VISITING EXPERTS' PAPERS

WOMEN'S RISK FACTORS AND NEW TREATMENTS/INTERVENTIONS FOR ADDRESSING THEM: EVIDENCE-BASED INTERVENTIONS IN THE UNITED STATES AND CANADA

*Patricia Van Voorhis, Ph.D.**

I. INTRODUCTION

By the end of the 1990s and well into the next decade, U.S. policy makers and practitioners were expressing a growing concern for dramatic increases in the number of women entering the U.S. criminal justice systems (Buell, 2011). Increases in the number of women coming into prisons were especially troubling. Between 1977 and 2004, the female incarceration rate grew by a staggering 757%. This was twice as high as the growth in the male incarceration rate over the same period (Frost, Greene & Pranis, 2006). Female community correctional populations also surged, 30% between 1995 and 2010 in comparison to men where the comparative increase was 8.4% (Glaze & Bonczar, 2011).

Changes in United States sentencing policies were largely to blame for this increase. A number of states had promoted mandatory sentencing for drug offenders and reductions in funding for mental health services (see Austin et al., 2001; Mauer, Potler & Wolf, 1999). Under the Clinton administration, social welfare reform legislation also led to increases in the number of women arrested and brought before U.S. criminal courts. Women were not necessarily committing more violent crimes, but the legal changes were more likely to address women's offending behavior than men's, and they were also more likely to affect the safety nets that were keeping them out of legal involvements (e.g., welfare and community mental health services). Therefore, these laws were especially hard on women and the mentally ill (Austin et al., 2001).

The rapid influx of female offenders drew strong attention to existing practices for dealing with their offenses and treating the issues that brought them to court in the first place (Buell et al., 2011). Indeed, correctional policies and procedures were ill-equipped to address the unique needs of women offenders. Many scholars observed that there was an appalling lack of research on which to build correctional approaches for women (Chesney-Lind, 1997; 2000; Girls Incorporated, 1996; Holtfreder et al., 2004; Morash, Bynum, & Koons, 1998; Van Voorhis & Presser, 2001). Research informing innovative practices was based almost exclusively on samples of male offenders, and all aspects of the correctional experience, including rules, treatment programs, and procedures for identifying offender risk levels and program needs, were based on a male model. As a result the field of correctional treatment was more relevant to men than to women. Women offenders were, at best, assumed to have the same needs as men—at worst they were ignored.

In the United States this situation is slowly changing. Largely through initiatives funded by the U.S. Federal government, new programs, policies, and assessments have been developed specifically for women offenders. The National Institute of Corrections (NIC), an agency within the U.S. Department of Justice, was the primary driver of these changes. NIC improved correctional practices for women in many ways. This paper focuses on the new assessments for women offenders and the new programs that have emerged over the past 10 years.

By *assessments* we mean the assessments (or tests) that are designed to identify the needs that must be accommodated or addressed by a correctional agency. These are crucially important, because if we

*Professor Emerita, University of Cincinnati. Author's Note: Please address correspondence to Patricia Van Voorhis. Email: Patricia.VanVoorhis@uc.edu.

do not have a good picture of the needs of each correctional client, we do not know what services would be most beneficial to them. Simply put, what we don't see we do not treat. When we do not appropriately assess clients, we do not know their needs and ultimately will fail to appropriately match clients to programs and services. In such situations, some clients receive services that they do not need and others do not receive services that they do need. This is expensive, because valuable program and treatment resources are not used to their full potential. American correctional agencies have struggled to solve the problem of mismatching clients to services and resources. The advent of good correctional risk and needs assessments has gone far toward correcting this problem.

At the same time, it is of little use to know what a client needs, if we have no programs and resources to address those needs. So the second part of this paper discusses new developments designed to improve services and programs for women offenders. The two, assessments and programs/services go together. The assessments tell us what is needed and the programs address identified needs.

Prior to the interest in gender-responsive approaches, a good deal of correctional research and innovation had already taken place in the United States, Northern Europe, and Canada. These developments went far beyond the role of simply punishing offenders to placing a high priority on offender rehabilitation and behavioral change. Correctional agencies had a strong sense for what needed to be done to change offender behavior. Programs were not successful in 100% of all cases, but they could at least achieve reductions in recidivism that affected 20-30% of the correctional population (Andrews et al., 1990). Most of this research was conducted on men, however, and that fact proved somewhat problematic to the task of developing meaningful programs for women offenders.

Even so, it is important to recognize that two fundamental principles guided and continue to guide correctional treatment practices in the above-mentioned countries:

- First, in order to achieve meaningful reductions in recidivism, it is necessary to confine intensive services to medium and high risk offenders. This is known as the *risk principle*. Taking it a step further, the research typically finds that directing intensive services to low risk clients makes them worse, and does so for many reasons;

- Second, in order to achieve success in changing offenders behavior, it is essential to target the risk factors for future offending. As with medical treatments, it makes little sense to target a factor which is not relevant to a particular disease. This is known as the *needs principle*.

A. Gender-Responsive Risk Assessments and the Risk Factors They Identify[1]

We cannot address the risk and the needs principles without assessment tools for doing so. The most important theme of any U.S. correctional assessment is the notion of risk. Risk assessments have been used since the 1950s. And "risk" is defined to mean risk of some offense-related outcome. Therefore, risk assessments identify one's risk of recidivism (new offense), risk of a prison misconduct, or risk of violation of a condition of supervision. These assessments all involve the use of statistically derived assessments that predict an offender's likelihood of recidivism or an inmate's likelihood of serious misconducts. They provide a risk score that determines the custody level of one's prison assignment if incarcerated or level of community supervision if on probation or parole. Higher risk offenders are assigned to higher security correctional facilities or more intensive levels of community supervision and to more intensive correctional programming.

Our most recent risk assessments, conceptualize risk as the accumulation of risk factors or offender needs that are related to future offending. Since the assessments identify an array of predictive needs, they also served as a valuable tool for triaging offenders into programs most likely to turn them away from lives of crime. The early construction validation studies for these assessments were also based largely on male offender samples (e.g., see Brennan, 1998; Blanchette & Brown, 2006; Holtfreder et al., 2004; Van Voorhis et al., 2010) and validated on women much later than their initial construction (e.g., see Andrews et al., 2001; Holsinger et al., 2003; Manchak et al., 2009; Smith et al., 2009). By way of

[1] For purposes of this paper and discussion, the term *risk factor* refers to individual needs known to correlate with future offending.

example, one such assessment, the Level of Service Inventory-Revised (Andrews & Bonta, 1996) identified the following risk factors:

Criminal history
Employment/education
Financial
Housing/neighborhood situation
Alcohol/drug use
Family/marital
Emotional stability (mental health)
Use of leisure time
Antisocial friends
Antisocial thinking

While the above list of risk factors, which will be referred to as gender-neutral risk factors[2], may seem comprehensive, gender-responsive scholars note the absence of assessment scales pertaining to relationships, depression, parental issues, self-esteem, self-efficacy, trauma, and victimization (Blanchette & Brown, 2006; Bloom et al., 2003; Brennan, 1998; Farr, 2000; Hardyman & Van Voorhis, 2004; Reisig et al., 2006; Van Voorhis & Presser, 2001). Most troubling, is the fact that gender-neutral risk/needs assessments serve as a guide to program recommendations through the widely accepted and empirically supported *needs principle* (see Andrews & Bonta, 20101984; Andrews, Bonta, & Hoge, 1990; Gendreau, 1996). As such, the omission of gender-responsive risk factors[3] from current assessments risked inattention to essential programming for women (Hannah-Moffat, 2009).

Research conducted by feminist scholars pointed toward a pathways perspective to explain women's criminal behavior. Qualitative studies of women offenders revealed lives of extreme poverty, limited educational assets, mental illness (e.g., depression, anxiety, post-traumatic stress disorder), past and ongoing abuse, self-medicating drug and alcohol abuse, dysfunctional and abusive intimate relationships, low levels of self-efficacy (self-confidence), and parental stress (see Arnold, 1990, Browne, Miller & Maguin, 1999; Chesney-Lind & Rodregues, 1983; Daily, 1992; Gilfus, 1992; Owen, 1998; Richie, 1996).

A number of scholars were conceptualizing these risk factors in terms of "women's pathways to crime" (Chesney-Lind & Rodrigues, 1992; Daly, 1992, 1994). For example, a number of pathways were confirmed in Salisbury and Van Voorhis' examination of women probationers in Missouri (Salisbury & Van Voorhis, 2009):

i. *The Child Abuse Pathway* found that self-reported child abuse was related to later probation revocations and incarcerations through a pathway where child abuse led to depression and anxiety. Substance abuse was associated with the depression and ultimately linked to offense-related failures. This pathway was also seen in McClellan, Farabee and Crouch's (1997) longitudinal study of women offenders. A number of scholars document the co-occurance of substance abuse, mental health and abuse in women offenders (Langen & Pelissier, 2001; Messina, Grella, Burdon, & Prendergast, 2003; Peters, Strozier, Murrin, & Kearns, 1997).

ii. *The Relational Pathway* observed that some women's paths to new offenses began with unhealthy intimate relationships, characterized by a limited personal power, low self-efficacy, abuse, depression, and substance abuse. Prevailing models of psychotherapy for women recognize that women's identity, self-worth, and sense of empowerment are defined by the quality of relationships they have with others (Gilligan, 1982; Kaplan, 1984; Miller, 1976; Miller & Stiver, 1998). Correctional scholars have also noted that many women offenders engage in co-dependent relationships that facilitate their criminal behavior (Koons, Burrow, Morash, & Bynum, 1997; Ritchie, 1996). Because of the high rates of abuse, trauma, and neglect experienced by female offenders, their ability to recognize and achieve healthy, mutually empower-

[2]Gender-neutral risk factors are risk factors that work as risk factors for both male and female offenders.
[3]Gender-responsive risk factors are risk factors for women but not men.

ing relationships is severely limited (Covington, 1998). Family support and conflict also factor into women's relational concerns.

iii. *The social and human capital pathway* observed that some women's paths to crime began with limited support from families, unhealthy intimate relationships, and limited educational accomplishments. Poverty is highly relevant to this pathway (Bloom, Owen, & Covington, 2003; Holtfreter, Reisig, & Morash, 2004).

Apart from the pathways research, additional concerns cited problems associated with mental health, self-efficacy, and parenting:

i. *Mental health*: The mental health needs of female offenders differ substantially from those of male offenders. Depression, anxiety, and self-injurious behavior are more prevalent among female offenders than male offenders (Belknap & Holsinger, 2006; Bloom, Owen, & Covington, 2003; McClellan, Farabee, & Crouch, 1997; Peters, Strozier, Murrin, & Kearns, 1997), as are phobic diagnoses (Blume, 1997), and co-occuring diagnoses such as depression and substance abuse (Bloom et al., 2003; Blume, 1997; Holtfreter & Morash, 2003; Owen & Bloom, 1995). One study noted that rates of such diagnoses are nearly four times the rates for men (Blume, 1997). Stress, depression, fearfulness, and suicidal thoughts/attempts have shown to be predictors of women's recidivism (Benda, 2005; Blanchette & Motiuk, 1995; Brown & Motiuk, 2005), but not for men's recidivism (Benda, 2005). However, current risk/needs instruments either ignore mental health, focus scales heavily toward psychotic disorders, or combine all symptoms into a global scale. All approaches run the risk of masking the impact of women's mental health issues.

ii. *Self-esteem and self-efficacy*: Studies, mostly of male offenders, overwhelmingly indicate that low self-esteem, which was often aggregated into a category denoted "personal distress," is not a risk factor for recidivism (see Andrews & Bonta, 2010 for a summary). However, the gender-responsive literature closely relates self-esteem to the notion of "*empowerment*," which has been targeted by a number of correctional programs for women. Empowerment denotes the process of increasing women's self-esteem and internal locus of control (i.e., the belief that their lives are under their own power and control) (Task Force on Federally Sentenced Women, 1990). These needs are often cited by correctional treatment staff, researchers, and women offenders themselves as critical to their desistance (Carp & Schade, 1992; Case & Fasenfest, 2004; Chandler & Kassebaum, 1994; Koons, Burrow, Morash, & Bynum, 1996; Morash, Bynam, & Koons, 1998; Prendergast, Wellisch, & Falkin, 1995; Schram & Morash, 2002; Task Force on Federally Sentenced Women, 1990). *Self-efficacy*, distinct from self-esteem,[4] is one's' confidence in achieving specific goals. Obviously self-efficacy is also relevant to the notion of empowerment. Closely related to self-esteem, self-efficacy has been suggested as playing a key role in women's offending behaviors (Rumgay, 2004).

iii. *Parental stress*: Approximately 70 percent of women under correctional supervision have at least one child under the age of 18, with an average of 2.11 children (BJS, 1999). This coupled with women's economic marginalization and substance abuse often leads to stress and overwhelmed feelings about being able to take care of and provide for their children (Greene, Haney, & Hurtado, 2000). Maternal demands may contribute to recidivism especially when they are accompanied by: 1) poverty, 2) substance abuse problems, and 3) minimal support. Some studies with mothering offenders have detected a relationship between parental stress and crime (Ferraro & Moe, 2003; Ross, Khashu, & Wamsley, 2004). Similarly, Bonta, Pang, & Wallace-Capretta (1995) found that women offenders who were parenting children alone were significantly more likely to be reconvicted than women raising children with partners. Additionally, studies investigating the relationship between child contact and women's prison adjustment, find that stress associated with limited contact was related to higher levels of

[4] Although self-efficacy and self-esteem are conceptually distinct, our own studies found the two scales to have a very high correlation. As a result our studies only use the self-efficacy measure. Self-efficacy and self-esteem are empirically redundant.

mental illness (Houck & Loper, 2002; Tuerk & Loper, 2006). Parental stress is perhaps at its greatest among women who are threatened with the loss of child custody, a fairly common occurrence since the passage of the Adoption and Safe Families Act of 1997.

In putting forward this research, a number of authors voiced concern for the fact that even the most recent gender-neutral assessments were created for men and applied to women with limited attention to relevance and only later concern for validity. Additionally, the foundational research and even the more recent validity studies did not test the factors that are put forward in the gender-responsive literature (Blanchette & Brown, 2006; Reisig et al., 2006; Taylor & Blanchette, 2009). Thus, regardless of whether gender-neutral assessments such as the LSI-r or the Northpointe Compas (Brennan, Dieterich & Oliver, 2006) were valid for women. it was not clear that they would be the assessments we would have if we had started with women instead of men. Another objection regarded the treatment priorities set forward by the proponents of the LSI-r and the prevailing models of evidence-based correctional treatment. The authors asserted that treatment targeted to "the big 4" (i.e., a. criminal history; b. criminal personality; c. criminal thinking, and d. criminal associates) should be prioritized over other risk factors. They also recommended attention to "Central 8" (the big 4 plus family/marital, education/employment, substance abuse, and leisure/recreation). All were key factors on the LSI-r (Andrews & Bonta, 1996) and later the LS/CMI (Andrews et al., 2004) and referred to as "criminogenic needs."

In supporting a more gender-responsive approach, scholars suggested that the gender-responsive risk factors either were: (i) not typically seen among men; (ii) typically seen among men but occur at a greater frequency among women; or (iii) occurred in equal frequency among men and women, but affected women in uniquely personal and social ways that should be reflected in current correctional assessments (e.g., Chesney-Lind & Shelden, 1992; Farr, 2000; Funk, 1999; Gavazzi, Yarcheck, & Chesney-Lind, 2006; Holsinger, 2000; Holtfreter & Morash, 2003; Reisig et al., 2006; Salisbury & Van Voorhis, 2009).

In response, the National Institute of Corrections (NIC) collaborated with the University of Cincinnati (UC) to conduct a multi-site research project to develop gender-responsive assessments for women. The research built from two perspectives on offender rehabilitation: a) research by Canadian scholars Donald Andrews, Paul Gendreau, James Bonta, and others which stressed the importance of assessing and treating dynamic risk factors (see Andrews & Bonta, 2010; Gendreau, Little & Goggin, 1996); and b) research by feminist criminologists (e.g., Joanne Belknap, Kathleen Daly, Meda Chesney-Lind, Barbara Bloom, Barbara Owen, and Stephanie Covington) stressing the importance of women's unique "pathways" to crime.

Keeping to the prevailing correctional priorities in the U.S., it was important to demonstrate that the gender-responsive needs discussed above were, in fact, risk factors, predictive of future offending. As noted above, correctional policy makers were not interested in the treatment of needs that, while extremely unfortunate, were nevertheless unrelated to women's criminal behavior. Therefore, the key research questions of the NIC Women's Classification Study were: (i) are gender-responsive needs pertaining to trauma/abuse, mental health, self-efficacy, parenting, and relationships relevant to future offending and other adverse correctional outcomes and (ii) does the addition of gender-responsive items to the gender-neutral items contained on current dynamic risk assessment instruments improve predictive validity?

Using these foundations, the development of the Women's Risk/Needs Assessment (WRNA) was a joint effort of policy makers (representatives from NIC), researchers (scholars from the University of Cincinnati), and correctional treatment specialists (counselors, therapists, substance abuse counselors, and educators) from the Missouri Department of Corrections. This team drafted a series of questions that became the WRNA. The assessment initially was tested in three sites (Maui, Missouri, and Minnesota). More recently, the assessment was revalidated beginning in 2010 at three prison sites (Rhode Island, Missouri and Ohio), four probation sites (Ohio, Missouri, Minnesota and Iowa), and Rhode Island, Kentucky, Missouri and Ohio.

These studies found that some risk factors were shared by men and women (e.g., antisocial

associates and substance abuse) but that the gender responsive needs were also risk factors for future offending. The importance of these factors varied by correctional setting, whether the sample was a prison sample, a probation sample or a prerelease sample. The scientific reports appear on a website for the University of Cincinnati (www.UC.edu/womenoffenders) but a summary of the important risk factors is given in Figure 1.

Figure 1

Risk Factors by Correctional Setting

Prisons[a]	Pre-Release[b]	Probation[c]
Risk Factors that are Similar for Men and Women		
Criminal history Antisocial friends Substance abuse	Criminal history Employment/financial Antisocial friends Substance abuse	Criminal history Employment/financial Antisocial friends Substance abuse
Gender-Responsive Risk Factors, Predictive for Women		
Anger Depression Psychosis Abuse Unhealthy relationships	Housing safety Anger Depression Psychosis Abuse Unhealthy relationships Parental stress	Housing safety Anger Abuse Parental stress
Gender-responsive Strengths		
Self-efficacy	Family support Self-efficacy	Educational assets Family support Self-efficacy Parental involvement

[a] The factors listed in this column were predictive of serious prison misconducts.

[b] The factors listed in this column were predictive of arrests/failures on parole.

[c] The factors listed in this column were predictive of arrest/failures on probation.

In addition to identifying the risk factors associated with offense-related outcomes in specific correctional settings, we also did not see the relevance of "the big 4" to women offenders. That is, our research does not recommend that antisocial attitudes, antisocial friends, and antisocial personality be the most important treatment targets for women. If we had to choose a big 4 for women, it generally would be employment/financial, substance abuse, parenting issues, and anger. Moreover, antisocial thinking was seldom correlated with/predictive of women's' offense-related outcomes. This was true whether we used the UC/NIC measures of antisocial thinking or alternative measures. However, other cognitive processes, such as anger and self-efficacy, were highly predictive.

In sum, the NIC/UC research confirmed the earlier qualitative research and other studies conducted on women offenders. In addition, the NIC/UC studies found that the gender-responsive needs made statistically significant contributions to the earlier, gender-neutral assessments, indicating that the addition of the gender-responsive risk factors made the whole process of risk assessment more accurate for women then it would have been without the women's needs.

B. Translating the Gender-Responsive Research into Practice

The effort to translate the women's research and the assessment into practice required the further

development of the assessments, a case management model, specific programs, and the correctional staff training protocols for all of the above. This section describes the Women's Risk/Needs Assessment (WRNA) (Van Voorhis et al., 2010), the Women Offender Case Management Model (Van Dieten, 2008), and a number of programs designed to specifically address the risk factors discussed above. These were developments occurring primarily in the United States and Canada from 2005 to the present.

Guiding all of these innovations was a policy document also funded by the National Institute of Corrections. Recognizing the paucity of research on women offenders, NIC funded a broad review of strategies deemed appropriate to women offenders — *Gender Responsive Strategies: Research, Practice and Guiding Principles for Women Offenders* (Bloom et al., 2003). Among other contributions the document identified six *Gender-Responsive Principles for Women* that guided most of the practices developed later:

i. *Gender Makes a Difference:* Correctional practice must recognize that a broad spectrum of social and environmental disparities exist between male and female offenders.

ii. *Environments Must be Based on Safety, Respect, and Dignity:* Most women offenders have suffered extensive physical, emotional, and sexual abuse. Correctional environments should be trauma-informed. They should be safe and trustworthy settings which facilitate behavioral change and do not retraumatize women.

iii. *Relationships are Central to Women:* Correctional policies and practices should recognize the importance of relationships in women's lives and the fact that women, by nature, are relational. Correctional practices should promote healthy relationships.

iv. *Services Must be Comprehensive, Integrated, and Culturally Relevant:* Holistic and culturally sensitive services should address the intersection of needs commonly observed among women offenders, rather than addressing each need in isolation of others.

v. *Provide Opportunities to Improve Women's Socio-Economic Status:* Most women offenders live in extreme poverty, and many are single parents of minor children. Financial independence should be a primary goal.

vi. *Collaborate with Community Resources:* A network of community resources should be available to collaborate with correctional agencies and provide "wrap-around" services to women offenders.

The following innovations were designed through U.S. government funding (primarily the National Institute of Corrections) to address women offenders in ways that were consistent with the six principles listed above.

1. The Women's Risk Needs Assessment (WRNA) (Van Voorhis et al., 2010):

The WRNA, describe above, contains approximately 150 question on the following scales: criminal history, antisocial thinking, educational needs, employment/financial, housing safety, antisocial friends, anger/hostility, mental health history, current symptoms of depression, current symptoms of psychosis, abuse/trauma, PTSD, substance abuse, relationship dysfunction, parental stress, and family conflict. It also taps the following strengths: family support, self-efficacy, relationship support, educational assets, and parental involvement.

The assessment is designed to assist in the development of individualized treatment plans for female offenders. The intent is to help correctional practitioners to identify women's risk factors and to link them to appropriate programs and services. To date it has been implemented in 23 jurisdictions within the United States.

How is this assessment administered? What are our biggest challenges to training staff to administer the WRNA? The most important point to recognize in this regard is that the WRNA asks about

very private matters. Questions are far more personal than the questions required of other correctional assessments required. For example, prison inmates and community correctional clients were not accustomed to be asked about trauma and abuse, intimate relationships, or parenting issues. To obtain valid information from offenders, staff training had to stress the importance of having trustworthy interviewers and good therapeutic relationships. Recognize, also that the interviewers typically are not trained psychologists or social workers. Their training was in a helping, social services profession, but typically not to the level of trained social workers or psychologists. Therefore it was essential to train staff in the skills needed to develop clients' trust. We encouraged interviewers to be empathic, congruent, honest, and approachable. The interviewers had to demonstrate respect for the offenders and be open to the information provided by offenders (Benjamin, 2001). We also had to remind them about what constituted good listening skills.

In U.S. correctional agencies this as not as easy as it might seem. The goals of punishment and treatment often conflict. Correctional counselors must maintain therapeutic relations while at the same time setting limits, and imposing sanctions when rules are not adhered to.

A strategy called Motivational Interviewing (Miller and Rollnick (2002) was very relevant to the task of training the WRNA Interviewers. The goal of motivational interviewing is to motivate offenders to change. This is done by presenting a method of interacting with offenders that seeks to help offenders uncover and explore their own ambivalence to change. It is an alternative to arguing, threatening, and other forms of coercion which seeks to draw out the offender's intrinsic motivation to change. Motivational Interviewing operates from five key skills: (i.) expressing empathy, (ii.) identify client discrepancies (how bad behavior impedes life goals), (iii.) rolling with resistance (rather than arguing), (iv.) supporting self-efficacy, and (v.) re-enforcing "change talk". All of these strategies seek to help offenders see the benefits of change. If the offender talks about steps she is going to take in order to change, we call this "change talk" and reinforce it even if she is discussing a very small step. If the client voices resistance, we accept it rather than argue with the client. Arguing with clients only causes them to be more resistant.

2. Women Offender Case Management Model (WOCMM) (Van Dieten, 2008)

The interview and the assessment are of little value if they are not used to plan a meaningful course of treatment or therapy. In recent years a good deal of work has been done in the United States and Canada to develop structured processes of case planning and case management. There are now deliberate efforts to train correctional counselors in how to do this properly. One approach that is specific to women offenders is the *Women Offender Case Management Model* (Van Dieten, 2008). This case management process was also funded by NIC in collaboration with the WOCMM designers, Orbis Partners of Canada. WOCMM works with correctional practitioners to develop comprehensive case management skills for working with women offenders.

Motivational Interviewing (Miller and Rollnick, 2002) is also embedded within the WOCMM model because it is useful for purposes of counseling as well as interviewing. The WOCMM approach also trains correctional staff to use strength-based and relationship-focused approaches with female offenders. This is in keeping with emerging research on positive psychology (Seligman, 2002, Sorbello et al., 2002; van Wormer, 2001), which was finding many advocates among feminist criminologists (Blanchette & Brown, 2006; Bloom et al., 2003; Morash et al., 1998; Schram & Morash, 2002). The strength-based models remind counselors that they should not always be dwelling on an offender's deficits, but should be building from strengths as well. For example, in addition to addressing an offender's substance abuse, we should also work with her strengths. If she has a supportive family, is an involved parent, possesses educational assets and self-efficacy, these are just as important for case planning purposes as her risk factors.

Finally, WOCMM requires the development of a network of community services. Most correctional agencies do not have the resources to address all of the risk factors noted in the assessments. In recent years, for example, corrections has become the largest provider of mental health in the U.S. (Adams & Farrandino, 2008). This should not be happening. The need to partner with mental health agencies is obvious though not always successful. WOCMM sites are required to partner with educational, employment, child welfare, substance abuse and social service agencies to address all of the risk factors

noted on the WRNA and addressed by the WOCMM. WOCMM was evaluated recently and found to have favorable reductions in women's recidivism (Orbis Partners, Inc., 2010).

3. Gender-Responsive Programs:

In addition to the assessment and the case management models, a number of specific programs have been developed to address some of the gender-responsive risk factors noted above (see Figure 2).

At the outset, there are reasons for selecting the programs shown in Figure 2. First, they are *evidence-based*. That is, evaluation research has found them to be effective in changing offender behavior. Experimental studies found that women in these programs had lower post-program recidivism than similar women who did not receive the program. Second, most of the programs listed in Figure 2, are highly structured, with structured curricula detailed in staff manuals, and rigorous staff training requirements.

Figure 2

Gender-Responsive Interventions for Women Offender Populations

Program	Developer	Theoretical Foundations	Treatment Targets
Beyond Trauma	Stephanie Covington	Relational Trauma	Coping with trauma Cognitive skills Healthy relationships Self-efficacy Sexuality Body image Spirituality Support systems
Dialectical Behavioral Therapy	Marsha Linehan	Cognitive-behavioral	Coping and other skills Motivational enhancement
Forever Free	Mental Health Systems, Inc.	Cognitive-behavioral	Substance abuse Healthy relationships PTSD (Post-traumatic stress disorder) Anger management Parenting Self-efficacy
Helping Women Recover	Stephanie Covington	Relational Trauma Holistic addiction	Substance abuse Coping with trauma Healthy relationships Self-worth Sexuality Body image Spirituality Support systems
Moving On	Orbis Partners, Inc. (Marilyn Van Dieten)	Relational Cognitive-behavioral	Healthy relationships Self-efficacy Self-defeating thoughts Antisocial attitudes Cognitive skills Stress management Wrap around services Using and knowing one's community
Seeking Safety	Lisa Najavitz	Relational Trauma Holistic addiction Cognitive-behavioral	Substance abuse Coping with trauma PTSD (Post-traumatic stress disorder)
Women Offender Case Management Model (WOCMM)	Orbis Partners, Inc. (Marilyn Van Dieten)	Relational Trauma Cognitive-behavioral Positive psychology (strength-based)	Case management and re-entry Family and social support Health and well-being

Note: *Although this program was not developed with an underlying gender-responsive perspective, it includes many of its elements. Also effective with male offending populations.

One of the gender-responsive principles noted in *Gender Responsive Strategies: Research, Practice and Guiding Principles for Women Offenders* (Bloom et al., 2003) advocated for wrap around services. Multimodal services are recommended for most offender populations (see Lipsey, 2009), but a very popular program model tailors the notion to women offenders. *Moving On* (Van Dieten & MacKenna, 2001) teaches women to access and mobilize varied community resources. Consistent with the emerging profiles of women offenders, *Moving On* also works with women to enhance strengths, build healthy relationships, and target self-defeating thoughts. The program uses a cognitive behavioral psychological treatment modality. A matched comparison group study was recently completed among probationers in Iowa and found significant reductions in recidivism (Gehring et al., 2010).

Advocating for an approach to substance abuse that recognizes its co-occurrence with mental health and trauma, Stephanie Covington developed a women's substance abuse program, *Helping Women Recover: A Program for Treating Addiction* (Covington, 2008). The program builds from four perspectives on women's addiction: these accommodate the importance of women's pathways to crime, relationship issues, and addictions co-occurring with mental health issues and trauma. Attention is given to self-efficacy and the impact of sexism and trauma upon perceptions of the self and the self in relationship with others. Program modules also discuss families of origin, healthy support systems, sexuality, body image, and spirituality. A second program *Beyond Trauma* (Covington, 2003) provides information on trauma and its effects and then moves to the development of coping skills. Both programs use cognitive-behavioral approaches and exercises, along with psychoeducation, guided imagery, and expressive art techniques. A recent randomized experimental study of both programs administered sequentially found significantly lower return to prison rates for women in the two gender-responsive programs than those in the standard therapeutic model (Messina et al., 2010). Effects on intermediate outcomes pertaining to psychological well-being have also been favorable (Covington et al., 2008; Messina et al., 2010).

Two additional programs for addressing abuse and trauma, *Seeking Safety* (Najavits, 2002) and *Dialectical Behavioral Therapy* (Linehan, 1993), were not developed specifically for offender populations. As such there are numerous studies, but all speak to favorable intermediate outcomes, such as reductions in suicide attempts and drug use and improvements in treatment retention, mental health, and PTSD symptoms. *Seeking Safety* is a cognitive behavioral program for co-occurring disorders of trauma/PTSD and substance abuse. Evaluation research shows favorable intermediate outcomes, but it was not possible to locate any evaluations of the program's impact on offense-related outcomes (Najavits et al., 1998; Najavits et al., 2006). DBT is also a cognitive-behavioral approach involving skills training, motivational enhancement and coping skills. The impact of DBT has been tested in a number of treatment settings and found to have a number of positive intermediate outcomes (for a summary of evaluation findings, see Dimeff et al., 2002).

Another substance abuse program for women, *Forever Free*, targeted gender-responsive risk factors, such as self-efficacy, healthy relationships, abuse and trauma, and parenting. *Forever Free* included a voluntary aftercare program. Services were multimodal and evaluation results showed that the program significantly reduced drug use and recidivism (Prendergast et al., 2002; Hall et al., 2004).

4. Improving Correctional Environments for Women:

An additional gender-responsive principle discussed in *Gender Responsive Strategies: Research, Practice and Guiding Principles for Women Offenders* (Bloom et al., 2003) concerned the importance of assuring that correctional environments are based on safety, respect, and dignity. Recognizing that the majority of incarcerated women offenders have been abused as children and adults, authorities must strive for correctional environments that do not re-traumatize women. Of course this is difficult in correctional agencies that were designed for purposes of punishment, underfunded, and built to replicate facilities and practices used for male offenders. As programs move toward gender-responsive orientations, however, it has become important to guide agencies in the development of gender-responsive milieus.

Prison assessments have become very valuable in this regard. Such assessments involve teams of outside experts (e.g., psychologists, medical practitioners, policy makers, and administrators) evaluating specific prisons for their adherence to gender-responsive principles. The most well-known assess-

ment of this type is a structured tool developed by NIC cooperatively with the Center for Effective Public Policy (CEPP). This tool, the Gender-Informed Practices Assessment (GIPA) (Center for Effective Public Policy, 2010) evaluates prisons on 12 domains shown in Figure 3.

The GIPA process involves the outside experts in a week-long site visit that includes focus groups with administrators, staff, and inmates. Observations are made of the prison architecture, treatment programs, staff meetings, classification procedures, disciplinary procedures, medical and mental health facilities, living quarters, educational classrooms, and other functions. GIPA team members prepare comprehensive reports, with recommendations in pertinent to all of the domains noted in Figure 3. When used to its full potential, the GIPA is the starting point for strategic planning of a wide range of improvements to the evaluated agencies and facilities.

Figure 3

Gender-Informed Practices Assessment (GIPA) Domains (CEPP, 2010)

Domain 1: Leadership and Philosophy
Addresses the extent to which executive leadership and facility management demonstrate commitment to both evidence-based and gender-informed practice for women offenders in critical ways.

Domain 2: External Support
Examines the external support from system stakeholders, funders, and community partners for the agency's mission regarding gender-informed and evidence-based practices for women.

Domain 3: Facility
Examines multiple aspects of a facility's location, physical design, and conditions with regard to their gender-appropriateness for women.

Domain 4: Management and Operations
A frequent challenge to administrators responsible for female offenders is the integration of gender-informed practices in every aspect of operations with the facility's security requirements.

Domain 5: Staffing and Training
A well-run facility is grounded in a workforce that is committed to the facility's mission, and hired and trained to carry out the daily requirements of gender-informed practice. In difficult budget times, agency and facility leadership are challenged to value and maintain a commitment to gender-responsive training and staff development.

Domain 6: Facility Culture
Examines the facility environment and assesses the extent to which inmates and staff feel physically and emotionally safe and respected. It also explores the "reporting culture" of formal and informal methods to report sexual, physical, and emotional abuse.

Domain 7: Offender Management
The offender management domain examines the gender-appropriateness and clarity of rules and expectations, the methods for motivating positive behaviors, and the disciplinary practices of the facility.

Domain 8: Assessment and Classification
Examines gender-informed procedures for determining custody level, assessing dynamic risks and needs, and identifying vulnerable and predatory inmates (PREA draft standard).

Domain 9: Case and Transitional Planning
Appropriate case and transition planning involves a process of addressing inmates' individual and unique needs, particularly those that impair humane prison adjustment and those that are related to future offending (i.e., risk factors, criminogenic needs). The role of case management in this process is to match women to programs and services according to their assessed need for such services.

Domain 10: Research-Based Program Areas
Examines each of the core programs of the facility along six dimensions: gender-responsive intent, evidence-based foundation, availability of manuals and treatment guides, use of clear criteria for program eligibility, efforts to monitor outcomes, and quality assurance.

Domain 11: Services
Reviews six critical service areas with regard to important attributes of gender-informed practice. The six areas are medical, mental health, transportation, food, legal services, and victim services.

Domain 12: Quality Assurance and Evaluation
Explores the extent to which the agency and facility use quality assurance methods to review and improve all functional units.

II. CONCLUSION

In sum, a number of innovations have been developed in the United States and Canada to better address the needs of women offenders. Most of those presented in this paper have been successfully tested in experimental research and could be considered to meet the standard of evidence-based (MacKenzie, 2006).

Although, these approaches are specific to women, there are a number of evidence-based guidelines initially identified in research on male offenders which on later investigation were found to apply to women as well. These should be mentioned as well. Most importantly, perhaps, the risk principle has been found to apply to both men and women. The risk effect (an interaction between risk and intensive treatment) has been found in evaluations of two intensive gender responsive programs (Gehring et al., 2010; Orbis Partners, 2010) and one evaluation of gender-neutral halfway houses across the State of Ohio (Lovins et al., 2007). That is, even with women, high risk offenders have better treatment outcomes in intensive programs than low risk offenders. Moreover, what too often gets ignored in policy formulations of the risk principle is the fate of low risk offenders who have worse outcomes even in state of the art, "evidence-based," programs than they might have had if we had not intervened or brought them further into the justice system. By definition, low risk offenders have many pro-social influences in their lives. These women may need less intensive interventions for fewer needs, but they also will benefit, where possible, from ongoing contact with the prosocial influences in their lives (Salisbury et al., 2009). Even so, policy makers must recognize and respond to the fact that high risk women, in the aggregate, are not as dangerous or as likely to recidivate as high risk men.

Second, many of the innovative programs noted in Figure 2 conform to a cognitive-behavioral psychological modality which, with appropriate modifications, is successful with both males and females (Blanchette & Brown, 2006). Of course, policy makers and practitioners must also continue to value the importance of treatment integrity and constructive therapeutic relationships, regardless of gender (see Van Voorhis & Salisbury, 2013).

In closing, it is important to note that although strong innovative practices have been funded and developed, we experienced many setbacks. Women offenders were neglected for decades, in research, correctional policies and practices. Even with gender-responsive, evidence-based approaches it is still difficult to secure the interest of policy makers and practitioners to bring forward meaningful change for women offenders. These challenges will be discussed in the Wednesday presentation to UNAFEI.

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