

TOPICS IN

COMMUNITY CORRECTIONS

Annual Issue 2000:  
RESPONDING TO WOMEN  
OFFENDERS IN THE  
COMMUNITY

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## FOREWORD

by Phyllis Modley, *Correctional Program Specialist, NIC Community Corrections Division*

The NIC Community Corrections Division is pleased to offer this collection of articles by practitioners and researchers on women offenders in the community as the annual *Topics in Community Corrections* issue for the year 2000. This is no longer a unique topic in the corrections field. The conferences and special publications on women offenders of the past 2 years have brought the issues of managing women offenders into heightened focus. The sheer growth in numbers of women offenders—well documented in these articles—contributes to our sense of urgency to understand *why so many women, why they keep returning* to (and failing in) our corrections systems, and *what more effective strategies* for supervising and treating them might be available.

The Division's goals in assembling these articles were:

- To provide practical information to practitioners regarding effective responses to women in the community. By “community” we mean not only traditional probation and parole but also the whole system of decision-making processes and choices of pre-trial and post-adjudication options at the local level. For instance, several articles illustrate the important role that jails play in early assessment and screening of women, and even in managing community-based programs.
- To convey a sense of the range of exciting and innovative policy and program development efforts that are occurring across the country to shape more effective, gender-responsive supervision and treatment strategies.
- To continue the Division's commitment to assisting community corrections agencies and criminal justice systems in improving the rates of successful completion of pretrial supervision and community sentences by women offenders.

In this issue are 10 articles by practitioners and researchers which highlight both the critical problems and some of the most promising practices in community corrections's response to women offenders. This is not a comprehensive treatment of the subject but rather an illustrative one; many sound programs and important issues are not covered here. Fortunately, the papers are well referenced and will point the reader to other useful materials.

Some repetition of key information is evident across the set of articles. One reason seems to be that each author, in his or her own words, felt the need to build the groundwork for their articles along some common themes: the distinct criminal pathways of women (such as their histories of physical, sexual and substance abuse), their current profiles and life circumstances (such as their high rates of mental illness

and substance abuse, concern for their children, and economic marginality), and the fact that they are clients of multiple human service systems.

The articles look at:

- How community corrections agencies may come to understand why they should respond to women differently than men (Mary Scully Whitaker);
- Why gender matters in criminal justice system involvement (Meda Chesney-Lind);
- Guiding principles for developing gender-responsive programs, from both researcher and practitioner viewpoints (Barbara Bloom and Anne McDiarmid);
- Three examples of partnerships across criminal justice and treatment systems to respond to the needs of women offenders in locations in Arizona, Maryland, and Minnesota (Robin Hoskins, Joan Gillece, and Dinny Prichard);
- The critical role of residential programming for women offenders and their children (Karen Chapple);
- The work of two jurisdictions that, working with NIC technical assistance, established task forces or system-wide policy teams to undertake a long-term process of policy development to improve decision making about women offenders and women's programs (Larry Muse and Terrie McDermott); and
- The challenges of improving women's ability to succeed in the community in the face of public policy changes of the past decade (Ann Jacobs).

**T**he Community Corrections Division extends its deep appreciation to the authors who freely donated their time to develop these articles. We thank them very much.

*Phyllis Modley  
National Institute of Corrections  
December 1, 2000*



## Responding to Women Offenders: Equitable Does Not Mean Identical

by Mary Scully Whitaker, Director of Planning for Female Offenders, Minnesota Department of Corrections, St. Paul

From a corrections perspective, we should approach the management and treatment of women offenders differently. Why? Because if we use gender-responsive approaches, we will be more successful. That is a rather simplistic answer to the question, but it is, in the final analysis, the basic truth. This article addresses equity issues and the differences between identical treatment and equitable treatment.

In other articles in this publication, you will read about the increase in numbers of women offenders, both on probation and in our prisons. We have finally reached a critical mass of women offenders, which means that separate and unique treatment of them makes financial sense. You will read about many women offenders with histories of victimization and how healing the trauma of abuse is a critical step to help these offenders learn to take responsibility for their offending behavior. You will learn about women's unique pathways into crime and their implications for designing appropriate interventions to interrupt the ongoing cycles to crime.

In the late 19th century, criminologist Lambroso believed that criminals were born, and that women were less evolved than men. The woman offender was more cunning and deceitful, and she lacked a maternal instinct. This attitude spoke not only of Lambroso's world view, but also that of society as a whole at the time. In the early 20th century, women offenders were considered "fallen women." W. I. Thomas said in 1923 that the deviant female was not properly socialized. In Minnesota, in the early days of the Women's Reformatory at Shakopee, which opened in 1920, the largest percentage of women were incarcerated for "crimes against chastity" such as "adultery, bigamy and procuring females to enter a house of ill repute."

As we begin the 21st century, some of those assumptions and prejudices have been replaced by sound research about the psychosocial differences in gender. In 1982, Carol Gilligan's well researched book *In a Different Voice* validated gender differences and became widely accepted within the feminist community. Not surprisingly, however, it has taken almost two decades to apply her research and findings about women to women offenders. Gilligan states, "In women's lives, attachment, interdependence and connectedness to relationship are critical issues which form the foundation of female identity." Male identity is based on defining self in relation to his status in the world, with a focus on independence and autonomy. Female identity is based on defining self in relation to others, with a focus on connectedness and interdependence. The male way of resolving conflict relies on the rules, while the female way of resolving conflict relies on maintaining relationships. How then can we expect to have successful programs that meet the psychosocial

needs of male and female offenders in the same setting and using identical strategies?

Yes, of course, we do live in a world that does not separate males from females. In fact, in most venues we are legally forbidden to be exclusive to one gender. However, treatment strategies based on each gender's characteristics must be employed in order to address specific psychosocial developmental needs and issues. Once treatment has been successful, it again becomes appropriate to do co-correctional programming.

Here is a scenario on how this may play out: A male offender and a female offender are placed on low risk supervision in the community. Both are required to attend an educational group once a month. At the group session, each may be asked to submit a urine sample for drug testing. If he or she fails to do so, s/he may spend a few days in jail. The man chooses to miss his group supervision night, knowing that he has broken the rules and will pay the consequence. The woman, who has a sick child and no relationship with her probation officer, also misses her group supervision night. Instead of believing that she broke the rules and must now pay the consequences, she feels victimized by the system because she had a sick child at home. It is not that this woman offender does not want to take responsibility for her behavior, but because she has no relationship with her group supervision probation officer, she feels that the concerns of her child take precedence. If she had a relationship with her PO, she might have called him/her to do some problem-solving.

Many women offenders supervised in the community are classified as low risk, and typically low risk offenders have little or no relationship with their agents. Because relationships are central to women's lives, it is predictable that women will experience a higher rate of failure on community supervision. We often label a women offender as male-dependent, when in fact, it is the responsibility of the probation officer or treatment provider to assist the woman offender. The officer or treatment provider can help her in choosing not between a relationship and a rule (sick child or group) but between a relationship and a relationship (with a sick child and with an agent who believes she can succeed).

Historically, and in many jurisdictions today, all offenders are dealt with in the same manner, based on a risk assessment. Addressing issues of culture and gender has been seen as superfluous, expensive, excessive, and unnecessary. However, there is hope that we have moved beyond that narrow viewpoint. If our goal is to have a positive impact on the offenders in our system, we must address each as an individual. We would not think of treating a shoplifter identically to an armed robber. Why then would we treat a white male the same way we would treat an African American female?

Offender characteristics as well as offense must be addressed to be most effective with each client. Identical treatment is not necessarily equitable. As Maniglia and Albrecht say, "equitable means providing opportunities that mean the same to each gender." An example of this is the requirement in many coed jail facilities for all inmates to wear one-piece jumpsuits. This treats all offenders identically; however, the rule does not treat them equitably. Just as there are different pathways to crime for men and women, there are different approaches that will motivate and lead male and female offenders away from crime.

The Minnesota statute on parity states: “Adult women charged with or convicted of crimes . . . shall be provided a range and quality of programming substantially equivalent to programming offered male persons charged with or convicted of crimes. . . . Programs for female offenders shall be based upon the special needs of female offenders.” The critical phrases here are “substantially equivalent” and “based upon . . . special needs.” To be effective, programs and agencies must address these concepts. Although it may be easier to provide identical programs/ treatment to all offenders, it is short-sighted and ineffective.

If we want to make a positive impact on the lives of women offenders, we must treat them as a separate group and allow them more opportunity to build safe, trusting, and healthy relationships. Only then we will be effective in reducing crimes committed by women. ■

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## Women and the Criminal Justice System: Gender Matters

*Meda Chesney-Lind, Ph.D., Professor, Women's Studies, University of Hawaii at Manoa*

Throughout most of our nation's history, women offenders have been largely invisible or “forgotten” in a system designed to control and rehabilitate men. According to Maureen Cain, in both criminology and more broadly in the criminal justice system, women and girls “exist as Other: that is to say, they exist only in their difference from the male, the normal” (Cain, 1990:2). This has meant that female victimization was ignored, minimized, and trivialized and that women's crime was overlooked almost completely. For criminal justice professionals, the time-honored defense of this posture was that there were so few women in the system that accounting for gender was not necessary.

In the waning decades of the 20th century, this logic was abruptly undercut as women's involvement in all aspects of the criminal justice system increased dramatically. As an example, in just the last decade (between 1990 and 1998), the number of women on probation increased by 40 percent, the number of women in jail increased by 60 percent, the number of women in prison increased by 88 percent, and the number of women under parole supervision increased by 80 percent. And, in many of these systems, the increases seen in female rates outstrip those seen for males; for example, since 1990, the number of female defendants convicted of felonies in state courts has grown at more than twice the rate of increase for male defendants.

The criminal justice system, long used to forgetting about women, was taken by almost complete surprise when this change started. The starkest examples of this can be found in corrections, where the number of women in prison has increased sixfold since the 1980s. Caught by this unexpected increase, corrections officials in the early '80s were forced to house women prisoners virtually anywhere—including remodeled hospitals, abandoned training schools, and converted motels. Increasingly, though, states have turned to opening new units and facilities to respond to the soaring numbers of women inmates. By 1990, the nation had 71 female-only facilities; 5 years later in 1995, the number of female facilities had jumped to 104—an increase of 46.5 percent. Similar, though less easily quantified, changes have occurred elsewhere in the criminal justice system as officials struggle with the dramatic increase in women offenders.

### Changes in Women's Crime?

Is the dramatic increase in women's involvement with the criminal justice system a response to a women's crime problem spiraling out of control? Other indicators give little evidence of this. For example, the total number of arrests of adult women, which might be seen as a measure of women's criminal activity, increased by only

38.2 percent between 1989-1998, while the number of women under correctional supervision increased by 71.8 percent.

What does explain the increase? A recent study by the Bureau of Justice Statistics indicates that growth in the number of violent offenders was the major factor for male prison growth, but for the female prison population “drug offenders were the largest source of growth.” One explanation, then, is that the “war on drugs” has become a largely unannounced war on women. Two decades ago, in 1979, one in ten women in U.S. prisons (10 percent) was doing time for drugs. Now, the proportion is over one in three (38 percent).

What about media images of hyper-violent women offenders? Arrest data show a rather sharp increase in the number of women arrested for simple and aggravated assault in recent years, though not for other crimes of violence like murder, which show decreases. Here again, many suspect that policy changes could be a major explanation of these patterns. In California, girls and women accounted for 6 percent of domestic violence arrests in 1988 but 16.5 percent in 1998; essentially, the female share of domestic violence arrests tripled in a decade. In Concord, New Hampshire, 35 percent of those arrested for domestic violence were women, and in Boulder, Colorado, women constituted 25 percent of those arrested. Essentially, mandatory arrest policies in the area of domestic violence have swept up large numbers of women. Figures like these may also explain why so many “violent” women offenders were on probation caseloads rather than in prison.

### **Women's Pathways**

How should the criminal justice system respond to women offenders? Should they be treated as if they were male? Certainly, that has been the response of many in criminal justice—who have often justified such treatment as a form of equality. Setting aside the justice aspects of this dispute, will treating women offenders as if they were men result in effective responses to their behavior? Research on women's pathways into crime clearly disputes this notion and suggests that gender matters in the forces that propel women into criminal behavior. For this reason, gender must be taken into account in crafting effective responses to their problems.

Hints about women's criminal behavior are apparent in a national survey of imprisoned women, which found that women in prisons have experienced far higher rates of physical and sexual abuse than their male counterparts. Forty-three (43) percent of the women surveyed reported they had been abused at least once before their current admission to prison; the comparable figure for men was 12.2 percent.

For about a third of all women in prison (31.7 percent), the abuse started when they were girls, but it continued as they became adults. A key gender difference emerges here. A number of young men who are in prison (10.7 percent) also report being abused as boys, but this abuse did not continue to adulthood. One in four women reported that their abuse started as adults, compared to only 3 percent of male offenders. One-third (33.5 percent) of the women surveyed reported physical abuse, and a slightly higher number (33.9 percent) had been sexually abused either as girls or young women, compared to relatively small percentages of men (10 percent of boys and 5.3 percent of adult men in prison) who had been sexually abused.

A look at the offenses for which women are incarcerated quickly puts to rest the notion of hyper-violent, non-traditional women criminals. “Nearly half of all women

in prison are currently serving a sentence for a non-violent offense and have been convicted in the past of only nonviolent offenses.” (Snell and Morton, 1994:1). By 1998, over half of all women in the nation's prisons were serving time either for drug or property offenses.

Even when women commit violent offenses, gender plays an important role in their crimes. Research indicates, for example, that of women convicted of murder or manslaughter, many had killed husbands or boyfriends who repeatedly and violently abused them. In New York, for example, of the women committed to the state's prisons for homicide in 1986, 49 percent had been the victims of abuse at some point in their lives, and 59 percent of the women who killed someone close to them were being abused at the time of the offense. For half of the women committed for homicide, it was their first and only offense.

But what of less dramatic and far more common offenses among women? Kim English approached the issue of women's crime by analyzing detailed self-report surveys she administered to a sample of 128 female and 872 male inmates in Colorado. Her research provides clear information on the way in which women's place in male society colors and shapes their crimes.

She found, for example, that women were far more likely than men to be involved in “forgery.” (It was the most common crime for women and fifth out of eight for men.) Follow-up research on a subsample of “high crime” rate female respondents revealed that many had worked in retail establishments and therefore “knew how much time they had” between stealing the checks or credit cards and having them reported. The women said that they would target strip malls, where credit cards and bank checks could be stolen easily and used in nearby retail establishments. The women reported that their high frequency theft was motivated by a “big haul,” which meant a purse containing several hundred dollars as well as cards and checks. English concludes that “women's over representation in low-paying, low status jobs” increases their involvement in these property crimes.

English's findings with reference to two other offenses, where gender differences did not appear in participation rates, are worth exploring here. She found no difference in the participation rates of women and men in drug sales and assault. When examining the frequency data, however, English found that women in prison reported significantly more drug sales than men—but this was not because they were engaged in big-time drug selling. Instead, the high number of drug sales was a product of the fact that women's drug sales were “concentrated in the small trades (i.e., transactions of less than \$10).” Because they made so little money, 20 percent of the active women dealers reported 20 or more drug deals per day.

A reverse of the same pattern was found when she examined women's participation in assault. Here, slightly more (27.8 percent) women than men (23.4 percent) reported committing an assault in the last year. However, most of these women reported committing only one assault during the study period (65.4 percent), compared to only about a third of the men (37.5 percent).

In sum, English found that both women's and men's crime reflected the role played by “economic disadvantage” in their criminal careers. Beyond this, though, gender played an important role in shaping women's and men's response to poverty. Specifically, women's criminal careers reflect “gender differences in legitimate and

illegitimate opportunity structures, in personal networks, and in family obligations.” (English, 1993: 374)

### **Implications for Programming**

Women offenders, then, have different personal histories than their male counterparts and less serious offense backgrounds. In particular, women's long histories of repeated victimization have to be considered in crafting any response to their criminal conduct. As an example, it is understood that women might use drugs for reasons quite different from those of her male counterparts (often self-medication). She may also have been coerced into drug offenses or other criminal behavior because of an abusive spouse or boyfriend (called “gender entrapment” by Beth Richie) (Richie, 1996). Women's property offenses are often directly linked to economic marginalization they have suffered both as women and, not infrequently, as women of color. The desire to protect and support their children—women under correctional supervision were the mothers of an estimated 1.3 million children—means that women offenders must have safe, affordable housing for themselves and their children, ready access to reliable transportation, and realistic employment opportunities. They also must not be over-burdened by onerous probation and parole conditions that, even when crafted with the best of intentions, often result in their commitment (or re-commitment) to prison.

The good news is that while there is a great deal to accomplish, the work we are about will make for a safer society in this new century and could well be a model for all criminal justice practitioners—not simply those who work with women. The non-violent backgrounds of women offenders allow us to look past punitive and masculinist crime policies that stress punishment/imprisonment to forms of restorative justice that can be best achieved in the community. Such approaches heal rather than harm the social fabric, as they are far less likely to fuel racial tensions or exacerbate poverty. They are also far more affordable than costly imprisonment. Our work for women on the economic and racial margins can, in fact, be a model for more humane ways to reduce both crime and victimization for both female and male offenders. ■

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## **Gender-Responsive Supervision and Programming for Women Offenders in the Community**

*by Barbara Bloom, Assistant Professor, Department of Criminal Justice Administration, Sonoma State University, Petaluma, California, and Anne McDiarmid, Supervisor, Dakota County Community Corrections, South St. Paul, Minnesota*

**W**omen continue to represent a growing percentage of correctional populations nationwide. The vast majority of these women are under community supervision (probation or parole). In 1998, nearly 1 million women were under correctional supervision in the United States. Of those, 85 percent, or over 800,000 women, were on probation or parole (Bureau of Justice Statistics, 1999a). Between 1990 and 1998, the per capita number of women under probation supervision rose 40 percent and the per capita number of women under parole supervision was up 80 percent (BJS, 1999a; BJS, 1999b).

This significant increase in women under correctional supervision has called attention to their status in the criminal justice system and to the particular circumstances they encounter within the system. There is a growing body of data regarding the characteristics of women in prisons and jails (see Owen and Bloom, 1995; Chesney-Lind, 1997); however, despite the fact that the greatest numbers of women offenders are under community supervision, there is far less information available on their characteristics and needs. Furthermore, little is known about gender-responsive supervision issues and strategies, treatment approaches, and characteristics that contribute to effective programs and promote successful outcomes for women offenders (Bloom, 1998a).

In order to increase the rates of successful completion of community supervision by women offenders and reduce the number of women who are re-arrested and re-involved in the criminal justice system, there is a need to design gender-responsive community supervision and treatment approaches. It is critically important to document approaches that are related to positive outcomes for this population, so that promising supervision and program models can be presented to criminal justice policy makers and practitioners.

### **Characteristics of Women Under Community Supervision**

If we are to design effective supervision and treatment approaches that match women offenders' needs, it is important to consider the demographic and social history of this population, as well as how various life factors impact their patterns of offending.

The characteristics of criminal justice-involved women reflect a population that is triply marginalized by race, class, and gender (see Bloom, 1996).

- Women offenders are low income, disproportionately women of color, undereducated, and unskilled, with sporadic employment histories.
- They are less likely to have committed violent offenses and more likely to have been convicted of crimes involving drugs or property. Often their property offenses are economically driven, motivated by poverty and/or the abuse of alcohol and other drugs.
- Women confront problems that tend to be unique to their gender, such as sexual abuse, sexual assault, domestic violence, and single parenthood.
- Similar to all women in the criminal justice system, the majority of women under community supervision are single mothers. An estimated 72 percent of women on probation have young children (BJS, 1999a).
- Many women suffer from some form of mental illness or co-occurring disorder. According to the Bureau of Justice Statistics (1999c), nearly 8 in 10 female mentally ill offenders reported prior physical or sexual abuse. Often women encounter the justice system as girls because they have run away from home, often to escape situations involving violence and sexual/physical abuse.
- They begin to use alcohol and other drugs at an early age, and an increasing number of studies have found a correlation between addiction among women and histories of physical and sexual abuse. Interviews with adult women offenders indicate a link between their offense and their history of victimization and substance abuse (Belknap, 1996; Covington, 1998).
- A result of severed social relations, economic vulnerability, addiction, and abuse, homelessness is a frequent complication in the lives of criminal justice-involved women (Bloom, 1998b). North and Smith (1993) reported that homeless women are far more likely to have young children in their care and to be more dependent on public assistance than their male counterparts. They are also more likely (23 percent) than men (4 percent) to be victims of sexual abuse (North and Smith, 1993).

In summary, the women in the criminal justice system have histories of trauma and substance abuse. Most are nonviolent and are not considered to be threats to the community. Their most common pathways to crime are based on survival (of abuse and poverty) and substance abuse. Their greatest needs are for comprehensive treatment for drug abuse and trauma recovery, education and training in job and parenting skills, and safe and sober housing.

### **Supervision and Program Approaches and Strategies**

Criminal justice supervision, programs, and services have been based on the male experience, primarily due to the preponderance of men in the criminal justice system as compared to women. Consequently, the supervision and program needs of women have been largely ignored. As a result of this lack of attention to women under correctional supervision, we have very little empirical evidence indicating what works for women offenders.

The goals of most probation and parole agencies are to provide for public safety and reduce offender recidivism. Increasing caseloads have made it necessary to focus on offenders who are at high risk to public safety. Women, who typically commit low level property and drug crimes, are generally not a danger to their

communities. Therefore, they tend to be ignored despite the fact that their success or failure has a profound impact on their children, families, and other social service systems. Failure often means a woman's increased involvement in the criminal justice system, which may lead to family fragmentation. Success, on the other hand, can mean that a woman is in charge of her life, in recovery from trauma and dependency, and fostering healthy children and families with resources and community support.

As a result of the overwhelming numbers of offenders being placed on probation, the traditional means of supervising both men and women has changed from case management to a surveillance model. However, returning to a case management approach and utilizing a relational model of supervision is a strategy that may assist probation officers in working with women offenders. Since women typically manage

their lives in the context of relationships, building trust with a female probationer is an important step in helping her to be successful on probation. Family mentoring and/or other community support is critical for a woman's continued success in the community. Engaging the family, particularly her children, in her recovery process can promote successful outcomes for a woman.

If community supervision is to be successful with women offenders, strategies that are gender-responsive need to be developed and implemented. Effective supervision strategies and programming for women should be tailored to their unique situations and reflect women's pathways into the criminal justice system. These strategies and programs should be based on sound theoretical approaches to treatment, asset-based, multi-modal, and sensitive to the differences among women (Covington, 1998).

### **What Works?**

Research supported by the National Institute of Corrections and conducted by Austin, Bloom, and Donahue (1992) identified effective strategies for working with women offenders in community correctional settings. This study found that the most promising community-based programs for women offenders did not employ the medical or clinical model of correctional treatment. Instead, they worked with clients to broaden their range of responses to various types of behavior and needs, enhancing their coping and decision-making skills. These programs use an "empowerment" model of skill building to develop competencies that enable

women to achieve independence. In addition, effective therapeutic approaches are multidimensional; they deal with specific women's issues, including substance abuse, domestic violence, sexual abuse, pregnancy and parenting, relationships, and

### **Core Concepts for Developing Gender-Responsive Programs (see Bloom and Covington, 1998)**

- Equality does not mean sameness; equality of service delivery is not simply about providing women access to services traditionally reserved for men. Equality must be defined in terms of providing opportunities that are relevant to each gender. Thus, services and interventions may appear very different depending on to whom they are being delivered.
- Gender-responsive programs are not simply "women only" programs that were designed for men.
- Females' sense of self is manifested and develops differently in female-specific groups as opposed to coed groups.
- The unique needs and issues of women should be addressed in a safe, trusting, and supportive women-focused environment.
- Whenever possible, women should be treated in the least restrictive programming environment available. The level of security should depend on both treatment needs and concern for public safety.
- Programs should promote cultural awareness and sensitivity and should draw on the cultural resources and strengths in various communities.

gender bias. Other studies of women offenders highlight the importance of relationships and the fact that criminal involvement is often connected to relationships with family members or significant others (Owen and Bloom, 1995; Owen, 1998).

The National Institute of Corrections has found that a system-wide approach is essential to effectively address the needs of this population. In a system-wide approach, agencies recognize the interrelated nature of criminal justice and human services systems, including the community, the courts, corrections, and other organizations. The approach involves bringing key system players to the table to analyze available information, develop shared objectives, and implement policy on this population at each decision point in the system.

Specific strategies that may be useful to a probation or parole department include:

- **Developing comprehensive screening and assessment tools** that have been validated on a female population. These tools need not come from the field of corrections; in fact, some valuable screening and assessment tools come from the fields of chemical dependency, public health, mental health, and social services. These assessments may be helpful in referring women to an appropriate intervention.
- **Implementing women-only caseloads** supervised by probation or parole officers interested and trained in the issues of women offenders. Individualized case planning and referrals to appropriate community-based agencies can also help women to successfully complete probation or parole.
- **Becoming advocates.** This approach is not always looked upon favorably by community corrections agencies, but it is an important part of supervision services. Because women comprise such a small proportion of the total offender population, their needs tend to be overlooked in departmental planning efforts. Consequently, advocacy efforts should be a part of probation and/or parole work with women offenders.

From an organizational standpoint, it is also important to have management support and a mission statement that includes gender-responsive principles.

The following are key aspects of the community corrections business which require thoughtful review and development of gender-responsive approaches in order to improve outcomes for women under community supervision:

- Effective assessment and classification tools (risk, needs, pre-trial release, health/mental health, substance abuse, employability);
- Philosophy of supervision (surveillance vs. treatment);
- Content of supervision (address women's needs);
- Model of supervision (relational, case management, team approach, individual and/or group counseling);
- Relationship to the community (what services are available and who is responsible for delivery; what needs are better met by community agencies);
- Recruitment, training, education, and attributes of probation and parole officers supervising women (cross-training);



- Caseload, workload size, and specialized caseloads (gender-responsive; mental health);
- Rules of supervision—are they gender-responsive?; and
- Emerging trends in sanctioning that may be more effective in working with women (e.g., restorative justice, family group conferencing).

Supervision approaches need to focus on issues such as cross-gender supervision, appropriate relationships between staff and offenders, and gender-responsive interventions for women offenders. Correctional practitioners need current information regarding promising approaches to mental health problems, substance abuse, and trauma. Gender-responsive curricula and training programs need to be developed for correctional administrators, staff, and program providers. A probation or parole officer who has a comprehensive knowledge of services for women in the community can make referrals to agencies and organizations that specifically address women's needs; these may include health clinics, substance abuse treatment, support groups, domestic violence, and other social services.

### **Women's Treatment Issues and Needs**

As the research literature suggests, substance abuse is a primary factor in women's involvement in the criminal justice system (Bloom, Chesney-Lind, and Owen, 1994). As such, substance abuse treatment needs to be included as part of community corrections. Women on probation and parole who are mandated to drug treatment are often referred to community treatment programs. Because men outnumber women in drug treatment by about five to one (Abbott, 1994), many programs are co-gender and based on a male model of addiction. However, men and women experience differences in terms of their recovery process. Men in recovery tend to emphasize the problems caused by the consequences of drug use, and women more often report the “stressors” leading to drug use (Ryan, 1981). After entry into treatment programs, women find recovery complicated by child care issues, inadequate social support systems, and lack of financial resources (Ryan, 1981). They also suffer from higher rates of eating disorders, co-occurring disorders, and health problems. Treatment for women probationers and parolees must take these complex issues into account.

Special programs are also needed to address the needs of women probationers and parolees with mental illness and co-occurring disorders. These can include mental health programs provided by community mental health agencies or probation, special supervision practices, and system integration strategies. Veysey (1994) notes that individuals on probation who have mental illness require access to a full range of mental health services.

### **Assessing Policies and Programs for Gender-Responsivity**

It is helpful for agencies and jurisdictions to undertake a thorough review of its policies and programs regarding women offenders. Often, due to a paucity of programs, women are assigned to the programs and services that are available regardless of whether these programs meet the particular needs of the offender.

Following are some questions that may be useful in an assessment of an agency's or jurisdiction's approaches for women:

- Does the policy/practice encourage gender-specific assessment tools and treatment plans, and does it match appropriate treatment with the identified needs of the women and girls it serves?
- Is the policy/practice grounded in theory, and is it accurately designed around statistical data and developmental research that is verifiable and reliable?
- Does the policy/practice acknowledge and value the worth of individuals, regardless of their backgrounds and offense histories?
- Does the policy/practice acknowledge and affirm commonalities and respect differences among and within groups (e.g., race, class, and sexual orientation)?
- Does the staff reflect the client population in terms of race/ethnicity, gender, and sexual orientation?
- In co-correctional settings, what is the ratio of women to men? Do men substantially outnumber women?
- If the program is for women only, what is the composition of the staff in terms of gender, race/ethnicity, and sexual orientation?
- What are the program's mission, goals, and objectives? Is there mention of the unique needs of women and interventions specific to this population?
- Does the program emphasize a “relational” treatment approach and encourage the development of growth-producing, trusting, and healthy relationships?
- Does the program begin at the point where the woman is in her life and proceed in a manner that is sensitive to the pace and direction that she chooses?
- Does the program utilize positive female role models and mentors?
- Does the program address trauma related to physical, sexual, and emotional abuse?
- Does the program address chemical dependency within a context of trauma related to physical, sexual, and emotional abuse?
- Does the program address pregnancy and parenting issues, including family reunification?
- Does the program provide for development of skills that may lead to future employment in both traditional and nontraditional settings?
- Does the program address issues related to transition to the community (e.g., safe and affordable housing, aftercare, job training and placement, and childcare)?
- Does the program offer components such as individual change (e.g., drug treatment), relational change (e.g., dealing with destructive relationships), and community change (e.g., altering the cultural and structural contexts surrounding women, which may contribute to their problems or solutions)?
- Is the program child-friendly? Is the environment conducive to enhancing family relationships? Does it offer services to women and their children and caregivers?

- Does the program emphasize the building of support systems (e.g., women's resource networks, childcare networks, transportation assistance, advocacy organizations, and racial, ethnic, and cultural programs)?
- Does the agency provide staff training in gender-specific and culturally appropriate issues and service delivery?

### **A Framework for Successful Intervention**

Women involved in the criminal justice system present different circumstances and needs than those of their male counterparts. Effective gender-responsive supervision strategies and approaches must address these issues. Successful interventions should relate to the social realities from which women come and to which they will return. They must also be sensitive to cultural differences and expectations; supervision and program approaches need to reflect this awareness. We are learning more about how to treat women offenders and design interventions that are tailored to their needs.

Covington and Bloom (1999) suggest a need to shift the question of “What works?” to “What is the work?” They propose the following framework:

- **Prevent justice system entry**—Create a community response to the issues that impact women's lives and increase their risk for criminal justice involvement. In order to prevent women from entering the system, community-based substance abuse treatment, economic support, and a community response to violence against women should be provided.
- **Do no harm**—Create alternatives to secure custody for women in the criminal justice system. Modify policies and procedures that often re-traumatize survivors of prior abuse.
- **Create gender-responsive services**—Provide services (both context and content) that are comprehensive and relate to the reality of women's lives. Programs should consider larger issues of poverty, race, and gender inequalities as well as individual factors that impact women in the criminal justice system.
- **Build community support**—Create a system of support within communities that provides assistance (housing, employment, transportation, family reunification, child care, drug and alcohol treatment, peer support, and aftercare) to women who are returning to their communities.

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## Maricopa County Partnership Network Responds to Female Substance Abusers in the Criminal Justice System

*by Robin Hoskins, Director, Women's Treatment Network, Maricopa County Adult Probation Department, Phoenix, Arizona*

Although criminal justice and treatment providers share the common goal of addressing the multitude of problems inherent in substance abusers, formal partnerships have not traditionally been in place to provide a coordinated system of case management. In Maricopa County, we noted that as the number of female substance abusers entering the criminal justice system continued to increase and the resources available to this clientele diminished, the disjointed system between criminal justice and treatment providers became increasingly pronounced.

Maricopa County responded to this emerging need by building partnerships between existing criminal justice agencies and service delivery systems in our community. The Center for Substance Abuse Treatment (CSAT) of the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) fueled this effort. In September 1995, CSAT awarded eight cooperative agreements for Criminal Justice Treatment Networks, 5-year demonstration and knowledge development programs. Maricopa County was a recipient of one of these awards, which funded the Women's Treatment, Services and Supervision Network.

Current research suggests that the most effective interventions for substance abusing offenders involve a system that combines a continuum of accountability and treatment services with a process that is flexible and responsive to varying local conditions and population groups. To be cost-effective, such a system must also be designed to deal with both volume and quality of services.

Representatives from the Maricopa County Adult Probation Department (APD), Maricopa County Sheriff's Office (MCSO), Pretrial Service Agency (PSA), Arizona Department of Health Services (DHS), and TASC joined forces to develop the concept of an integrated, treatment systems approach to substance-abusing female offenders. The county attorney and public defender offices, the Maricopa County Superior Court, the Administrative Offices of the Court, and local treatment providers also support the Network. The communication, trust, and cooperation developed among Network partners set the stage for systems change and integrated services.

The mission of the Women's Network is to create an integrated and coordinated system of assessment, supervision, and delivery of services for substance-abusing women in Maricopa County. This article describes: 1) our Network's partnership development and points of intervention, 2) the types of meaningful, long-lasting systems change that have been produced, and 3) what we know about our clients and the impact of their involvement in the Network.

## **Partnership Development**

Women's Network staff are assigned to teams that include the Network's probation and surveillance officers as well as TASC case managers and assessors. These teams are housed in probation offices and offer centralized services in the metropolitan Phoenix area. This integrated approach is designed to allow criminal justice and treatment professionals to share their expertise, combine and maximize the use of valuable resources, and work in concert to develop strategies to combat substance abuse and reduce criminal behavior in the female offender population. The Network has continued to develop its use of case management to create and coordinate services for the client.

Case managers and participating service providers work together to ensure that the client's progress is not undermined by conflicting expectations and inter-organizational problems. Case managers match available resources and services to the offender's identified needs. The case manager also determines if the client has received the services outlined in the case plan and whether the client has benefited from those services. These techniques assist service providers in brokering and monitoring services across agency boundaries. Typically, relationships between agencies have included competing with one another for referrals, rather than working together using their respective areas of expertise. Case managers and participating treatment providers in the Network must work together, integrating their approaches to assist in the client's positive recovery. Maintaining this level of collaboration can be difficult in a treatment community comprised of small non-profit agencies.

The most dynamic partnership developed with treatment providers includes the implementation of gender-specific services for female substance-abusing offenders. Female offenders have traditionally been offered fewer supports than male offenders, and their needs have been addressed in a criminal justice system designed for men. As a result of the criminal justice agency's male-dominated referral base, providers committed to gender-specific treatment are limited. The recent shift in the treatment community has provided positive changes to all female offenders, however, whether or not they are involved in the Network. The shift to gender-responsive approaches continues to occur both in the treatment community and in jails and prisons.

## **Systems Change**

The Women's Network has effectively designed and implemented a systems change. The change has affected both the quantity and quality of available treatment and ancillary services. The Network strives to provide a therapeutic atmosphere for women to improve their quality of life through a supportive team of providers. The Network introduced services-level coordination, systems-level coordination, and team-based collaboration, all of which have produced meaningful, lasting systems change in collaboration and client-level integration of services.

The services-level coordination occurs at the level of the client and the probation and case management staff, who interact directly with clients. The Network has dedicated itself to identifying and enlisting assistance from key community providers in the primary areas of stabilization. As a result, Network participants become empowered to access available services. Communication with these key agencies has improved relationships between the treatment community and ancillary service

agencies. Our outreach efforts in terms of stabilizing female clients have resulted in less fragmented services and a system using cooperative and compatible providers to address stabilization needs. In addition, community providers have been initiated into the Network's philosophy of holistic, developmental care.

Systems-level coordination required structural realignments and changes in how agencies interact with each other in sharing information, resources, and clients. Without some level of systems integration or coordination, case managers would have to repeatedly negotiate across boundaries. A significant systems-level coordination in the Women's Network includes multiple entry points. A woman who enters the criminal justice system at various stages of legal intervention receives consistent information regarding Network services and is assured of specific service referrals to meet her needs.

The Network's establishment of ALPHA, a jail-based, 6-month residential program resulting from collaborative efforts with MCSO's jail staff and Network stakeholders, is an excellent example of systems-level coordination. The success of ALPHA, along with case management intervention, has heightened awareness in the jail system of the effectiveness of early substance abuse intervention programming. Both MCSO and APD staff have witnessed ALPHA female graduates entering the community with greater stability, optimism, and awareness of their ability to establish positive lifestyle changes.

The Arizona Department of Corrections (ADC) is our newest partner, allowing community-based female parolees to access Network services and supervision. The ADC is the Network's first partner to use non-grant dollars to secure Network participation. Through a Cooperative Purchase Agreement, ADC provides a parole officer and funds a TASC case manager, thus bringing another team to our Network. As a result, a female in the criminal justice system can now receive an integrated and coordinated system of assessment, supervision, and delivery of services from the pretrial stage, through sentencing and probation, and finally, through sentencing and parole.

Other stakeholders have also taken steps toward sustaining the Network beyond the grant period. For example, Network staff from PSA and MCSO, originally funded by the grant, are now supported by their parent agency. APD, the lead agent, has dedicated Network probation and surveillance officers since the inception of the Network, as well as office space for the probation and case manager teams. TASC and APD are pursuing other grant dollars to support Network services and continue to market the Network approach and philosophy.

The team-based collaboration allows representatives from multiple systems to develop goals and work towards them at both the services and systems levels. Collaboration is also a vehicle for empowering the clients to take charge of their own lives. Client-level teams in the Network consist of the probation officer, case manager, and any other provider who is invested in the treatment plan, all of whom are committed to working across organizations to promote a comprehensive continuum of care. The implementation of a comprehensive needs assessment is a welcome change in the criminal justice system. The Network assessment provides a holistic case-planning model. Because the Network's emphasis is on addressing multiple goals in a coordinated way, the initial assessment provides direction for team-based coordination.

Another example of team-based coordination is the ongoing opportunities for constructive communication. The Network has established a number of meeting forums that have effectively increased the safety and comfort level for discussing ideas, differences, and conflicts regarding team collaboration and service delivery.

### About Network Clients and Outcomes

Since September 1997, more than 300 women have successfully completed the Network's voluntary, 12-month program.

Who Are Network Clients?	
42% are between the ages of 31 and 40.	75% report experiencing multiple abuse (mental, physical, and sexual).
42% have never been married. 27% have been divorced	62% are white. 16% are Hispanic. 15% are African American.
24% have no children. 23% have two children. 21% have one child.	31% report methamphetamine as their drug of choice. 26% report crack as their drug of choice.
45% have a highest level of education between the 7th and 11th grades.	54% come to the Network from a controlled environment (jail or residential treatment).

What Are Their Program Outcomes?	
80% are in stable housing.	Between January and November 1999, 78% of Network clients tested negative for drugs.
70% are employed either part time or full time.	Network clients receive three times as many referrals to AOD and support services than non-Network clients.
62% are enrolled in educational and/or vocational programs.	The average length of time in the Network's year-long program for successful participants is less than one year (234 days).

### Continuing Our Efforts

As Project Director of the Women's Network, I extend appreciation and thanks to CSAT and the Network stakeholders in the development, implementation, and ongoing maintenance of a seamless system of criminal justice supervision and substance abuse, mental health, primary health care, and social services in Maricopa County. Plans to implement the Network approach with other criminal justice populations, such as transferred youth, are under way. By continuing our efforts to expand Network services, we believe we will help our clients to experience decreased rates of substance abuse, criminal behavior, and recidivism. We also believe Network participation will promote greater life skills in our clients, improve physical and mental health, and enhance the lives of women, children, and their family members. ■

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## **The Phoenix Project: Maryland's Jail Diversion Program for Women with Co-Occurring Disorders**

*by Joan Gillece, Assistant Director, Division of Special Populations, Maryland Department of Health and Mental Hygiene, Baltimore, Maryland*

**T**he Division of Special Populations of the Mental Hygiene Administration of the Maryland Department of Health and Mental Hygiene oversees programs for individuals with mental illness who may also have co-occurring substance abuse disorders, be homeless, be deaf, have HIV/AIDS, and/or be in the criminal justice system. As the number of women in jails has increased nationwide, there has been a corresponding increase in the female inmates in the detention centers in Maryland. Although Maryland detention centers have been providing mental health services to inmates of both genders since 1992, female inmates have not been the focus of specialized treatment until recently.

The Maryland Community Criminal Justice Treatment Program (MCCJTP) was begun as a pilot program in four counties in 1992. Since that initial program, the Division of Special Populations has developed the program in 22 of Maryland's 23 counties. In 1995, the Division focused on treatment programs for women in response to the concerns of wardens about the special problems that incarcerated women presented to correctional staffs. These problems included increased suicide threats; reclusive behaviors in which women refused to be involved in activities, resulting in a lack of concern for personal hygiene and medical care; and an inability to cope with their situation as inmates. Many of these behaviors resulted in institutional infractions.

### **Origins of the Phoenix Project**

In response to the wardens' concerns, the Division and its partner, the Center for Mental Health Services Research (CMHSR) of the University of Maryland School of Medicine Department of Psychiatry, applied for two grants from federal agencies to address these and other issues related to women offenders.

The Substance Abuse Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services requested grant applications in 1997 for demonstration sites that would divert individuals from jail to the community. The Division of Special Populations applied for and received funding of \$1.6 million for a gender-specific grant for females with co-occurring serious mental illness and substance abuse disorders. Rural Wicomico County, on the Eastern Shore of Maryland, was one of the original pilot counties in 1993 and has an estimated population of approximately 79,000; its major urban center is the city of Salisbury (population 21,827). The local detention center holds an average of 600 to 700 inmates per day.

Before writing the grant, staff from the Division and CMHSR conducted a focus group with five women in the Wicomico County MCCJTP program. The women,

who were inmates in the detention center at the time of the interviews, were asked what services could have helped them and their children. Each of the women had extensive substance abuse problems and all suffered from serious mental illnesses. The women spoke of their shame and desperation at the time of their arrest and afterward.

When determining the services and procedures for the Phoenix Project, the responses of the focus group were given great consideration. The police and mental health staff have been trained in recognizing symptoms of mental illnesses and substance abuse disorders. They work with the Mobile Crisis Unit (MCU), which is available 24 hours a day. The MCU consists of a case manager, a sheriff's deputy, and a mental health professional.

### **The Diversion Process**

When police respond to a complaint, the MCU is called if a woman exhibits signs or symptoms of mental illness or a substance abuse disorder. The disposition of the case is a joint effort between the MCU and the police, depending on multiple factors, including the nature and severity of the offense, the mental status of the woman, her criminal history, and her behavior and conduct. If she is eligible, she is diverted into the Phoenix Project instead of being taken to the detention center.

Women eligible for the services of the Phoenix Project must be 18 or older and have a severe mental illness as evidenced by a DSM-IV Axis I clinical diagnosis as well as a substance abuse disorder. The woman must also face arrest for a misdemeanor or a non-violent felony.

A woman who is eligible for Phoenix and agrees to participate in the project will at that point be diverted into emergency crisis housing where she will be further evaluated and stabilized, or she will receive intensive case management and clinical interventions in her home. Her children will also be with her. She and the children will be moved to transitional housing as soon as she is ready. In addition, if she is homeless, she will also be eligible to access the Shelter Plus Care rental assistance available through the Division of Special Population's HUD grant.

A key component of the services available to the woman is a case manager who specializes in mental health and substance abuse. The case manager provides direct mental health/substance abuse treatment services and brokers other community services for the woman and her children, as needed. With Maryland's entry into a managed public mental health fee-for-service care system, community services are most often reimbursable.

### **Project Evaluation**

The evaluation of the Phoenix project, to be conducted by CMHSR, features two major approaches. One is the compilation of a Learning History that will explore how the various "communities of practice" within the Wicomico County mental health, substance abuse, and criminal justice systems learn to work with a jail diversion program. The Learning History is a special type of case study that employs a narrative approach to tell the story of a program's development in the words of the participants who made it happen.

A second focus of the local evaluation is the use of Lifelines with the women in the Phoenix Project. The client reviews her life through the time of the interview by

means of a chart that maps changes in life satisfaction to the present. The Lifeline will reflect “peaks” and “valleys.” For each of these “turning points,” the client is asked a series of questions. The answers reflect the interviewee's views of herself, others, and the events of her life. The Lifeline interview is administered at the time of a woman's admission to the project and again after 12 months.

In addition to these primary studies, the evaluation will also focus on several secondary studies, including an exploration of the Phoenix Project's impact on participants' children and a study of the costs associated with developing and operating a jail diversion program. The evaluators of the grant will include the director of the research project, three assistants, and various consultants.

The Phoenix Project had a late start-up as a result of issues at other sites involved in the SAMHSA grant. The first woman in Wicomico County in the Phoenix Project entered in September 1998. Since October 1998, 33 women have been served. The grant funding ended on September 30, 2000. With the development of pre-booking diversion programs such as Phoenix, women with co-occurring disorders and their children should be able to rejoin their communities and look to brighter futures. ■

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## **Project Reconnect: Responding to Women Offenders on a Personal Level**

*by Dinny Prichard, Project Reconnect, St. Paul, Minnesota*

I recently received an early morning call from a client who was in the hospital emergency room. She said she had been raped and asked if I could come and be with her. I went right there, but I couldn't help thinking how sad it must be for a woman in that circumstance to have no one to call but her probation officer. This speaks volumes, not only about our program and our client relationships, but also about the women themselves. It is not unusual for us to be the persons in their lives whom they can trust and turn to when something happens, either happy or tragic. The day before, I had been visited by a client who learned she would be graduating from college earlier than she thought—and with a 4.0 grade average. Again, the first person she turned to was her probation officer. These incidents speak to the paucity of relationships in these women's lives, and they highlight the importance of what we do.

### **Providing Humane Contact and Hope**

The news is full of reports of the states building new prisons and allotting more money for corrections. I listen to the dialog and justifications with feelings ranging from amusement to outrage. Obviously, for all our time, effort, and money, we are no closer to solving the problem of crime. Perhaps every time we are tempted to adopt a new treatment modality, enact stricter laws, impose tougher sanctions, reduce caseloads, try intensive surveillance, or initiate other responses to address a problem that grows ever larger and more out of control, what we need to do instead is simply go back to basics—to reduce our treatment of women offenders to the lowest denominator, that of human and humane contact.

I am suggesting that the solution may be simpler than we have imagined. All we need to do is begin to see the antisocial behaviors of our clients as a product of unfortunate circumstances, of childhood brutality, neglect, or victimization, and ask what purpose that behavior serves and what needs these women are trying to meet in such dysfunctional ways. Perhaps if we can respond to these needs on a personal level, in a way that engenders trust and confidence and within the context of a relationship, then women offenders can begin to hope again. With hope can come dreams, and with dreams can develop goals. When the goals are achieved, the lives of families can be rebuilt. When we search for the magic answer that is going to motivate the “resistant” client, we often find that it is . . . hope. If people do not have hope, there is nothing to strive for, no reason to change.

Doing business this way is not easier than other approaches. It takes infinite patience, it takes energy, it takes commitment, and it requires belief. It also takes hope on our part. There are as many ways to do these things as there are individuals to do the job. I want to share with you the way we do them at Project Reconnect.

## **An Individualized Approach**

Project Reconnect began in 1991 with a start-up grant from the U.S. Office of Drug Policy and another from the Minnesota Department of Human Services. After its initial 3-year period, Ramsey County had to commit to continuing the program by agreeing to pay such costs as the salaries of the county employees, office expenses, and transportation, among others. In addition, we continued to get a grant from the Department of Human Services.

Project Reconnect is a collaboration between Ramsey County Community Corrections, Human Services, and Public Health. We also contract with a local non-profit agency for a full-time therapist and some limited children's services. The project serves women offenders who are mothers and are either chemically dependent or have been convicted of a drug offense. The goal of the program is to support clients in a law-abiding and chemically free lifestyle while improving parent-child functioning and reducing out-of-home placements. We attempt to intervene in the family structure by providing intensive in-home services that meet the client where she is and deal with the obstacles that are preventing her from being successful.

We recognize that women, especially those who are caring for children, have special needs, many of which revolve around childcare and transportation. We also believe that an effective program for women must address the realities of their lives, including an awareness that women change and grow within the context of a relationship and that their primary motivation is for connectedness. Our clients have a lifetime of issues. Almost all of them are victims of sexual and physical abuse, have grown up in severely dysfunctional families, and have had abusive and exploitive relationships. Their backgrounds and circumstances have often meant that they have not had trusting relationships with women and have had abusive ones with men.

The crimes women commit are unlikely to be violent ones and more likely to involve drugs, alcohol, and property. They are often economically driven because of poverty. If their crimes are violent, they most often involve their partner. These women generally present little threat to the community, but they are very big users of community resources because they are raising children.

We attempt to minimize or remove the barriers that have kept these women from achieving their goals. We are home-based and relationship-based. If survival issues are prevalent, they must be addressed before a woman can move forward. We try to have corrections perceived as a positive and helping connection, not a punitive one. Our approach must be individualized and holistic for each client; there is no set time frame, as some women are ready to work on their issues faster than others are. Change takes time, and recovery is not a straight path.

To be successful, the program must provide a great deal of support and encouragement, there must be caring for the caregivers, humor must be introduced into the offenders' lives, and hope must be rekindled and nurtured. Often the chemical dependency issues of these women are a symptom of other life issues; however, they need to achieve sobriety before they can move on and be successful. We access treatment resources in our community, and we advocate for the longest and most intensive treatment possible. In our present system, unfortunately, the women must often first fail before they are given the level of treatment they needed in the beginning.

## **Collaboration Brings Strength**

The strength of Project Reconnect's model is in collaboration, as each agency contributes an important component. The probation piece is critical because it provides the leverage that is often needed when dealing with chemical addictions. The women are primarily drug addicts rather than criminals, and their criminal behavior has often served to support a drug habit. Their behavior is more self-destructive than a threat to the safety of the community.

The nursing component strives to establish the whole family in “well care” services and to educate the women not to use the emergency room as their primary provider. The nurse also assists with prenatal care, immunizations, school physicals, dental care, and mental health issues. Often, chemically-involved women have badly neglected their own health needs. Some of their children have been exposed to drugs and alcohol prenatally, and they present some specific health care problems. Recently, we have begun to address the issue of clinical depression, as, in many cases, it was a precursor of the drug use and greatly contributes to relapse. We have seen some amazing changes when the depression itself is treated. However, it often requires patience and perseverance to get a client to the point where she will take the antidepressants on a consistent basis. There is a stigma, especially in some ethnic groups, to using these drugs, and considerable education is necessary to overcome the street information these women have learned.

After a woman stabilizes in terms of sobriety, housing, and health, we can look at long-term goals such as education, employment, and spiritual connections. Therapy, both individual and group, is an important factor in the stabilization process. Because we contract with a local non-profit organization for a full-time therapist, we can offer a woman as much therapy as she needs and wants. Many women participate in multiple women's groups as well as long-term, one-on-one therapy. Because so many of the women are sexual abuse victims and/or victims of severe childhood trauma, many actually suffer from post-traumatic stress syndrome and need to be treated therapeutically.

The social worker is the liaison between the client and Child Protection if there is an open case, and she assists the client in achieving the goals stated in the case plan. She also assesses child welfare needs, does educational and parenting evaluations, and determines the need for psychological services, out-of-home placements, emergency issues, and respite care. The nurse and social worker often work together in assessing needs and obtaining appropriate services for developmental delay issues.

## **Our Achievements**

Project Reconnect has kept evaluation data that attest to the success of its approach:

- Only 7 percent of clients discharged from Project Reconnect during 1996-'97 were convicted of a new offense in 1 year; 13 percent had a new conviction within a 2-year period.
- In 1999, the proportion of clients referred to child protection agencies for abuse or neglect of children declined from 36 percent in the year prior to their being admitted to the project to 10 percent while in Project Reconnect.
- Of clients successfully discharged in 1997-'98, 6 percent were referred to child protection for maltreatment determinations, but in the year prior to their admission to the project, 46 percent had been referred for a maltreatment determination.

- Medical care was provided to a significant proportion of families and children: 89 percent of children who needed immunizations received them, 100 percent of families needing dental care received it, and 87 percent of pregnant clients were aided in obtaining prenatal care.

## What We Have Learned

As a result of our experiences, we have learned the importance of the following.

- **Relationship.** Current research confirms what women have known all along: that women learn, change, and grow within the context of a trusting and non-exploitive relationship. The primary motivation of women is connectedness with all the significant others in her life, not separateness.
- **Gender-specificity.** It is essential that programs be for women, run by women, with attention paid to women's issues. They must build on strengths, empower, encourage, build self-esteem, nurture, mentor, re-parent, and provide role models.
- **Therapy.** Group and individual sessions are needed to deal with victimization trauma. They should be available to women on a long-term basis.
- **Community-based focus.** The work should be done in the community where the women live. The women need support and guidance as they deal with the pressures of that environment, because the reality for most is that this is where they have to live.
- **Community resources.** Use all the resources the community has to offer. You need to know what they are because you will need them all. Pay attention to the realities of the women's lives and remember that basic needs must be met before other work can take place.
- **Staff.** Good staff are crucial. The best model is only as good as the people who use it. This work is not for everyone. Age and life experience are very helpful.
- **Long-term commitment.** The program must be for the long term. The issues are serious, and resolution will take a long time. During the process of recovery, the women will experience relapses and setbacks. It is important to be there for them, with the strong relationship intact, so the work can begin when the client is ready.
- **Individualized services.** The services must be individualized and holistic. Although their issues are similar, every woman is different, with different needs, different time frames, and a different personality.
- **Transportation and childcare.** Transportation and childcare must be provided. When staff transport clients, they are meeting a legitimate need and also creating an opportunity for relationship-building. As women get healthier and more stabilized, they will need fewer services.
- **No screening.** Don't screen clients before accepting them. We never know when a woman is ready to change. Some of the best successes will be with women whom everybody had given up on.
- **Physical space.** The space where your program is located should be client-friendly, a place where they feel comfortable. Project Reconnect chose not to be located with other offices that could be threatening to clients, such as probation or child protection agencies. We have a play area for children, a space where women

can make phone calls, a room with donated clothing and household goods where they can “shop,” and a comfortable and private group room.

- **Stakeholders.** It is important to solicit the support of judges, county board members, and other parts of the system. A very effective way of doing this is to have successful clients speak to different groups.
- **Harm reduction model.** A harm reduction model is effective in most cases. Recovery is not a straight path, and relapses occur. It is important to develop trust so that when a woman has a problem, she can tell you about it and be part of the solution. Incarceration can be used as an intervention; if drug use is out of control, it is a time for forced abstinence before work can begin again. Our therapist sees the women while they are incarcerated. If they are new clients, this is a perfect time to begin the relationship; if they are existing clients, good work can often be done during this crisis period.
- **Evaluation.** It is essential to keep good statistics and outcome data. A major reason we have continued to get funding is that we can measure what has been accomplished.
- **Creativity.** Staff must work “outside the box” and in unorthodox ways. Project staff often do business very differently from colleagues in regular agency positions. This approach is often best accomplished by a staff person who has enough experience and confidence to be able to do things differently.
- **Collaboration.** Collaborations provide essential wrap-around services, but they are difficult to maintain. Each agency has its own mandates, mission, philosophy, way of doing business, and internal politics, which can often result in conflicts. It is important to have a common goal among staff members and a commitment to serving the woman, but within the legal and ethical boundaries of each agency. It is also necessary to have full commitment to the goals of the project from supervisory staff and agency heads. Achieving this can be more difficult than it sounds.

### Is This For You?

Being a staff member of Project Reconnect is in many ways like being a parent. It takes great effort and has great rewards. Despite our best efforts, the outcome is not always positive. We must make a long-term commitment. Our work is often frustrating. It is multi-faceted, and we play many different roles and perform a variety of tasks. As in teaching children, we must repeat the same lessons countless times. Most of our clients do not learn from the knowledge we give them, but through their own experience. To help make this happen requires boundless energy, unlimited patience, skill, dedication, nurturance, and wisdom. We need to make difficult and unpopular decisions for women when their behavior is self-destructive. We must be firm, consistent, strong, and, above all, caring. If this sounds like a job for you, then perhaps you should start a gender-specific program in your area. They work.

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## Community Residential Programming for Female Offenders and Their Children

by Karen V. Chapple, M.A., Chapple Consulting Group

**W**hy the heightened interest in female offenders during the past 10 years? Consider these statistics—

- Since 1990, the number of women inmates has grown at an average rate of 8.5 percent and has increased 92 percent.<sup>1</sup>
- Nearly one-third of women serving time in state prisons report that they committed their offense to get money to buy drugs.<sup>2</sup>
- More than half the women in prison report committing their offense under the influence of drugs or alcohol.<sup>3</sup>
- Nearly 6 in 10 women in state prison report having experienced physical or sexual abuse in the past.<sup>4</sup>
- The typical female offender comes from a single parent home in which other family members have been incarcerated.<sup>5</sup>
- Approximately 75 percent of incarcerated women are mothers, and two-thirds have children under the age of 18. Seventy-two (72) percent of women prisoners with children under the age of 18 lived with those children before entering prison.<sup>6</sup>
- More than half of children with incarcerated mothers are living with their grandparents.<sup>7</sup>

### Why Community Residential Treatment?

In recent years, the growing number of women being incarcerated in the U.S., the multiple needs of female offenders, and their intergenerational cycle of crime have led criminal justice professionals to become more interested in community residential treatment for female offenders, and often, for their children.

During the 1970s and 1980s, the U.S. began seeing an increase in specialized residential community corrections and substance abuse programs for female offenders. Professionals in criminal justice believed that female offenders could be placed in the community as an alternative to incarceration because the majority of these offenders had been convicted of non-violent offenses. Nationally, there are now over 65 residential treatment programs for women and their children funded by the U.S. Department of Health and Human Services and administered by the Center for Substance Abuse Treatment (CSAT).<sup>8</sup> These programs include therapeutic communities that have been adapted to address the roles of mothers and the involvement of children. Nationally, another 60 or so programs serve as alternatives to prison and half-

way houses for female offenders, and some of these also house and provide services for the offender's children. Most of these programs are administered by non-profit organizations and funded by a mix of state, federal, private foundation, and community sources.

A study conducted by Austin et al. (1992, p. 22) of innovative strategies and programs for female offenders in the community concluded that the best programs “combined supervision and services to address the specialized needs of female offenders in highly structured, safe environments where accountability is stressed.”<sup>9</sup> Because there has been limited evaluation of residential programs for female offenders, these programs have often provided the same or similar services they make available to male offenders. However, results of the limited evaluation of successful programs for female offenders now suggest that the specialized needs of female offenders must be addressed.

### **Which Offenders Should be in Residential Settings?**

As services continue to grow within the community for women offenders and their children, professionals must also consider when residential placement is appropriate placement. Based on my experience in working with residential community corrections programs for women, I believe that we must reserve these more expensive strategies for women with multiple offenses and convictions and for those with co-occurring disorders. If residential programs focus on female offenders with long-term substance abuse problems and those who have been convicted of a second or third felony, they can offer more intensive services to higher-risk offenders with multiple needs.

If services are also being provided to the children of these offenders, they are likely to be high-risk children in need of comprehensive, developmentally appropriate screenings and services. Children of women offenders have often lived in a dysfunctional system with limited supervision, especially if their mothers have abused substances. The child has often taken on adult responsibilities and has difficulty relinquishing that role. At the same time the mother is learning effective parenting skills in the residential setting, her children are often involved in play therapy, family therapy, substance abuse prevention sessions, and medical treatment and prevention.

### **Key Points for Developing Residential Programs**

When developing a residential environment for female offenders, it would be wise for the program implementer to consider the following issues.

- Existing research—Although the research in this area is still limited, it is helpful to review existing research to learn about best practices before beginning a program for female offenders.
- Need—It is important to document the needs of female offenders and their children in your jurisdiction.
- Program selection—Nationally, female offender programs often begin with one program type (i.e., a halfway house) and then expand to include alternatives to incarceration and substance abuse treatment facilities. The type of program selected determines the level of staffing and programming needed.

- **Site selection**—As more communities react negatively to the siting of residential offender programs in their neighborhoods, program implementers must be creative in their choice of locations. If children are to be served, this has an implication in choosing the size and location of the home. The site's location must be safe and comfortable for the residents and staff as well as accessible to transportation, schools, and human services. Most sites for mothers and children serve 6 to 10 families. Multi-unit sites provide the opportunity to serve entire families so that it is not necessary to limit the age and/or the number of children served. Although multi-unit sites are often preferred, they can be expensive.
- **Staffing**—The staff must reflect the population served. Most should therefore be women, although some programs have found it effective to include men as service providers during the day to offer positive role models. Staff should represent the same cultural and racial characteristics as the residents. They should also include rehabilitated offenders and, once the program has been in operation for several years, previous program participants. All staff must be sensitive, caring professionals who are offered on-going training and education opportunities. If children are to be served, the staff should also include child development specialists who have had experience working with high-risk children.
- **Assessment and treatment plans**—Completing individualized assessments and planning treatment goals are arduous tasks, but they are essential to ensuring the success of rehabilitative efforts for female offenders.<sup>10</sup> A standardized instrument may be used for risk and needs assessment, although there is considerable controversy in the field about this, as few of these tools have been normed on female offenders. Although such instruments rely on objective measures and variables, caution should be used in terms of their predictive value with females. Nevertheless, such instruments provide a baseline for exploring key variables linked with positive outcomes in offender populations. If a standardized instrument is used, it can also be adapted to include issues relevant to female offenders, such as abuse and parental responsibilities. An assessment should include demographic information, criminal history, medical history, substance abuse/use history, family of origin/significant relationships, abuse history, and personal information.<sup>11</sup> Following the assessment, the female offender and her case manager should compile a treatment plan to meet the needs identified.

A similar process should also be in place for the children. It should include standardized developmental assessments and individualized treatment plans. A team of professionals interested in the children's progress should complete these treatment plans. Such a team often includes educators, child developmental specialists, counselors/therapists, and the family's case manager.

- **Structure**—Most of the research on effective community corrections programs cites the importance of a structured program. The structure needs to be inclusive and to involve the residents in making rules and evaluating the program's effectiveness. This model helps empower women to function in structured environments in the future and provides role models for decision-making and leadership skills.
- **Community involvement**—Including the local community is as important as involving the residents. The community provides a bridge to services for the residents while they are in the program and after they graduate. Probation and parole officers are an important part of the community; ensuring a solid relationship

with them will strengthen referrals, treatment, and reunification with the community. Another important aspect of community involvement is constituency building—helping community members understand the value of the program and become committed to it.

- **Celebrations**—Positive events, accomplishments, and progress must be recognized throughout the program. Never underestimate the power of telling the residents they have done a good job. In many cases, female offenders have not been praised in the past. Verbal comments and celebrations to honor women and their children assist in changing behaviors. Tie these celebrations and verbal comments to real achievements to ensure their effectiveness.
- **Family focus**—When community programs for female offenders began to be created, the focus was often on the offender rather than her children. However, involving the children of a female offender in a residential program often helps to keep the woman in treatment. Although providing a family focus in a residential program may be a desirable goal, staffing and liability issues increase—not to mention cost. Including a female offender who is a single parent as well as all of her children is an expensive, but worthy, goal. Many programs limit the number and age ranges of children they will accept because of limited space or the design of the facility. This is often the case when existing homes are used as treatment facilities. When a program has the opportunity to design its own facility, there is more opportunity to create smaller bedrooms, allowing the mothers and children to be housed in separate rooms without substantially increasing the overall size of the facility.

The staff also must be well-trained on how to empower the female offender to be the mother of her children. Although many of the women who will be served were the primary caretakers of their children prior to their arrest, they were not active parents. Staff need to be trained to ensure that the mother, not the staff, is always the primary caretaker of her children. Parenting programs that emphasize active involvement of the participants and treatment team are very effective. Less involved parenting programs, which “teach to” the women, are not as successful.

Another issue to consider when including children is the need to create a child-friendly environment. This means not only addressing safety issues, but also providing opportunities for the children to be involved in developmentally appropriate activities and schooling (e.g., public school, YMCA/YWCA, scouting, or tutoring). Including children in the residential program has many benefits for the mother, but professionals must be vigilant to assure the children are also well served by the placement.

- **Co-dependency**—If you have worked with female offenders, you have heard many comments regarding the men in their lives. A residential program presents the opportunity to address issues such as individual responsibility and healthy relationships and to serve as role models of these relationships.
- **Advocacy**—It is important for both the staff of the residential program and the women themselves to become advocates. Advocacy is crucial because female offenders are not accustomed to advocating on their own or their children's behalf in a pro-social context. The staff must be willing to advocate and serve as role models for the women and families they serve.

- Community reunification—Even after a female offender successfully completes the residential program, your job is not over. Reintegration back into the community is not easy for many offenders released from residential programs, but it can be especially difficult for a female offender. The pressures placed on her—employment, restitution, childcare, financial independence—are often overwhelming. Many women who enter a residential program have lived with an abusive partner, have been homeless, or, in some locations, may have lost their housing as a result of the length of time they were incarcerated and in the program. Providing assistance with housing and case management after the women's graduation is crucial to the family's success.

### **Innovation is Crucial**

Addressing the multifaceted rehabilitative needs of female offenders requires innovation. Innovation in program design and re-design, funding strategies, and staffing can ensure the success of the program. On-going evaluation and open acceptance and discussion of recommendations before they are implemented help to make a program effective. But, most of all it is important to enjoy the process of being a visionary who promotes and celebrates the inclusion of all. ■

### **Notes**

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5. D. Johnson, "Incarcerated Parents," in K. Gabel and D. Johnson (Eds.), *Children of Incarcerated Parents* (Pasadena, California: Pacific Oaks Center for Incarcerated Parents, 1995), pp. 3-20.
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10. Lori Bradley, "Needs Assessment and Treatment Planning," in Ruth Zaplin, *Female Offenders*, (Rockville, Maryland: Aspen Publishers, 1998) p. 266.
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## **Intermediate Sanctions for Women Offenders: A Lesson in Criminal Justice Policy-Making**

*by Larry Muse, Assistant Chief Probation Officer, Hamilton County Probation Department, Cincinnati, Ohio*

**T**he increasing number of women involved in the criminal justice system and the lack of gender-specific programs and services to meet their needs have prompted criminal justice professionals in Hamilton County to examine the county's sanctioning and supervision process in terms of gender. Under a technical assistance grant from the National Institute of Corrections and under the authority of the Hamilton County Community Corrections Board, the Hamilton County Intermediate Sanctions for Women Task Force began meeting in July 1997.

The overall mission of the task force was to establish an ongoing process for policy development and evaluation designed to improve women's services in the local Hamilton County criminal justice community. Its major objective was to design gender-responsive policies, programs, and services to achieve more successful sanctioning outcomes for women offenders.

### **How the Task Force Functioned**

Municipal Court Judge John A. West chaired the task force and played a key leadership role in bringing court and community agencies to the table in discussions of the problems to be addressed if women offenders were to be better served. Judge West brought to the position both formal authority and the ability to persuade and engage others outside the criminal justice system in this process. He has been effective in providing preliminary agendas for each meeting and arranging for different speakers/agencies to share information on the issues from their perspectives.

The task force grew to a membership of 26 over time, and it is indicative of the members' commitment to the team that there were never fewer than 18 in attendance at the monthly meetings.

The group decided early on to attempt to map the decision-making process in the justice system in order to determine what decisions are made about women, who has the authority to make the decisions, and what factors influence those decisions. Meetings offered a safe forum for discussion of the issues. There was a consensual confidentiality agreement among members, who determined early in the process not to publicize the committee's efforts in the press.

### **Changes Implemented to Date**

In response to what the task force learned about women offenders in our community (see Figure 1, page 31), Hamilton County made five main changes in the ways we sanction and serve these offenders.

**Figure 1. Task Force's Profile of Women Inmates (N = 43)**

- Average age is 36.
- 74 percent have children under 18 years of age.
- 60 percent of those with children have lost custody of their children.
- Most reported that they were living with family or a friend at the time of arrest.
- Almost all are chemically dependent (Drug of choice—crack, 53 percent; alcohol, 42 percent)
- 28 percent have never been in treatment for chemical dependency.
- 60 percent have been in prior inpatient treatment.  
Implication: We need to intervene earlier and we need better early assessments.
- 74 percent have been employed fewer than 6 months out of the past year.
- Those employed report an income of less than \$5,000 during that time.  
Implication: This is a poverty-stricken population.
- 51 percent reported past physical abuse, and 37 percent reported past sexual abuse.  
Implication: There is a high rate of victimization among these women.
- Most had multiple prior misdemeanor convictions (an average of 10)
- 53 percent had a prior felony.
- 28 percent have done prison time.
- Most have been on probation more than once.

**1) We initiated a centralized assessment of all women who are in jail.** Pretrial Services and jail staff formed a partnership to improve the assessment process. They have expanded and redesigned an intake area to be staffed jointly within the jail itself. As part of an early triage assessment process, Pretrial Services began doing mental health screens on all women inmates at the time of arrest.

The sheriff, the court, Pretrial Services, Central Clinic, probation, and Talbert House (a local program services agency) have worked together to dedicate an entire floor of a jail facility that had previously been occupied by men as a comprehensive women's assessment facility. Women housed there will be given a complete chemical dependency assessment, as well as an evaluation of their other needs, and will then be referred to appropriate community agencies. For those who are in jail on a pre-trial basis, the evaluation will be shared with the sentencing judge prior to sentencing, so that the sentencing process can be more focused. Because a number of pre-trial women are charged with felonies, this evaluation will be delivered to the Common Pleas Court as well as to Municipal Court. This program will serve more than 1,000 women a year.

**2) We changed many procedures to make them responsive to the needs of women offenders.** The jail administrator has revised the jail intake search procedure to guarantee greater privacy to women. Intake searches had previously taken place in a crowded open area, with resulting embarrassment to the women being processed.

The Probation Department has adopted a “rapid PSI” (presentence investigation) to reduce the length of time women are held and the number of their court appearance depth evaluation immediately upon their intake into the system.

The Probation Department has also begun to provide bus tokens for women who are unable to afford bus fare to report to the department or to treatment as ordered.

In addition, the department has obtained funding to provide training in construction skills for women in the Probation Community Services Unit. This will help graduates of the program obtain jobs at a reasonable wage.

**3) We developed policies and programs to assist chemically dependent and mentally ill women offenders, particularly those who are dually diagnosed.** Additional assessment has been implemented to enable Pretrial Services to identify mentally ill offenders. The screening instrument used is Basis 32, the Behavior and Symptom Identification Scale, which is a very quick screen for detecting significant mental distress that may indicate the presence of an illness that calls for treatment intervention. This process will help to identify women who need more in-depth evaluation immediately upon their intake into the system.

Central Clinic, a not-for-profit mental health agency with a 30-plus-year history with the Municipal Court, conducted a pilot study of women inmates. In the study, women were administered a number of psychological assessments, followed by an in-depth clinical interview. The study found that a significant percentage of the women were dually diagnosed and that many of them had never been diagnosed as mentally ill prior to the clinical assessment. A service contract is being negotiated to provide ongoing in-depth mental health assessments for women.

In general, the task force has encouraged member agencies to adopt the Stephanie Covington model of program implementation.

**4) We implemented an integrated Management Information System.** The new Court Management System (CMS) database is being expanded to include the newly designed probation database. We anticipate that the Pretrial Services database will become a part of CMS within the next 2 years. This addition will provide a constantly updated profile for offenders who are active in the system.

In addition, the court has developed an administrative rule providing that a person actively under probation supervision who is arrested on a new offense will appear on that offense before the same judge who placed him/her on probation. This rule is designed to provide continuity and familiarity with each offender's problems.

The availability of additional data to more participants in the system makes possible more responsive fine-tuning of women's program needs within the system. For example, Pretrial Services was able to share with the municipal court judges data which showed that women released on own-recognition bonds were as likely to appear for their next court date as those with low cash bonds.

**5) We began involving municipal judges in women offender issues.** The court has become sensitive to the fact that many routine issues in sentencing placed an unfair burden on women, given their poverty level. For example, in the past, judges would routinely give offenders a required \$100 bond to motivate them to appear for their next hearing. Many women could not make this minimal bond and were being held in jail until their next court date. Judges have changed this practice.



Judges have also stopped routinely ordering women offenders to pay fines through probation, subject to probation violation for those unable to pay. The court has asked the Probation Department to focus on criminogenic issues such as chemical dependency and to offer voluntary referral to other community agencies for housing, employment, or parenting assistance. This has changed the practice of giving women too many mandatory conditions of probation.

In addition, the court has asked the task force to develop a special arraignment docket to meet the needs of mentally ill offenders. The goal was to create a slower moving docket process, with provisions for mental health assessments and links with existing mental health case managers, so that the court would have more information about the offender and the resources that exist in the community as an alternative to incarceration. A collaboration between the court, public defender, prosecutor, Pre-trial Services, jail, probation, the Mental Health Board, and Central Clinic made possible needed medications as soon as possible.

### **The Work Continues**

Although the NIC technical assistance grant has now ended, the task force is committed to continue meeting to maintain its progress in making systemic changes on issues related to women offenders.

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**Cook County's Gender-Responsive Treatment Model**

*by Terrie McDermott, Executive Director, Department of Women's Justices Services,  
Cook County Sheriff's Office, Chicago, Illinois*

**O**n Christmas Eve of 1991, 23 female detainees being held at the Cook County Jail in Chicago were given an unusual option: leave the jail and go home to spend Christmas with your children, but return to the jail by 7:00 a.m. on December 26th. All the women left, and all the women returned—without great fanfare or incident. So began the first small step in what would become a series of major changes, new programming initiatives, and a top-to-bottom shift in the ideology associated with the incarceration of female offenders in Cook County.

**Jail Crowding Prompts Change**

Since the early 1990s, the Cook County Department of Corrections has faced a jail crowding crisis. At that time, 447 of the jail's 7,622 detainees were women. In response to the increasing crowding, Cook County Sheriff Michael F. Sheahan created a separate Department of Community Supervision and Intervention to develop programs emphasizing substance abuse treatment, GED services, family counseling, and vocational skills training for non-violent, pre-trial male detainees. Programs included a Day Reporting Center, a Pre-Release Center, a 300-bed treatment facility, and a community service unit known as the Sheriff's Work Alternative Program (SWAP).

In the area of programming for female offenders, the Christmas experiment developed into the Sheriff's Female Furlough Program, a first-of-its-kind initiative that allows women to spend evenings at home and report to the jail the following morning for programming. Although this program is not a panacea for jail crowding, it did lead the sheriff to a recognition that the system had to understand and be more responsive to women's issues.

During the same period, a handful of experts on the national level began to focus attention on the escalating numbers in the female offender population, and a small amount of data began to emerge. Studies conducted by Northwestern University and Michigan State University provided insight into the unique needs of the woman offender. Until then, a woman's pathway to criminal behavior and the unique needs of the woman offender had been essentially neglected by researchers, criminal justice agencies, program providers, and policy makers. The new information began to profile the woman offender as a non-violent substance abuser, single mom, primary caretaker of multiple children, an unemployed person, and most likely the victim of physical, mental, and/or sexual abuse.

## **Council Collaborates on Policy and Procedure**

In response to this growing awareness, Sheriff Sheahan in 1996 created the Female Offender Advisory Council. The council included representatives of the Cook County Board of Commissioners, the courts, the state's attorney's office, the public defender, Adult Probation, social services, universities, and local service providers. After spending a year learning about the unique needs of the woman offender, the council applied for technical assistance from the National Institute of Corrections (NIC) under the NIC Community Corrections Division's program to help jurisdictions develop intermediate sanctions for women offenders.

Based on knowledge gained through earlier work with nine jurisdictions, the Community Corrections Division recognized that women's disproportionately high involvement in drug charges and non-violent offenses made them good candidates for intensive supervision in the community rather than placement in jail. NIC's strategy was to assist jurisdictions in developing sanctions that were appropriate for women's risks and needs.

In granting the assistance, NIC required collaboration among policymakers. The Cook County policy team consisted of key criminal justice agency heads, including the sheriff, the president of the Cook County Board, the chief judge, the presiding judge of the Criminal Division, the state's attorney, and the public defender. In turn, the policy team appointed representatives to serve on a steering committee composed of delegates from each of the criminal justice agencies. The steering committee directed and assigned tasks to seven working subcommittees charged with examining the existing system in detail. The subcommittees were assigned to address data, resource, training, co-morbidity, academic, assessment, and ordinance issues.

From the beginning of the project, a better flow of communication and an enhanced understanding developed among all parts of the criminal justice system. The collaborative process was crucial in recommending several policy and procedure changes in the system. One of the critical recommendations was to create gender-responsive requirements for alcohol and drug treatment programs for women. The first agency to adopt these requirements was the Sheriff's Office, which developed a gender-responsive RFP that specified a treatment model based on women's strengths, needs, and risk.

## **Gender-Responsive Criteria Added to RFPs**

In June 1999, the sheriff consulted with Dr. Stephanie Covington and Dr. Barbara Bloom to critique the female treatment programs being provided in the Cook County Department of Corrections. After intensive observation, the consultants recommended that a new set of criteria be developed for proposals for treatment programs to be provided by contractors.

The gender-responsive treatment approach is based on new theories related to gender and substance abuse treatment (and any other treatment service), which create a theoretical framework that is the foundation of gender-responsive program development. Gender-responsive programs create an environment through site selection, staff selection, program development, content, and materials that reflects an understanding of the realities of women's lives and is responsive to women's issues.

The submitted proposals were evaluated by a panel of experts that included Dr. Covington, Dr. Bloom, and representatives of NIC, as well as steering committee members involved in Cook County's Intermediate Sanctions for Women Offenders project. The evaluation was based on a scoring system that rated:

- Theoretical framework (20 percent);
- Gender-responsiveness (30 percent);
- Treatment modalities (20 percent); and
- Cost (30 percent).

New contracts were awarded, and implementation began on December 1, 1999.

In addition, to ensure the implementation of a gender-responsive approach, the Sheriff's Office engaged the services of Bloom and Covington for cross-training of operational and security staff and assessment of the programs for quality assurance and compliance during the first year of operation.

### **Department of Women's Justice Services is Created**

In conjunction with the development of the gender-responsive treatment approach, a new department was created in the Sheriff's Office. The Department of Women's Justice Services oversees and directs three program placements for women.

- Drug Treatment Beds—This is a 100-bed, comprehensive therapeutic substance abuse treatment program for female pre-trial detainees in the Cook County Jail. Participants are treated on a cognitive level (cognitive restructuring), an affective level (safe, nurturing environment and women's issues groups), and a behavioral level (recovery tools, therapeutic community, AA Woman's Way Through the Twelve Step Program, and life/interpersonal skills education).
- Sheriff's Female Furlough Program (SFFP) —This day reporting program for women, based at the Cook County Jail, allows participants to leave the facility and return to their homes each evening to care for their families. The program is designed to treat female offenders in an appropriate manner and to preserve the bond between the women and their children. Only women who are brought to the jail on non-violent offenses are allowed to participate. Those assigned to SFFP must report to the jail each morning to participate in a regimen of programming that includes random drug screening, job skills training, and parenting, life skills, health education, and literacy classes. Because the majority of women have been arrested on drug-related charges, gender-responsive substance abuse counseling and mental health treatment are also significant parts of the programming.

After the day's programming is concluded, all the women in the program are released on electronic monitoring and must remain in their homes until returning to the jail the next morning. If participants fail to follow the rules of the program, they can be returned to the general population in the women's division at the jail. Transition planning and aftercare are critical to SFFP participants' successful reintegration into the community. There are currently about 100 women in this program.

- Maternity Objectives Management Program—The MOMs Program provides a modified therapeutic community drug treatment program that uses “A Woman's

Way Through the Twelve Steps” and “The Helping Women Recover Model” for pre-trial Cook County Jail women detainees at various stages of pregnancy. The program is funded by the Cook County Sheriff's Office and supplemented by Medicaid. The off-site program is designed to accommodate 16 eligible pregnant and/or postpartum offenders and their children up to pre-school age.

The MOMs Program fosters an atmosphere conducive to proper prenatal, postpartum, and infant care, thus facilitating a nurturing mother-child bond. The program is delivered in a culturally sensitive manner, using proven programming modalities. Supportive medical services are also provided to program participants and their infants. An OB/GYN certified by the American Academy of Obstetricians and Gynecologists provides obstetrical care. A pediatrician certified by the American Academy of Pediatrics provides services including well baby examinations, immunizations, and other health-related care. The nursing staff consists of a Supervising RN and an LPN. The medical staff also provides health education to the participants, either individually or in a group.

### **Community Reintegration**

Effective treatment and gender-responsive programs empower substance-abusing women offenders to begin a process of recovery that can lead to a productive and healthy life. Once the women have successfully completed the treatment programs, it is crucial to prepare them for their reintegration into the community. Drug-free housing, skill-building, employment/vocational training, and community support are essential.

Cook County is committed to better understanding women's issues and making policy and program decisions that will promote healthy lives. By developing and implementing gender-responsive assessment instruments and treatment and program concepts, the department will concentrate on the unique risks, strengths, and needs of the women. Effective services will empower women offenders to begin a process of healing and recovery that will benefit both them and their children. ■

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## **Give 'em a Fighting Chance: The Challenges for Women Offenders Trying to Succeed in the Community**

*by Ann Jacobs, Executive Director, Women's Prison Association and Home, Inc.,  
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**T**he discussion about women in the criminal justice system tends to focus primarily on prisons and, secondarily, on jails. However, more offenders are under community supervision than are incarcerated, and most prisoners will, at some point, return to the community. Therefore, it is critically important to consider the factors that relate to women's ability to succeed in the community.

Some parole and probation officers say that it is harder to work with women than with men. But why? Men represent a greater risk to public safety than do women. So what is the particular challenge that women present? I have a theory based on my experience as executive director of the oldest social services agency in the country serving women offenders and their families. Perhaps it is that, with a woman, we see clearly that though the criminal justice system may determine whether she is incarcerated or free, many other systems actually have more to do with her prospects for successful living in the community.

### **Who Are We Talking About?**

Women in the criminal justice system have a multiplicity of problems. They are overwhelmingly poor and substance abusers. They are also victims of abuse and violence. Many are depressed and suffer from various forms of mental illness. They experience a high rate of HIV infection, other sexually transmitted diseases, tuberculosis, and untreated chronic diseases. A high percentage are homeless or marginally housed. Typically, they are under-educated, unemployed, and have minimal legitimate work histories. On average, 75 to 80 percent of them are mothers, statistically, of 2.4 children.

If women are to live healthy, sober, law-abiding lives in the community, all of these issues must be addressed in some manner. And, further, to take on the well-being of the woman means, by extension, taking on some responsibility for the well-being of her children and, often, of several other adults in her constellation. The children have been hurt by their mother's drug use. They were traumatized by her arrest and the resulting separation from her. They suffer a wide range of psychological problems including trauma, anxiety, guilt, shame, and fear. These problems frequently manifest themselves in behavior problems, poor academic achievement, truancy or dropping out of school, gang involvement, early pregnancy, drug abuse, and delinquency.

Community-based criminal justice interventions typically focus on monitoring and reporting, urinalysis, drug treatment, and referral to employment. However, these are not adequate strategies for dealing with most women offenders. To con-

struct a law-abiding life, a woman offender is likely to require the assistance of a large number of our public systems: public assistance, homelessness services, family court, child care, public education, drug treatment, and health and mental health care (thus managed care), to name a few. Her prospects will also be directly shaped by federal law and local practice on matters as diverse as employment, immigration, child welfare, and eligibility for student loans.

If we are to help women make it in the community, we must learn these other systems. We must coordinate their demands on a woman so that she has a chance of complying with all the competing demands on her. And, sometimes, we must advocate for changes in these systems. Criminal justice-involved women are a hidden part of the population for which they are already responsible. They must be encouraged to be more responsive to these women's needs.

### **The Public Assistance System**

When considering the viability of any community-based intervention, we must ask how the woman will subsist. How will she provide herself with food and basic necessities? It is common for women to rely on welfare until they are able to enter the job market, first at entry-level positions (often supplemented by public assistance) and gradually working their way up to jobs that pay a livable wage and, we hope, provide health benefits. Unfortunately, welfare reform has made it more difficult for criminal justice-involved women to get started on a legitimate life style.

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 permanently bars anyone with a drug-related felony conviction from receiving federal cash assistance and food stamps during her lifetime. The federal law gives states the opportunity to opt-out or to modify the drug felon bar through affirmative legislation stating specifically that drug felons are to be eligible for benefits. At last report, nine states had opted out of the ban and 18 had modified it—by, for example, exempting individuals with drug felony convictions who have undergone drug treatment. This means that the majority of women convicted of drug felonies in 23 states are ineligible for public assistance.

The federal welfare law also prohibits states from providing Temporary Assistance for Needy Families (TANF), Supplementary Security Income (SSI), housing, and food stamps to individuals who are “violating a condition of probation or parole.” Moreover, all TANF recipients are subject to a 5-year limit on the length of time they can receive benefits over the course of their lives.

There are significant delays between the time a woman applies and the time she is eligible to receive benefits. In New York City, the mandated waiting period is 45 days, and the actual wait is often even longer. What do we imagine the woman is doing to feed and clothe herself in this period?

Most localities impose workfare requirements on public assistance recipients. It can be very difficult to receive an exemption from workfare assignments to participate in drug treatment. A missed appointment can result in termination of benefits. Benefits may also be jeopardized if the woman has a child who is truant. Adequate childcare is often not available, creating yet another barrier to participation.

There are also many obstacles to attending school or a training program to get the skills needed to get a job with a livable wage. Among these is the Higher Education

Act of 1998, which suspends eligibility for any grant, loan, or work assistance for students convicted of drug-related offenses.

All of these exclusions and barriers raise the question, “How is a woman to subsist?” We must have a plausible answer, or we are unwittingly leaving women few options besides illegal activity (sex work, drug trade, theft) or dependence on others, who all too often are violent or abusive partners.

### **The Child Welfare System**

The desire to reunify with her children can be the most powerful motivator for a woman's recovery from substance abuse. Denial of access to her children can be a powerful trigger for relapse and despair.

The Adoption and Safe Families Act of 1997 (ASFA) accelerates the termination of parental rights and bars individuals with certain convictions from being foster or adoptive parents. While the intention of the law was to create permanency for children, it has a potentially devastating effect on families when the mother is involved with the criminal justice system. Some states have enacted even more onerous versions of the federal legislation. Practitioners should be familiar with the law and practice in their jurisdiction.

ASFA requires states to seek termination of parental rights when a child has been in foster care 15 of the last 22 months. Fifteen months is a short period of time for a woman who is dealing with criminal charges and recovery from a drug problem, as well as with all the other barriers to stabilizing her life, including lack of housing and difficult relationships. There can be exceptions to this requirement if a relative is caring for the child or if there is a “compelling reason” for not moving to terminate parental rights. Many child welfare agencies do not realize they are able (and even obligated) to explore these exceptions before moving to termination.

Further, termination of parental rights does not necessarily mean a good outcome for the child. Adoption and permanency are not assured. Termination only means with certainty that the mother and child will not have access to each other. This is particularly wrenching for older children who have memories of their mother and who often prove more difficult to get adopted. We have to question whether we are actually improving the prospects for these children by moving so quickly to sever their relationships with their mothers. The pressures of ASFA make it imperative that we address family preservation issues at an early stage in working with a woman in the criminal justice system.

Women involved in the child welfare system may have additional requirements on them that contribute to the complexity of their service plan, such as family court dates, supervised visitation with children, mandated drug treatment, and parenting classes. Sometimes they even face child support demands for periods in which they were incarcerated or were not the custodial parent. These mandates may conflict with employment, parole or probation requirements, or welfare requirements.

Some jurisdictions are now removing children from households in which one partner is battering another. Officials allege that the victim is unable to protect the children. Instead of providing better protection for children, this practice may simply drive family violence farther underground. Given the prevalence of violence in their experience, women offenders should be encouraged—not discouraged—from seeking services.



## **Housing Assistance**

The scarcity of safe, affordable housing is one of the biggest barriers to women's successful adjustment in the community. They end up going back to abusive and drug-using households because they don't have any other real options. They may not be able to return to a relative's home, if that relative is providing kinship foster care to the woman's child. Without acceptable housing, they cannot regain custody of children through family court.

People with drug convictions have been barred for some time from living in federally funded public housing. Some jurisdictions have also implemented criminal record checks for people applying for Section 8 certificates. Section 8 pays private landlords the difference between the fair market value of a unit and the rent that a tenant with limited income can pay. Policies barring those with drug convictions may preclude women offenders from the best tool available for securing affordable permanent housing. Although denials of eligibility can be appealed, this is a labor-intensive process. At a time when many other rental subsidies are also being eliminated, it is increasingly difficult for a poor population to acquire housing.

## **Health Care and Substance Abuse Treatment**

Managed care has changed the way in which we all access health and mental health services. These changes are particularly dramatic for a population that has relied on emergency room care in lieu of preventive and regular health care. Further, it has become even more difficult to place women in treatment. Managed care gatekeepers typically elect drug treatment regimens that are shorter and less intensive than the requirements imposed by the court or parole.

Many traditional models of drug treatment do not work well for women. First, most models do not include children and therefore require a woman to choose between treatment and caring for her children. Further, their methods are typically confrontational, an approach that is not effective with women and can be very damaging for women with histories of abuse. Traditional treatment demands that she deal with issues sequentially: first treatment, then a job, then housing, then (much later) reunification with her children. Women are concerned with all of these things at once and will not participate—and will not succeed—in models that deny their realities and their concerns.

Recovery is a long process that can be usefully started during incarceration. However, treatment must continue in the community. Women must learn to live drug-free in the context of the stresses and pressures that they face in everyday living. Treatment is most effective when it is women-specific, is relational, and addresses trauma. Reaching sobriety is not enough. It must be followed by counseling for women who used alcohol and drugs to self-medicate in response to abuse.

## **Immigration as a Complicating Factor**

During the period from 1988 to 1996, Congress amended the Immigration and Nationality Act seven times to increase the possible negative consequences of conviction for non-citizens accused of crimes. As a result, immigrants who are not U.S. citizens—even if they have been lawfully admitted to the United States for permanent residence—may now be subject not only to ineligibility for citizenship, but also to mandatory deportation and permanent inadmissibility to the U.S. An immigrant may suffer these consequences even if her criminal case occurred years or decades

ago, and even if her criminal case did not result in a conviction under criminal laws. This can be particularly wrenching when a mother is facing deportation and likely separation from children who were born in this country. A woman facing consequences of this magnitude may have difficulty participating productively in any course of treatment.

### **Human Services are Key**

The U.S. has become incredibly punitive, especially toward drug offenders. Often the laws are harsher on drug felons than on murderers and rapists. The result is that it is very difficult for even the most-motivated women to get their lives together. They are relentlessly challenged. The overwhelming obstacles they face are a formula for relapse and recidivism. To help them, we must nurture them and develop their resilience. We must also make sure that the resources they need are available.

An agenda for this work was outlined in a recent publication by Amy Hirsch, Senior Soros Justice Fellow at the Center for Law and Social Policy (CLASP):

- Allow women access to subsistence benefits.
- Increase outreach, remove barriers, and improve access to treatment.
- Respond to violence against women and girls.
- Increase the supply of safe, affordable housing.
- Assist women in getting education and job skills.

I would add the importance of more effectively bridging the child welfare and criminal justice systems to ensure that children and families do not fall victim to our lack of attention.

### **What Can We Do?**

Our strategies must address both social institutions and individuals. There are many institutional barriers to women getting their lives together. To work more effectively with the multiple systems involved in the lives of women offenders, we must:

- Learn what is driving the other systems involved in clients' lives.
- Teach practitioners in other systems what is driving the criminal justice system.
- Change our practices and policies to accommodate others when we can.
- Work with other systems to get them to recognize and be more responsive to the criminal justice populations hidden within their client populations.
- Advocate for policy and program changes that will make those systems more responsive. There are many examples: eliminate the exclusion of drug felons from public housing and eligibility for Section 8 certificates; make it easier for women to get public assistance and medical care in a timely manner; create access to needed drug treatment, mental health services, and even prescription drugs.

There are also some guidelines we can adopt for our work with women:

- We should seek to structure empowering environments in which people—clients and staff—are encouraged and supported in becoming more competent and self-sufficient. We need to distinguish helping/rescuing (in ways that foster depend-

ency) from interventions that aid clients in moving through an accelerated developmental process (in which they need to be able to make mistakes and learn from them). This is challenging and not easily achieved—it is not “tough love,” should not be overly parental, and has not been widely modeled in most criminal justice professionals' own experience. Further, it is extremely anxiety-provoking when the stakes are so high and any fall from grace so public.

- We must avoid overloading an offender with conditions and recognize that whatever is being required of an individual should be in some proportion to her offense. Our goal should be to help her succeed, not increase the likelihood that she will fail—whether as a function of technical violations or because of stress-related relapse or rearrest. Further, we should recognize that, the closer we look, the more likely we are to see technical violations. This suggests the importance of intermediate sanctions.
- We must incorporate into our interventions ways of regularly acknowledging accomplishment—our clients' and our own. Court officials, the public, and our staff need this re-focusing from failure to success as much as do clients.

In short, working with women in the criminal justice system requires that we find ways of working more effectively with the many other human service systems involved in their lives. We don't have to have all the answers. Instead, we must “hold the vision.” If purpose and values drive us, not form, we can embrace paradox and ambiguity, continually question and challenge ourselves and colleagues, beware of the “unanticipated or unintended consequences,” and be willing to continually evaluate, refine, modify—and sometimes even abandon our innovations.

To give women offenders a fighting chance requires significant changes in our strategies and public systems. Certainly we should expect as much of ourselves as we do of them!

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