

A Woman's Journey Home: Challenges for Female Offenders and Their Children

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Introduction

Over the past 25 years our knowledge and understanding of women's lives have increased dramatically. The new information has impacted and improved services for women in the fields of health, education, employment, mental health, substance abuse, and trauma treatment. At present, both a need and an opportunity exist to bring knowledge from other fields into the criminal justice system in order to develop effective programs for women. Until recently, theory and research on criminality focused on crimes perpetrated by males, with male offenders viewed as the norm. Historically, correctional programming for women has thus been based on profiles of male criminality or paths to crime. However, the programs, policies, and services that focus on the overwhelming number of men in the corrections system often fail to identify options that would be gender-responsive and culturally responsive to the specific needs of women.

Acknowledging Gender

It is critical that we acknowledge and understand the importance of gender differences, as well as the gender-related dynamics inherent in any society. "Despite claims to the contrary, masculinist epistemologies are built upon values that promote masculinist needs and desires, making all others invisible" (Kaschak 1992, 11). Women are often invisible in the many facets of the correctional system. This invisibility can act as a form of oppression.

Where sexism is prevalent, one of the gender dynamics frequently found is that something declared genderless or gender neutral is, in fact, male oriented. The same phenomenon occurs in terms of race in a racist society, where the term

"race neutral" generally means white (Kivel 1992). The stark realities of race and gender disparity touch the lives of all women and appear throughout the criminal justice process (Bloom 1996).

It is also important for us to understand the distinction between sex differences and gender differences. While sex differences are biologically determined, gender differences, are socially constructed: they are ascribed by society, and they relate to expected social roles. They are neither innate nor unchangeable. Gender is about the reality of women's lives and the contexts in which women live.

Race and class can also determine views of gender-appropriate roles and behavior, with differences seen among women based on race and on socioeconomic status or class. Regardless of their differences in these regards, all women are expected to incorporate the gender-based norms, values, and behaviors of the dominant culture into their lives. As Kaschak points out,

The most centrally meaningful principle on our culture's mattering map is gender, which intersects with other culturally and personally meaningful categories such as race, class, ethnicity, and sexual orientation. Within all of these categories, people attribute different meanings to femaleness and maleness. (Kaschak 1992, 5)

Gender stereotypes influence both our beliefs about the appropriate roles for women and men in our society and our behaviors toward women and men. For example, if we believe that a woman's role is to be a nurturer and to care for children, we have a negative view toward a woman who takes a different path. Stereotypes also influence how we perceive people who violate the law, and they often have

a differential impact on women. For example, a pregnant, chemically dependent woman is often viewed with disdain because she violates society's image of a good mother. Many will automatically label a woman who has been convicted of a crime as a bad mother simply because she has violated the law. However, a male offender is not automatically labeled a bad father.

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 and 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).

The link between female criminality and drug use is very strong, with the research indicating that women who use drugs are more likely to be involved in crime (Merlo and 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 (Bureau of Justice Statistics 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 describe themselves as daily users.

Abusive families and battering relationships are also strong themes in the lives of female offenders (Chesney-Lind 1997; Owen and Bloom 1995). Frequently, women have their first en-

counters 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. Addiction, abuse, economic vulnerability, and severed social relations often result in homelessness, which is another frequent complication in the lives of women in the criminal justice system (Bloom 1998b).

Another gender difference found in studies of female offenders is the importance of relationships and the fact that criminal involvement has often come through relationships with family members, significant others, or friends (Chesney-Lind 1997; Owen and Bloom 1995; Owen 1998; Pollock 1998). Women are often first introduced to drugs by partners, and partners often continue to be their suppliers. Women's attempts to get off drugs and their failure to supply partners with drugs through prostitution often elicit violence from the partners; however, many women remain attached to partners despite neglect and abuse. These issues have significant implications for therapeutic interventions addressing the impact of relationships on women's current and future behavior.

The gender differences inherent in all of these issues -- invisibility, stereotypes, pathways to crime, addiction, abuse, homelessness, and relationships -- need to be addressed at all levels of criminal justice involvement. Such issues have a major impact on female offenders' successful transition to the community, in terms of both programming needs and successful reentry. Unfortunately, these issues have until now been treated separately, at best, even though they are generally linked in the lives of most women in the system. The absence of a holistic perspective on women's lives in a discussion of criminal justice leads to a lack of appropriate policy, planning, and program development.

Relational Theory

Relational theory is one of the developments that has come from an increased understanding of gender differences, and specifically of the different ways in which women and men develop psychologically. We need to understand relational theory in order to develop effective services and to avoid re-creating in correctional settings the same kinds of growth-hindering and/or violating relationships that women experience in society at large. It is also important to consider how women's life experiences may affect how they will function both within the criminal justice system and during the process of their transition and successful re-entry into the community.

Traditional theories of psychology have described development as a progression from childlike dependence to mature independence. According to these theories, an individual's goal is to become a self-sufficient, clearly differentiated, autonomous self. A person would thus spend his or her early life separating and individuating in a process leading to maturity, at which point he or she would be equipped for intimacy. Jean Baker Miller (1976) challenged the assumption that separation was the route to maturity. She suggested that these accepted theories might be describing men's experience, while a woman's path to maturity is different. A woman's primary motivation, said Miller, is to build a sense of connection with others. Women 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 the guiding principle of growth for women.

Miller's work led a group of researchers and practitioners to create the Stone Center at Wellesley College in 1981 for the purpose of examining the qualities of relationships that foster growth and development. The Stone Center relational model defines connection as "an interaction that engenders a sense of being in tune with self and others and of being understood and valued" (Byington 1997, 35). Such connections

are so crucial that many of the psychological problems of women can be traced to disconnections or violations within relationships, whether in families, with personal acquaintances, or in society at large.

Mutual, empathic, and empowering relationships produce five psychological outcomes. Participants in these relationships gain (1) increased zest and vitality, (2) empowerment to act, (3) knowledge of self and others, (4) self-worth, and (5) a desire for more connection (Miller 1986). These outcomes constitute psychological growth for women. Mutuality, empathy, and power with others are essential qualities of an environment that will foster growth in women. By contrast, Miller (1990) has described the outcomes of disconnections -- that is, non-mutual or abusive relationships-- which she terms a "depressive spiral." These are (1) diminished zest or vitality, (2) disempowerment, (3) unclarity or confusion, (4) diminished self-worth, and (5) a turning away from relationships.

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 correctional system. In addition, these women have often been marginalized because of race, class, and culture, as well as by political decisions that criminalize their behavior (e.g., the war on drugs). "Females are far more likely than males to be motivated by relational concerns...Situational pressures such as threatened loss of valued relationships play a greater role in female offending" (Steffensmeier and Allen 1998, 16).

The majority of women in the criminal justice system are mothers whose families may be caring for their children. These women are at risk of losing their children, and they often do so during their incarceration. These female offenders have often lost family members and/or ex-

perienced abuse in family or other relationships. According to a recent sampling of women in a Massachusetts prison, 38 percent of the women had lost parents in childhood, 69 percent had been abused as children, and 70 percent had left home before the age of 17. Seventy percent of women had been repeatedly abused verbally, physically, and/or sexually as adults (Coll and Duff 1995).

Although Gilligan et al. (1990) report that girls are socialized to be more empathic than boys, incarcerated women have been exposed repeatedly to nonempathic relationships. As a result, they may lack empathy for both self and others, or they may be highly empathic toward others but lack empathy for themselves. In order to create change in their lives, women need to experience relationships that do not repeat their histories of loss, neglect, and abuse.

Profile of Women in the Criminal Justice System

In order to design system-wide that match the specific strengths and needs of the 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. "[I]f programming is to be effective, it must...take the context of women's lives into account" (Abbott and Kerr 1995).

Descriptive Information

In recent decades, the number of women under criminal justice supervision has increased dramatically. Although the rate of incarceration for women continues to be far lower than the rate for men (51 of 100,000 women, versus 819 of 100,000 men), since 1980 the number of women imprisoned in the United States has increased at a rate nearly double the rate for men (Bureau of Justice Statistics [BJS] 1999). The vast majority of female offenders are under com-

munity supervision. In 1999, 830,192 women were on probation, representing 22 percent of all probationers (up from 18 percent in 1990); 85,524 women were on parole, representing 12 percent of all parolees (up from 8 percent in 1990) (BJS 2000a).

Women are arrested and incarcerated primarily for property and drug offenses. A recent study conducted by the Bureau of Justice Statistics (BJS 1999) indicates that drug offenses were the largest source of growth in the number of female offenders (38 percent compared to 17 percent for males). Between 1995 and 1996, female drug arrests increased by 95 percent, while male drug arrests increased by 55 percent. In 1979, approximately one in ten women in U.S. prisons was serving a sentence for a drug conviction; in 1999, this figure was approximately one in three women (BJS 2000a).

As the rate of incarceration for women rises, there does not appear to be an overall increase in women's criminality. Interestingly, the proportion of women imprisoned for violent crimes continues to decrease. Of the women in state prisons in 1998, only 28 percent had been incarcerated for a violent offense (BJS 1999). Many of the violent crimes committed by women are against a spouse, ex-spouse, or partner; women often report having been physically and/or sexually abused by the person they assaulted.

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

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. Although it is widely assumed that female addicts are most likely to engage in prostitution as a way to support a drug habit, it is more common that these addicts will 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 and Prendergast 2001). Cocaine/crack was the most prevalent drug problem reported by women, while metamphetamine use was 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., hard drugs, more frequent usage, or 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.

Women as Mothers

Another major difference between female and male offenders involves their relationships with their children. An estimated 70 percent of women offenders have young children (BJS 1999a). The Bureau of Justice Statistics (2000b)

reports that in 1997, 65 percent of the women in state prisons and 59 percent of the women in federal prisons had minor children. The majority were single mothers, with an average of two children, and prior to their arrests were the custodial parents (Bloom and Steinhart 1993; BJS 2000b).

About two-thirds of women in state prisons and half of women in federal prisons had lived with their young children prior to entering prison. Currently, it is estimated that 1.3 million minor children have a mother who is under correctional supervision (BJS 2000b). The number of children whose mothers are incarcerated nearly doubled between 1991 and 1999 (BJS 2000b). A recent study of female prisoners in California reported that 80 percent of the respondents were mothers (Owen and Bloom, 1995).

Most representations of incarcerated women portray them as inadequate, incompetent mothers who are unable to provide adequately for the needs of their children (Coll et al. 1998). In reality, separation from and concern about the well being of their children are considered to be among the most damaging aspects of prison for women, and the problem is exacerbated by a lack of contact (Baunach 1985; Bloom and Steinhart 1993). “[O]ne of the greatest differences in stresses for women and men serving time is that the separation from children is generally a much greater hardship for women than for men” (Belknap 1996,105). For many incarcerated mothers, their relationship -- or lack thereof -- with their children can have a profound effect on how they function in the criminal justice system. Often, the “bad” behaviors (e.g., negativism, manipulation, rule-breaking, fighting) of incarcerated women are signs of what Coll et al., have described as “resistance for survival” in response to grief, loss, shame, and guilt these women feel about their roles as mothers (Coll et al. 1998).

Grandparents are most frequently the caregivers of the children of female offenders. Ap-

proximately 10 percent of children of all offenders are in foster care or group homes. According to the Bureau of Justice Statistics (2000b), 54 percent of mothers in state prisons report having had no personal visits with their children since their admission. Geographical distance to a prison, lack of transportation, the relationship of the prisoner with the child's caregiver, and the inability of a caregiver to bring a child to a correctional facility are the reasons most often cited for a lack of visits. In some cases, the forced separation between mother and child results in permanent termination of the parent-child relationship (Genty 1995).

For both women and men, even when a child is able to visit an incarcerated parent, the event is often not a positive experience. Few correctional programs assess themselves through the eyes of children. The environment of prison visiting facilities is created solely around the issues of safety and security, without consideration for how a prison visit is experienced by a child. Such issues as travel logistics, clearance processes, noise levels and distractions in visiting rooms, lack of privacy, and the availability of toys or other child-friendly resources -- any or all of which can have a profound impact on the visiting child's experience -- are most often ignored. What should be an experience that provides family support and connection is instead often a traumatic experience for both the children and their parents.

For many women, the only source of hope and motivation they have while involved in the criminal justice system and while in transition back to the community is the connection with their children. When asked why women come back to prison after being released, one mother says:

"Many women that fall [back] into prison have the problem that their children have been taken away. When they go out to the street, they don't have anything, they have nothing inside. Because they say 'I don't have my children, what will I do? I'll go back to the drug again. I will go back to prostitution

again. And I'll go back to prison again. Why fight? Why fight if I have nothing?" (Coll et al. 1998, 266)

Recognizing the centrality of women's roles as mothers provides an opportunity for the criminal justice, medical, mental health, legal, and social service agencies to develop this role as an integral part of program and treatment interventions for women.

The invisibility of women in the criminal justice system often extends to their children. The situation of these children is exacerbated by the fact that there are few, if any, sources of data about offenders' children. However, one study by Johnston (1992) identified three factors--parent-child separation, enduring traumatic stress, and an inadequate quality of care--that were consistently present in the lives of children of incarcerated parents. The impact of these factors on children's ability to successfully progress through the various developmental stages can be profound.

For instance, children of pregnant women in the criminal justice system experience a variety of prenatal stressors (e.g., a mother's drug or alcohol use, poor nutrition, high levels of stress associated with criminal activity and incarceration) (Johnston 1992). However, even with the negative impacts of these factors, better outcomes for these children can be obtained if mothers obtain adequate nutrition, stable lifestyles and improved medical care. Clearly, there is a need to provide a range of prenatal services to pregnant women during both their incarceration and transition back to the community (Johnston 1992).

For the child of an offender, the impact of a parent's crime and incarceration continues throughout adolescences. Children of incarcerated parents are subjected to stressors that are unique to their parents' involvement in the criminal justice system. Johnston (1992) has identified higher rates of troubling behaviors, including aggression, depression, anxiety, parentified behaviors, substance abuse, survivor guilt,

and an increased risk of a child's own involvement with the criminal justice system. It is of great importance for gender-responsive interventions for women in the system to better address the effects of a parent's incarceration on the children.

Risk, Need, and Level of Burden

Throughout the 1990's, much of the research on correctional interventions was conducted by a group of Canadian psychologists who argued that it was possible to target the appropriate group of offenders with the appropriate type of treatment. Gendreau, Andrews, Bonta, and others in the "Ottawa school" developed a theory they called the psychology of criminal conduct. The emphasis of correctional programming was placed on criminogenic risks and needs that are considered to be directly related to recidivism. The philosophy is that interventions should be concentrated on those offenders who represent the greatest risk. The focus is related to the development of effective methods of assessing and managing risk factors – personal characteristics that can be assessed prior to treatment and that can also be used to predict future criminal behavior (Andrews, Bonta, and Hoge 1990).

The assessment of risk continues to play a critical role in correctional management, supervision, and programming. However, concerns have been raised, particularly by Canadian academics, about the reliability and validity of risk-assessment instruments as these relate to women and to people of color (Hannah-Moffat 2000; Kendall 1994; McMahan 2000). Hannah-Moffat argues that the concept of risk is not neutral in terms of either gender or race. Most risk-assessment instruments are developed for white males, and the use of these tools with women and nonwhite offender populations raises empirical and theoretical questions (Hannah-Moffat 2000). The justification for using the risk-needs framework for women is based on a meta-analysis of 26 studies conducted from 1965 to 1997. More than 70 percent of these studies

were conducted before 1985, and some focused on delinquent girls (Dowden and Andrews 1999).

In addition, "Classification systems that prioritize risk often give limited consideration to needs, when needs are considered in the context of risk, they are often redefined as risk factors that must be addressed. If the current risk paradigm does not seem to work well for women, then why keep it?" (Hannah-Moffat and Shaw 2001, 59) In other words, why should we keep trying to fit women into a pre-existing mold? Another academic researcher, Bloom asks:

Does women's offending relate to criminogenic risks and needs or to the complex interconnection of race, class, gender, and trauma, or does it relate to both? The philosophy of criminogenic risks and needs does not consider factors such as economic marginalization, the role of patriarchy, sexual victimization, or women's place in society. Nor does the existing "What Works?" body of literature address the concerns of those scholars who study women offenders. (Bloom 1998)

As Nancy Stableforth, Deputy Commissioner for Women, Correctional Service of Canada, asserts:

There are respected and well-known researchers who believe that criminogenic needs of women offenders is a concept that requires further investigation; that the parameters of effective programs for women offenders have yet to receive basic validation; that women's pathways to crime have not received sufficient research attention; and that methodologies appropriate for women offender research must be specifically developed and selected to be responsible not only to gender issues, but also to the reality of the small number of women. (Stableforth 1999)

Another approach to the assessment of female offenders is based on "level of burden", which is defined as the number and severity of problems experienced by the women themselves, by the staff and by the community. Brown, Huba, and Melchoir (1995, 1999) found that exploring the level of burden from the client's perspective is important for several rea-

sons. First, individuals with three or four disorders, such as alcohol and/or other drug abuse, mental illness, cognitive impairment, and HIV/AIDS and/or other health problems, experience continuous challenges to their self-esteem from associated negative images and social stigmas. Second, understanding the impact of the level of burden on a woman may help caregiving staff to understand how to intervene when a woman is noncompliant with treatment or exhibits a poor connection with treatment providers. Third, this understanding can also contribute to the development of interventions for helping staff, family members, and the larger community.

Mental Health, Substance Abuse, and Trauma

In looking at the profile of women in the system, the differences between women and men, and the concept of level of burden, three critical and inter-related issues in women's lives can be seen: mental health, substance abuse, and trauma. These three issues have a major impact on a female offender's transition to the community, in terms of both programming needs and the success of reentry. Historically, these three issues have been treated separately, even though they are generally linked in the lives of women in the system. In addition, these issues are impacted by gender.

Gender Differences

Gender differences exist in the behavioral manifestations of mental illness, with men generally turning their anger outward, while women turn it inward. Men tend to be more physically and sexually threatening and assaultive, while women tend to be more depressed, self-abusive, and suicidal. Women engage more often in self-mutilating behaviors, such as cutting, as well as verbally abusive and disruptive behaviors.

Female offenders are also more likely to have used serious drugs (e.g. cocaine and heroin), to have used them intravenously, and to have used

them more frequently prior to arrest. They are also more likely to have a coexisting psychiatric disorder and to have lower self-esteem (Bloom and Covington 2000).

The intersection between mental health and substance abuse is compelling. In one study of both men and women in the general population, 23 percent of those surveyed reported a history of psychiatric disorders, and 30 percent reported also having had a substance-abuse problem at some time in their lives (Daly, Moss, and Campbell 1993). Further depression, anxiety, and other mood disorders are more common among substance-abusing woman than among men. A study by Blume (1990) found that major depression co-occurred with alcohol abuse in 19 percent of women (almost four times the rate for men); phobic disorder co-occurred in 31 percent of women (more than twice the rate for men); and panic disorder co-occurred in 7 percent of women (three and a half times the rate for men) (Blume 1990).

One of the most important developments in health care over the past several decades is the recognition that a substantial proportion of people have a history of serious traumatic experiences that play a vital, and often unrecognized, role in the evolution of an individual's physical and mental health problems. According to the Bureau of Justice Statistics (1999c), nearly eight of every ten mentally ill female offenders report prior physical or sexual abuse. A 1994 study of women in U.S. jails found that approximately 22 percent of the women had been diagnosed with post-traumatic stress disorder (PTSD) (Vesey 1997).

Another study found that nearly 80 percent of female prisoners had experienced some form of abuse, either as children or as adults (Bloom, Chesney-Lind, and Owen 1994). A history of abuse drastically increases the likelihood that a woman will also abuse alcohol and/or other drugs. In a comparison study by Covington and Kohen (1984) of addicted and non-addicted women, 74 percent of the addicts reported sexual

abuse (versus 50 percent of the non-addicts); 52 percent (versus 34 percent) reported physical abuse; and 72 percent (versus 44 percent) reported emotional abuse. The connection between addiction and trauma for women is complex and includes the following factors: (1) substance-abusing men are often violent toward women and children; (2) substance-abusing women are vulnerable targets for violence; and (3) both childhood and current abuse increase a woman's risk for substance abuse (D. Miller 1991).

The risk of abuse continues to be higher for women than for men throughout life. "While both male and female children are at risk for abuse, females continue to be at risk for interpersonal violence in their adolescence and adult lives. The risk of abuse for males in their teenage and adult relationships is far less than that for females" (Covington and Surrey 1997, 341). In a study of participants in prison-based treatment programs, Messina et al. found that women report childhood abuse at a rate almost twice as high as men. Abuse of women as adults was reported at a rate of eight times higher than the rate for men (Messina et al. 2001). The traumatization of women is not limited to interpersonal violence. It also includes the witnessing of violence, as well as the stigmatization that can occur because of gender, race, poverty, incarceration, and/or sexual orientation (Covington, 2002).

Post-traumatic stress disorder (PTSD) is common among survivors of abuse. A survey of female pretrial jail detainees found that more than 80 percent of the women in the sample met the *Diagnostic and Statistical Manual of Mental Disorders* criteria for one or more lifetime psychiatric disorders (American Psychiatric Association 1994). "The most common disorders were drug abuse or drug dependence (63.6 percent), alcohol abuse or alcohol dependence (32.3 percent), and post-traumatic stress disorder (33.5 percent)" (Teplin, Abram, and McClelland 1996, 508). Sixty percent of the subjects had exhibited drug or alcohol abuse or dependence within six

months of the interview. In addition, 17 percent met the criteria for a major depressive episode.

Najavits (1999) reviewed studies that examined the combined effects of PTSD and substance abuse and found more co-morbid Axis I and II disorders, medical problems, psychological symptoms, in-patient admissions, interpersonal problems, lower levels of functioning, compliance with aftercare and motivation for treatment, and other significant life problems (such as homelessness, HIV, domestic violence and loss of custody of children).

PTSD and co-occurring substance-abuse disorders can have devastating effects on women's ability to care for their children properly. PTSD symptoms include flashbacks, hypervigilance, and dissociation. Because of the unpredictable, volatile, and depressive behaviors associated with PTSD, women with this disorder may be viewed as unfit or inadequate mothers, which puts them at risk for removal of their children or loss of custody (Coll et al. 1998). Additionally, if women have co-occurring substance-abuse problems, their focus on dealing with addiction can impact their ability to adequately care for their children. As Coll et al. point out:

This is a tragedy for them, their children, and society. We need to recognize both their good intentions and their bad judgments that led them into this destructive pathway at the expense of other, more crucial relationships in their lives, including those with their children. (Coll et al. 1998, 205)

As previously stated, women who have been exposed to trauma and who are also addicted to drugs or alcohol are at higher risk for other mental health disorders. The rate of major depression among alcoholic women was almost three times the rate of the general female population, and the rate for phobias was almost double. The rate of antisocial personality disorder (ASPD)--a disorder that can often result in criminal justice involvement--was twelve times higher among alcoholic women than among the general female population.

Dual diagnosis is complex, and the prevalence of dual diagnoses for women with both substance abuse and another psychiatric disorder has not been well studied. Women in early recovery often show symptoms of mood disorders, but these can be temporary conditions associated with withdrawal from drugs. Also, it is difficult to know whether a psychiatric disorder existed for a woman before she began to abuse alcohol or other drugs, or whether the psychiatric problem emerged after the onset of substance abuse (Institute of Medicine 1990). Research suggests that preexisting psychiatric disorders improve more slowly for recovering substance abusers and need to be addressed directly in treatment.

Women with serious mental illness and co-occurring disorders experience significant difficulties in criminal justice settings. As a study by Teplin et al. reported:

The American Bar Association recommends that persons with mental disorders who were arrested for misdemeanors be diverted to a mental health facility instead of arrested. With appropriate community programs, nonviolent felons also could be treated outside the jail after pretrial hearings....Unfortunately, community-based programs are rarely available for released jail detainees, who often have complex diagnostic profiles and special treatment needs. (Teplin et al. 1996, 511)

With the higher rate of mental illness among female offenders, high rates of medication can be expected. However, there is a rush to overmedicate women in both society at large and in correctional settings. The use of psychotropic drugs is ten times higher in women's prisons than in men's (Culliver 1993). Leonard notes the overuse of psychotropic drugs (e.g., tranquilizers), which she refers to as "chemical restraints" as a means of institutional social control. Leonard also states that many of her interviewees reported that psychotropic drugs directly interfered with their ability to participate in the preparation of their defense cases (Leonard, in press).

Retraumatization via Operating/

Management Practices

Standard policies and procedures in correctional settings (e.g., searches, restraints, and isolation) can have profound effects on women with histories of trauma and abuse, and they often act as triggers to retraumatize women who have PTSD. These issues clearly have implications for service providers, corrections administrators, and staff.

Custodial misconduct has been documented in many forms, including verbal degradation, rape, sexual assault, unwarranted visual supervision, denying of goods and privileges, and the use or threat of force (Human Rights Watch Women's Rights Project 1996). For example, women prisoners are generally strip-searched after prison visits (and at other times), and these searches can be used punitively. In light of the large percentage of incarcerated women who have been sexually abused, strip searches can be traumatic personal violations. Also, many state prisons require that pregnant women who are being transported to hospitals to give birth be shackled. This procedure can be traumatic to a woman who is experiencing the pains of labor, and the risk of escape in such a situation is minimal.

Sexual misconduct by staff is a serious issue in women's prisons. "Male correctional officers and staff contribute to a custodial environment in state prisons for women that is often highly sexualized and excessively hostile" (Human Rights Watch Women's Rights Project 1996, 2) Reviewing the situation of women incarcerated in five states (California, Georgia, Michigan, Illinois, and New York) and the District of Columbia, Human Rights Watch concluded:

Our findings indicate that being a woman prisoner in U.S. state prisons can be a terrifying experience. If you are sexually abused, you cannot escape from your abuser. Grievance or investigatory procedures, where they exist, are often ineffectual, and correctional employees continue to engage in abuse because they believe that they will rarely be held

accountable, administratively or criminally. Few people outside the prison walls know what is going on or care if they do know. Fewer still do anything to address the problem. (Human Rights Watch 1996, 1)

The Importance of Environment

As criminal justice researchers and practitioners begin to acknowledge the interrelationship between multiple issues in the lives of female offenders, the need becomes evident for gender-specific treatment programming that is comprehensive and integrated. In the past, women have often been expected to seek help for addiction, psychological disorders, and trauma from separate sources, and to incorporate into their own lives what they have learned from a recovery group, a counselor, and a psychologist. This expectation has placed an unnecessary burden on women.

There is a lack of gender-responsive intervention for women in the criminal justice system who suffer from the closely linked issues of mental health, substance abuse and trauma; the limited programming that is available is based on program models developed for males. A longitudinal study conducted by Gil-Rivas et al. determined:

[A]ssessment of sexual and physical abuse as well as with PTSD, along with the delivery of services dealing with these issues, should be a routine feature of effective drug-abuse treatment programs. Indeed, there is some evidence that women are more likely to participate in drug-abuse treatment programs that offer services addressing emotional and family problems. (Gil-Rivas et al. 1996, 96)

The development of effective gender-responsive services would include creating an environment that reflects an understanding of the realities of women's lives and addresses the issues of the participants. Integral elements would include appropriate site selection, staff selection, and program development, content, and material (Covington 2001).

The culture of corrections (i.e., the environment created by the criminal justice system) is often in conflict with the culture of treatment. The corrections culture is based on control and security, while treatment is based on the concern for safety and change. One way to alter the corrections aspect is through the application of relational theory on a system-wide basis.

If women in the system are to change, grow, and recover, it is critical that they be in programs and environments in which relationships and mutuality are core elements. We therefore need to provide a setting that makes it possible for women to experience healthy relationships both with staff and with one another. However, the criminal justice system is designed in such a way as to discourage women from coming together, trusting, speaking about personal issues, or forming bonds of relationship. Women who leave prison are often discouraged from associating with other women who have been incarcerated.

A pilot project in a Massachusetts prison found that women benefited from being in a group in which members both received information and had the opportunity to practice mutually empathic relationships with others (Coll and Duff 1995). Women also need relationships with correctional staff that are respectful, mutual, and compassionate. In a study done in Ohio, respect was one of the main things young women in detention said they needed from correctional staff (Belknap et al. 1997). Finally, women will benefit if relationships among staff and between staff and administration are mutual, empathic, and aimed at power with others rather than "power over others."

Work with trauma victims has shown that social support is critical for recovery, and the lack of that support results in damaging biopsychosocial disruptions. Trauma always occurs within a social context, and social wounds require social healing (S. Bloom 2000). The growing awareness of the long-term consequences of unresolved traumatic experience, combined with the disinte-

gration or lack of communities (e.g., neighborhoods, extended families, occupational identities) has encouraged a new look at the established practice and principles of the therapeutic milieu model. The term “therapeutic milieu” means 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)

Any teaching and reorientation process will be unsuccessful if the environment mimics the behaviors of the dysfunctional systems the women have experienced. Rather, the design of program and treatment strategies should be aimed at undoing some of the prior damage. Therapeutic community norms are consciously designed to be different: safety with oneself and with others is paramount, and the entire environment is designed to create living and learning opportunities for everyone involved -- staff and clients alike (S. Bloom 2000).

Plan for Reentry from the Beginning

If women are to be successfully reintegrated back into the community after serving their sentences, there must be a continuum of care that can connect them to a community following their release. In addition, the planning process must begin as soon as the woman begins serving her sentence, not conducted in just the final 30 to 60 days. There is often no pre-release planning of any kind in prisons and jails. Women reentering the community after incarceration require transitional services from the institution to help them reestablish themselves

and their families. They also need transitional services from community corrections and supervision to assist them as they begin living on their own again.

Following their release, women must comply with conditions of probation or parole, achieve financial stability, access health care, locate housing, and attempt to reunite with their families (Bloom and Covington 2000). They must obtain employment (often with few skills and a sporadic work history), find safe and drug-free housing, and, in many cases, maintain recovery from addiction. However, many women find themselves either homeless or in environments that do not support sober living. Without strong support in the community to help them navigate the multiple systems and agencies, many offenders fall back into a life of substance abuse and criminal activity.

The majority of women in the correctional system are mothers, and a major consideration for these women is reunification with their children. This adds what Brown, Melchoir, and Huba (1999) identify as an additional level of burden, with requirements for safe housing, economic support, medical services, and so on including the children. Because the children have needs of their own, being the custodial parent potentially brings re-entry women into contact with more agencies, which may have conflicting or otherwise incompatible goals and values.

Community

There is a critical need to develop a system of support within our communities that provides assistance to women transitioning from jail, prison, or community corrections and supervision to the community. Navigation of a myriad of systems that often provide fragmented services can pose a barrier to successful reintegration. Ideally, a comprehensive approach to reentry services for women would include a mechanism to allow community-based programs to enter institutional program settings. At the women’s prison in Rhode Island, Warden

Roberta Richman has opened the institution to the community through the increased use of volunteers and community-based programs. This allows the women to develop connections with community providers as a part of their transition process. It also creates a mutual accountability between the prison and the community through the use of community-based programs (Richman 1999).

Another means of assisting female offenders as they prepare to reintegrate themselves into their neighborhoods and communities is the use of the restorative model of justice.

For those already involved in lawbreaking, official intervention should emphasize restorative rather than retributive goals to reduce the likelihood of future offending. Offenders should be provided opportunities to increase their 'caring capacity' through victim restitution, community service, and moral development opportunities, rather than be subject to experiences that encourage violence and egocentrism (as do most prisons and juvenile institutions in the United States). (Pollock, 1999, 250)

In turn, this can provide another mechanism to link women with supports and resources.

Communities also need to increase their caring capacity and create a community response to the issues that negatively impact women's lives and increase their risk of incarceration.

[W]e have become a careless society....Care is the consenting commitment of citizens to one another....Care is the manifestation of a community. The community is the site of the relationships of citizens. And it is at this site that the primary work of a caring society must occur. (McKnight 1995, x)

A series of focus groups conducted with women in the criminal justice system asked the question, How could things in your community have been different to help prevent you from being here? The respondents identified a number of factors whose absence they believed would put them at risk for criminal justice involvement. The needs the women identified were housing,

physical and psychological safety, education, job training and opportunities, community-based substance-abuse treatment, economic support, positive female role models, and a community response to violence against women (Bloom, Owen, and Covington 2000). These are the critical components of a gender-responsive prevention program.

In addition to the prevention function provided by gender-responsive programs, these community-based programs offer other benefits to female offenders, to their children, and to society. One survey compared the average annual cost of an individual's probation to the costs of jailing or imprisoning that person. While the cost of probation is roughly \$869, the cost for jail was \$14,363 and for prison, \$17,794 (Phillips and Harm 1998). Community sanctions disrupt women's lives less than does incarceration and subject them to less isolation. Further, community corrections potentially disrupt the lives of children far less.

At present, few treatment programs exist that address the needs of women and, especially those with minor children. When allied with probation, electronic monitoring, community service, and/or work release, community-based treatment programs could be an effective alternative to the spiraling rates of recidivism and reincarceration.

Much has been learned about community-based services for women from the work done through Center for Substance Abuse Treatment (CSAT) grants and models. Treatment programs must not only offer a continuum of services, but they must also integrate these services within the larger community. The purpose of comprehensive treatment, according to a model developed by CSAT, is to address a woman's substance use in the context of her health and her relationship with her children and other family members, the community, and society. An understanding of the interrelationships among the client, the treatment program, and the community is critical to the success of the comprehensive approach

(Reed and Leavitt 2000). Because few treatment programs can respond to all the identified needs of substance-abusing women, they need to develop referral mechanisms and collaborative agreements in order to assist women in their recovery process (CSAT 1994,1997; Covington 1999a).

A study by Austin, Bloom, and Donahue (1992) identified effective strategies for working with women offenders in community correctional settings. Austin et al. found that the most promising community-based programs for female offenders do not employ the medical or clinical model of correctional treatment. Effective programs work with clients to broaden their ranges of response to various types of behavior and needs, enhancing their coping and decision-making skills with an “empowerment” model to help women achieve self-sufficiency. In addition, effective therapeutic approaches are multi-dimensional and deal with specific women’s issues, including chemical dependency, domestic violence, sexual abuse, pregnancy and parenting, relationships, and gender bias.

According to Austin et al., promising community programs “combined supervision and services to address the specialized needs of female offenders in highly structured, safe environments where accountability is stressed” (p. 21). Additional program aspects included a continuum of care design; clearly stated program expectations, rules, and possible sanctions; consistent supervision; ethnically diverse staff, including former offenders; coordination of community resources; and aftercare.

A study of community-based drug treatment programs for female offenders concluded that success appears to be positively related to the amount of time spent in treatment, with more lengthy programs having greater success rates (Wellisch et al. 1994). The authors noted that services needed by women are more likely to be found in programs for women only than in coed programs. The study also concluded that it was necessary to improve the assessment of client

needs in order to develop better programs to deliver a range of appropriate services. The assessment process should provide the basis for developing individual treatment plans, establishing a baseline from which progress in treatment can be monitored; it should also generate data for program evaluation.

Wraparound Services

There is a need for “wraparound” services - that is, a holistic and culturally sensitive plan for each individual that draws on a coordinated continuum of services located within a community. As Jacobs notes, “[W]orking with women in the criminal justice system requires ways of working more effectively with the many other human service systems that are involved in their lives” (Jacobs 2001). The types of organizations that must work as partners to assist women’s re-entry into the community include 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, vocational, and employment services; health care; the child welfare system; transportation; child care; children’s services; educational organizations; self-help groups; organizations concerned with subgroups of women; consumer advocacy groups; organizations that provide leisure options; faith-based organizations; and community service clubs.

Wraparound models and other integrated and holistic approaches can be very effective because they address multiple goals and needs in a coordinated way and facilitate access to services (Reed and Leavitt 2000). Wraparound models stem from the idea of “wrapping necessary resources into an individualized support plan” (Malysiak 1997, 12). Both client-level and system-level linkages are stressed. The need for wraparound is highest for clients with multiple and complex needs that cannot be addressed by limited services from a few locations in the community.

Community-based wraparound services can be particularly useful for two primary reasons:

1. Women have been socialized to value relationships and connectedness and to approach life within interpersonal contexts (Covington 1998). Approaches to service delivery that are based on ongoing relationships, that make connections among different life areas, and that work within women's existing support systems are especially congruent with female characteristics and needs.
2. A higher percentage of female than male offenders are the primary caregivers of young children. These children have needs of their own and require other caregivers if their mothers are incarcerated. Support for parenting, safe housing, and an appropriate family wage level are crucial when the welfare of children is at stake.

Programming that is responsive in terms of both gender and culture would emphasize 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 (e.g., relationships with her partner, family, children, and friends). 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, beginning at the start of incarceration and continuing through the full transition to the community.

Gender-Responsive Models

Effective, gender-responsive models do exist for programs and agencies that provide for a continuity-of-care approach. The models described below are examples of interventions that can be used at various points within the criminal justice system.

Program Models

Helping Women Recover: A Program for Treating-Substance Abuse is a unique, gender-responsive treatment model designed especially for women in correctional settings. It is currently in use in both institutional and community-based programs. The program provides treatment for women recovering from chemical dependency and trauma by dealing with their specific issues in a safe and nurturing environment that is based on respect, mutuality, and compassion. It addresses the issues that have been identified by the Center for Substance Abuse Treatment (CSAT 1994,1997) in their guidelines for comprehensive treatment.

Helping Women Recover integrates the theoretical perspectives of addiction, women's psychological development, and trauma in separate program modules of four sessions each (Covington 1999b). Using a female facilitator, the modules address the issues of self, relationships, sexuality, and spirituality through the use of guided discussions, workbook exercises, and interactive activities. According to recovering women, these are the four areas most crucial to address in order to prevent relapse (Covington 1994).

The *Sanctuary Model* is an example of institutional-based and community milieu programs that address the issues of mental health, substance abuse, and trauma. The Sanctuary Model uses SAGE (Safety, Affect Management, Grieving, and Emancipation) to provide a staged model for the treatment of trauma (Foderaro and Ryan 2000). The model provides for an inpatient or outpatient milieu in which trauma survivors are supported in a process for the establishment of safety and individual empowerment.

Agency Models

Our Place, D.C., located in Washington, D.C., is an example of a community-based agency for women that provides for continuity of services and addresses the important issue of family reunification. *Our Place, D.C.* is a support and resource center that serves the needs of

incarcerated women who are in the process of returning to the community and their families. The center provides services to assist with resettlement, reunification with families, recovery, housing, and employment. Services are provided based on individualized assessment of women and their children. Services, which include daily support groups, are provided on-site and elsewhere, through agreements with community providers.

The *Refugee Model* provides a well-coordinated, comprehensive example of a community response to the issue of prisoner reentry that is applicable to women. For the past 30 years, the Catholic Church has resettled tens of thousands of refugees from all over the world. Through local parishes, this experience has been expanded to assist parolees as well. Using the Refugee Model, Catholic dioceses work to promote coordination of services and supportive relationships for parolees transitioning to community. In turn, the Church believes the experience enriches the parishes. The use of the Refugee Model reflects an understanding of the complexity of reentry issues and acknowledges the similarities between the needs of refugees and those of offenders.

The Refugee Model includes the following steps:

- *Preparation.* People and agencies within the diocese—including jail and prison chaplains, emergency assistance programs, and job referral sources—identify resources for basic services to be provided either through direct provision or referral arrangements. Such resources include housing, jobs, and clothing, as well as life skills assistance (e.g., navigating mass transit, obtaining a drivers license, banking, and shopping).
- *Establishing a referral system.* Statewide lists that identify points of entry within the diocese are compiled and disseminated. The person or committee responsible for this step receives all inmate letters and referrals, develops intake criteria, de-

finer requirements for accepting referrals, and develops an application form for parolees to complete while still in prison.

- *Engaging prisoner prior to release.* Successful reentry is often determined by pre-release preparation. Volunteers meet with potential referrals prior to release and develop a relationship, usually through letters or continued visits.
- *Nurturing participating parishes.* The diocese provides training and support to local parishes. Consultation and support to challenges as they arise support parishioners as they engage in assisting parolees with reentry.

RECOMMENDATIONS

All offenders have similar categories of needs. Both women and men under criminal justice supervision typically require substance-abuse treatment and vocational and educational training. Family and community reintegration issues are also shared, as are physical and mental health care. However, the research on differences between women and men suggests that the degree or intensity of these needs and the ways in which they should be addressed by the criminal justice system are quite different.

In order to plan for gender-responsive policy and practice, the differences in the behaviors of women and men while under correctional supervision and the differences in the way they respond to programs and treatment need to be considered. Effective policies, practices, and services for women need to be relational/family focused and do the following:

- Incorporate the concept of levels of burden into policy and program designs
- Address the fragmentation of services for issues that are interconnected through use of comprehensive, coordinated services
- Address the barriers created by categorical funding

- Utilize wraparound services that provide continuity of care and continuity of relationship
 - Introduce the service continuum in correctional settings so access to services is not just another hurdle when released; use services and relationships (e.g., self-help groups, peer educators) developed therein as “transitional objects” of support
8. Female role models and mentors are provided who reflect the racial / ethnic / cultural backgrounds of the clients.
 9. Cultural awareness and sensitivity are promoted using the resources and strengths available in various communities.
 10. Gender-responsive assessment tools and individualized treatment plans are utilized, with appropriate treatment matched to identified needs and assets of each client.

Practice

The specific principles listed here are intended for use in the development of gender-responsive programs for women (Bloom and Covington 1998):

1. The theoretical perspectives used consider women’s particular pathways into the criminal justice system, fit the psychological and social needs of women, and reflect the realities of their lives (e.g., relational theory, trauma theory).
2. Treatment and services are based on women’s competencies and strengths and promote self-reliance.
3. Programs use a variety of interventions--behavioral, cognitive, affective/dynamic, and systems perspectives--in order to fully address the needs of women.
4. Homogeneous groups are used, especially for primary treatment (e.g., trauma, substance abuse).
5. Services/treatment address women’s practical needs, such as housing, transportation, child care, and vocational training and job placement.
6. Participants receive opportunities to develop skills in a range of educational and vocational (including nontraditional) areas.
7. Staff members reflect the client population in terms of gender, race / ethnicity, sexual orientation, language (bilingual), and ex-offender and recovery status.

11. There is an emphasis on parenting education, child development, and relationship/reunification with children (if relevant).
12. The environment is child friendly, with age-appropriate activities designed for children.
13. Transitional programs are included as part of gender-responsive practices, with a particular focus on building long-term community support networks for women.

Conclusion

In looking at the overarching themes and issues affecting women in the criminal justice system, there is no escaping the fact that “women’s issues” are also society’s issues: sexism, racism, poverty, domestic violence, sexual abuse, and substance abuse. While the impact of incarceration and reentry sets the stage and defines the individual experiences of women, their children and families, and their communities, what is required is a social response. Agencies and actions are not only about the individual; they are also, unavoidably, about family, society and institutions. “Each of us is inextricably bound to others--in relationship. All human action (even the act of a single individual) is relational” (J. Gilligan 1996).

If we expect women to successfully return to their communities and avoid rearrest, the social response needed is a change in community conditions. The following is what Richie con-

cluded from a series of in-depth interviews with women:

They need families that are not divided by public policy, streets and homes that are safe from violence and abuse, and health and mental health services that are accessible. The challenges women face must be met with expanded opportunity and a more thoughtful criminal justice policy. This would require a plan for reinvestment in low-income communities in this country that centers around women's needs for safety and self-sufficiency. (Richie 2001, 386)

Perhaps we can begin to learn from other nations, applying in our communities the knowledge we gain. Poor countries around the world have found that spending money on health, education, and income-generation programs such as microcredit for women is the most efficient way to reduce poverty, because a woman's progress also helps her family: women spend their money on their children. As women receive education and health care, and as they enter the work force and increase their power both in the family and in society, they have fewer and healthier children. Also, because women are poorer than men, each dollar spent on them means proportionally more (*New York Times* 2001).

In conclusion, the true experts in understanding women's journey home are women themselves. Galbraith (1998) interviewed women who had successfully transitioned from correctional settings to their communities. These women said that what had really helped them to do this were the following:

- Relationships with people who cared and listened, and who could be trusted
- Relationships with other women who were supportive and who were role models
- Proper assessment/classification
- Well-trained staff, especially female staff
- Proper medication

- Programs such as job training, education, substance-abuse and mental health treatment, and parenting
- Inmate-centered programs
- Efforts to reduce trauma and revictimization through alternatives to seclusion and restraint
- Financial resources
- Safe environments

As we saw earlier, the reasons why the majority of criminal justice programming is still based on the male experience are complex, and the primary barriers to providing gender-responsive treatment are multilayered. They are theoretical, administrative, and structural, and they involve policy and funding decisions. There are, therefore, a great number of us in a diversity of professions who play a role within the continuum of care for women in the criminal justice system.

In the end, each of us must ask ourselves this question: of the work to be done to achieve truly gender-responsive services for women, what is my piece to do?

REFERENCES

- Abbott, B., and Kerr, D. 1995. Substance abuse program for federally sentenced women. Ottawa, Ontario, Canada: Correctional Services of Canada.
- American Psychiatric Association. 1994. *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, D.C.
- Andrews, D., Bonta, J. and Hoge, R. 1990. Classification for effective rehabilitation: Rediscovering psychology. *Criminal Justice and Behavior* 17: 19-52.
- Austin, J., Bloom, B., and Donahue, T. 1992. *Female offenders in the community: An analysis of innovative strategies and programs*. Washington, D.C.: National Institute of Corrections.
- Baunach, P. 1985. *Mothers in prison*. New York: Transaction Books/Rutgers University Press.
- Belknap, J. 1996. *Invisible woman: Gender crime and justice*. Belmont, Calif.: Wadsworth.
- Belknap, J., Dunn, M., and Holsinger, K. 1997. *Moving toward juvenile justice and youth-serving systems that address the distinct experience of the adolescent female*. (A report to the governor). Columbus, Ohio: Office of Criminal Justice Services.
- Bloom, B. 1996. *Triple jeopardy: Race, class and gender*. Unpublished doctoral dissertation. Riverside, Calif.: University of California.
- Bloom, B. 1998. Women with mental health and substance abuse problems on probation and parole. *Offender Program Report*.
- Bloom, B., Chesney-Lind, M., and Owen, B. 1994. Women in California prisons: Hidden victims of the war on drugs. San Francisco: Center on Juvenile and Criminal Justice.
- Bloom, B., and Covington, S. 1998. *Gender-specific programming for female offenders: What is it and why is it important?* Paper presented at the 50th Annual Meeting of the American Society of Criminology, Washington, D.C., November 1998.
- Bloom, B., and Covington, S. 2000. *Gendered justice: Programming for women in correctional settings*. Paper presented at the 52nd Annual Meeting of the American Society of Criminology, San Francisco, November 2000.
- Bloom, B., Owen, B., and Covington, S. 2000. Focus groups for *Gender-responsive strategies: Research, practice, and guiding principles for women offenders project*. Washington, D.C.: National Institute of Corrections.
- Bloom, B., Owen, B., and Covington, S. 2001. *Gender-responsive strategies: Research, practice, and guiding principles for women offenders project*. Draft. Washington, D.C.: National Institute of Corrections.
- Bloom, B., and Steinhart, D. 1993. *Why punish the children? A reappraisal of the children of incarcerated mothers in America*. San Francisco: National Center on Crime and Delinquency.
- Bloom, S. 2000. The sanctuary model. *Therapeutic Communities* 21(2): 67-91.
- Blume, S. 1990. Alcohol and drug problems in women: Old attitudes, new knowledge. In *Treatment choices for alcoholism and substance abuse*, ed. H. Milkman and L. Sederer. New York: Lexington.
- Brown, V., Melchior, L., and Huba, G. 1995. Level of burden: Women with more than one co-occurring disorder. *Journal of Psychoactive Drugs* 27(4): 339-346.
- Brown, V., Melchior, L., and Huba, G. 1999. Level of burden among women diagnosed with severe mental illness and substance abuse. *Journal of Psychoactive Drugs* 31(1): 31-40.
- Bureau of Justice Statistics. 1999. *Women offenders*. Washington, D.C.: U.S. Department of Justice.
- Bureau of Justice Statistics. 2000a. *Prisoners in 1999*. Washington, D.C.: U.S. Department of Justice.
- Bureau of Justice Statistics. 2000. *Incarcerated parents and their children*. Washington, DC: U.S. Department of Justice.
- Bylington, D. 1997. Applying relational theory to addiction treatment. In *Gender and addictions: Men and women in treatment*, ed. S.L.A. Straussner

- and E. Zelvin, 33-45. Northvale, N.J.: Jason Aronson.
- Center for Substance Abuse Treatment. 1994. *Practical approaches in the treatment of women who abuse alcohol and other drugs*. Rockville, Md.: Department of Health and Human Services, Public Health Service.
- Center for Substance Abuse Treatment. 1999. *Substance abuse treatment for women offenders: Guide to promising practices*. TAP#23. Rockville, Md.: U.S. Department of Health and Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration.
- Chesney-Lind, M. 1997. *The female offender: Girls, women and crime*. Thousand Oaks, Calif.: Sage Publications.
- Chesney-Lind, M., and Bloom, B. 1997. Feminist criminology: Thinking about women and crime. In *Thinking critically about crime*, ed. B. MacLean and D. Milovanovic, 54-65. Vancouver: Collective Press.
- Coll, C., Surrey, J., Buccio-Notaro, P., and Molla, B. 1998. Incarcerated mothers: Crimes and punishments. In *Mothering against the odds*, ed. C. Coll, J. Surrey, and K. Weingarten. NY: Guilford.
- Covington, S. 1994. *A woman's way through the twelve steps*. Center City, Minn.: Hazelden.
- Covington, S. 1998a. The relational theory of women's psychological development: Implications for the criminal justice system In, *Female offenders: Critical perspectives and effective intervention*, ed. Zaplin, 113-131. Gaithersburg, Md.: Aspen.
- Covington, S. 1998b. Women in prison: Approaches in the treatment of our most invisible population. *Women and Therapy* 21(1): 141-155.
- Covington, S. 1999. *Helping women recover: A program for treating addiction* (with a special edition for the criminal justice system). San Francisco: Jossey-Bass.
- Covington, S. 2000. Creating gender-specific treatment for substance-abusing women and girls in community correctional settings. . In *Assessment to Assistance: Programs for women in community corrections*, ed. M. McMahon, 171-233. Latham, Md.: American Correctional Association.
- Covington, S. 2001. Creating gender-responsive programs: The next step for women's services. *Corrections Today*. 63(1): 85-87.
- Covington, S. In press. Helping women recover: Creating gender-responsive treatment. In *The handbook of addiction treatment for women*, ed. S.L.A. Straussner, and S. Brown. San Francisco: Jossey-Bass.
- Covington, S., and Bloom, B. 1999. *Gender-responsive programming and evaluation for women in the criminal justice system: A shift from What works? To What is the work?* Paper presented at the 51st Annual Meeting of the American Society of Criminology Toronto, Ontario, Canada, November 1999.
- Covington, S., and Kohen, J. 1984. Women, alcohol, and sexuality. *Advances in Alcohol and Substance Abuse* 4(1): 41-56.
- Covington, S., and Surrey, J. 1997. The relational model of women's psychological development: Implications for substance abuse, In *Gender and alcohol: Individual and social perspectives*, ed. Sharon and Richard Wilsnack, New Brunswick, N.J.: Rutgers Center of Alcohol Studies.
- Culliver, C. 1993. Females behind prison bars. In *Female criminality: The state of the art*, ed. C. Culliver. New York: Garland.
- Daly, D., Moss, H., and Campbell, F. 1993. *Dual disorders: Counseling clients with chemical dependency and mental illness*. Center City, Minn.: Hazelden.
- Dowden, C., and Andrews, D. 1999. What works for female offenders: A meta-analytic review. *Crime and Delinquency* 45(4): 438-452.
- Foderaro, J., and Ryan, R. 2000. SAGE: Mapping the course of recovery. *Therapeutic Communities* 21(2): 91-104.
- Galbraith, S. 1998. *And so I began to listen to their stories . . . Working with women in the criminal justice system*. Delmar, N.Y.: Policy Research, Inc.
- Garcia-Coll, C., and Duff, K. 1996. *Reframing the needs of women in prison: a relational and diver-*

- sity perspective. Project report. Wellesley, Mass.: Stone Center, Wellesley College.
- Genty, P. 1995. Termination of parental rights among prisoners: A national perspective. In *Children of incarcerated parents*, ed. K. Gabel and D. Johnston, 167-182. New York: Lexington Books.
- Gil-Rivas, V., Fiorentine, R., and Anglin, D. 1996. Sexual abuse, physical abuse, and posttraumatic stress disorder among women participants in outpatient drug abuse treatment. *Journal of Psychoactive Drugs*, 28(1).
- Gilligan, C., Lyons, N. P., and Hanmer, T. J., eds. 1990. *Making connections*. Cambridge, Mass.: Harvard University Press.
- Gilligan, J. 1996. *Violence: Our deadly epidemic and its causes*. New York: Putnam.
- Haigh, R. 1999. The quintessence of a therapeutic environment: Five universal qualities. In *Therapeutic communities: Past, present and future*, ed. Campling and Haigh, 246-247. London: Kingsley.
- Hannah-Moffat, K. 2000. *Punishment in disguise*. Toronto: University of Toronto Press.
- Hannah-Moffat, K., and Shaw, M. 2001. *Taking risks: Incorporating gender and culture into the classification and assessment of federally sentenced women in Canada*. Ottawa: Status of Women Canada's Policy Research Fund.
- Human Rights Watch. 1996. *All too familiar: Sexual abuse of women in U.S. state prisons*. New York: Human Rights Watch.
- Institute of Medicine. 1990. Populations defined by functional characteristics. In *Broadening the base of treatment for alcohol problems*, 385-386. Washington, D.C.: National Academy of Sciences.
- Jacobs, A. 2001. Give 'em a fighting chance: Women offenders reenter society. *Criminal Justice Magazine*, 45 (Spring).
- Johnston, D. 1995. Effects of parental incarceration. In *Children of incarcerated parents*, ed. C. Gabel and D. Johnston, 59-88. New York: Lexington Books.
- Kaschak, E. 1992. *Engendered lives: A new psychology of women's experience*. New York: Basic Books.
- Kendall, K. 1994. Therapy behind prison walls: A contradiction in terms? *Prison Service Journal* 96:2-22.
- Kivel, P. 1992. *Men's work: Stopping the violence that tears our lives apart*. Center City, Minn.: Hazelden.
- Leonard, E.D. In press. *Convicted survivors: The imprisonment of battered women who kill*. Albany, N.Y.: State University of New York Press.
- Malysiak, R. 1997. Exploring the theory and paradigm base for wraparound fidelity. *Journal of Child and Family Studies* 7(1): 11-25.
- McKnight, J. 1995. *The careless society: Community and its counterfeits*. New York: Basic Books.
- McMahon, M. 2000. Assisting female offenders: Art or science? In *Assessment to assistance: Programs for women in community corrections*, ed. M. McMahon, 300-316. Lanham, Md.: American Correctional Association.
- Merlo, A., and Pollock, J. 1995. *Women, law, and social control*. Boston: Allyn and Bacon.
- Messina, N., Burdon, W., and Prendergast, M. 2001. *A profile of women in prison-based therapeutic communities*. Draft. Los Angeles: UCLA Integrated Substance Abuse Program, Drug Abuse Research Center.
- Miller, D. 1991. Are we keeping up with Oprah?: A treatment and training model for addictions and interpersonal violence. In *Feminism and addiction*, ed. Bepko, 103-126. New York: Haworth Press.
- Miller, J.B. 1976. *Toward a new psychology of women*. Boston: Beacon Press.
- Miller, J.B. 1986. *What do we mean by relationships?* Work in progress no. 22. Wellesley, Mass.: Stone Center, Wellesley College.
- Miller, J.B. 1990. *Connections, disconnections, and violations*. Work in progress no. 33. Wellesley, Mass.: Stone Center, Wellesley College.
- Najavits, L. 1999. Seeking safety: A new cognitive-behavioral therapy for PTSD and substance

- abuse. *National Center for Posttraumatic Stress Disorder Clinical Quarterly* 8(3).
- New York Times*. 2001. *Liberating the women of Afghanistan*. Editorial, 24 November.
- Owen, B. 1998. *In the mix: Struggle and survival in a women's prison*. New York: State University of New York Press.
- Owen, B., and Bloom, B. 1995. *Profiling the needs of California's female prisoners: A needs assessment*. Washington, D.C.: National Institute of Corrections.
- Phillips, S., and Harm, N. 1998. Women prisoners: A contextual framework. In *Breaking the rules: Women in prison and feminist therapy*, ed. J. Harden & M. Hill, 1-9. New York: Haworth.
- Pollock, J. 1998. *Counseling women offenders*. Thousand Oaks, Calif.: Sage Publications.
- Pollock, J. 1999. *Criminal women*. Cincinnati, Ohio: Anderson Publishing.
- Reed, B., and Leavitt, M. 2000. Modified wrap-around and women offenders in community corrections: Strategies, opportunities and tensions. In *Assessment to assistance: Programs for women in community corrections*, ed. M. McMahon, 1-106. Lanham, Md.: American Correctional Association.
- Richie, B. 2001. Challenges incarcerated women face as they return to their communities: Findings from life history interviews. *Crime and delinquency* 47(3): 368-389.
- Richman, R. 1999. Presentation at the Association of Women in Psychology Conference, Providence, R.I., March.
- Stableforth, N. 1999. Effective corrections for women offenders. *Forum on Corrections Research* 11(3): 3-5.
- Steffensmeier, D. & Allen, E. 1998. The nature of female offending: Patterns and explanations. In *Female offenders: Critical perspectives and effective intervention*, ed. Zaplin. Gaithersburg, Md.: Aspen.
- Teplin, L., Abram, K. & McClelland, G. (1996). Prevalence of psychiatric disorders among incarcerated women. *Archives of General Psychiatry* 53: 505-512.
- Vesey, B. 1997. *Specific needs of women diagnosed with mental illnesses in U.S. jails*. Delmar, N.Y.: Policy Research, Inc.
- Wellisch, J., Anglin, M.D., and Prendergast, M. 1994. Treatment strategies for drug-abusing women offenders. In *Drug treatment and the criminal justice system*, ed. J. Inciardi, 5-25. Thousand Oaks, Calif.: Sage Publications.
- Young-Eisendrath 1987. *Female authority: Empowering women through psychotherapy*. New York: Guilford.

ADDITIONAL RESOURCES

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