

## **Gender-Responsive Programming: Promising Approaches**

**Krista Gehring, M.S.  
Ashley Bauman, M.S.  
University of Cincinnati**

While males continue to comprise the majority of criminal offenders, the number of female offenders involved in the criminal justice system continues to grow at a much faster rate (Bureau of Justice Statistics, 2007). Rapidly rising numbers draw attention to the treatment programs available to this unique population. More specifically, interest is growing in the recently developed gender-responsive practices.

Feminist scholars (e.g., Belknap, 2007; Bloom, Owen, & Covington, 2003; Daly, 1992; Chesney-Lind, 1997) have long stressed the importance of women's unique "pathways to" crime. Inherent in this belief that women's unique experiences contribute to their offending is the idea that women have unique risk factors for offending (Belknap & Holsinger, 2006). Recent research developing a gender-responsive risk assessment empirically confirms this belief (Hardyman & Van Voorhis, 2004; Salisbury, Van Voorhis, & Spiropoulis, in press; Van Voorhis, Salisbury, Wright, & Bauman, 2007; Wright, Salisbury, & Van Voorhis, 2007). It follows then, that gender-specific risk factors (e.g., parental stress, relationship dysfunction, depression, victimization, and self-esteem) should be addressed through appropriate programs (Bloom & Covington, 1998).

The purpose of this manuscript is to review the current state of gender-responsive programming and research on the effectiveness of these models. Descriptions are provided of the Women Offender Case Management Model, La Bodega de la Familia, Moving On, Beyond Trauma, Helping Women Recover, Seeking Safety, Forever Free, and Female Offender Treatment and Employment Programs. Where available, research evaluating the effectiveness of these programs is provided.

### **Gender-Responsive Programming**

The newly developed *Women Offender Case Management Model* (WOCMM) is a model developed for women in the criminal justice system which focuses on reducing and stabilizing women in their communities. The four-stage model is designed to develop social capital by building upon strengths and developing a system of supportive resources. The WOCMM begins with women at any stage within the criminal justice system and ends with their being fully integrated and stabilized within their communities (Orbis Partners, Inc., 2006). At this time, the WOCMM is in a pilot stage, but it appears to be a promising model grounded in gender-responsive research.

Similar to the WOCMM, is the La Bodega de la Familia model. La Bodega is designed to reduce the recidivism of substance abusing offenders by strengthening their social support networks through family case management (Shapiro & Schwartz, 2001). While not designed specifically for female offenders, La Bodega incorporates many aspects of the gender-responsive ideology such as the importance of relationships in reducing offender recidivism (Shapiro &

Schwartz, 2001). In this model, offenders and their families are assessed using the Relational Inquiry Tool to determine their unique strengths and resources (diZerega & Shapiro, 2007). A plan to benefit both the offender and her family is then developed. Key to the success of the La Bodega model is the idea that services should be available to the offender and her family long after her release from the criminal justice system. The Relational Inquiry Tool has been well received in pilot usage (diZerega & Shapiro, 2007). Evaluation research examining the effectiveness of the La Bodega model has shown success in improving medical and social service delivery, reducing illegal drug use, and reducing recidivism (Sullivan, Mino, Nelson, & Pope, 2002).

Marilyn Van Dieten has over 20 years' experience in the implementation, training, and development of programs with offenders. On many occasions, facilitators approached Van Dieten because they wanted to "modify" existing gender-neutral programs to better accommodate women offenders. Because of this, Van Dieten decided to create a gender-responsive program. *Moving On* is a program developed for women in the criminal justice system that incorporates cognitive-behavioral techniques with social learning, ecological, and relational theories. The primary goal of the program is to provide women with crime-free alternatives and choices by assisting them to recognize and mobilize both personal and community resources. The program incorporates a combination of methods and strategies taken from several approaches such as solution-focused intervention, motivational interviewing, and cognitive skills training. The program deals with a series of topics that move from a broad understanding of what influences behavior (i.e., culture, society, family, relationships) to the more personal topics of individual self-change strategies. Topics and content are drawn from present correctional research, feminist literature, and existing programs. The program is intended to: a) help women offenders identify negative self-talk and substitute it with positive cognitions; b) teach them valuable decision-making, problem-solving, social, self-management, stress relief and management skills; and c) assist them with reintegration into the community (Van Dieten, 1998).

Stephanie Covington has developed two gender-responsive programs that deal with trauma and addiction. *Beyond Trauma: A Healing Journey for Women* is an integrated curriculum with psychoeducational and cognitive skills components. It teaches women about trauma and how it impacts their lives. It also helps them develop coping skills and emotional wellness to counter the effects of neglect, physical, emotional, and sexual abuse. It has been developed for use in residential and outpatient treatment settings, domestic violence programs, mental health clinics, and criminal justice settings (Covington, 2003). Covington's other program, *Helping Women Recover: A Program for Treating Addiction*, integrates several theories of women offending and treatment: pathways theory, addiction theory, trauma theory, and relational theory. Women in the program explore issues such as self-esteem, family, relationships, abuse, sexuality, and spirituality (Covington 1999). These two programs can be used in conjunction with one another, as the issues of trauma and addiction tend to co-occur in the lives of women. Both programs strive to change the way women process negative messages about themselves. They also include an experiential, creative component that helps to make women more comfortable with treatment and more assured that the treatment is actually helping them (Covington, 1999; 2003).

Lisa Najavits' experience as a clinician and her observation of the high incidence of the comorbid disorders of PTSD and substance abuse led to the development of *Seeking Safety*. *Seeking Safety* is a present-focused therapy to help women attain safety from trauma/PTSD and come to terms with substance abuse. It draws from research in four areas: a) cognitive-behavioral therapy of substance abuse disorders, b) posttraumatic stress disorder treatment, c) women's treatment, and d) educational research (Najavits, Weiss, & Liese, 1996; Zlotnick, Najavits, Rohsenow, & Johnson, 2003). This program was not specifically designed for women, but research has indicated that women suffer from these disorders at a higher rate than men, so the clients for this particular program generally tend to be women. Additionally, female offenders tend to suffer at rates that are disproportionate to the general population (Zlotnick et al., 2003).

*Seeking Safety* is the most studied treatment thus far for individuals dual diagnosis. Outcome studies have been conducted on: a) group therapy for outpatient women (Najavits, Weiss, Shaw, & Muenz, 1998); b) group therapy for women in prison (Zlotnick et al., 2003); c) individual therapy for outpatient men traumatized as children (Najavits, Schmitz, Gotthardt, & Weiss, 2005); d) group therapy for male and female veterans (Cook, Walser, Kane, Ruzek, & Woody, 2006); e) group therapy for low-income urban women (Hien, Cohen, Litt, Miele, & Capstick, 2004); f) group therapy for adolescent girls (Najavits, Gallop, & Weiss, 2006). All studies assessed PTSD and/or trauma-related symptoms and found improvements in these areas. Improvements were in various other outcomes, including social adjustment, general psychiatric symptoms, suicidal plans and thoughts, problem-solving, sense of meaning, depression, and quality of life.

Another program that targets women's substance abuse is *Forever Free*. *Forever Free* is a modified therapeutic community for incarcerated women with substance abuse treatment that stresses relapse prevention. *Forever Free* is specifically designed for women. It has been administered at the California Institute for Women (Hall, Prendergast, Wellisch, Patten, & Cao, 2004). *Forever Free* utilizes a disease-model approach. It has borrowed and/or modified concepts and modalities from several different programs, and could be categorized as a social model program with a strong 12 step component. It also uses methods that help participants identify relapse symptoms and teach them skills and strategies for dealing with post-acute withdrawal. In addition to individualized case planning, the program sessions cover a number of subjects that are believed to be crucial to women's recovery. Such topics include self-esteem, anger management, assertiveness training, healthy versus disordered relationships, abuse, posttraumatic stress disorder, codependency, parenting, and sex and health (Hall et al., 2004). The goal of the program is to reduce in-prison disciplinary actions as well as post-release substance use and recidivism (Hall et al., 2004).

One program evaluation has been conducted of *Forever Free* to date. By one year post release, self-report data showed that significantly fewer *Forever Free* participants (N=215) had been arrested or convicted during parole than participants in the comparison group. Of those women who did report convictions, *Forever Free* participants tended to engage in less severe crimes than the comparison group. When asked about drug usage, a large percentage of both *Forever Free* and the comparison women reported that they had used at least once. However, *Forever Free* participants reported significantly less drug use than the comparison participants.

Lastly, participation in residential treatment during parole appeared to have had a positive impact on the chances of being employed for both groups (Hall et al., 2004).

*Female Offender Treatment and Employment Programs* (FOTEP) have been implemented in 13 counties throughout California. FOTEP is a residential program. The program aims to assist in the successful reintegration of women parolees into the community, particularly with regard to employment, substance use, criminal involvement, and parenting. It employs intensive case management, vocational, and family services. The goal of the project is to enable the successful reintegration of these women parolees into the community (particularly with regards to reducing criminal behavior, substance use, and welfare dependence), and to facilitate their reunification with dependent children, if appropriate (Grella & Greenwell, 2007; Grella, Stein, & Greenwell, 2005).

At present, there is an ongoing evaluation with a sample of 343 FOTEP participants and a comparison group of eligible, but non-participating, female parolees (N = 157). All participants initially participated in in-prison substance abuse treatment. About two thirds of the sample then transferred to community-based treatment in FOTEP while the others were paroled to the community and referred to treatment as usual. A 12-month follow-up interview was conducted with about 90% of the study sample from 2001-2003 and outcomes were assessed regarding their drug use, criminal behavior, employment, parental status, and psychosocial functioning. Recidivism (i.e., return-to-prison) has also been analyzed for up to 48 months following parole using administrative data. Analyses have shown that longer time in FOTEP treatment (at least 150 days) reduces the likelihood of a return to prison by about half, and that individuals who complete FOTEP treatment are significantly less likely to return to prison as compared with individuals in the comparison group. In addition to this, FOTEP participants had lower rates of having used any illegal drugs, lower rates of any alcohol use, higher rates of employment, and higher rates of living with children. Similarly, they were more likely to a) receive needed social, treatment, and health services; b) participate in 12-step/self-help groups; and c) participate in a variety of vocational and job-seeking activities (Grella, 2005).

### **Conclusion**

Many female offenders exhibit gendered pathways to crime (Belknap, 2007; Bloom, Owen, & Covington, 2003; Daly, 1992; Chesney-Lind, 1997). In order to treat female offenders in the criminal justice system, programs must be sensitive to these gender-specific pathways (Bloom & Covington, 1998). Development of gender-responsive programming is just beginning to take shape. At this time preliminary empirical studies of programs such as La Bodega de la Familia, Seeking Safety, Forever Free, and Female Offender Treatment and Employment Programs (FOTEP) have shown promising results. Other models such as the Women Offender Case Management Model (WOCMM), Moving On, Beyond Trauma, and Helping Women Recover will benefit from evaluation research. Continued implementation and evaluation of gender-responsive programs will be vital to the success of women involved in the criminal justice system.

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treatment for incarcerated women with substance abuse disorder and posttraumatic stress disorder: findings from a pilot study. *Journal of Substance Abuse Treatment*, 25, 99-105.

### Annotated Bibliography

**Belknap, J. (2007). *The invisible woman: Gender, crime, and justice* (3rd ed.). Belmont, CA: Thompson Wadsworth.**

This book reviews the status of women in criminology and in the criminal justice system. Belknap reports that despite legal and policy reforms, the experiences of women and girls in all aspects of the criminal justice system (victims, offenders, and professionals) have been made invisible in a number of ways. The author advocates for further reforms to achieve gender equality in the criminal justice system.

**Belknap, J., & Holsinger, K. (2006). The gendered nature of risk factors for delinquency. *Feminist Criminology, 1*, 48-71.**

This article attempts to merge what has been learned from applications of various theoretical frameworks to understand how characteristics and experiences often associated with gender may or may not be gendered among a population of delinquent youth. The study is comprehensive and includes childhood traumas of both girls and boys. The researchers surveyed 163 girls and 281 boys incarcerated in Ohio and asked them questions regarding their family, school, peers, mental health, and victimization histories and experiences to see how risk factors may be gendered and the implications for gender-specific services. The authors use general strain theory, life-course theory, and feminist pathways and cycle of violence perspectives to explain delinquency. The authors identified four areas identified by theories as potentially influential to gender and delinquency: abuse victimization, family, self-esteem/mental health, and school experiences. The most significant findings were associated with victimization: although girls reported higher rates of abuse victimization, boys' reported rates were also alarmingly high. Almost half of the youth believed the abuse was related to their current delinquency, and girls were more likely to report this. Controlling for race, age, and sexual identity, girls reported higher rates of all abuses compared to boys. The gender differences were particularly pronounced regarding sexual abuse. Other areas were found to be significant, as girls were found to be more likely to harm themselves and to have lower levels of self esteem. This study illustrates the contribution of feminist pathways to better understand the risks associated with girls' and boys' delinquency.

**Bloom, B., & Covington, S. (1998). *Gender-specific programming for female offenders: What is it and why is it important?* Washington, D.C.: National Institute of Corrections.**

Female offenders in the criminal justice system have unique needs which should be addressed through effective gender-specific programming. Because female offenders tend to be lower risk than male offenders, community sanctions can be used without great risk to community safety. Effective programming must deal with poverty and racial and gender inequalities that female offenders face in their lives. Programs should be sensitive to differences among female offenders and reflect the different pathways in which women have arrived at crime. It is important to enact

programs that are grounded in the gender-responsive literature and supported with the growing empirical research. The authors discuss the theoretical underpinnings of gender-responsive programming, the criteria pertinent to successful programs for women, and promising approaches in the field. They also give an overview of the importance of evaluating programs for their level of adherence of the gender-specific principles and for effectiveness.

**Bloom, B., Owen, B., & Covington, S. (2003).** *Gender-responsive strategies: Research practice and guiding principles for women offenders.* Washington, DC: USDOJ, National Institute of Corrections.

Developing a gender-based understanding of women offenders in the criminal justice system is vital to improving outcomes for female offenders. Responding to gender-specific pathways to crime is consistent with the goals of all correctional agencies, and it is through examining the contexts of women's lives that improvements can begin to be made in the lives of female offenders. The authors state that it is imperative that the criminal justice system evolve into a gender-responsive system. They provide a discussion of the characteristics of women in the criminal justice system and the way these characteristics influence criminal justice practice. They also examine the role of gender in society and its implications for the criminal justice system. Lastly, the authors provide a series of guidelines for implementing gender-responsive strategies in the criminal justice system.

**Bureau of Justice Statistics. (2007).** *Prisoners in 2006.* Washington, DC: USDOJ.

This report provides statistics on the number and characteristics of inmates in the criminal justice system in 2006. The statistics show that the number of inmates continues to increase. In 2006 the United States prison population increased by 2.8 percent. The number of female inmates continues to increase at a greater rate than that of male inmates.

**Chesney-Lind, M. (1997).** *The female offender: Girls, women, and crime.* Thousand Oaks, CA: Sage.

This book examines the pathways or unique circumstances in women's lives that precede criminal behavior. Chesney-Lind addresses both adult and juvenile female offenders as well as the interaction of sexism, racism, and social class inequalities that precipitate their offending. She examines the increasing numbers of female offenders entering the criminal justice system and how unique pathways present challenges to the offender and the system in terms of managing numbers and preventing future offending.

**Cook, J., Walser, R., Kane, V., Ruzek, J., & Woody, G. (2006).** **Dissemination and feasibility of a cognitive-behavioral treatment for substance use disorders and posttraumatic stress disorder in the Veterans Administration.** *Journal of Psychoactive Drugs*, 38, 89-92.

This paper describes a small implementation effort and reports on the initial efficacy of *Seeking Safety* in a Veterans Administration setting. After providing a daylong interactive training in *Seeking Safety* to front-line clinicians, a co-therapist group practice model was implemented. Following 14 months of clinician training, an uncontrolled pilot study of four groups with 18 veterans showed significant symptom reduction for patients. *Seeking Safety* treatment appears to have the potential to be beneficial for veterans with SUD-PTSD and appeal to clinicians.

**Covington, S. (1999).** *Helping women recover: A program for treating substance abuse, special edition for use in the criminal justice system.* San Francisco: Jossey-Bass Publishers.

This facilitator's manual is used for the *Helping Women Recover* program. This program helps women address and recover from substance abuse. The program is based in several theories pertaining to women including women's psychological development, addiction theory, and trauma theory. It is an integrated curriculum with psychoeducational and cognitive skills components. The program is completed in 17 sessions, each session lasting one and a half hours. Ideally, it is administered to groups of six to eight women, but can be modified for individual therapy. In addition to this, it is best administered in closed group sessions, as the modules build upon one another sequentially. The curriculum involves two components: the *Facilitator's Guide* that instructs the facilitator how to run the groups, what issues to address, and how to best address these topics with participants, and the *Women's Journal* which is used by participants throughout the program. The program can be used for women in both community and criminal justice settings.

**Covington, S. (2003).** *Beyond trauma: A healing journey for women.* Center City, MN: Hazelden.

This facilitator's manual is used for the *Beyond Trauma: A Healing Journey for Women* program. This program is intended to help women recover from trauma they have experienced in their lives. The curriculum focuses on the kinds of trauma women are most likely to suffer from: childhood abuse, rape, battering, and other types of interpersonal violence. BT uses the work of Judith Herman, Peter Levine, and Sandra Bloom which include the areas of trauma and recovery, what happens to the body when one is traumatized, and creating safe environments for treatment for trauma survivors. It is an integrated curriculum with psychoeducational and cognitive skills components. *Beyond Trauma* is completed in 11 sessions, each lasting an hour and a half. The program is designed for working with women in any setting (community-based, private settings, or correctional settings). It uses a strength-based approach that seeks to empower women and increase their skills for healing. In addition to focusing on trauma, there is a subtheme of addiction in this curriculum, as trauma and addiction often occur together. Because of this, *Beyond Trauma* can be used in conjunction with *Helping Women Recover*.

**Daly, K. (1992).** Women's pathways to felony court: Feminist theories of lawbreaking and problems of representation. *Southern California Review of Law and Women's Studies*, 2, 11-52.

Daly presents biographical sketches of women involved with the criminal justice system. She identifies a series of pathways that lead women to criminal behavior: 1) the street woman, 2) the harmed and harming, 3) the battered, and 4) the drug-connected. This article acknowledges that men and women differ in their individual circumstances precipitating criminal behavior.

**diZerega, M., & Shapiro, C. (2007). Asking about family can enhance reentry. *Corrections Today*, 69, 58-61.**

Family Justice has created the Relational Inquiry Tool to be used by criminal justice staff. This tool helps case managers to understand the amount of family support that an offender has in order to better inform reentry, treatment, and service provision. Pilot use of the tool has been well received with both staff and inmates reporting that they felt it helped the relationship between the two.

**Grella, C. (2005). Female Offender Treatment and Employment Project (FOTEP): Summary of evaluation findings 1999-2004. UCLA Integrated Substance Abuse Programs.**

The UCLA Integrated Substance Abuse Programs is currently conducting the FOTEP evaluation study under contract with CDC/OSAP. The study design consists of: (1) treatment admission, retention, and completion analysis of all FOTEP participants, using data obtained from FOTEP providers; (2) return-to-custody analyses with all FOTEP participants using state administrative data; (3) outcomes regarding drug use, employment, and family status, using data obtained from the FOTEP Follow-up Study. Individuals who did not complete FOTEP were over twice as likely to return-to-custody compared with those who had completed treatment. The longer the time in FOTEP treatment, the lower the likelihood of return-to-custody (RTC) for up to 36 months following discharge. FOTEP participants had lower rates of having used any illegal drugs, lower rates of any alcohol use, higher rates of employment, higher rates of living with children. In addition to this, FOTEP participants were also more likely to a) receive needed social, treatment, and health services; b) participate in 12-step/self-help groups, c) participate in a variety of vocational and job-seeking activities. Overall, FOTEP participants received more services related to their needs following parole, and expressed a high degree of satisfaction with the program.

**Grella, C. & Greenwell, L. (2007). Treatment needs and completion of community-based aftercare among substance-abusing women offenders. *Women's Health Issues*, 17, 244-255.**

This article investigates treatment needs of substance abusing women offenders. It examines the relationship between their treatment needs and other background characteristics with completion of community-based treatment after parole. Participants were admitted into community-based *Female Offender Treatment and Employment Program* (FOTEP) upon release to parole. Treatment needs were assessed at admission into prison-based substance abuse treatment through

self-report surveys. It was discovered that greater treatment needs were associated with unstable housing before incarceration, a history of sexual or physical abuse, mental health problems, alcohol or drug dependence, and age of first arrest (before 19). Lower treatment needs were associated with having been mandated to prison-based treatment (versus volunteering). Mental health problems and earlier age at first arrest predicted treatment noncompletion. Drug dependence was associated with higher treatment needs and a greater likelihood of treatment completion. The authors concluded that post-release community treatment are needed for substance-abusing women offenders in order to address their treatment needs, improve their retention in treatment, and reduce the likelihood of recidivism.

**Grella, C., Stein, J., & Greenwell, L. (2005). Associations among childhood trauma, adolescent problem behaviors, and adverse adult outcomes in substance-abusing women offenders. *Psychology of Addictive Behaviors, 19*, 43-53.**

This article examines the relationships between exposure to childhood trauma, adolescent conduct problems, and outcomes pertaining to substance abuse, adult psychological distress, and criminal behaviors in a sample of women offenders in the *Female Offender Treatment and Employment Program (FOTEP)*. Statistical analysis revealed direct relationships between several childhood traumatic events and greater adolescent conduct problems and substance abuse. There were direct relationships between several types of traumatic events and current psychological distress and between traumatic events and specific criminal behaviors. Ethnic differences were also found, suggesting different pathways to criminal behavior. The findings call attention to the need to provide trauma-related services for substance abusing women offenders. More specifically, it is possible that early intervention is needed among girls and adolescents who have been exposed to traumatic events and/or who have conduct problems, including substance abuse, as these traumatic events are directly and indirectly predictive of later adult criminal behaviors. Additionally, providing therapeutic psychological services for adult women offenders and addressing issues related to their childhood trauma may help improve their psychological adjustment and prevent recidivism.

**Hall, E., Prendergast, M., Wellisch, J., Patten, M., Cao, Y. (2004). Treating drug-using women prisoners: An outcomes evaluation of the Forever Free program. *The Prison Journal, 84*, 81-105.**

*Forever Free* program is an in-prison, residential, modified therapeutic community with substance abuse treatment that employs a curriculum that stresses relapse prevention. In addition to individualized case planning, the program sessions cover topics such as self-esteem, anger management, assertiveness training, healthy relationships, abuse, posttraumatic stress disorder, codependency, parenting, and sex and health. The goal of the program is to reduce in-prison disciplinary actions as well as reduce substance use and recidivism following release to parole. Researchers used treatment and comparison groups to examine this program. The comparison group consisted of women attending a substance abuse education course. Crime or recidivism, drug use, and employment were examined. By one year post-release, significantly fewer *Forever Free* participants had been arrested or convicted during parole than participants in the comparison group. Of those women who did report convictions, *Forever Free* participants

tended to engage in less severe crimes than the comparison group. A large percentage of both *Forever Free* and the comparison women reported that they had used drugs at least once. However, *Forever Free* participants reported significantly less drug use than the comparison participants. Lastly, participation in residential treatment during parole appears to have had a positive impact on the chances of being employed for both groups.

**Hardyman, P. L., & Van Voorhis, P. (2004). *Developing gender-specific classification systems for women offenders*. Washington, DC: USDOJ, National Institute of Corrections.**

It is overwhelmingly agreed upon that incarcerated women differ from their male counterparts in terms of their behavior and issues related to medical, substance abuse, mental health and family concerns. While it has been considered problematic for years, many states use classification systems that have not been validated for women offenders. Regardless of whether criminogenic needs are used to inform custody decisions, gender-specific needs assessments should include victimization, childcare, self-esteem, relationships, and women's unique health, substance abuse, and mental health issues. It is recommended that custody classification systems be validated on women offenders and gender-specific needs assessments be created.

**Hien, D., Cohen, L., Litt, L., Miele, G., & Capstick, C. (2004). Promising empirically supported treatments for women with comorbid PTSD and substance use disorders. *American Journal of Psychiatry*, 161, 1426-1432.**

In this study, the efficacy of manualized cognitive behavior therapy that addresses both posttraumatic stress disorder (PTSD) and substance abuse (seeking safety) was compared to a manualized cognitive behavior therapy that addresses only substance abuse (relapse prevention). A third comparison group, standard community care for the treatment of comorbid posttraumatic stress disorder (PTSD) and substance use disorder, was also included. One hundred seven women from low-income, urban population who had comorbid PTSD and substance use disorder were randomly assigned to receive the two kinds of cognitive behavior therapy or to receive standard community treatment. Forty-one women received *Seeking Safety* therapy, 34 received relapse prevention therapy, and 32 received standard community care. At the end of 3 months of treatment, participants in both cognitive behavior therapy programs had significant reductions in substance use, PTSD, and psychiatric symptoms. Community care participants worsened over time. Both groups receiving cognitive behavior therapy sustained greater improvement in substance use and PTSD symptoms at 6-month and 9-month follow-ups than subjects in the community care group.

**Najavits, L., Gallop, R., & Weiss, R. (2006). Seeking Safety therapy for adolescent girls with PTSD and substance abuse: A randomized controlled trial. *Journal of Behavioral Health Services & Research*, 33, 453-463.**

This study evaluated outcomes of *Seeking Safety* (SS) for posttraumatic stress disorder (PTSD) and substance use disorder (SUD) in adolescent females. The study employed a randomized

controlled trial of SS compared to treatment-as-usual (TAU) for 33 outpatients, with assessment at intake, post-treatment, and follow-up three months after treatment. Measures targeted SUD, trauma-related symptoms, cognitions, functioning, attendance, and satisfaction with treatment. Participants in SS evidenced significantly better outcomes than TAU in substance use and associated problems, trauma-related symptoms, cognitions related to PTSD and SUD, psychiatric functioning, and several additional areas of pathology not targeted in the treatment (e.g., anorexia, somatization, generalized anxiety).

**Najavits, L., Weiss, R., & Liese, B. (1996). Group cognitive-behavioral therapy for women with PTSD and substance use disorder. *Journal of Substance Abuse Treatment*, 13(1), 13-22.**

In general, women are at relatively high risk for trauma, and females are at a higher risk for child sexual abuse, rape, and spousal battering than males. Evidence suggests that there is a strong correlation between substance abuse and PTSD (post-traumatic stress disorder). Cognitive-behavioral therapy (CBT) is suggested as an intervention for the comorbid SUD/PTSD for several reasons. CBT can help the patients manage their negative affects and teach them self-control strategies. CBT teaches patients functional and social skills that may never have been developed because of the interference of the substance abuse and the personal conditions resulting from trauma. Lastly, CBT offers patients training and tools regarding relapse prevention. These authors call for a CBT treatment manual specifically for female patients with SUD/PTSD to be administered in a group setting. The content of the treatment program should draw upon literature from cognitive-behavioral therapy of substance use disorders, posttraumatic stress disorder treatment, women's treatment, and educational research. The desired outcome of the program of this treatment program is abstinence from substances and a decrease in overt symptoms of PTSD.

**Najavits, L., Weiss, R., Shaw, S., & Muenz, L. (1998). "Seeking Safety:" Outcome of a new cognitive-behavioral psychotherapy for women with posttraumatic stress disorder and substance dependence. *Journal of Traumatic Stress*, 11, 437-456.**

Outcome results were reported for 17 women outpatients who completed *Seeking Safety* group therapy. All participants had five or more lifetime traumas, with an average age of 7 at their first trauma. Assessments were given at pre-treatment, post-treatment, and 3-month follow-up. Results showed significant improvements in substance use (both alcohol and drug), trauma-related symptoms, suicide risk, suicidal thoughts, social adjustment, family functioning, problem solving, depression, cognitions about substance use, and didactic knowledge related to the treatment. The only negative finding was a worsening of somatic symptoms (which may have been a function of substance withdrawal). Treatment completers were more impaired than dropouts, yet more engaged in the treatment. Overall, the data suggest that women with PTSD and substance abuse can be helped when provided with a treatment adapted to them.

**Najavits, LM, M. Schmitz, S. Gotthardt, S., Weiss, R.D. (2005). Seeking Safety plus exposure therapy for dual diagnosis men. *Journal of Psychoactive Drugs*, 27, 425-435.**

This study of 5 outpatient men evaluated a combination of Seeking Safety plus Exposure Therapy-Revised, using individual treatment. All patients met criteria for current PTSD and substance dependence, with childhood trauma the basis of the PTSD. They were offered 30 sessions over 5 months, with the option to select how much of each type of treatment they preferred on a session-by-session basis. They had an average of 9.6 different types of trauma (all non-combat), with an average first trauma at 8 years old. The Exposure Therapy-Revised component was an adaptation of Foa and Rothbaum's exposure therapy, modified for PTSD and SUD. The modifications were designed to increase the acceptability and safety of exposure therapy in substance abuse patients, using a variety of "safety parameters". Outcome results showed significant improvements in drug use; family/social functioning; trauma symptoms; anxiety; dissociation; sexuality; hostility; overall functioning; meaningfulness; and feelings and thoughts related to safety. All five patients attended all 30 sessions, and they chose an average of 21 Seeking Safety sessions and 9 Exposure Therapy-Revised sessions. Treatment satisfaction and alliance were very high.

**Orbis Partners, Inc. (2006). *Women Offender Case Management Model*. Washington, D.C.: National Institute of Corrections.**

Van Dieten proposes a women offender case management model (WOCMM). She describes the WOCMM as a "dynamic, seamless process that commences at the time of sentencing and continues beyond discharge from prison and/or community supervision *until the woman is stabilized in her community*," (p. 7). This four stage model builds upon the woman's unique strengths to create social capital through the provision of "limitless" supportive services. Building links with the community will be essential to this process. The WOCMM is a collaborative effort between the woman and her case management team. Gender-responsive risk assessment tools are recommended to identify treatment targets. In addition to risk assessment, other evaluation tools should be used to identify the woman's needs as well as to evaluate her progress. Program integrity and quality assurance will be vital to the WOCMM success.

**Salisbury, E., Van Voorhis, P. & Spiropoulis, G. (in press). *The Predictive Validity of a Gender Responsive Risk/Needs Assessment*. *Crime and Delinquency*.**

Traditional needs assessment procedures were originally created for men. Rarely are these assessments validated on female populations. The increasing numbers of women offenders have needs that are often not adequately identified by these assessments. This exploratory study of 134 women examines whether including these gender-responsive needs (i.e., needs specific to women) would enhance the prediction of recidivism. Results of the study were mixed. Some gender-responsive needs were related to recidivism, while other gender-responsive needs were not found to be related to recidivism.

**Shapiro, C., & Schwartz, M. (2001). *Coming home: Building on family connections*. *Corrections Management Quarterly*, 5, 52-61.**

It is inevitable that most offenders removed from the community will some day return. Studies have shown that those offenders returning to the community who have a strong social support network are most successful. One approach, La Bodega de la Familia, works to strengthen the families of substance abusing offenders in New York City. The program works to enhance the strengths each family has and provide support and resources where needed through family case management. While typical re-entry programs target only the offender, La Bodega recognizes that the offender's family will be involved in the re-entry process and relies on their strengths and support. Both the offender and the family benefit from the increased social support and the strengthened family unit.

**Sullivan, E., Mino, M., Nelson, K., & Pope, J. (2002). *Families as a resource in recovery from drug abuse: An evaluation of La Bodega de la Familia*. New York: Vera Institute of Justice.**

La Bodega de la Familia is a case management program designed to assist criminal justice involved drug users and their families. This article reports on the Vera Institute of Justice's evaluation of the La Bodega de la Familia program. La Bodega was found to be successful in improving medical and social service delivery and emotional and material support. La Bodega participants experienced a 38 percent reduction in illegal drug usage. Arrests and convictions were also lower for La Bodega participants than those in the comparison group. Thus, this evaluation study of La Bodega de la Familia reports the program to be successful in all intended areas.

**Van Dieten, M. (1998). *Moving On*. Toronto, ON: Orbis Partners, Inc.**

This facilitator's manual is used for the *Moving On* program. This program was developed for women in the criminal justice system that incorporates cognitive-behavioral techniques with social learning, ecological, and relational theories. The primary goal of the program is to provide women with crime free alternatives and choices by assisting them to recognize and mobilize both personal and community resources. The program incorporates a combination of methods and strategies taken from several approaches such as solution-focused intervention, motivational interviewing, and cognitive skills training. The program deals with a series of topics that move from a broad understanding of what influences behavior (i.e., culture, society, family, relationships) to the more personal topics of individual self-change strategies. The program is intended to help women offenders identify negative self-talk and substitute it with positive cognitions, to teach them valuable decision-making, problem-solving, social, self-management, and stress relief and management skills, and assist them with reintegration into the community.

**Van Voorhis, P., Salisbury, E., Wright, E., & Bauman, A. (2007). *New classification instruments for female offenders*. *Corrections Today*, 69, 96-97.**

Two new classification instruments, grounded in the gender-responsive and pathways literature, have been created for female offenders. The first instrument, the "trailer", has been created as a

supplement to current dynamic risk assessment instruments such as the LSI-R and the Northpointe COMPAS. The second instrument is designed to be used alone. Both instruments examine gender-responsive risk factors such as trauma, victimization, self-esteem, parenting stress, relationship dysfunction, and safe housing. The gender-responsive risk factors have been found to be predictive in institutional and community settings.

**Wright, E., Salisbury, E. & Van Voorhis, P. (2007). Predicting the prison misconducts of women offenders: The importance of gender responsive needs. *Journal of Contemporary Criminal Justice*, 23, 310-340.**

The “pathways” and “gender-responsive” perspectives of female offending have recently turned the attention of both practitioners and scholars towards the unique needs of female offenders. The pathways perspective focuses attention on needs such as trauma, substance abuse, dysfunctional relationships, and mental illness and their relation to female offending. Similarly the gender-responsive perspective suggests that parenting, childcare, and self-esteem/self-efficacy needs are important to women offenders. This study of 272 female prison inmates in Missouri, examined whether or not these gender-responsive needs are also risk factors for poor prison adjustment. The authors also examined whether including these needs on traditional static custody classification items increases their predictive validity. The results of this study suggest that gender-responsive risk factors do increase the predictive validity of risk assessment tools for women offenders in prison.

**Zlotnick, C., Najavits, L., Rohsenow, D., & Johnson, D. (2003). A cognitive-behavioral treatment for incarcerated women with substance abuse disorder and posttraumatic stress disorder: findings from a pilot study. *Journal of Substance Abuse Treatment*, 25, 99-105.**

This paper outlined a pilot study of 17 women in a minimum-security correctional setting that used group *Seeking Safety* treatment. All participants met criteria for current PTSD and substance dependence, and all had histories of repeated physical abuse, sexual abuse, or both (with an average age of 8 at first trauma). The most common drug of choice was cocaine. Results showed that, of the 17 women, nine (53%) no longer met criteria for PTSD at the end of the three-month treatment; at a follow-up three months later, 46% still no longer met criteria for PTSD. PTSD symptoms decreased significantly from pre-treatment to post-treatment, and this was maintained at the 3-month follow-up. During incarceration, random urinalysis showed none of the women using a substance. A follow up six weeks after release from prison indicated that 29% were using an illegal substance, and at three months after release the rate was 35%. A significant decrease in drug and alcohol use, and legal problems was found from pre-treatment to both 6-weeks after release and 3-months after release. Typical of this population, the recidivism rate (return to prison) was 33% at three month follow-up.