Creating Gender-Responsive Services in Correctional Settings: Context and Considerations

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INTRODUCTION

In recent decades, the number of women under criminal justice supervision has increased dramatically. In 1990, there were approximately 600,000 women in prisons or jails, on probation, or on parole in the United States. In 2000, the figure had risen to more than one million women. Although the rate of incarceration for women continues to be far lower than the rate for men (62 sentenced female inmates per 100,000 women versus 915 sentenced male inmates per 100,000 men), the number of women imprisoned in the U.S. since 1980 has increased at a rate that is double the rate for men. Nationally, the number of women incarcerated in State and Federal prisons increased over eightfold between 1980 and 2003, from 12,300 to 101,179. Since 1995 the annual rate of growth in the number of female inmates has averaged 5 percent, higher than the 3.3 percent average increase of male inmates. Women accounted for 6.9 percent of all inmates in 2003, up from 6.1 percent in 1995. Since 1995, the number of female prisoners increased 48 percent while the total number of male prisoners grew 29 percent (Bureau of Justice Statistics, 2004).

Despite these figures, there does not appear to be a corresponding increase in women's criminality. In 1998, nearly two-thirds of women in state prisons were serving sentences

for nonviolent offenses (Bureau of Justice Statistics, 1999). Women are arrested and incarcerated primarily for property and drug offenses, with drug offenses representing the largest source of the increase (36%) in the number of women prisoners in 1998. The number of women incarcerated in state prisons for drug offenses rose by 888 percent from 1986 to 1996 in contrast to a rise of 129 percent for non-drug offenses (Mauer, Potler, & Wolfe, 1999). From 1995 to 2001, drug offenses accounted for 12.8 percent of the total prison growth among female inmates.

Interestingly, the proportion of women imprisoned for violent crimes has continued to decrease. The rate at which women commit murder has been declining since 1980, and the per capita rate of murders committed by women in 1998 was the lowest recorded since 1976. Of the women in state prisons in 1998, 28 percent had been incarcerated for a violent offense (Bureau of Justice Statistics, 1999). Many of the violent crimes committed by women are against a spouse, ex-spouse, or partner, and the women committing such crimes are likely to report having been physically and/or sexually abused, often by the person they assaulted.

The increased incarceration of women appears to be the outcome of larger forces that have shaped U.S. crime policy. These include the war on drugs; the shift in legal and academic realms toward a view of lawbreaking as individual pathology, ignoring the structural and social causes of crime; government policies that prescribe simplistic, punitive enforcement responses to complex social problems; federal and state mandatory sentencing laws; and the public's fear of crime even though crime in the United States has been declining for nearly a decade.

Although there is agreement among criminal justice professionals that few women pose a risk to public safety, current sentencing models assume that everyone charged with or convicted of a crime poses such a risk. Current sentencing laws are based on male characteristics and male crime and thus fail to take into account the reality of women's lives, characteristics, responsibilities, and roles in crime (Covington & Bloom, 2003).

PROFILE OF WOMEN IN THE CRIMINAL JUSTICE SYSTEM

In order to design system-wide services that match the specific strengths and needs of women, it is important to consider the demographics and history of the female offender population, as well as how various life factors impact women’s patterns of offending. A basic principle of clinical work is to know who the client is and what she brings into the treatment setting.

Most women in the criminal justice system are poor, undereducated, and unskilled, and they are disproportionately women of color. Many come from impoverished urban environments, were raised by single mothers, or were in foster-care placement. Women are more likely than men to have committed crimes in order to obtain money to purchase drugs. While some female addicts engage in prostitution as a way to support a drug habit, it is also common for them to engage in property crimes.

Differences between female and male drug offenders are reflected in the results of a recent study of women in prison-based drug treatment programs. This study shows that drug-dependent women and men differ with regard to employment histories, substance-abuse problems, criminal involvement, psychological functioning, sexual and physical abuse histories, and child-support activity prior to incarceration (Messina, Burdon, & Prendergast, 2001). Crack cocaine was the most prevalent drug problem reported by women, while methamphetamine use was a more prevalent problem among men. While men had more severe criminal histories, a large percentage of both men and women reported that their last offense was drug related. Women had more severe substance-abuse histories (e.g., more frequent usage, IV drug use). Women reported more co-occurring psychiatric disorders, and they were more likely to use prescribed medications. They also had lower self-esteem and reported more sexual and physical abuse. Although income levels for both sexes were, for the most part, below the poverty line, the women reported earning only half as much as the men did (Covington, 2003).

In summary, a national profile of women offenders describes the following characteristics:

- Disproportionately women of color
- In their early-to-mid-thirties
- Most likely to have been convicted of a drug or drug-related offense
- Fragmented family histories, with other family members also involved with the criminal justice system
- Survivors of physical and/or sexual abuse as children and adults
- Significant substance abuse problems
- Multiple physical and mental health problems
- Unmarried mothers of minor children
- High school degree/GED, but limited vocational training and sporadic work histories

(Bloom, Owen, & Covington, 2003)

FUNDAMENTALS OF GENDER-RESPONSIVE SERVICES

The National Institute of Corrections *Gender-Responsive Strategies: Research, Practice and Guiding Principles for Women Offenders* (Bloom, Owen & Covington, 2003) report documents the need for a new vision for the criminal justice system, one that recognizes the behavioral and social differences between female and male offenders that have specific implications for gender-responsive policy and practice.

Principles

Theoretically-based evidence drawn from a variety of disciplines and effective practice suggests that addressing the realities of women's lives through gender-responsive policy and programs is fundamental to improved outcomes at all criminal justice phases. The guiding principles that follow are designed to address system concerns about the

management, supervision and treatment of women offenders in the criminal justice system. These guiding principles provide a blueprint for a gender-responsive approach to the development of criminal justice services.

Guiding Principle 1: Acknowledge That Gender Makes a Difference

The foremost principle in responding appropriately to women is to acknowledge the implications of gender throughout the criminal justice system. The criminal justice field has been dominated by the rule of parity, with equal treatment to be provided to everyone. However, this does not necessarily mean that the exact same treatment is appropriate for both women and men. The data are very clear concerning the distinguishing aspects of female and male offenders. They come into the criminal justice system via different pathways; respond to supervision and custody differently; exhibit differences in terms of substance abuse, trauma, mental illness, parenting responsibilities, and employment histories; and represent different levels of risk within both the institution and the community. To successfully develop and deliver services, supervision and treatment for women offenders, we must first acknowledge these gender differences.

The Evidence:

The differences between women and men are well documented across a variety of disciplines and practices, and evidence increasingly shows that the majority of these differences are due to both social and environmental factors. Although certain basic issues related to health, such as reproduction, are influenced by physiological differences, many of the observed behavior disparities are the result of gender-related differences such as socialization, gender roles, gender stratification, and gender inequality. The nature and extent of women's criminal behavior and the ways in which they respond to supervision reflects such gender differences and have implications for program development. These differences include the following:

- Women and men differ in levels of participation, motivation, and degree of harm caused by their criminal behavior.
- Female crime rates, with few exceptions, are much lower than male crime rates. Women's crimes tend to be less serious than men's crimes. The gender differential is most pronounced in violent crime, where women's participation is profoundly lower.
- The interrelationship between victimization and offending appears to be more evident in women's lives. Family violence, trauma, and substance abuse contribute to women's criminality and shape their patterns of offending.
- Women respond to community supervision, incarceration, and treatment in ways that are different from those of their male counterparts. Women are less violent while in custody but have higher rates of disciplinary infractions for less serious rule violations. They are influenced by their

responsibilities and concerns for their children, by their relationships with staff, and by their relationships with other offenders.

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

Research from a range of disciplines (e.g., health, mental health, and substance abuse) has shown that safety, respect, and dignity are fundamental to behavioral change. To improve behavioral outcomes for women, it is critical to provide a safe and supportive setting for all services. A profile of women in the criminal justice system indicates that many have grown up in less than optimal family and community environments. In their interactions with women offenders, criminal justice professionals must be aware of the significant pattern of emotional, physical, and sexual abuse that many of these women have experienced. Every precaution must be taken to ensure that the criminal justice setting does not recreate the abusive environment that many women offenders have experienced in their lives. A safe, consistent, and supportive environment is the cornerstone of a corrective process. Because of their lower levels of violent crime and their low risk to public safety, women offenders should, whenever possible, be supervised and provided services with the minimal restrictions required to meet public safety interests.

The Evidence:

Research from the field of psychology, particularly trauma studies, indicates that environment cues behavior. There is now an understanding of what an environment must reflect if it is to affect the biological, psychological, and social consequences of trauma. Because the corrections culture is influenced by punishment and control, it is often in conflict with the culture of treatment. The criminal justice system is based on a control model, while treatment is based on a model of behavioral change. These two models must be integrated so that women offenders can experience positive outcomes. This integration should acknowledge the following facts:

- Substance abuse professionals and literature report that women require a treatment environment that is safe and nurturing. They also require a therapeutic relationship that reflects mutual respect, empathy, and compassion.
- A physically and psychologically safe environment contributes significantly to positive outcomes for women.
- Safety is identified as a key factor in effectively addressing the needs of domestic violence and sexual assault victims.
- Custodial misconduct has been documented in many forms, including verbal degradation, rape, and sexual assault.
- Classification and assessment procedures often do not recognize the lower level of risk to public safety by women both in the nature of the offenses and in their behavior while under supervision. This can result in women's placement in higher levels of custody than necessary in correctional

institutions and in an inappropriate assessment of their risk to the community.

- Female offenders' needs for personal safety and support suggest the importance of safe and sober housing.

Guiding Principle 3: Develop Policies, Practices, and Programs that are Relational and Promote Healthy Connections to Children, Family, Significant Others and the Community

Understanding the role of relationships in women's lives is fundamental because the theme of connections and relationships threads throughout the lives of female offenders. When the concept of relationship is incorporated into policies, practices, and programs, the effectiveness of the system or agency is enhanced. This concept is critical when addressing the following:

- Reasons why women commit crimes
- Impact of interpersonal violence on women's lives
- Importance of children in the lives of female offenders
- Relationships between women in an institutional setting
- Process of women's psychological growth and development
- Environmental context needed for programming
- Challenges involved in reentering the community

The Evidence:

Studies of women offenders highlight the importance of relationships and the fact that criminal involvement often develops through relationships with family members, significant others, or friends. This is qualitatively different from the concept of "peer associates," which is often cited as a criminogenic risk factor in assessment instruments. Interventions must acknowledge and reflect the impact of these relationships on women's current and future behavior. Important relationship findings include the following:

- Developing mutual relationships is fundamental to women's identity and sense of worth.

- Female offenders frequently suffer from isolation and alienation created by discrimination, victimization, mental illness, and substance abuse.

- Studies in the substance abuse field indicate that partners, in particular, are an integral part of women's initiation into substance abuse, continuing drug use, and relapse. Partners can also influence the retention of women in treatment programs.

- The majority of women under criminal justice supervision are mothers of dependent children. Many women try to maintain their parenting responsibilities while under community supervision or while in custody, and many plan to reunite with one or more of their children upon release from custody or community supervision.
- Studies have shown that relationships among women in prison are also important. Women often develop close personal relationships and pseudo families as a way to adjust to prison life. Research on prison staff indicates that correctional personnel often are not prepared to provide appropriate responses to these relationships.

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

Substance abuse, trauma, and mental health are three critical, interrelated issues in the lives of women offenders. These issues have a major impact on both women's programming needs and successful reentry. Although they are therapeutically linked, these issues have historically been treated separately. One of the most important developments in health care over the past several decades is the recognition that a substantial proportion of women have a history of serious traumatic experiences that play a vital and often unrecognized role in the evolution of a woman's physical and mental health problems.

The Evidence:

The salient features that propel women into crime include family violence and battering, substance abuse, and mental health issues. Other considerations include the following:

- Substance abuse studies indicate that trauma, particularly in the form of physical or sexual abuse, is closely associated with substance abuse disorders in women. A lifetime history of trauma is present in 55 to 99 percent of female substance abusers.
- Research also shows that women who have been sexually or physically abused as children or adults are more likely to suffer from depression, anxiety disorders, and PTSD**,** as well as physical health problems.
- Co-occurring disorders complicate substance abuse treatment and recovery. An integrated program concurrently addresses both disorders through assessment, treatment, referral, and coordination.
- Research by the National Institutes of Health indicates that gender differences, as well as race and ethnicity, must be considered in determining appropriate diagnosis, treatment, and prevention of disease.

- Experience in the substance abuse field has shown that treatment programs are better able to engage and retain women clients if programs are culturally targeted.

Guiding Principle 5: Provide Women with Opportunities to Improve Their Socioeconomic Conditions

Addressing both the social and material realities of women offenders is an important aspect of correctional intervention. The female offender's life is shaped by her socioeconomic status; her experience with trauma and substance abuse; and her relationships with partners, children, and family. Most women offenders are disadvantaged economically and this reality is compounded by their trauma and substance abuse histories. Improving socioeconomic outcomes for women requires providing opportunities through education and training so they can support themselves and their children.

The Evidence:

Most women offenders are poor, undereducated, and unskilled. Many have never worked, have sporadic work histories, or have lived on public assistance. Additional factors that impact their socioeconomic condition include the following:

- Most women offenders are female heads of household. In 1997, nearly 32 percent of all female heads of households lived below the poverty line.
- Research from the field of domestic violence has shown that such material and economic needs as housing and financial support, educational and vocational training, and job development are essential to women's ability to establish lives apart from their abusive partners.
- Research on the effectiveness of substance abuse treatment has noted that without strong material support, women presented with economic demands are more likely to return to the streets and discontinue treatment.
- Recent changes in public assistance due to welfare reform (e.g., Temporary Assistance for Needy Families) affect women disproportionately and negatively affect their ability to support themselves and their children through ineligibility for benefits**.** Even when eligible, they may not be able to apply for benefits until they have been released from custody or community supervision. They cannot access treatment or medical care without Medicaid. Additionally, their convictions may make them ineligible for public housing or Section 8 subsidies.

Guiding Principle 6: Establish a System of Community Supervision and Reentry With Comprehensive, Collaborative Services

Women offenders face specific challenges as they reenter the community from jail or prison. Women on probation also face challenges in their communities. In addition to

the female offender stigma, they may carry additional burdens such as single motherhood, decreased economic potential, lack of services and programs targeted for women, responsibilities to multiple agencies, and a general lack of community support. Navigating through a myriad of systems that often provide fragmented services and conflicting requirements can interfere with supervision and successful reintegration. There is a need for wraparound services – that is, a holistic and culturally sensitive plan for each woman that draws on a coordinated range of services within her community. Types of organizations that should work as partners in assisting women who are reentering the community include the following:

- Mental health systems
- Alcohol and other drug programs
- Programs for survivors of family and sexual violence
- Family service agencies
- Emergency shelter, food, and financial assistance programs
- Educational organizations
- Vocational and employment services
- Health care
- The child welfare system, child care, and other children's services
- Transportation
- Self-help groups
- Consumer-advocacy groups
- Organizations that provide leisure and recreation options
- Faith-based organizations
- Community service clubs

The Evidence:

Challenges to successful completion of community supervision and reentry for women offenders have been documented in the research literature. These challenges can include housing, transportation, child care, and employment needs; reunification with children and other family members; peer support; and fragmented community services. There is little coordination among community systems that link substance abuse, criminal justice, public health, employment, housing, and child welfare. Other considerations for successful reentry and community supervision include the following:

- Studies from fields such as substance abuse and mental health have found that collaborative, community-based programs that offer a multidisciplinary approach foster successful outcomes among women. Research has shown that women offenders have a great need for comprehensive, community-based wraparound services. This case management approach has been found to work effectively with women because it addresses their multiple treatment needs.

- Substance abuse research shows that an understanding of the interrelationships among the women, the program, and the community is critical to the success of a comprehensive approach.

Data from female offender focus groups indicate that the following needs, if unmet, put women at risk for criminal justice involvement: housing, physical and psychological safety, education, job training and opportunities, community-based substance abuse treatment, economic support, positive role models, and a community response to violence against women. These are all critical components of a gender-responsive prevention program (Bloom et al., 2003).

THEORETICAL PERSPECTIVES

In order of develop gender-responsive services for women, it is essential to have a theoretical framework of thought. This is the knowledge base that creates the foundation upon which programs are developed. Four fundamental theories for creating women's services include: pathways theory, relational theory, trauma theory, and addiction theory.

Pathways Theory

Research on women's pathways into crime indicates that gender matters. Steffensmeier and Allen note how the "profound differences" between the lives of women and men shape their patterns of criminal offending (Steffensmeier & Allen, 1998). Many women on the social and economic margins struggle to survive outside legitimate enterprises, which brings them into contact with the criminal justice system. Because of their gender, women are also at greater risk for experiences such as sexual abuse, sexual assault, and domestic violence. Among women, the most common pathways to crime are based on survival (of abuse and poverty) and substance abuse. Pollock points out that women offenders have histories of sexual and/or physical abuse that appear to be major roots of subsequent delinquency, addiction, and criminality (Pollock, 1998).

Pathway research has identified such key issues in producing and sustaining female criminality as histories of personal abuse, mental illness tied to early life experiences, substance abuse and addiction, economic and social marginality, homelessness, and relationships.

Relational Theory

Theories that focus on female development, such as the relational model, posit that the primary motivation for women throughout life is the establishment of a strong sense of connection with others. Relational theory developed from an increased understanding of gender differences and, specifically, of the different ways in which women and men develop psychologically. According to relational theory, females develop a sense of self and self-worth when their actions arise out of, and lead back into, connections with others. Connection, not separation, is thus the guiding principle of growth for girls and women.

The importance of understanding relational theory is reflected in the recurring themes of relationship and family seen in the lives of female offenders. Disconnection and violation rather than growth-fostering relationships characterize the childhood experiences of most

women in the criminal justice system. Females are far more likely than males to be motivated by relational concerns. For example, women offenders who cite drug abuse as self-medication often discuss personal relationships as the cause of their pain. The relational aspects of addiction are also evident in the research that indicates that women are more likely than men to turn to drugs in the context of relationships with drug-abusing partners in order to feel connected. A relational context is critical to successfully addressing the reasons why women commit crimes, the motivations behind their behaviors, the ways they can change their behavior, and their reintegration into the community.

Trauma and Addiction Theories

Trauma and addiction are interrelated issues in the lives of women offenders. Although they are therapeutically linked, these issues have historically been treated separately. Trauma and addiction theories provide a critical element in the integration of and foundation for gender-responsive services in the criminal justice system (Covington, 1999).

Trauma Theory

The terms *violence, trauma, abuse*, and *PTSD* (post-traumatic stress disorder) are often used interchangeably. One way to clarify these terms is to think of trauma as a response to violence. Trauma is both an event and a particular response to an overwhelming event. The response is one of overwhelming fear, helplessness or horror. PTSD is one type of disorder that results from trauma. Women have different responses to violence and abuse. Some may respond without trauma, due to coping skills that may be effective for a specific event. Sometimes, however, trauma has occurred but may not be recognized immediately, because the violent event may have been perceived by the individual as normal.

As the understanding of traumatic experiences has increased, mental health conceptualizations and practice have changed accordingly. It is now considered necessary for all service providers to become "trauma informed" if they want to be effective. Trauma-informed services are services that are provided for problems other than trauma but require that knowledge concerning violence against women and the impact of trauma. Trauma-informed services:

- take the trauma into account;
- avoid triggering trauma reactions and/or retraumatizing the individual;
- adjust the behavior of counselors, other staff, and the organization to support the individual's coping capacity; and
- allow survivors to manage their trauma symptoms successfully so that they are able to access, retain, and benefit from these services.

(Harris & Fallot, 2001)

Becoming trauma-informed is particularly important for the criminal justice system. The standard operating practices (searches, seclusion, restraint) may traumatize/retraumatize women.

Abusive families and battering relationships are major themes in the lives of female offenders (Chesney-Lind, 1997; Owen & Bloom, 1995). Frequently, women have their first encounters with the justice system as juveniles who have run away from home to escape situations involving violence and sexual or physical abuse. Prostitution, property crime, and drug use can then become a way of life.

The high rates of severe childhood maltreatment as well as with the high rates of physical and sexual abuse in adolescence and adult life, underscore the importance of understanding the process of trauma. This is a critical step in the rehabilitation of women (Covington, 2003a).

Addiction Theory

Historically, addiction research and treatment have been focused on men, even though women's addictions span a wide scope, ranging from alcohol and other types of drug dependence to smoking, gambling, sex, eating disorders, and shopping (Straussner & Brown, 2002).

The holistic health model of addiction, with the inclusion of the environmental and sociopolitical aspects of disease, is the theoretical framework recommended for the development of women's services (Covington, 1999; 2002). This is consistent with information from the National Institute on Drug Abuse (NIDA) and the Center for Substance Abuse Treatment (CSAT):

- The reality, based on twenty-five years of research, is that drug addiction is a brain disease, one that disrupts the mechanisms responsible for generating, modulating, and controlling cognitive, emotional, and social behavior (NIDA, 1998).
- Alcohol and drug use disorder, or addiction, is a progressive disease, with increasing severity of biological, psychological, and social problems over time (CSAT, 1994).

The link between female criminality and drug use is very strong, with research indicating that women who use drugs are more likely to be involved in crime (Merlo & Pollock, 1995). Approximately 80 percent of women in state prisons have substance-abuse problems (CSAT, 1997), and about 50 percent of female offenders in state prisons had been using alcohol, drugs, or both at the time of their offense (BJS, 1999). Nearly one in three women serving time in state prisons report having committed their offenses in order to obtain money to support a drug habit. About half of the incarcerated women describe themselves as daily drug users.

PROGRAM ELEMENTS

Creating effective gender-responsive services must include creating an environment through site selection, staff selection, and program development that reflects an understanding of the realities of the lives of women in criminal justice settings and addresses their specific issues (Bloom & Covington, 2000).

The specific elements listed below can be used in developing gender-responsive programs and services. These elements are organized into the following categories: (1) structure and (2) content and context/environment.

Structural Elements

Contemporary theoretical perspectives on women's particular pathways into the criminal justice system are used to create the foundation for women's services. For example, relational theory and trauma theory fit the psychological and social needs of women and reflect the realities of their lives. See earlier discussion of the fundamental theoretical approaches.

Services for mental health and substance abuse are integrated. The concept of integrated treatment for women with co-occurring disorders (CODs), as originally articulated by Minkoff (1989), emphasizes the need for correspondence between the treatment models for mental illness and addiction. The model stresses the importance of well-coordinated, treatment of both disorders. Dual recovery treatment goals are emphasized, as well as the need to employ effective treatment strategies from both the mental health and the substance abuse treatment fields. In the literature of the field of co-occurring disorders, integrated treatment is used to imply an approach to treatment that recognizes the need for a unified treatment approach to meet the needs of a client with multiple disorders.

Treatment and services are based on women's competencies and strengths and promote self-reliance. In a traditional treatment model, the therapist typically approaches assessment with a problem focus: What is missing in the client? or What is wrong with the client? Many women already are struggling with a poor sense of self because of the stigma attached to their addictions, their parenting histories, their trauma, or their prison records, for example. It may be non-therapeutic to add another problem to the woman's list of perceived failures.

A strength-based (asset) model of treatment shifts the focus from targeting problems to identifying the multiple issues a woman must contend with and the strategies she has adopted to cope. This has been referred to as assessing a woman's "level of burden" (Brown, Melchior & Huba, 1999). The focus is on support, rather than on confrontation to break her defenses (Fedele & Miller, 1988).

In using an asset model, the therapist helps the client see the strengths and skills she already has that will aid her healing. The clinician looks for the seeds of health and strength, even in the woman's symptoms. For example, the clinician portrays a woman's relational difficulties as efforts to connect, rather than as failures to separate or disconnect. The counselor repeatedly affirms the woman's abilities to care, empathize, use her intuition, and build relationships. "As a woman feels more valued, her need for alcohol, tobacco, and other drugs might diminish and her resilience increase" (Finkelstein, Kennedy, Thomas & Kearns, 1997, p. 6).

Women-only groups are used, especially for primary treatment (e.g., trauma, substance abuse). Early pioneering research (Aries, 1976; Bernardez, 1978, 1983; Graham & Linehan, 1987) indicated that group dynamics differ between all-female groups and mixed female-male groups. Fedele and Harrington (1990) conclude that single and mixed-sex groups are appropriate for women at different stages of their lives and at different stages of their treatment. Women-only groups are the modality of choice for women in the early stage of addiction recovery and for sexual abuse survivors. When a woman needs to share and integrate her experiences, ideas, and feelings and to create a sense of self (as in early recovery), a single-sex group is preferable. When the woman's experience has been validated, when she has more empathy for herself and is more empowered (as in later recovery), a mixed group may take her to the next stage of development. Although mixed groups may have their place in later recovery, it is important that primary treatment for addiction and trauma use all-female groups (with a female facilitator).

Gender-responsive screening and assessment tools are utilized, with appropriate treatment matched to the identified needs and assets of each client. For example**,** in order to provide appropriate care to substance abusing women, screening and assessment must identify the severity of the client's substance abuse problems and the extent of her other needs that can be addressed in the treatment program. For some screening and assessment tools, norms exist for women that can help standardize gender-specific responses; for others, this analysis has not yet occurred.

Screening is a brief, standardized process for identifying whether certain conditions possibly exist. In contrast to assessment, screening usually involves simple yes or no questions. Counselors can use many screening instruments with little or no special training. There is a need for screening processes and instruments that are designed considering women's unique needs and that are tested to ensure they are reliable and valid with this population.

Assessment is a process of examining a client's life in more detail so that diagnoses can be made for substance use disorders and possible co-occurring mental illness. Usually, a clinical assessment will delve into a variety of aspects of a woman's history and current life to form a picture of what her specific needs are.

The following important principles of assessment have been identified for women:

- Wherever possible, instruments used should be normed for women.

- A strengths perspective should be used throughout the assessment process (i.e., what strengths does the woman have that can be used in her treatment?)
- The assessment process should be appropriate for the client's language, culture, literacy level, and cognitive functioning.
- Effective means of engaging women in the topics covered to get the best possible responses include a nonjudgmental attitude with gentle and accepting approaches.
- In order to identify the complex needs associated with substance abuse in women, the assessment must be comprehensive.
- Assessments should be repeated during the course of treatment. Clients may become more open as their trust in therapeutic relationships grows; also, as people become clean and sober, their cognitive functioning changes. As treatment continues and the therapeutic relationship deepens, the client may be more inclined to disclose information that she earlier found embarrassing or painful (CSAT, 1994).

Treatment planning needs to be individualized. Just as women's lives are different from men's, women's lives are not all the same. Although there are common threads because of gender, it is important to be sensitive to differences and to acknowledge both similarities and differences. For example, there are differences in the lives of African-American women, Hispanic women, and Asian women. There are differences between heterosexual women, bisexual women, and lesbian women. There are differences between older women and younger women. There are differences resulting from privilege and oppression (Covington, 2002).

The following are additional elements to consider when structuring a program for women:

Staff members reflect the client population in terms of gender, race/ethnicity, sexual orientation, language (bilingual), and ex-offender and recovery status.

Female role models and mentors are provided who reflect the racial/ethnic/ cultural backgrounds of the clients.

Cultural awareness and sensitivity are promoted using the resources and strengths available in various communities.

Transitional programs are included as part of gender-responsive practices, with a particular focus on building long-term community support networks for women.

Content and Contextual/Environmental Elements

Services need to be comprehensive and address the realities of women's lives. The Center for Substance Abuse Treatment (CSAT), a federal agency, identifies seventeen critical areas of focus for women's treatment. These issues underscore the complexity of women's treatment, the need for a comprehensive perspective, and the importance of theoretical integration and collaboration in clinical practice.

- The causes of addition, especially gender-specific issues related to addiction (for example, factors related to onset of addiction, and the social, physiological, and psychological consequences of addiction)
- Low self-esteem
- Race, ethnicity, and cultural issues
- Gender discrimination and harassment
- Disability-related issues
- Relationships with family members and significant others
- Attachments to unhealthy interpersonal relationships
- Interpersonal violence, including incest, rape, battering, and other abuse
- Eating disorders
- Sexuality, including sexual functioning and sexual orientation
- Parenting
- Grief related to the loss of children, family members, partners, and alcohol and other drugs
- Work
- Appearance an d overall health and hygiene
- Isolation related to a lack of support systems (which may or may not include family members and partners) and other resources
- Development of life plans
- Child care and child custody

(CSAT, 1994, 1997)

The development of effective gender-responsive services needs to include the creation of a therapeutic environment. The primary characteristic of a therapeutic environment for women is safety. To promote behavioral change and healing, the therapeutic environment must also be inviting, noninstitutional, homelike, and welcoming, with culturally appropriate decorations and pictures. Sensitivity to trauma-related issues is critical.

The term "therapeutic milieu" refers to a carefully arranged environment that is designed to reverse the effects of exposure to situations characterized by interpersonal violence. The therapeutic culture contains the following five elements, all of them fundamental in both institutional settings and in the community:

- *Attachment*: a culture of belonging
- *Containment*: a culture of safety
- *Communication*: a culture of openness
- *Involvement*: a culture of participation and citizenship
- *Agency*: a culture of empowerment

(Haigh, 1999)

In order to fully address the needs of women, programs need to use a variety of interventions with behavioral, cognitive, affective/dynamic, and systems perspectives. Examples of some of the effective interventions:

Cognitive-Behavioral Therapy:

Cognitive therapy works on the principle that the thoughts that produce and maintain feelings can be recognized objectively and altered, thereby changing the response and changing the emotional reaction. Cognitive–behavioral therapy (CBT) can help people to learn to change distorted thought patterns and negative behaviors. The goal is to recognize distorted/negative thoughts or mind-sets and replace them with positive thoughts, which will lead to more appropriate and beneficial behavior (Beck, Rush, Shaw & Emery, 1979; CSAT, 1999).

With respect to substance abuse, cognitive–behavioral therapy suggests that "substance abuse disorders reflect habitual, automatic, negative thoughts and beliefs" that must be identified and replaced with more positive beliefs and actions. Thus, strategies for relapse prevention help identify triggering events or emotional states (e.g., boredom, depression, anxiety, or the presence of drug paraphernalia) (CSAT, 1999a, p. 42). Cognitive–behavioral therapy also creates opportunities where women can learn new coping skills. This increases their self-esteem and self-efficacy, and undermines addictive behaviors by replacing them with a sense of confidence.

Family Therapy:

Family therapy is a theory and technique that approaches people within their social context. Its goal is to change the organization of the family with the assumption that when the structure of the family as a group is altered, the individual experiences within that group will also be altered (Minuchin, 1976). It assumes that individual behavior can best be understood within the context of the family and it helps family members discover how their own system operates, improve communication and problem-solving skills, and increase the exchange of positive reinforcement (CSAT, 1999a). This process supports the relational model for women in that the primary assumption in family therapy is that people continually interact with each other and that these interactions have an impact on one's identity and behavior.

Relational Model:

In the 1970s, a number of theorists began to examine the importance of gender differences in understanding women's psychological development. Jean Baker Miller's *Toward a New Psychology of Women* (Miller, 1976) offered a new perspective on the psychology of women that challenged the basic assumptions of traditional theories. At the same time, Carol Gilligan, a developmental psychologist, was gathering empirical data that reflected fundamental gender differences in the psychological and moral development of women and men (Gilligan, 1982).

Drawing on Miller's and Gilligan's work, a number of theorists over the past 15 years have been developing a relational model of women's psychology. The three major concepts in relational theory are:

> Cultural context. This theme recognizes the powerful impact of the cultural context on women's lives.
> Relationships. This theme stresses the importance of relationships as the central, organizing feature in women's development. Traditional developmental models of growth emphasize independence and autonomy. This theory focuses on women's connection with others.
> Pathways to growth. The third theme acknowledges women's relational qualities and activities as potential strengths that provide pathways to healthy growth and development. In traditional theory, women's ability to more freely express emotions, and women's attention to relationships, often led to pathologizing them (Kaplan, 1984).

The relational model affirms the power of connection and the pain of disconnection for women. As a result, the approach requires a paradigm shift that has led to a reframing of key concepts in psychological development, theory, and practice. For example, instead of the "self" as a primary focus, there is a focus on relational development. The experience of connection and disconnection are the central issues in personality development, with repeated disconnections having psychological consequences.

Expressive Therapy:

Creative arts therapies based on art, dance and movement, drama, music, poetry and bibliotherapy can often be useful when working with women. Psychodrama is the oldest and one of the most widely used of the expressive therapies. These therapies offer methods to access and express emotionally charged material that often can not be communicated in a linear way. Some clients are able to express themselves more articulately in physical movement or in pictures rather than in words (Johnson, 2000). Expressive therapy is particularly useful when working with women who have histories of abuse and trauma.

Group Therapy:

Women tend to engage in group therapy more often than men (Fiorentine & Anglin, 1997). This phenomenon may be linked to gender norms that support the suppositions of the relational model (i.e., women develop their sense of self in relation to others). Groups encourage the development of a sense of belonging or connectedness to others, which helps motivate women to stay in the process. This connection to others helps mitigate the pain associated with therapeutic exploration. A cohesive group offers women unconditional acceptance, no matter what their history or behaviors prior to coming to the treatment experience. Support and emotional warmth provide the psychological glue that encourages risk-taking for self-disclosure (Yalom, 1995).

The group process provides insight and understanding, and attributes meaning to life's circumstances, thereby defining a consensual reality for each person. This process allows each person to risk powerful feelings; women can experience long denied feelings with acceptance from others. Group members begin to realize that feelings are not always

overwhelming and that the imagined negative consequences of releasing these feelings do not occur (Yalom, 1995).

Finally, groups afford women an opportunity to compare their attitudes toward parents, spouses, and children, and their feelings about things that have happened to them. The group can then offer the suggestion of new possibilities for feeling, perceiving, and behaving (Yalom, 1995).

Women with substance use disorders have treatment needs that are best met in women-only groups (Kauffman, Dore & Nelson-Zlupko, 1995). Women's complex histories—of sexual and physical abuse, the greater tendency toward social isolation, the stronger stigma attached to women's substance abuse, the likelihood of having a partner with substance use disorders who is exploitive or abusive, the greater concern with interpersonal relationships, the role of primary caregiver for children and others, the likelihood of being poor and having less education and fewer job skills, and the physical issues surrounding sexual and reproductive complications (especially regarding the issues of pregnancy)—all beg for treatment that could not take place in mixed-gender groups.

Other elements to consider when developing the content and context/environment in women's services:

Services/treatment address women's practical needs such as housing, transportation, child care, and vocational training and job placement.

Participants receive opportunities to develop skills in a range of educational and vocational (including nontraditional) areas.

There is an emphasis on parenting education, child development, and relationship/reunification with children.

The environment is child friendly, with age-appropriate activities designed for children.

STAFFING

Programming designed for women can only be as good as its staff. A consistent theme in correctional settings is "I have received no training in how to work with female offenders." It is extremely important that all staff training include a process that identifies, acknowledges, and brings to conscious awareness, biases, judgments, and anger toward women in correctional settings. Those in a position to help must be able to interact in a manner that assists and, of course, causes no harm. Without values clarification about women who commit crimes, abuse substances etc., service providers risk violating the "do no harm" premise. Training will also help practitioners avoid creating barriers to treatment when clients are from cultures, ethnicities, or sexual orientations different from their own (Hughes & Wilsnack, 1997). Training interdisciplinary groups is recommended, as well as cross-training among systems. The training style should be both experiential and didactic.

In order for staff to provide effective services to women, the following qualities are recommended:

- Remain consistent in caring and availability
- Be an appropriate role model for women
- Develop a treatment alliance with women clients that is mutual and collaborative, individualized, and continually negotiated.
- Maintain confidentiality
- Be a visible advocate for women who abuse substances, for stigma reduction, and for treatment (within treatment teams, the community, and the system)
- Ensure self-care, ask for and participate in supervision
- Stay current on training

PROGRAM EVALUATION

Program evaluation is another step in building gender-responsiveness. Evaluation research examines the outcomes associated with different types of services or whether matching women's needs with particular types of interventions or services produce better outcomes. What is needed is a systematic examination of the theoretical and programmatic implications of our knowledge of criminal justice-involved women.

Historically, the effectiveness of correctional treatment programs has been measured by their ability to affect recidivism. The research on correctional program effectiveness in terms of reduction of female recidivism has been insufficient. Much of the research on recidivism has focused on male offenders and little empirical evidence exists to suggest what contributes to women's recidivism or successful transition after release from prison. Furthermore, there are problems with the use of recidivism as the only measure of program success, in general.

Evaluation Design

Process and outcome evaluations are important in terms of making adaptations in program quality and in determining the characteristics of effective interventions. Process evaluations are useful in that they describe attributes of programs and provide feedback to practitioners about the quality and integrity of program components and service delivery. Process evaluations often examine the relationship between the program's mission and its goals and objectives for program activities and services.

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. Ideally outcome measures used in evaluations should be tied to program mission, goals, and objectives. They should go beyond the traditional recidivism measures to assess the import of specific program attributes. Short-term and long-term outcome measures for women-specific programs could include:

- Program participation/completion/discharge
- Alcohol/drug recovery

- Trauma recovery
- Educational attainment
- Employment
- Housing
- Improved family relationships
- Parenting and reunification with children
- Physical and mental health

(Bloom, 2000)

Methodology

It is suggested that both qualitative and quantitative approaches should be used in evaluation research as they each measure different aspects of the program. Evaluations should consider the specific context, not only in which programs operate, but also in which offenders and former offenders live (Kendall, 1998).

It is important to note that the environments within programs operate are important factors for consideration in evaluation research. Program evaluators need to be aware of the unique "culture" of the individual programs such as relationships between staff and women offenders, relationships between women offenders, and rules and regulations so as to determine how these factors may have an impact on the program.

CONCLUSION

As highlighted in this paper, there are a number of considerations for the development of gender-responsive programs and services. For women who are in the criminal justice system, a gender-responsive approach would include comprehensive services that take into account the content and context of women's lives. Programs need to take into consideration the larger social issues of poverty, abuse, and race and gender inequalities, as well as individual factors that impact women in the criminal justice system (Bloom, 1996). Services also need to be responsive to women's cultural backgrounds (Bloom & Covington, 1998).

Programming that is responsive in terms of both gender and culture, emphasizes support. Service providers need to focus on women's strengths and they need to recognize that a woman cannot be treated successfully in isolation from her social support network. Coordinating systems that link a broad range of services will promote a continuity-of-care model. Such a comprehensive approach would provide a sustained continuity of treatment, recovery, and support services.

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