

# Gender-responsive programming for women offenders: Guiding principles and practices

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**H**istorically, correctional programming for women offenders has been based on assumptions of male criminality or pathways to crime. The research literature on “what works” in terms of correctional treatment tends to continue this focus on males. As we examine programming and evaluation for women involved in the criminal justice system, we cannot assume that the knowledge and tools developed to address male offenders can be applied to female offenders. This article discusses the relevance of gender-responsive program designs, interventions, and evaluation.<sup>2</sup>

## Why focus on programming for women offenders?

**T**he number of women involved in the criminal justice system is growing, yet few programs and services are geared specifically toward their needs. This has prompted criminal justice professionals to re-examine their sanctioning and supervision processes in terms of gender. Little is known about the characteristics of programs that serve women or about the criteria or elements that make programs effective for women offenders. This makes it critically important to document the characteristics of programs that lead to positive outcomes for this population, so that promising program models can be presented to criminal justice policy makers and practitioners.

## Who are the women?

In order to design effective treatment programs that match female offenders’ needs, it is important to consider the demographics and history of this population as well as how various life factors impact on their patterns of offending. Women offenders are less likely to have committed violent offences and more

likely to have been convicted of crimes involving drugs or property. Often their property offences are economically driven, motivated by poverty or the abuse of alcohol and other drugs. Many of the women incarcerated for violent offences committed their crimes against a spouse or partner. They are likely to report having been physically or sexually abused, often by the person they assaulted.<sup>3</sup>

Most of the women in the criminal justice system are poor, undereducated and unskilled women of colour.<sup>4</sup> Many of these offenders meet the DSM-III-R criteria for one or more lifetime psychiatric disorders.<sup>5</sup> Single motherhood is common among female offenders.<sup>6</sup> Female offenders tend to have complex histories of trauma and substance abuse.<sup>7</sup> Most are nonviolent and non-threatening to the community. The experience of abuse and poverty and substance abuse are their most common pathways to crime.<sup>8</sup> Their greatest needs are for comprehensive treatment for drug abuse and trauma recovery as well as education and training in job and parenting skills.

## Theories related to gender-responsive programming

It is critical to develop a theoretical approach to gender-sensitive treatment that addresses the realities of women’s lives. The profile of female offenders indicates that they are socially and economically marginalized and often victimized by family members and intimates. Studies of female offenders highlight the importance of relationships, and the fact that criminal involvement often comes through relationships with family members, significant

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others or friends.<sup>9</sup> Women offenders who cite drug abuse as self-medication often discuss personal relationships as the cause of their pain. Abusive families and battering relationships are often strong themes in their lives.<sup>10</sup> This has significant implications for therapeutic interventions that deal with the impact these relationships have on women's current and future behaviour.

Feminist theories also examine criminality as a reflection of women's and girls' lives and their attempts to survive.<sup>11</sup> Many women and girls on the social and economic margins struggle to survive outside legitimate enterprises, which brings them into contact with the criminal justice system.

Contemporary feminists also assert that the differences between men and women should be viewed as sources of strength, not weakness. These strengths include women's capacity for relatedness and connection. According to Dr. Jean Baker Miller, women develop themselves through attachment and affiliation with others. Miller calls for a new approach to psychology that acknowledges the different nature of women's development — an approach which affirms that connection, not separation, is the basis of growth for women.<sup>12</sup>

Gilligan explored relational issues in the context of development and moral reasoning. She explained differences in moral reasoning in a manner that did not devalue women's or girls' behaviour. In her studies of moral development, she discovered "a different voice" among women that emphasized relationship, commitment and care.<sup>13</sup>

Theories that focus on female development and relationships that are mutual, caring and empowering can be useful tools for correctional programs for women and girls. However, while women's focus on relationships can be self-empowering and growth producing, there are differences among women (e.g., race, class, culture, and sexual orientation) that need to be acknowledged in any theoretical or programmatic framework. Methods of survival and resistance to race, class and gender oppression also need to be articulated in theoretical and programmatic models.

## Guiding principles for gender-responsive programs

The following guiding principles should be considered in the development of criminal justice programming and service delivery to women and girls:

- Equality does not mean sameness; equality of service does not mean giving women access to services traditionally reserved for men. Equality must be defined as 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 co-ed groups;
- The unique needs and issues of women and girls should be addressed in a woman-focused environment that is safe, trusting and supportive;
- Whenever possible, women and girls 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;
- Cultural awareness and sensitivity should be promoted, and the cultural resources and strengths in various communities should be utilized.

## Promising programs and practices

To expand knowledge in this area, it is important to identify promising programs and practices related to positive outcomes for women offenders. In a recent study of promising correctional programs for women offenders, Koons *et al.* identified 67 effective programs for women offenders.<sup>14</sup> Of those, there were specific outcome measures in only 12 programs. Recidivism or drug use were outcome measures in only six programs, and none considered which program components were linked to success. Koons *et al.* noted that

program administrators most often attributed positive outcomes to programs that targeted specific or multiple needs and provided continuums of care. Participants cited program staffing characteristics, the acquisition of skills, involvement in program delivery, and the influence of a social network or peer group as important aspects of successful treatment.

In a study of strategies for working with women offenders in community correctional settings, Austin *et al.* found that the most promising community-based programs for women offenders do not employ the clinical model of correctional treatment. Effective programs work with clients to broaden their range of responses to various types of behaviour 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. Effective therapeutic approaches are multidimensional and deal with specific women’s issues, including chemical dependency, domestic violence, sexual abuse, pregnancy and parenting, relationships and gender bias.<sup>15</sup>

### What constitutes an effective gender-responsive treatment program?

A gender-responsive treatment program may integrate three theoretical perspectives — addiction, women’s development, and trauma. Not only is the content of the program important, but so are the context and environment. According to Covington,<sup>16</sup> the program design should include an environment that supports recovery and is characterized by:

- **Safety:** The environment is free of physical, emotional and sexual harassment, and spoken and unspoken rules of conduct provide appropriate boundaries. Although it may be impossible for a staff member to guarantee safety in her agency or institution, the treatment group itself is a safe place.
- **Connection:** Exchanges among the treatment group facilitator and group members feel mutual rather than one-way and authoritarian. Females begin to heal when they sense that a group facilitator wants to understand their experiences, is present with

them when they recall painful experiences, allows their stories to affect her, yet is not overwhelmed by their stories.

- **Empowerment:** The facilitator needs to model how a woman or girl can use power with and for others, rather than using power over others or being powerless. It is important to set firm, respectful, and empathic limits and to encourage the group members to use and believe in their abilities.

Three levels of intervention with women and girls include cognitive, affective and behavioural approaches. At the *cognitive* level, education can help to correct the misperceptions of women and girls and teach them to think critically when making decisions.

The *affective* level is an especially important component for a female treatment program. The absence of feeling or reduced feeling is common in early recovery, and affect emerges as recovery progresses. Women need to learn to express their feelings appropriately and contain them in healthy ways. Because women frequently become dependent on drugs in order to seek relief from painful emotions, they require an environment during treatment in which to understand and work through their feelings.

A gender-responsive treatment program also needs a *behavioural* component. Women and girls need to make changes in their substance abusing and other unhealthy behaviour while increasing levels of functioning in every aspect of their lives.

### Assessing gender-responsivity in programming

Assessment, a critical tool for matching program interventions with an individual’s needs, can help determine the best use of resources. Often, because there are only a few programs and services available, women are assigned to them whether they suit their needs or not. Gender-responsive programming should provide services designed to intervene holistically and constructively in a female’s life. In order to accomplish this, some general questions related to appropriate services for women and girls should be asked:

- Does the program acknowledge and affirm commonalities and respect differences (e.g., race, class, and sexual orientation) among and within groups?
- Is the program grounded in theory? Is the program design based on statistical data and reliable developmental research?
- Does the program acknowledge and value the worth of individuals, regardless of their backgrounds and offence histories?
- Does the staff reflect the client population in terms of race, ethnicity, gender and sexual orientation?
- Does the program utilize gender-specific assessment tools and treatment plans? Does it match appropriate treatment with the identified needs of the women and girls it serves?

When considering whether a program is gender-responsive, practitioners might also want to answer the following questions:

- In co-ed correctional settings, what is the ratio of women to men? Do men substantially outnumber women?
- If the program is 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 them?
- 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, then proceed in a manner that is sensitive to the pace and direction she chooses?
- Does the program use 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 physical, sexual and emotional trauma?

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- Does the program address pregnancy and parenting issues, including family reunification?
- Does the program provide for the development of skills that may lead to future employment in both traditional and non-traditional settings?
- Does the program address issues related to transition to the community (e.g., safe and affordable housing, aftercare, job training and placement, and child care)?
- 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, child care networks, transportation, racial, ethnic and cultural programs and advocacy organizations)?
- Does the agency provide staff training in gender-specific, culturally appropriate issues and service delivery?

### **Measuring effectiveness: Program evaluation**

Funders and policy makers are increasingly mandating the documentation of program effectiveness. Outcome evaluations are valuable because they describe measures of program success or failure. They examine the short- and long-term impact of the intervention on program participants. Some examples of short-term outcome measures include program participation, rule violations, escapes from program, restitution paid, and arrest for new criminal offence. Examples of long-term outcome measures

include reconviction for a new offence, return to custody for a violation of probation or parole, and relapse from alcohol and drug recovery.

Ideally, outcome measures used in evaluations should be tied to the program's mission, goals and objectives. Outcome measures should go beyond the "traditional" recidivism measures to assess the impact of specific program attributes. Short-term and long-term outcome measures for female-specific programs could include:

- program participation/ completion/ discharge;
- alcohol/ drug recovery;
- trauma recovery;
- attainment of General Equivalency Diploma, trade, college degree;
- employment;
- safe and sober housing (i.e., drug- and alcohol-free housing);
- improved relationships with family and significant others;
- regaining custody of children; and
- maintenance of physical and mental health.

The environment within which programs operate is an important factor in evaluation. Program evaluators need to be aware of the unique "culture" of individual programs, i.e., the relationships between staff and offenders and among offenders, and rules and regulations, to determine how these factors may impact on the program. Some corrections programs focus more on facility security and discipline than on treatment. What effect, if any, does this emphasis have on program

efficacy? Factors such as mandatory versus voluntary participation in treatment programs may affect program effectiveness and should therefore be considered in evaluation design.

Quantitative and qualitative research methods should be used in program evaluation in order to provide information on a more comprehensive range of characteristics of programs and participants.

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## Conclusion

Women who are involved in the criminal justice system present different circumstances and needs than their male counterparts do. Effective gender-responsive programs and interventions must address this fact. Factors such as racism, sexism, and economic oppression cannot be overlooked in discussions of effective interventions for women offenders. While dealing with individual issues and therapeutic approaches

is important, the larger social issues of poverty, race and gender inequalities have a profound impact on the lives of women involved in the criminal justice system. Successful interventions must 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, so therapeutic approaches need to reflect this awareness. We are learning more about how to treat women offenders and tailor programs to their needs. The primary challenge is to use theories and research that support the development and implementation of these critical programs. ■

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<sup>2</sup> For a full discussion of gender-specific programming, see B. Bloom and S. Covington, *Gender-specific Programming for Female Offenders: What Is It and Why Is It Important?* (Paper presented at the 50<sup>th</sup> Annual Meeting of the American Society of Criminology, Washington, DC, 1998).

<sup>3</sup> A. Browne, *When Battered Women Kill* (New York: Free Press, 1987). See also T. Snell, *Women in Prison: Survey of State Prison Inmates* (Washington, DC: U.S. Department of Justice, 1994). See also B. Bloom et al., *Women in California Prisons: Hidden Victims of the War on Drugs* (San Francisco, CA: Center on Juvenile and Criminal Justice, 1994).

- <sup>4</sup> W. Collins and A. Collins, *Women in Jail: Legal Issues* (Washington, DC: National Institute of Corrections, 1996). See also B. Bloom, M. Chesney-Lind and B. Owen, *Women in California Prisons: Hidden Victims of the War on Drugs* (San Francisco, CA: Center on Juvenile and Criminal Justice, 1994).
- <sup>5</sup> L. Teplin, K. Abram and G. McClelland, "Prevalence of psychiatric disorders among incarcerated women," *Archives of General Psychiatry*, 53 (1996): 505–512.
- <sup>6</sup> Bureau of Justice Statistics, *Women in Prison — Special Report* (Washington, DC: U.S. Department of Justice, 1991). See also B. Bloom and D. Steinhart, *Why Punish the Children: A Reappraisal of the Children of Incarcerated Mothers in America* (San Francisco, CA: National Council on Crime and Delinquency, 1993).
- <sup>7</sup> Center for Substance Abuse Treatment, *Substance Abuse Treatment for Incarcerated Offenders: Guide to Promising Practices* (Rockville, MD: Department of Health and Human Services, 1997). See also B. Bloom et al., *Women in California Prisons: Hidden Victims of the War on Drugs*.
- <sup>8</sup> M. Chesney-Lind and B. Bloom, "Feminist criminology: Thinking about women and crime," *Thinking Critically About Crime*, eds. B. MacLean and D. Milovanovic (Vancouver, BC: Collective Press, 1997).
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- <sup>12</sup> J. B. Miller, *Toward a New Psychology of Women* (Boston, MA: Beacon Press, 1976).
- <sup>13</sup> C. Gilligan, *In a Different Voice* (Cambridge, MA: Harvard University Press, 1983).
- <sup>14</sup> B. Koons, J. Burrow, M. Morash and T. Bynum, "Expert and offender perceptions of program elements linked to successful outcomes for incarcerated women," *Crime and Delinquency*, 43, 4 (1997): 512–532.
- <sup>15</sup> J. Austin, B. Bloom and T. Donahue, *Female Offenders in the Community: An Analysis of Innovative Strategies and Programs* (Washington, DC: National Institute of Corrections, 1992).
- <sup>16</sup> See S. Covington, *Helping Women Recover: A Program for Treating Substance Abuse* (San Francisco, CA: Jossey-Bass, 1999). See also S. Covington, "The relational theory of women's psychological development: Implications for the criminal justice system," *Female Offenders: Critical Perspectives and Effective Interventions*, ed. R. Zaplin (Gaithersburg, MD: Aspen Publishers, 1998).

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