male offenders is sorely needed. While we expect that these factors truly affect female offenders uniquely, data on males is needed for comparative purposes. Further, while our research indicates that many gender-responsive needs are predictive of community recidivism (Salisbury & Van Voorhis, 2009; Salisbury et al., 2009;

Van Voorhis et al., 2010), continued research is still needed across multiple criminal justice settings (e.g., pretrial or specialized courts settings, program success, etc.). Nonetheless, the gender-responsive line of inquiry should be continued in order the better understand and serve women offenders.

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