

## Female Re-entry and Gender-Responsive Programming

### *Recommendations for Policy and Practice*

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**Author's Note:** Findings and conclusions reported in this article are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

**P**risoner re-entry remains one of the most significant challenges facing the criminal justice system, as correctional facilities in the United States release approximately 600,000 individuals back into communities each year. About 78,000 of those individuals are women, equating to more than 200 every day.

Although men in re-entry significantly outnumber women, the challenges confronting women returning from incarceration are formidable and complex, pointing to a need for specialized and appropriate re-entry programming. Those challenges upon release can include employment, addiction, mental illness, housing, transportation, family reunification, childcare, parenting, and poor physical health.

Importantly, the majority of incarcerated females are parents to children under the age of 18.<sup>1</sup> Unlike

most male offenders, many of these incarcerated mothers have sole custody of their children and plan to resume their parenting role following release. The average female prisoner has about 2.5 children. Thus, in any given year, almost 200,000 American children experience the incarceration and subsequent re-entry of their primary caregiver. Moreover, some research suggests that women are more amenable to treatment than men and experience lower recidivism rates than men, even when enrolled in comparable programs.<sup>2</sup>

Female offenders are also more likely to suffer from co-occurring substance use and mental health disorders, putting them in the group at highest risk for recidivism and relapse and thus most in need of treatment.<sup>3</sup>

Notably, while the number of women entering prisons and jails has grown significantly, a corresponding increase in programming has not materialized.<sup>4</sup> This article offers a review of the few interventions designed specifically for women and reports on the empirical evidence surrounding these efforts. Following



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a brief overview of the nature of female offending, the article examines the movement toward gender-responsive programming, describes the programs and practices designed specifically for female offenders, and reviews the extant empirical literature related to what works in female re-entry. Finally, recommendations for policy and practice are offered based on the current state of the empirical evidence related to re-entry more broadly.

### The nature of female offending and the rise of gender-responsive programming

Substance use and addiction are integral to understanding female offending, as many women are arrested either for drug-related crimes (e.g., possession, sale, or manufacturing) or instrumental property crimes designed to enable the acquisition of drugs (e.g., theft to fund a drug habit). Men and women experience different pathways to crime and addiction, as well as alternative trajectories of drug use.<sup>5</sup> Women's drug use and associated criminal behavior are more likely to transpire within interpersonal relationships and are strongly associated with the behavior of romantic partners.<sup>6</sup> Histories of childhood maltreatment and abuse, co-occurring psychiatric disorders, familial dysfunction, and negative self-concept are also more common among criminally involved females compared to males.<sup>7</sup>

Women in the criminal justice system are more likely than the general population to suffer from a number of mental health disorders,

including depression, anxiety, borderline personality disorder, and especially, post-traumatic stress disorder (PTSD).<sup>8</sup> Similarly, female offenders are more likely than males to report both substance use and prior mental illness and to be diagnosed with co-occurring conditions, which has significant implications for re-entry, as both conditions are predictive of higher recidivism and relapse rates.<sup>9,10</sup>

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Given the documented gender differences in etiology (or causes of disease), disease progression, motivation for treatment, and self-efficacy (or belief in one's ability to execute necessary behaviors), practitioners and researchers have called for *gender-responsive* programming in prisoner re-entry and rehabilitation.<sup>11</sup> Gender-responsive programming is designed to account for the unique challenges faced by female prisoners while capitalizing on some of the characteristics that

make women more amenable to rehabilitation. In particular, programming that includes mental health components, supplementary services addressing female-specific topics, treatment for trauma, aftercare, childcare, and parenting classes has been linked to reductions in relapse and increases in treatment retention following release.<sup>12</sup>

### Re-entry programming for women

Women reentering society from prison face both similar and unique challenges relative to male prisoners. Compared to men, female prisoners are more likely to be economically disadvantaged, regular users of drugs, and victims of abuse and maltreatment. They are more likely to suffer from mental illness or co-occurring disorders and to be a parent to a minor child.<sup>13</sup> Historically, however, most re-entry interventions have been aimed at male inmates, and even risk assessment instruments were designed for male offenders, with little attention to gender-specific factors.<sup>14</sup>

Gender-responsive programming begins with an assessment of each offender's individual risks and needs and considers gender-specific variables particular to female prisoners, such as parent-child relationships, familial reunification, substance abuse, and mental and physical health needs.<sup>15</sup> In particular, the use of cognitive behavioral therapy, all-female group sessions, and mutual support groups are recommended in programming for women involved in the criminal justice system.

Like all offenders, women require adequate screening and assessment

for recidivism risk, criminogenic needs (addressing conditions likely to cause criminal behavior), and responsiveness to treatment. However, some research has suggested that risk assessment instruments designed for male offenders may not be as valid for women.<sup>16</sup> As a result, a number of female-specific classification instruments have been developed, such as the Gender Informed Needs Assessment (GINA), the COMPAS for Women, the Service Planning Instrument for Women (SPIn-W), and the Women's Risk and Needs Assessment (WRNA).

To date, there are no peer-reviewed, published assessments of the GINA, COMPAS for Women, or SPIn-W. The WRNA is the only validated, peer-reviewed risk/needs assessment developed for justice-involved women.<sup>17</sup>

### Analyses of gender-specific re-entry models

Although a number of narrative or qualitative reviews of female re-entry programs have been published, this article specifically addresses the results from a series of meta-analyses.<sup>18</sup> Meta-analysis is a statistical approach that improves on traditional methods of narrative review by systematically aggregating information and quantifying its impact.<sup>19</sup> Meta-analysis has several well-documented advantages, including increased statistical power, examination of intervening factors, and increased generalizability of results. In short, meta-analysis allows us to understand not only which factors impact prisoner re-entry, but to what degree.

Dowden and Andrews conducted their meta-analysis, published in

1999, well before the push for gender-responsive programming.<sup>20</sup> The 16 studies included in their assessment took place in the 1980s and 1990s, and many focused on juvenile or youthful offenders, as opposed to adult women. Only programs that were evaluated using either experimental or quasi-experimental designs were included in the meta-analysis. Dowden and Andrews concluded that program designs using the Risk-Needs-Responsivity model were able to reduce recidivism among men and women alike, and to a similar degree.

Tripoldi and colleagues examined the findings from six studies using either experimental or quasi-experimental designs published between 1988 and 2008 that focused on interventions delivered to women in adult correctional facilities. Their results, published in 2011, indicated that substance abuse treatment exerts an appreciable effect in terms of reducing recidivism for returning female prisoners.<sup>21</sup> Women who participated in treatment had 45% lower odds of reoffending.

Building on these meta-analyses, Gobeil and colleagues sought to assess the effectiveness of gender-responsive programming, as well as to identify other intervention characteristics that are associated with re-entry success for female offenders. A total of 37 studies were included in their analysis, published in 2016, and more than 75% of those reported lower recidivism rates for program participants compared to control/comparison groups.<sup>22</sup> The meta-analysis similarly confirmed a statistically significant reduction in recidivism for those in the intervention/treatment groups.

### Comparing female gender-specific re-entry models

Interventions focused on substance abuse had significantly larger effects, as did programs that employed therapeutic communities. Interventions offered in an institution or those that bridged the institution and the community were also more effective than those administered in the community alone. When only experimental designs were included in the meta-analysis (excluding quasi-experiments), the effect size for gender-informed interventions was significantly and considerably greater than that for gender-neutral programs. Cognitive behavioral approaches also had a larger effect size than other approaches. Collectively, these meta-analyses suggest that programs that focus on substance abuse, use therapeutic communities and cognitive behavioral therapy, and employ gender-responsive programming are most successful in significantly reducing recidivism and improving outcomes for female ex-prisoners.

Table 1 (right) presents a summary of the re-entry programs and practices designed for female offenders currently rated by CrimeSolutions. It also includes several programs that have not been rated by CrimeSolutions but were designed specifically for female re-entry. Programs that are not re-entry per se but are rather single-approach rehabilitative initiatives are not included, nor are re-entry programs targeting males or juveniles. In Table 1, a re-entry program or practice is conceived as a system of continuous care that begins in custody and continues following release. Considerably

**Table 1: Female Re-entry Programs**

Program	Rating	Description	No. of Studies
<b>“Seeking Safety” for Incarcerated Women</b>	Promising	A manualized cognitive-behavioral intervention for incarcerated women with co-occurring posttraumatic stress disorder (PTSD) and substance use disorders. The program is rated Promising. Evaluation results suggest that the program significantly reduced PTSD and depression scores in program participants. <a href="https://crimesolutions.ojp.gov/programdetails?id=424">https://crimesolutions.ojp.gov/programdetails?id=424</a>	1 quasi-experiment
<b>Moving On</b>	Promising	This is a curriculum-based, gender-responsive intervention created to address the different cognitive-behavioral needs of incarcerated women. The program is rated Promising. The program was shown to significantly reduce recidivism as measured by rearrests and reconvictions, but did not have a significant impact on reincarcerations for a new offense and technical violation revocations. <a href="https://crimesolutions.ojp.gov/ratedprograms/476">https://crimesolutions.ojp.gov/ratedprograms/476</a>	1 quasi-experiment
<b>Forever Free</b>	Promising	The first comprehensive, in-prison, residential substance abuse treatment program designed for incarcerated women. The program is rated Promising. The intervention group reported fewer arrests during parole, less drug use and were employed more at follow-up than the comparison group. <a href="https://crimesolutions.ojp.gov/programdetails?id=40">https://crimesolutions.ojp.gov/programdetails?id=40</a>	1 quasi-experiment
<b>Helping Women Recover: A Program for Treating Addiction</b>	No Effects	Helping Women Recover addresses substance use disorders by integrating the four theories of women’s offending and treatment: pathways, addiction, trauma, and relational theories. RCT found no statistically significant differences between the treatment and control groups in arrests or drug use, at the 18-month follow up. <a href="https://crimesolutions.ojp.gov/ratedprograms/416">https://crimesolutions.ojp.gov/ratedprograms/416</a>	1 RCT
<b>Beyond Trauma: A Healing Journey for Women</b>	Not Rated by Crime Solutions	Beyond Trauma uses psycho-educational and cognitive skills approaches to help women develop coping skills and emotional wellness to counter the effects of physical, emotional, and sexual abuse. In one RCT, participants had greater reductions in drug use, were more likely to remain in residential aftercare longer, and were less likely to have been re-incarcerated within 12 months after parole. In a second RCT, results showed that there were no significant differences between the participants and standard groups on drug use or PTSD symptoms at follow-up. Participants had better in-treatment performance and more positive perceptions related to their treatment experience. <a href="https://www.cebc4cw.org/program/helping-women-recover-beyond-trauma/detailed">https://www.cebc4cw.org/program/helping-women-recover-beyond-trauma/detailed</a>	2 RCT
<b>Beyond Violence: A Prevention Program for Criminal Justice-Involved Women</b>	Not Rated by Crime Solutions	Beyond Violence (BV) utilizes a multi-level approach and a variety of evidence-based therapeutic strategies (i.e., psychoeducation, role playing, mindfulness activities, cognitive-behavioral restructuring, and grounding skills for trauma triggers) to assist women in understanding trauma, the multiple aspects of anger, and emotional regulation. In one RCT, significant between-group differences favor program participants on only 3 of the 14 measures of anger that were examined. In a second RCT, results indicate women who received Beyond Violence (BV) were less likely to recidivate than those who received TAU. The odds of women in the BV condition recidivating decreased by 79% compared to the rate for women in the TAU condition. Although women in BV were less likely to relapse (26% vs. 50%), the difference was not statistically significant. <a href="https://www.cebc4cw.org/program/beyond-violence-a-program-for-criminal-justice-involved-women/detailed">https://www.cebc4cw.org/program/beyond-violence-a-program-for-criminal-justice-involved-women/detailed</a>	2 RCT
<b>Dialectical Behavioral Therapy (DBT)</b>	Not Rated by Crime Solutions	DBT is a cognitive-behavioral approach involving skills training, motivational enhancement, and coping skills. In one RCT, the effect of DBT on reducing recidivism was greater among those who expressed a desire for help and among those that were younger and participants with Desire for Help score > 35. <a href="https://www.cebc4cw.org/program/dialectical-behavior-therapy-dbt/">https://www.cebc4cw.org/program/dialectical-behavior-therapy-dbt/</a>	1 RCT 1 Quasi-experiment

RCT = Randomized Controlled Trial

fewer programs and practices meet these criteria than are listed under a general search for “re-entry” on CrimeSolutions.

### Recommendations for policy and practice

In light of the foregoing developments related to challenges facing women in re-entry, the author offers the following policy and practice recommendations:

#### Recommendation 1: Gender-Responsive Re-entry

Re-entry programs aimed at female offenders should utilize actuarial screening instruments for substance use disorders, psychiatric disorders, and criminogenic risk that have been designed specifically for women, as well as implementing various programming elements that are gender informed.

#### Recommendation 2: Integrated Treatment for Co-Occurring Disorders

Re-entry programs should screen inmates for substance use disorders, mental illness, and chronic health conditions that may impact their recovery and reintegration. They should design individualized treatment plans that concurrently address these comorbidities.

#### Recommendation 3: Therapeutic Communities

Therapeutic communities are a participatory, group-based approach to substance abuse intervention where individuals work through recovery while living together in residential settings. A return to the therapeutic community model for

incarcerated women can improve today’s re-entry efforts for women.

#### Recommendation 4: Focus on Aftercare

Newly funded or implemented programs should be designed so that treatment begins at least 90 days prior to release and continues for a period under community supervision. Linkages to community health providers for treating addiction and mental and physical health needs should be made prior to release, and case management should be maintained while the individual is under community supervision after release.

#### Recommendation 5: Medication-Assisted Treatment

For prisoners suffering from addiction, mental illness, or both, and especially for those addicted to opioids or alcohol, medication-assisted treatment presents a viable option for the criminal justice system to reduce recidivism and relapse using an established public health framework.

#### Recommendation 6: Peer Recovery Support

The use of peer recovery specialists may be particularly salient for female re-entry for several reasons. Prior evidence suggests that women, on average, have stronger social bonds, feel more strongly about their interpersonal relationships, and view themselves through the lens of



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these relationships. Peer recovery specialists, then, can capitalize on these qualities and develop personal relationships with returning prisoners that serve as a form of social support during recovery.

#### Recommendation 7: Employment and Skills Training

Re-entry programs should expand their offerings so that programmatic elements reflect the full range of offender risks and needs, including for employment. Since there are few female prisoners without deficits in employment, education, or skills, employment programming may be more relevant for a greater number of reentering women than even substance abuse treatment.

#### Recommendation 8: Housing Assistance

Returning prisoners, especially females, experience homelessness and housing insecurity at a rate far higher than the general population. An increase in funding, along with a

corresponding increase in research, is needed to expand the provision of housing services for formerly incarcerated women, particularly those who have custody of their minor children.

## A return to the therapeutic community model for incarcerated women can improve today's re-entry efforts for women.

### Recommendation 9: Maintaining Family Bonds

Women who maintain contact with their children and families are less likely to report depression while imprisoned and more likely to realize family reunification following release. The effects of parental incarceration, especially maternal incarceration, are well documented but may be mitigated if correctional departments and re-entry programs increase the amount of contact women have with their children and families during incarceration. Re-entry programs should also offer specific program elements that allow women to interact with their children on a regular basis while in prison (e.g., family-based therapy), along with parenting classes when appropriate.

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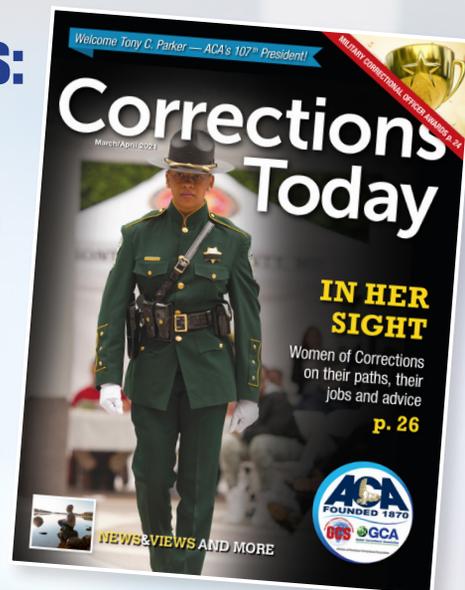
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