National Resource Center on Justice Involved Women

RESOURCE BRIEF:
Achieving Successful Outcomes with Justice-Involved Women
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Questions and Answers from the Bureau of Justice Assistance's National Training and Technical Assistance (NTTAC) Second Tuesdays at 2 Webinar,[1] July 12, 2011.

On July 12, 2011, a national webinar entitled *Achieving Successful Outcomes with Justice-involved Women* was sponsored by the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance (BJA) National Training and Technical Assistance Center (NTTAC), and conducted by the National Resource Center on Justice-involved Women (NRCJIW). The goal of the webinar was twofold: (1) educate participants about the differences between male and female offenders and their implication for policy and practice; and (2) explore emerging trends, research and available resources that can enhance participants' work with justice-involved women. A total of 540 professionals and practitioners participated in the webinar nationwide.

Many of the questions posed by participants during the webinar and in turn, their accompanying answers, are relevant to a broad range of practitioners and policymakers working with justice-involved women. This **Resource Brief** highlights seventeen such webinar questions and responses. The questions span a wide range of gender responsive topics and issues related to women involved in the criminal justice system. Answers are drawn from the evidence-based, gender-responsive literature, research, and best practices in the field. Additional resources, references, tools, and tips are also provided in several of the responses. The information contained herein is designed to contribute to the ever growing knowledge base on justice-involved women and the strategies that can be used to enhance our work at the individual, agency, and system levels.

The authors extend a sincere thank you to those webinar participants who posed thought provoking questions, as the ensuing discussions stimulated action as well as additional research. Thanks especially to the NRCJIW staff and partners who contributed to this brief: Rachelle Ramirez, Phyllis Modley, and Becki Ney, Center for Effective Public Policy; Marilyn Van Dieten, Ph.D., Orbis Partners; Joan Gillece, Ph.D., SAMHSA's Center for Trauma Informed Care; Alyssa Benedict, M.P.H., CORE Associates; Georgia Lerner, Women's Prison Association; and Ashley Bauman, M.S. and Patricia Van Voorhis, Ph.D., University of Cincinnati. Niki Miller, M.D., C.P.S., Senior Program Associate at Advocates for Human Potential Inc. also contributed significant content.

[1] A video archive of the event and presentation slides is available at the following web link: http://bjatraining.org/2011/07/12/justice-involved-women-webinar-video-slides/

Q1: What are strategies, or what advice can you provide, on how we can change the mindset of a male dominated criminal justice system regarding gender responsiveness?

Whether working in a facility or in a community corrections agency, one of the most important things a correctional professional can do to stimulate discussion and action regarding effective work with female offenders is to convene a task force, committee, subcommittee or work group that has the primary purpose of addressing female offender issues. Depending on political, legal, fiscal, and other factors, this group can be an extension of an existing group or stand alone as its own entity. Depending on the breadth and depth of awareness regarding female offender issues in one's facility or jurisdiction, this group can focus on raising awareness and tackling tough questions about the validity and importance of a gender informed approach. This group also can develop a strategic plan that includes short and long term goals ranging from information dissemination and education to formal policy and practice enhancements.

Thanks to over a decade of research on women in general and women offenders specifically, and exciting new treatment and practices that are showing promising outcomes, there is a clear case for being gender responsive. There is an ever growing body of evidence that demonstrates that women have different pathways into the system, different risks, strengths, and needs, and show improved outcomes when provided with gender responsive services in all types of correctional settings.[2] Facilities and agencies can benefit from reviewing this information regardless of where they are in their own change process.

An essential point to make when forming a committee or group, or taking any type of strategic action, is to emphasize that historically, research on criminal offending largely focused on the experiences and pathways of men, and interventions and treatment methods were developed according to that research. Because of this, there is a need to attend to the research on women and implement gender responsive approaches that will improve their outcomes.

The original Stages of Change Model[3] that was developed over three decades ago is a useful paradigm when considering strategies for your facility or agency. Often utilized to conceptualize an individual's readiness for change, the Stages of Change Model can be used to: a) understand a facility, agency, or system's readiness regarding the implementation of gender responsive policies and practices for women offenders, and b) highlight the general strategies that might be helpful to facilitate such implementation.[4] For example, if an agency is in the Pre-contemplation Stage (e.g., does not see the need to enhance services for women) or Contemplation Stage (e.g., weighing costs and benefits of service changes), a woman offender focused conference or speaker series that allows stakeholders to come together and digest important research and information on women offenders could be a useful approach. If an

[2] Bloom, Owen & Covington, 2002; Salisbury, 2007; Salisbury & Van Voorhis, 2009; Van Voorhis et al., 2010.
[3] Prochaska & DiClemente, 1983; Prochaska , DiClemente, & Norcross, 1992.
[4] Benedict, 2010.

agency is in the Preparation Stage (e.g., a decision to make a change has been made and preliminary actions may have been taken) or Action Stage (e.g. changes are being made), a strategic planning process that contains, tracks, and evaluates implementation and accompanying outcomes is essential.

The following are some additional strategies to consider, some that are geared toward raising awareness and others toward coordinated action. Although it is not a complete list, it is designed to provide some ideas on how to get your facility or agency thinking in gender-specific terms. One or more of the ideas may be more appropriate depending on the current stage of your facility/agency/system (or if you are unsure of what stage it is in):

- Collect survey data from women offenders and/or the staff that work with them. Surveys can provide helpful information on women's experience of services, staff perspectives, and myriad other topics.
- Conduct focus groups with staff on their experiences working with women offenders and ask them what resources and support would be helpful to them.
- Convene a committee and organize a visit to a facility or agency that is engaged in promising gender responsive work. If the budget cannot support an actual visit, host a conference call or webinar.
- Review problems experienced in facilities and agencies that did not attend to the specific needs of women offenders and offer opportunities for preventive action.
- Convene a committee and review select documents that the National Institute of Corrections (NIC) (www.nicic.org), the Center for Trauma Informed Care (NCTIC) (www.samhsa.gov/nctic/), and other federal entities have created and collected from other jurisdictions that focus on women offenders.[5] Discuss the relevance of the information to the women offenders in your jurisdiction.
- Explore the data you have on women. There are many important variables that can be explored regarding women offenders. For example, a facility can note any gender-specific patterns in rules violations, use of seclusion, medication complaints, etcetera. A community corrections agency can note any gender-specific patterns in violations of probation or completion of mandated services, treatment programs, etcetera.
- Convene a committee and have select members participate in the NIC E-learning Series, *Working Effectively with Women Offenders* (forthcoming, 2011),[6] *or Workforce Development and Women (2006).* Have them provide recommendations to the committee regarding the use of the E-Learning.

[5] For example, *Gender Responsive Strategies: Research, Practice and Guiding Principles for Women Offenders* by Bloom, Owen and Covington, 2002, or the *Women Offender Case Management Model*, by Orbis Partners, 2006.
[6] When completed, the series will consist of five e-learning courses, including: *Who are Justice-involved Women, The Impact of Interpersonal Violence, Trauma and Trauma-Informed Practice, Effective Gender-Responsive Practices*, and *Building Resilience to Prevent and Cope with Stress* (see www.nicic.gov for more information).

- Create a multi-system task force that includes criminal justice and external partners (mental health services, human and social services, advocacy groups, child welfare, etcetera) to address women offender issues across systems.
- Communicate with the women's commission in your stae; explore opportunities for resource sharing, collaboration, advocacy, etcetera.
- Advocate that the unique needs of women offenders be noted in Request for Proposals (RFPs) and Memoranda of Agreements (MOAs).
- Advocate that your training academy pilot training in gender responsive practice. Get pre- and post-survey feedback from participants so that you can make the case for additional and/or expanded training on this topic.

Q2: Wouldn't some of these same strategies (that we use for women) also work for men? Why are they considered gender responsive?

The term "gender responsive" is used to describe approaches and strategies that incorporate the existing knowledge and research on a particular gender group, in this case women and girls, and that demonstrate favorable outcomes with this population. This term is not used to assume "exclusivity." It is important to be gender responsive with females and gender responsive with males. In some cases, men and women do benefit from the use of similar approaches such as cognitive-behavioral treatment and motivational interviewing. However, the content and delivery methods of these approaches should reflect essential differences between men and women, including differences in their psychological development, socialization, how they experience the world, exposure to and reactions to trauma, the impact of culture on behavior, the actual targets of intervention, etcetera.

Unfortunately, for years, much of our thinking about psychological development and treatment was based on data that included mostly boys and men. Simply stated, we are now playing catch up; we are collecting data on women in various settings—such as education, public and mental health, juvenile justice and corrections—and obtaining a much more accurate understanding of females as a unique group. This information is allowing us to: a) reconsider the utility and most gender-informed application of existing models and interventions, and b) develop new ones based on the most up to date information we have on girls and women.[7]

As we become familiar with the research on girls and women, including their developmental and experiential pathways, we are challenged to translate that knowledge into practice. This means that we need to make adjustments to services and operations that were originally designed for men. For example, women are more likely to experience sexual trauma throughout their lifespans. This fact alone requires that we adopt a gender-informed approach beginning at intake and continuing as women transition through the system. We also know that

[7] Benedict, 2010.

women are oriented to relationships and connections. For example, family process variables such as effective supervision and appropriate discipline are established risk factors for delinquency.[8] However, there is preliminary evidence to suggest that relationship-based risk factors such as parental neglect, sexual abuse, and the lack of emotional bonds with parents are more salient for women.[9] This evidence can help us to target relevant life experiences in our work with women and select appropriate services.

There is also excellent research on women's experience of institutional cultures (e.g., jails and prisons),[10] and we can use what we know about women's relational orientation to create safer environments that account for and effectively work with relational dynamics. Lastly, there is a growing body of research to suggest that women evidence twice the rate of Post-Traumatic Stress Disorder (PTSD) as men following traumatic exposure[11] and women offenders report higher rates of PTSD and mental health issues than men.[12] These are just a few examples that demonstrate why it is so important to continue to understand and apply the research on women.

Lastly, being gender responsive with girls and women can challenge us to be gender responsive with boys and men. As we continue to balance our understanding by conducting needed research on women and applying lessons learned, we have an opportunity to transform our systems for women *and* men.[13]

Q3: Is there any research on art therapy programming for women?

Most correctional research seeks to determine if programming is effective at reducing recidivism. There is no research to date that suggests that art therapy is effective at reducing recidivism in female offenders. The few studies related to art therapy look at outcome variables other than recidivism—usually related to mood improvement or mental health related outcomes—and report mixed results. Erickson[14] sought to explore whether art therapy could reduce the symptoms of trauma and psychological distress but reported no significant findings overall. This study presented a number of limitations including a small sample size and limited treatment time period. A similar study found art therapy resulted in improvements in mood, interactions with peers and staff, and problem solving abilities.[15] Both of the aforementioned studies report that inmates expressed enjoyment in taking part in the art activities. Thus, current research suggests that while offenders may enjoy art therapy and it may possibly help

[8] Andrews & Bonta, 2010.
[9] Salisbury & Van Voorhis, 2009; Jones, 2011.
[10] See for example, Owen, Barbara et.al, 2008.
[11] Kimerling, Ouimette & Wolfe, 2002.
[12] Van Voorhis, et al., 2010.
[13] Benedict, 2010.
[14] Erickson, 2008.
[15] Gussak, 2009.

reduce the symptoms of depression, there is no evidence to suggest that art therapy reduces recidivism with female offenders. Recidivism is a complex variable and impacted by a variety of factors. The most promising approaches in communities and institutions may be those that employ a dynamic package of research and evidence-based services and interventions that are delivered in a gender responsive manner.

Q4: How do the different assessment tools compare? Are there notable differences in accuracy between something like the LSI-R versus the SPIn-W?

Standardized risk/need assessment tools differ across a variety of dimensions including administration, number and type of risk/need factors, predictive accuracy, and utility. The Level of Service Inventory-Revised (LSI-R) is one of the most popular and well-validated tools available to correctional professionals and there is considerable research to suggest that this tool is able to predict criminal behavior among both male and female offenders.[16]

Despite the popularity and usefulness of the LSI-R, a number of concerns have been voiced by scholars and professionals working in the field regarding the use of this and other generic or gender-neutral tools for women offenders.[17] One of the strongest arguments against the use of this instrument is that it fails to capture the "whole story." The LSI-R was developed primarily from research with male samples and tends to neglect risk factors that may be specific to women or experienced in a qualitatively different way by women.[18]

One gender-specific tool is the Service Planning Instrument for Women (SPIn-W).[19] There is some preliminary evidence to suggest that when compared to the LSI-R, the SPIn-W achieved higher levels of predictive accuracy across official measures of recidivism with a sample of women under community supervision.[20] Other researchers have also achieved similar or higher levels of predictive accuracy when gender responsive items were included.[21]

Another notable difference is that the LSI-R and other generic tools tend to focus exclusively on risk factors or criminogenic needs, while the SPIn-W is also *concerned with factors that play a protective role.* Protective factors refer to characteristics and resources that help to insulate or buffer the individual from negative outcomes. These assets, or strengths, appear to mitigate risk and help the individual to rebound in the face of adversity. The importance of identifying strengths and resources has been well established in psychological research,[22] is consistent with

[16] See for example, Andrews & Bonta, 2010; Folsom & Atkinson, 2007.
[17] See Jones, 2011 for a detailed summary of both the feminist and gender-neutral positions.
[18] Hanna-Moffit, 2009; Olson, Alderson & Lurigio, 2003; Wright, Salisbury, & Van Voorhis, 2007.
[19] Orbis Partners of Ottawa, Canada; See http://www.orbispartners.com/index.php/assessment/spin-w/.
[20] Millson, Robinson & Van Dieten, 2010.
[21] Blanchette & Brown, 2006; Van Voorhis, 2010.
[22] Smith, 2006; Corsini & Wedding, 2006.

a gender responsive approach, and has been found to enhance optimism among women offenders and professionals.

Van Voorhis and her colleagues at the University of Cincinnati in collaboration with NIC have developed a series of gender responsive tools including the Women's Risk/Needs Assessment, which assesses both gender-neutral *and* gender responsive factors and the Women's Supplemental Risk/Needs Assessment[23] which is designed to supplement existing risk/needs assessments such as the LSI-R.[24] Like the SPIn-W, these tools also take a strengths-based approach to gender-responsive assessment. Research on these tools have shown them to be just as, or more, predictive than the LSI-R.[25]

An important consideration for practitioners when comparing assessment tools is the extent to which a risk/needs assessment can guide the case planning process. Given that gender responsive tools incorporate items from the research on women (e.g., exposure to interpersonal violence, history of childhood abuse and neglect, mental health issues, etcetera), it is reasonable to assume that they will be more useful in identifying and addressing the needs of women and in ensuring that women are provided with access to appropriate services.

Finally, we encourage professionals to consider the manner in which an assessment is conducted as this can impact the professional relationship and the quality of data that is obtained. For example, the Women Offender Case Management Model (WOCMM) developed by Orbis Partners Inc. for NIC includes staff training in a gender responsive approach. Preliminary outcomes with a community supervision sample revealed that staff members trained in this model demonstrated more favorable outcomes, including reductions in recidivism.[26] Women who participated in WOCMM described feeling a strong connection with the supervising officers during the assessment and case planning process. This was attributed to the respectful and empathic approach used by the probation officers as a primary catalyst for change.[27]

In summary, while gender-informed assessments are less well established and understood than more gender-neutral tools like the LSI-R, the research is promising and reveals a number of essential considerations for women offenders. Criminal justice professionals are encouraged to monitor and explore the emerging research to assist them in comparing the various tools available and making an informed decision about the tool that will work best for them. While it is ideal to use a tool that has shown to be useful with women, it is equally important to conduct an assessment using methods that are grounded in gender responsive principles. How a woman experiences the assessment process can have a profound psychological and behavioral impact.

[23] This tool is sometimes referred to as "the trailer" to distinguish it from the former tool which is a "stand-alone" tool.
[24] Van Voorhis et al., 2008.
[25] Van Voorhis et al., 2010; See http://www.uc.edu/womenoffenders/ & http://www.nicic.org/WomenOffenders.
[26] Millson, Robinson, & Van Dieten, 2010.
[27] Millson, Robinson, Rubin, & Van Dieten, 2009.

Q5: We are a community, faith-based organization doing volunteer work in county and state facilities. How can we get institutional leadership to see the importance of educating staff about gender responsive approaches and how to operationalize them?

As a community-based provider that works inside correctional facilities, you may be ideally situated to educate your government's (or private prison operator's) partners about the value of adopting more gender responsive approaches. While facility employees, incarcerated women, or their family members may also encourage more gender responsive practices, their suggestions usually arise from dissatisfaction with conditions inside a facility. Building upon a mutually trusting relationship, you can share with facility leadership your observations about women's needs and make helpful suggestions about some of the steps that could be taken to address them. It may help to initiate one or more of the strategies noted on pages 3-4 of this Brief.

Many people who work in correctional settings report that female inmates are more difficult to manage because they often are perceived to be needy and emotional, have high rates of mental illness, form intimate relationships with each other that are not allowed, etcetera.[28] What administrators and practitioners may not realize is that an improved understanding of women offenders can pave the way to better practices and a better experience for offenders *and* staff. In several instances, often without realizing it, staff members are employing methods with women offenders that escalate problems and further complicate their jobs.[29] Structuring operations and services (e.g., the number of incidences of seclusion or the volume and type of disciplinary reports filed) to reflect gender responsive principles not only improves the productivity of the environment, but also can improve outcomes for women. Additionally, knowing that a gender-informed approach can lead to reduced incidents of institutional misconduct[30] can be a significant motivator for administrators and staff.

Q6: "Prior sex work" is not a factor currently considered as a risk/need for treatment. Do you know of anyone who is looking at this area or plans to do so in the future? (It is a primary crime of many women coming to the jail in our urban area.)

Risk assessments are used to provide corrections practitioners with an overall risk to reoffend by assessing several factors. Individual crimes are typically not predictive of overall recidivism. Current generation risk assessment tools also focus on dynamic risk factors or predictors of criminal behavior that can be altered. "Prior sex work" would be considered a static (rather

[28] Benedict, 2010.
[29] Benedict, 2010.
[30] Wright, Salisbury & Van Voorhis, 2010.

than dynamic) item because the offender could never eliminate or change her history of sex work. However, research does examine a host of issues related to "sex work" and recidivism. For example, one recent study established a link between drug/alcohol addiction, experiences of physical abuse, and prostitution.[31] Other studies show a link between childhood sexual abuse and future involvement in prostitution.[32] Furthermore, the predictors of drug/alcohol addiction and experiences of physical and sexual abuse have been shown in recent research to predict general recidivism in correctional populations.[33] This research demonstrates a link between abuse and later involvement in sex work and has important implications for how to provide support and treatment to women who have engaged in sex work. This research is also very consistent with what we know about females' exposure to abuse and their pathways to criminal offending.[34]

Additionally, engagement in sex work, though it appears voluntary, is not always a purely voluntary act. Women can be coerced into sex work by partners as well as by a real need for economic viability. And, whether voluntary or not, sex work can be yet another victimization experience and as such requires the same attention in the treatment process that any victimizing experience would. Ultimately, the research suggests that to affect the recidivism of women offenders, corrections practitioners should target interventions that address/treat the underlying issues that contributed to the criminal behavior rather than focus on the crime itself. This can be achieved by connecting women offenders with relevant services and working with them to build individualized supports that can reduce the likelihood that they will continue their pattern of offending. For women with a history of sex work, it may be important to provide opportunities for trauma and substance abuse recovery work and engagement in services that will build economic self-sufficiency.

Q7: Regarding the risk factors for assessments, why is impulsivity (i.e., ADD/ADHD) not mentioned? The Canadian physician, Gabor Mate, asserts that ADD/ADHD and substance abuse are keys to understanding and responding to restoration. As Mate states, "Why punish pain?"

Impulsivity has been identified as an important risk factor for criminal behavior, particularly among males[35], and is incorporated in many standardized risk/need assessments. For example, impulsivity is included in the emotional/personal domain of the LSI-R, the antisocial personality

[31] Roe-Sepowitz et al., 2011.
[32] See, for example, Simons & Whitbeck, 1991.
[33] See Van Voorhis et al., 2010.
[34] Chesney-Lind, 2001; Salisbury, 2007.
[35] In a recent review of the literature, Jones (2011) reported that males tend to score higher on measures of impulsivity and attention-deficit. These variables have also been identified as more salient in predicting delinquency among males, with less significance for female criminality.

domain of the Level of Service Case Management Inventory (LS/CMI), and the social/cognitive skills domain of the SPIn and SPIn-W.

Consistent with the views quoted by Gabor Mate, the authors of these tools would agree that it is important to identify the individual needs of women (that may include impulsivity) and provide the offender with access to strategies, supports, and services that are designed to mitigate risk. Not surprisingly, impulsivity is a target of many evidence-based cognitive-behavioral programs for both men and women.[36]

That said, it is extremely important that we properly assess behaviors like "impulsivity" when working with women offenders. What appears to be impulsive behavior may in fact be a survival strategy that a woman offender has adopted to cope with abuse and/or keep herself and her children safe. Being gender responsive requires that administrators and practitioners understand the context behind a woman's response and offer services and supports that can assist her in mobilizing existing resources and accessing those that are needed to improve her life course.

Q8: Do you have suggestions about resources or curriculum for women's education before they are released from prison?

While incarcerated, women can benefit from participation in a range of educational and self-development opportunities. Women commonly enter the criminal justice system with prior histories of drug abuse, sexual and other physical victimization, mental illness and dysfunctional relationships. Like men in the criminal justice system, many women have endured lifelong poverty, and have limited educational achievements and work experience.

Additionally, a majority of women under criminal justice supervision are mothers, and most of them were responsible for the care of their children immediately prior to their criminal justice involvement.[37] As such, many women have not had opportunities to attain educational goals, build vocational skills, and develop work histories that will allow them to meet immediate economic needs. Programming inside prisons and jails can help women offenders to constructively address the factors that contribute to their participation in criminal and other non-constructive activities, and research has found a link between higher education in prison and reduced re-incarceration rates.[38] Ultimately, educational and vocational opportunities help to promote the development of greater self-awareness, the ability to identify personal assets

[36] See for example, Thinking for a Change developed by Barry Glick, Ph.D., Jack Bush, Ph.D., and Juliana Taymans, Ph.D., in cooperation with the National Institute of Corrections: http://nicic.gov/T4C.
[37] Mumola, 2000.
[38] Fine et al., 2001; in a related resource, Flower (2009) reports on the current research regarding employment and women offenders.

and strengths, and a more positive self-concept, which are important building blocks for continuous personal development.

Q9: Are the terms "gender" and "sex" used interchangeably?

"Sex" refers to one's status as a female or male, based on anatomical and physiological differences while "gender" refers to characteristics and behaviors considered appropriate for and typical of females and males by a particular culture.[39] One example relates to violence. Some may view a violent act displayed by a female as more serious than that same act displayed by a male because aggression is expected of males and, in many cases, considered acceptable. Additionally, conceptions of gender and what constitutes acceptable "feminine" or "masculine" behavior are influenced by one's ethnic group, spiritual group, etcetera. The behavior of women offenders must be considered in the context of their gender and cultural experiences.

Understanding sex-based or biological differences, notably those noted in the structure and function of the brain at the earliest stages of human development, can inform our work with justice-involved women as well. It is important to note, however, that life experiences, including those related to one's gender and culture have a significant impact on one's neurophysiology, psychology, and behavior. The sex- and gender-based differences that are being acknowledged and explored by the medical and mental health communities also have important implications for our work with justice-involved women. In corrections, the growing body of literature and research on the unique pathways and experiences of women offenders, including their diverse ethnic and cultural differences, is contributing to this knowledge base and having an important impact on correctional policies and practices.

Q10: Are there programs that provide services for incarcerated women's families and children?

Resources exist in many states and localities to support families of incarcerated women and men. National organizations that offer information and directories of related services include the Annie E. Casey Foundation (www.aecf.org) and the National Resource Center on Children and Families of the Incarcerated (www.fcnetwork.org).

Locally, there are private and government organizations that may organize buses for prison visits. If there is a nursery program at a prison or jail, staff of the nursery can probably identify local organizations that can help with visits and other supportive services for families of incarcerated women. The local child welfare authority may also offer or direct criminal justice

[39] Unger, 1979 in Cuellar & Paniagua, 2000.

professionals to services. Women in correctional facilities are often the best source of information about community resources that can bring children for visits, host web-visits or provide other supports to family members. Organizations that regularly send staff or volunteers into a women's prison or jail should also be able to identify community resources to support families.

Several programs are funded under the federal Second Chance Act to provide mentoring for children of prisoners. A complete list of funded programs can be found on the website for the National Reentry Resource Center: http://www.nationalreentryresourcecenter.org/about/second-chance-act.

In addition, NIC has created a data base, *National Directory of Programs for Women with Criminal Justice Involvement*. The web link is: www.nicic.gov/wopd. Once on the site, enter the keyword "children" and a number of resources nationally can be found.

Q11: Has anyone evaluated the availability of civil legal services to justice-involved women as a factor in their success (for issues such as child custody, visitation)?

While several summaries of collateral consequences of criminal conviction are available,[40] and most include discussion of civil legal issues, our review of the literature did not uncover a specific evaluation of the impact of civil legal service availability on a women's success.

From our experience with women who are incarcerated and have been released, we know that lack of access to legal representation in child custody proceedings can have a serious negative effect on the outcome. While indigent defendants in criminal proceedings are entitled to legal representation, representation in civil proceedings is not universally available. With the advent of the Adoption and Safe Families Act (ASFA), incarcerated women face a significant risk of losing parental rights. The availability of legal education, advice and representation is especially important in child custody cases. For example, incarcerated women, external agencies who have responsibility for child custody issues, and staff at the institutions where they are incarcerated may not appreciate the importance of responding promptly to correspondence from Family Court. While correctional facilities do not have the same relationship with family courts as they do with criminal courts, there should be a comparable obligation to support women inmates in responding appropriately.

Other than child custody matters, civil legal assistance has been instrumental in helping women address financial obstacles that impede access to housing, credit, employment and education.

[40] See Pinard (2006), which provides a comprehensive summary of collateral consequences and relevant issues, including perspectives on attorney orientation and approach to client work.

Women often seek legal assistance related to reunification with children, and in the course of discussion, other legal support needs are identified. These issues, such as past rent arrears—errors on rap sheets, judgments to collect child support, student loan payments or other debts—must be resolved or they can interfere with a woman's ability to secure suitable family housing or find a job.

Q12: Is there really such a significant difference in statistics that suggest women have more sexual abuse, mental illness, etcetera in their backgrounds then men? (Because of the fact that many men downplay or underreport sexual abuse, perhaps there isn't as great a difference as the statistics would suggest.)

The best way to understand the differences between justice-involved men and women's trauma histories is to think qualitatively rather than quantitatively. In other words, there are many differences between men and women in the rate at which they develop trauma-related disorders, the PTSD symptoms they tend to exhibit, the types of traumatic events they experience, and their typical response to those events.[41]

It is true that data suggest that many offenders have trauma histories, even if they are not diagnosed. For example, one study on 2,251 inmates in jails found that 65% of women had current trauma exposure, compared to 58% of men; and 96% of women had a lifetime trauma exposure, compared to 92% of men.[42] This suggests the high rate of exposure found among women offenders is also found among men. However, in justice-involved populations, women may be slightly more likely to have experienced a traumatic event, are more likely to than men to report injection drug use and homelessness in the past six months, and are more likely to have past psychiatric hospitalizations and suicidal thoughts, feelings or suicide attempts.[43]

Not everyone who experiences a traumatic event will develop PTSD. In recent studies of incarcerated populations, PTSD has been found in up to 48% of female inmates and 30% of male inmates.[44] Research on male violent offenders suggests they are more likely than not to have PTSD.[45] The experience of sexual violence is the trauma most likely to result in PTSD for both men and women.[46] Studies find that approximately 65% of men and 46% of women say that rape was the most upsetting traumatic event they had ever experienced.[47]

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[41] Miller, 2011b.
[42] Sarchiapone et al., 2009.
[43] Clements-Nolle, Wolden & Bargmann-Losche, 2009.
[44] Tull, 2005.
[45] For example, studies of male death row inmates have found significant rates of PTSD (Freedman & Hemenway, 2000).
[46] National Center for PTSD, 2007.
[47] Kessler et al., 1995; Ozer, Best, Lipsey, & Weiss, 2003.

The following differences between the type of trauma experienced and response to the events should also be noted:

- Men are more likely to be exposed to violence (including seeing someone killed or injured, or being physically assaulted themselves),[48] but less likely to develop PTSD as a result.[49]
- Sexual abuse is the most common type of abuse in the lives of women offenders, followed by intimate partner violence.[50]
- Women offenders are most likely to have been victimized in childhood. In studies on childhood sexual abuse among women in prison rates as high as 55% have been reported.[51] Data from the Adverse Childhood Experience study shows women were 50% more likely to have five or more types of adverse childhood experiences when compared to men.[52]
- The risk of abuse for males drops after childhood, while the risk for females continues throughout adolescence and adulthood.[53]
- Women may take longer to recover from trauma, as they are four times more likely than men to have long-lasting PTSD and to have accompanying depression and anxiety.[54]

The prison environment can be quite traumatizing and triggering for both men and women. Correctional officials should be cognizant of the differences in men's and women's trauma histories, responses to trauma, and the behaviors they exhibit that are aimed at keeping them safe.[55]

More information on this topic may be found at:

- The Substance Abuse and Mental Health Services Administration's (SAMHSA) National Center for Trauma-Informed Care (www.mentalhealth.samhsa.gov/nctic).
- SAMHSA's web link to the National Child Traumatic Stress Network (www.nctsnet.org).
- SAMHSA's web link to the Department of Veterans Affairs National Center for Posttraumatic Stress Disorder (www.ncptsd.va.gov).

[48] Greenberg & Rosenheck, 2008; Johnson et al., 2006; Weeks & Widom, 1998.
[49] Miller, 2011a.
[50] Battle et al., 2002; Zlotnick, Najavits, Rohsenow & Johnson, 2003.
[51] Blackburn, Mullings & Marquart, 2008; Miller & McDonald, 2010; Raj et al., 2008.
[52] Feletti, 2007.
[53] Covington, 2001.
[54] National Center for PTSD, 2007.
[55] Miller, 2011a.

Q13: Does past trauma contribute to higher rates of co-occurring disorders?

Histories of trauma are very common among people with mental health and substance abuse disorders (or both). These individuals are at a higher risk for ending up in the criminal justice system. There is little doubt that trauma contributes to higher rates of co-occurring disorders. Consider the following:

- Studies reveal that two-thirds of men and women in substance abuse treatment report childhood physical or sexual abuse.[56] Often, substance abuse becomes one of the primary coping mechanisms for trauma survivors.
- The National Institute on Drug Abuse (NIDA) indicates that two of the major risk factors for early onset of addiction are childhood psychological trauma and co-occurring disorders (preceding the onset of addiction).[57]
- Teens that experience both trauma and substance abuse have much higher incidences of psychological and social impairments.[58]
- Individuals with PTSD have been found to have higher rates of substance-related disorders.[59]

Correctional agencies are particularly challenged to address the complex problems that justice-involved women with histories of trauma and co-occurring mental health and substance abuse disorders pose. Some of the challenges that they face include the following:

- Treatment outcomes are worse for those with PTSD than for other dually diagnosed individuals, or for those with substance abuse alone.[60]
- For some, abstinence from substances combined with the stressors of the correctional environment, increases the effects of unaddressed trauma. Traditional substance abuse treatment programs that are not designed to address the co-occurrence of trauma and related mental health issues often are limited in their ability to engage and retain offenders or to result in lasting treatment gains.[61]

[56] NIDA, 1998.
[57] Smith and colleagues (2010) reported that NIDA has outlined the major risk factors for early onset of addiction as: "genetic predisposition to addiction in first order relatives; co-occurring disorders preceding the onset of addiction; childhood psychological trauma; and disruptive addictive child rearing environments."
[58] Costello et al., 2002.
[59] Tull (2008) reports that 27.9% of women with a history of PTSD reported problems with alcohol abuse at some point in their lifetime; 51.9% of men with a history of PTSD reported such a problem.
[60] Ouimette, Finney & Moos, 1999.
[61] Messina, Grella, Cartier & Torres, 2010.

- Individuals with co-occurring disorders are twice as likely as people without mental illnesses to have their community supervision revoked and may require specialized transitional services.[62]

The presence of any co-occurring disorder requires an integrated approach that combines drug abuse treatment with mental health treatment and medications as needed. Approaches such as integrated mental health and substance use treatment, trauma interventions, and illness self-management and recovery have been found to reduce recidivism and hold promise for justice-involved women with co-occurring disorders.[63]

More information on this topic may be found at: http://www.samhsa.gov/co-occurring/.

Q14: Are you aware of any gender responsive trauma assessment tools? Is there any research that focuses on the need for a gender-specific trauma tool?

Yes, there are trauma screening tools for both men and women. However, a recent search of the current research suggests that there is no one tool that has been developed specifically for use with women and no gender neutral tool that has been sufficiently validated for use with women. There are "event-based" tools that have been developed to screen for traumatic events common to women such as intimate partner violence and sexual assault. One such tool is the Traumatic Events Screening Inventory for Children (TESI-C).[64]

Since a person's response to trauma is mediated by cultural influences, gender, ethnicity and race, there have also been tools developed for different populations, including children.[65] Both the National Child Traumatic Stress Network[66] and the National Center on PTSD are good resources for a variety of screening tools and assessments. The National Center for PTSD offers a number of suggestions and tools in the following areas:[67]

- Trauma Exposure Measures
- PTSD Screens
- Adult Self Reports
- Adult Interviews
- Deployment Measures
- Child Measures

[62] Osher & Steadman, 2009.
[63] Prins & Draper, 2009.
[64] Ford & Rogers, 1997.
[65] Miller & Najavits, 2011.
[66] http://www.nctsn.org/.
[67] http://www.ptsd.va.gov/professional/pages/assessments/assessment.asp.

Other screening tools that may be useful to correctional professionals include:

- SAMHSA's Co-Occurring Disorder Screening and Assessment http://www.samhsa.gov/co-occurring/topics/screening-and-assessment/index.aspx.
- Alcohol Screening and Brief Intervention of Trauma Patients: Treatment Improvement Protocol (TIP) Series 16 and related Knowledge Application Program (KAP) keys.

Lastly, it should be noted that screening for the effects of trauma, current safety and trauma-related disorders does not require extensive questioning about the individual's past. Effective screens may consist of as little as four questions. Some screening tools measure trauma-related symptoms and level of current functioning. These present-day based screenings usually do not cause distress and can be used in correctional settings. Current safety, symptoms, and functioning are often more relevant than details of past events.[68]

Simple four question screenings for abuse histories are considered valid;[69] however, if an extensive questioning about the nature of past abuse is undertaken upon entry into a correctional facility it may contribute to distress. The following guidelines can be helpful.[70]

- Explain the screening in advance, how the information will be used to benefit the individual.
- Let the individual know that *yes* or *no* answers are fine unless she wishes to say more.
- Use valid screening tools that focus on present-day symptoms such as the *Trauma Symptom Checklist.*[71]
- If screening for specific types of past trauma, use a checklist the individual can read and mark off rather than asking about past abuse during an interview.
- Give the individual as much control as possible, including time and location, passing on questions and taking breaks.
- Be aware of your own nonverbal responses during the interview.
- If the individual become upset or agitated redirect her by asking about strengths, the people and things that helped her in the past, how these events affect her today and what works to help her feel better.
- "Grounding" techniques can also be helpful.

[68] Miller, 2010.
[69] National Center for PTSD: http://www.ptsd.va.gov/professional/pages/assessments/assessment.asp.
[70] Miller, 2011a.
[71] For more information, see http://www.johnbriere.com/tsc.htm or http://www.ptsd.va.gov/professional/pages/assessments/tsc-40.asp.

Q15: How many pregnant women enter prison or become pregnant while incarcerated? How does pregnancy impact treatment suggestions?

In 1997-98, more than 2,200 pregnant women were imprisoned and more than 1,300 babies were born in prison.[72] In 1999, it was estimated that 6% of women entering local jails and 5% of women entering state prisons were pregnant,[73] and in 2007, some 4,000 women—4 percent of women in state custody and 3 percent in federal custody—were pregnant when they entered prison.[74] In addition, a greater proportion of women entering the criminal justice system are parents of dependent children, and they are more likely than men to be the primary caretakers and sources of financial support for their children prior to and following incarceration.[75]

Consider the following additional facts:

- Few incarcerated women have had health insurance or received routine health care, including prenatal care if they are pregnant, prior to serving jail time.[76]
- The use of restraints (handcuffs, leg shackles and/or belly chains) during labor and delivery is still a relatively common practice in many jurisdictions. The use of restraints can pose health risks for mother and child and can interfere with healthcare during pregnancy, labor, and delivery.[77]
- In most cases, infants are taken from their mothers immediately after birth.[78]
    - Limited physical contact between mother and child following an infant's birth can critically impair the development of healthy attachment and bonding,[79] which is a strong protective factor in a child's short- and long-term development.

[72] Lutski & Sarabi, 2003.
[73] Greenfeld & Snell, 1999.
[74] Women's Prison Association, 2007.
[75] Glaze & Marushak, 2010.
[76] Mauery, 2007.
[77] The Rebecca Project for Human Rights, Fact Sheet at http://www.rebeccaproject.org/images/stories/factsheets/ShacklingFactSheet_7-12-10.pdf; American College of Obstetrics and Gynocology, 2007.
[78] According to the Women's Prison Association, 2009, a small number of states are recognizing that the mother-child bond is crucial to the child's development and the number of prison nurseries is increasing where mothers are allowed to be with their infants for a period of time.
[79] A number of studies have demonstrated the benefits to mothers and newborns derived from proximity after birth and during the early days following birth (See, e.g., Bergman, N. J., Linley, L. L., & Fawcus, S. R. (2004). Randomized controlled trial of skin-to-skin contact from birth versus conventional incubator for physiological stabilization in 1200- to 2199- gram newborns. *Acta Paediatrica, 93,* 779–785; Bystrova, K., Matthiesen, A.-S., Widstrom, A.-M., Ransjo-Arvidson, A.-B., Welles-Nyström, B., Vorontsov, I., et al. (2007). The effect of Russian maternity home routines on breastfeeding and neonatal weight loss with special reference to swaddling. *Early Human Development, 83*(1), 29–39; Bystrova, K., Widstrom, A.-M., Matthiesen, A.-S., Ransjo-Arvidson, A.-B, Welles-Nyström, B., Vorontsov, I., et al. (2007). Early lactation performance in primiparous and multiparous women in relation to different maternity home practices: A randomized trial in St. Petersburg. *International Breastfeeding Journal, 2*, 9; Christensson, K., Siles, C., Moreno, L., Belaustequi, A., De La Fuente, P., Lagercrantz, H.,

- The Adoption and Safe Families Act (ASFA) has resulted in an increase of incarcerated mothers whose parental rights are terminated.
- Over half of women incarcerated have never had a visit from their children; one in three mothers has never spoken with her children by phone while incarcerated.[80]

The stressors that accompany the most basic aspects of being incarcerated—being separated from children and other important individuals, being forced to "room" with a stranger, mistreatment by staff and other inmates, strip searches, etcetera—affect all women inmates. They can be experienced as even more severe by women who have a history of trauma and by those who are pregnant, placing them in a high stress, chronic survival mode and displacing their attention away from important endeavors such as treatment and recovery.[81] Additionally, research shows that such maternal stress is felt by the unborn child and can impact his/her development.

There are several treatment suggestions throughout this document that are relevant for pregnant women and mothers (for example, addressing trauma, substance abuse and mental health issues). Though not a complete list, the following are some additional suggestions regarding how to address the unique needs of pregnant women and mothers.

- Address policy and resource gaps for pregnant women's healthcare:[82]
  - Detecting pregnancies at intake, and dating pregnancies immediately via early ultrasound;
  - Screening to identify and rule out ectopic pregnancy and other complications;
  - Assessing for potential pregnancy-impacting risk factors such as diabetes, smoking, substance abuse, medication side effects, sexually transmitted diseases, and HIV;
  - Offering genetic testing and counseling, reviewing pregnancy options, and discussing family planning; Initiating and/or maintaining appropriate prenatal care;

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et al. (1992). Temperature, metabolic adaptation and crying in healthy full-term newborns cared for skin-to-skin or in a cot. *Acta Paediatrica, 81*(6–7), 488–493; International Lactation Consultant Association. (1999). *Evidence-based guidelines for breastfeeding management during the first 14 days* [Booklet]. Raleigh, NC: Author; Moore, E. R., & Anderson, G. C. (2007). Randomized controlled trial of very early mother-infant skin-to-skin contact and breastfeeding status. *Journal of Midwifery & Women's Health, 52*(2), 116–125; Moore, E. R., Anderson, G. C., & Bergman, N. (2007). Early skin-to-skin contact for mothers and their healthy newborn infants. *Cochrane Database of Systematic Reviews ,* Issue 3, Art. No.: CD003519; World Health Organization [WHO]. (1998). *Evidence for the ten steps to successful breastfeeding* (rev. ed., WHO/CHD/98.9). Geneva, Switzerland: Author.

[80] The Sentencing Project, May 2007.

[81] Benedict, 2011

[82] This list of recommendations is taken from the draft Issues Paper emerging from the *National Symposium: A Call to Action: The Use of Restraints on Pregnant Women Behind Bars***, s**ponsored by the U.S. Department of Justice *with* the Rebecca Project for Human Rights, *Convened: November 22, 2010.* The issue paper will be posted on the NRCJIW website (www.cjinvolvedwomen.org) in 2012.

- Ensuring special accommodations (e.g., specialized housing units, mattresses/bunks, work detail, nutrition);
- Ensuring a humane and safe environment for the birth process and allowing time for bonding in the immediate hours following delivery;
- Conducting ongoing screenings for depression, other emotional/mental health difficulties, and substance abuse during pregnancy and post-delivery;
- Providing programs and services that facilitate routine contact and attachment between mothers and infants (such as prison nurseries);
- Ensuring adequate training for custody officers and staff to understand common issues, needs, and considerations for pregnant women in custody; and
- Promoting continuity of care and successful transition from institutional settings to the community (e.g., specifically with respect to prenatal and pediatric care, social services, sobriety, and mental health).

- Provide access to legal assistance for women who may lose, or are trying to maintain, custody of their children while incarcerated.
- Consider the formation of a pregnant women and/or mothers-only treatment and/or support group.
- Provide parenting classes and family counseling.
- Encourage visits from children; make visiting areas child-friendly; consider opportunities for women to play, read and bond with their children during visiting; establish play groups during visiting for those who want to participate (also see Q10 above for additional suggestions to include children and families).
- Include families in transition and reentry planning.

Q16: Do risk/needs assessment take the place of clinical judgment? What training and licensing is required for assessors?

Research indicates that standardized, actuarial assessments offer more accurate predictions of future criminal behavior (i.e., pretrial misconduct and reoffense) than the use of clinical judgment alone.[83] In fact, professionals who use their professional training and experience to make a decision about risk to reoffend, make decisions that are no more accurate than chance.[84] The best predictive outcomes (for men and women) occur when empirically based actuarial tools are used along with professional judgment.

Ideally, assessments tools are used to provide a template for general offending behavior on which professionals base their clinical judgment about the best course of action. Professionals

[83] Harris, 2006; Andrews, Bonta, & Wormith, 2006; Grove et al., 2000.
[84] Harris, 2006.

should have the ability to override assessment results in specific situations, as guided by their agency's policies.[85]

Although licensing and certification protocols vary by developer, training and ongoing supervision are required to ensure accuracy with respect to scoring, interpretation, and to guide the transition and case planning processes. There is also preliminary evidence to suggest that using a gender responsive approach to assessment can increase offender engagement and optimize the breadth and depth of data collected.[86]

For additional information on training in gender responsive tools professionals are encouraged to explore the following websites:

- Women's Risk Need Assessment Project (University of Cincinnati): http://www.uc.edu/womenoffenders/index.html
- Service Planning Instrument for Women (Orbis Partners, Inc.): http://www.orbispartners.com/node/105

Q17: What are some suggestions for managing female offenders more efficiently?

Peter Drucker said "Efficiency is doing the right things, but effectiveness is doing things right." Staying focused on being more effective will ultimately help you manage women offenders more efficiently. In addition to the many gender responsive strategies described in this Resource Brief, a few not already mentioned—and others that bear repeating—are listed below.

- Remember that women are motivated by their connections with others and develop their identity, self-worth and sense of empowerment through relationships with others.
- Increase awareness of gender-responsive principles among stakeholders and staff, and establish enhanced collaborative efforts and strategic planning to support the development and adoption of gender-responsive policies and practices.
- Adopt gender-informed, evidence-based assessment and classification tools in community and custody settings.
- Provide professionals, case managers and supervision officers with the knowledge and skills necessary to work with women involved in the criminal justice system (including

[85] Andrews & Bonta (2010) warn that corrections agencies should monitor the amount of overrides being used to ensure that they are used sparingly and appropriately. Research suggests that overrides of risk assessment tools range from 5-15% (Correctional Service of Canada, 2009; Department of Justice Canada, 2010).
[86] Millson, Robinson, Rubin, & Van Dieten, 2009.

using assessment information, developing treatment plans, and learning effective interactions skills) in order to achieve reductions in recidivism.

- Assess the gender-appropriateness and clarity of rules and expectations, methods for motivating positive behaviors, and disciplinary practices of criminal justice organizations, and develop strategies for promoting environments of safety, dignity and respect.
- Develop partnerships with the community in order to secure the necessary supports and resources to ensure the success of women in all correctional settings (i.e., pretrial through reentry to the community) and addressing their criminogenic needs.
- Seek out training and technical assistance through the NRCJIW to assist you in enhancing you and your agency's effectiveness in working with justice-involved women. (A brief TTA application can be downloaded from the NRCJIW website: www.cjinvolvedwomen.org.)

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