1-14-2016

Examining gender specific treatment programs in women's prisons

Marieta Ilieva-Petkova

Examining Gender Specific Treatment Programs in Women's Prisons

by

Marieta Ilieva-Petkova

Thesis

Submitted to the Department of Sociology, Anthropology, and Criminology

Eastern Michigan University

in partial fulfillment of the requirements

for the degree of

MASTER OF ART

in

Criminology and Criminal Justice

Thesis Committee:

Marilyn Corsianos, Chair

Solange Simoes,

January 14, 2016

Ypsilanti, Michigan

Abstract

The female offender population has been the fastest growing segment of the correctional population. Historically, victimization and trauma are highly correlated with substance abuse and dependency that are known to have a significant impact on females' pathway toward criminal lifestyle, incarceration, relapse, and recidivism. Due to feminists' research, today we know that females ofenders' pathways toward substance abuse, criminal behavior, and recidivism differ from those of males. As a result, a discussion about the development and implementation of gender-specific substance abuse treatment programs has been initiated. The purpose of this study is to discover if research recommendations proposed, have been taken to consideration and implemented. The qualitative data was derived from various sources. The results suggest that several correctional institutions aim to provide treatment that addresses female offenders' gender-specific needs.

List of Figures

Table of Contents

I. Introduction

Women represent the fastest growing segment of the incarcerated population. Since 1980, the number of females in prison has been steadily increasing. Between 1980 and 1997, the number of females in prison increased by 573%, nearly double the rate for males. An estimated 12,300 females were incarcerated in 1980; by 1997, this number had grown to 82,800 female offenders in federal prisons. In 2011, the estimated number of female offenders in the United States was 103,674, representing 6.7% of the incarcerated population. In 2013, according to Carson (2014) the number reached 111,300.

Female inmates have disproportionately low income, low educational levels, and high rates of substance abuse and mental illnesses. According to Greenfeld and Snell (1999), 73% of the female offenders in federal prisons have completed high school only. In regard to drug use, Mauer, Potler, and Wolf (1999) stated that, according to a survey of state and federal inmates conducted in 1997, three quarters (74%) of the female offenders self-reported that they used drugs regularly while three fifths (62%) had used drugs in the month prior to their offense. The Bureau of Justice Statistics revealed that, in 1999, an estimated 4 in 10 women committing violence were perceived by the victim as being under the influence of alcohol and/or drugs at the time of the crime. In addition, nearly a quarter (24%) of females in state prisons are identified as mentally ill. Hasin, Frederick, Ogburn, and Grant (2007) conducted a study that reveals the tight relationship among mood, anxiety, and other personal disorders and alcohol dependence

It is not a coincidence that mental disorders are mentioned here. Women in the criminal justice system, according to Mauer et al. (1999), have experienced dramatically high

levels of physical and sexual abuse. The authors found that 57% of females in the state prison population had been abused (47% physically and 39% sexually, with many being victims of both types of abuse). Greenfeld and Snell et al. (1999) found that nearly 6 in 10 women in state prisons had experienced physical or sexual abuse in the past. Being a victim of abuse predisposes the occurrence of different mental disorders, such as mood, anxiety, depression, and other personal disorders. Many women, especially low educated and/or low income females, often self-medicate themselves by using alcohol and/or drugs. For many of them, alcohol or drugs—or both—are the only available panacea for numbing the feeling of helplessness, worthlessness, and pain. Once they enter the circle of addiction, the chances of interacting with the criminal justice system increase significantly. The reasons may vary from intoxication in a public space and DUI to possession and/or distribution of illegal substances, prostitution, theft, and other issues. According to Carson and Sabol (2012), in 2010, 25% of the female inmates in state prisons (23,400) were incarcerated for a drug crime. Rosenmerkel, Durose, and Farole (2009) estimated that 18% of the females in prison were convicted for drug offenses, and 20% of those convictions were attributed to possession of drugs while 17% were attributed to trafficking offenses. According to Mauer et al. (1999), "a key factor in the rise of the women's prison population in recent years has been the impact of the 'war on drugs'" (p. 2). According to the authors, law enforcement and sentencing policies and practices have had a dramatic and disproportionate impact on females. However, we cannot ignore the fact that, according to Greenfeld and Snell (1999), nearly 1 in 3 women serving time in state prison self-reported that they committed the offense in order to obtain money to support their needs for drugs.

The dramatic rise in the women's prison population has attracted more and more

attention. However, the majority of existing studies focus on male offenders. One reason for this is that the male prison population is much larger than the female offender population. However, the social impact of higher rates of women's imprisonment is of great importance considering the fact that many of the incarcerated females are mothers and caregivers. Approximately 7 in 10 women under correctional sanction have minor children. Greenfield and Snell"s (1999) study found the following: "An estimated 72% of women on probation, 70% of women held in local jails, 65% of women in state prison, and 59% of women in Federal prisons have young children" (p.7). According to these authors, in 1999, 1.3 million minor children were the offspring of women under correctional supervision.

Following this line of thought, we have to raise the question: What have we been doing to address these issues? In particular, we have created several different programs to help female offenders overcome their addictions, increase their education level, and develop skills that prepare them to re-enter society. Re-entry programming is a huge topic that has a significant impact on recidivism among female offenders. This topic is introduced in the current study, although it is not discussed in detail. The research focuses on recommendations made by feminist researchers and their implementation in residential substance abuse and dependency treatment programs available for female offenders. Yet it is necessary to recognize the fact that re-entry programs complement residential programs and produce more favorable results with regard to recidivism rates.

As previously mentioned, the majority of research has been conducted on male offenders. The research community has used and uses the accumulated knowledge for the creation of substance abuse and dependency programs that are currently offered at correctional institutions. However, these programs do not adequately address the unique

needs that female offenders have and do not provide appropriate treatment and subsequently desired outcomes.

According to the majority of the research literature, gender-specific programs produce better outcomes than gender-neutral programs; however, some researchers have argued that empirical evidence to prove this conclusion is lacking. Why is that so? One reason is the lack of program evaluation conducted on female-only treatment programs. Another reason is the lack of research. More research is needed to compare gender-specific and gender-neutral programs. Overall, according to Ashley, Marsden, and Brady (2003), who reviewed 38 studies of the effect of substance abuse treatment programming for women on treatment outcomes, positive associations exist among childcare, prenatal care, women-only programs, supplemental services and workshops that address women-focused topics, mental health programming, comprehensive programming and treatment completion, length of stay, decreased use of substances, reduced mental health symptoms, improved birth outcomes, employment, self-reported health status, and HIV risk reduction. The authors argued that the studies reviewed provide some evidence of the effectiveness of the following six components of substance abuse treatment specifically designed for women: between child care, prenatal care, women-only programs, supplemental services and workshops that address women-focused topics, mental health programming, and comprehensive programming. Ashley et al. (2003) underscored that a continued need exists for well-designed studies of substance abuse treatment programming for women and stated that "Unfortunately, these findings are just beginning to influence the way substance abuse treatment is provided for women, and few studies have examined the effectiveness of substance abuse treatment services for women" (p. 21).

During the last 30 years, more attention has been devoted to female offenders due to the increase in this population. Consequently, the research literature has grown as well. The literature review suggests that some recommendations can be made to improve treatment programs for female offenders that constantly repeat. This study aims to examine these recommendations to determine if they have been implemented in residential substance abuse and dependency treatment programs for females in two different states. Substance abuse and dependency programs are just one factor impacting incarceration and recidivism. However, the impact is profound. According to the Bureau of Prisons in December 2013, 50.2% of the general prison population, or 99,003 offenders, were incarcerated for drug offenses. The data from the Bureau of Justice statistics suggest that, in 1996, 45% of the females for whom parole supervision ended returned to the prison or had absconded. These numbers tell us that the recidivism rates are still high despite our efforts to reduce them. Considering the fact that substance abuse and dependency among the female offender population are widespread and that drug-related offenses bring many of the females to prison to begin with, it is fair to make assumptions that—without proper substance abuse and dependency treatment—they would soon return to the "big house."

Gender specific substance abuse and dependency treatment programs may be the key for reducing recidivism among female offenders. However, only those that have a real impact and produce satisfactory outcomes should remain in use. Thus, the proper and rigorous evaluation of these programs should be done in a timely manner. Correctional institutions and taxpayers would be interested in knowing and deserve to know if the programs we presently use are capable of reducing recidivism or not. By choosing appropriate treatment programs, correctional institutions would be able to provide better treatment to the offenders,

decrease recidivism rates, and save money. Using programs that are not proven to be effective is unfair to the taxpayers who pay for these programs' development, implication, and execution. It is also unfair to the receivers of the programs to be deprived of adequate treatments.

It is critical that treatment programs have a real impact on participants' recovery and life in general. Every offender who needs treatment should be able to receive it. Thus, the treatment programs should be accessible. In some correctional institutions, only 30% of the treatment programs' capacity is used for unsatisfactory reasons, such as the prisoner is new to the institution, the prison administration lacks the initiative to encourage participation, the lack of counselors, offenders' lack of interest in participating due to their lack of knowledge about potential benefits, and other reasons. According to Greenfeld and Snell (1999), nearly 56% of female substance abusers in state prisons had ever been in substance abuse treatment. About 20% of them had received such treatment since prison admission. According to the authors, nearly one third of female inmates with substance abuse problems indicated that they had participated in some other type of voluntary program, such as Alcoholics Anonymous or Narcotics Anonymous, since entering prison. Are such participation rates satisfactory? Were the outcomes satisfactory? What could have been done better? According to Carson and Sabol (2012), Rhode Island, North Dakota, California, and New Hampshire had the greatest decrease in female prisoners between 2010 and 2011, declining between 15% and 24%, while Alaska, Kentucky, and Tennessee experienced increases in their female population by 14%. What is behind these trends? Why is there such a decrease in the female prison population in some states while others show an increase? It is likely that more than one factor affects this situation, but it would not be unreasonable to make the assumption that the states

that registered lower recidivism rates have more effective residential treatment abuse programs and post-release aftercare treatment programs.

The prevalence of drug abuse and dependency among the female inmate populations highlights the substantial need to provide adequate substance abuse treatment. The lack of intent and resources for treatment and the use of inadequate treatments repeatedly bring female offenders back to prison. Every return to the institution means staying there longer. Keeping the offenders longer is one of the underlying causes for the steady and substantial rise in the prison population over the last 40 years, which costs the society a fortune. Therefore, major investments in research to improve the prevention and treatment of alcohol and drug abuse should be initiated. Particular attention should be accorded to designing cost-effective diversion, prison, and post-prison treatment and rehabilitation programs.

II. Literature Review

According to Mauer et al. (1999), Greenfeld et al. (1999), Ashley et al. (2003), Celia (2004), Greene and Pranis (2006), Messina and Chand (2009), Mallicoat, (2011), Carson, William, and Sabol (2012), and others, women represent the fastest growing segment of the incarcerated population. These authors have argued that the number of female prisoners not only grew dramatically, but also grew at a faster rate than that of males. Mauer et al. (1999) stated that, from 1980 to 1997, the number of females in prison increased at nearly double the rate as males. An estimated 12,300 females were incarcerated in 1980, while in 1997 this number increased to 82,800 female offenders in federal prisons. Greene and Pranis (2006) presented data showing that, in 2004, the number of incarcerated females reached 96,125—a 757% increase from 1977 to 2004. According to the authors, "in 1977, the United States imprisoned 10 women per 100,000 female residents; in 2004, the rate had grown to 64 per 100,000" (p. 7). Carson and Sable (2012) reported that, in 2011, the estimated number of female offenders in the United States was 103,674, or 6.7% of the incarcerated population, indicating a 6.7% increase between 2000 and 2011.

However, between 2010 and 2011, the female population decreased from 104,903 to 103,674. The trends for the state of Michigan look a bit different. In 2000, the estimated number of female offenders in Michigan was 2,131. In 2010, the number dropped to 1,869. One year later, in 2011, the number increased to 1,909. Mauer et al. (1999) and Green and Pranis (2006) recognized the remarkable level of variation among states and regions in terms of female incarceration rates as a result of state policies and especially drug law policies. Carson and Sabol (2012) clearly presented these variations in conviction rates for female offenders by state. California, Delaware, and New Jersey registered a continual decrease in

their sentenced female prisoners between 2000 and 2011; then, just one year later, in 2012 Delaware registered a 14.9% increase. Connecticut, Maryland, New York, Michigan, and Mississippi registered increases in the number of sentenced female prisoners between 2010 and 2011. In 2012, those trends changed, and Connecticut, Maryland, and New York registered decreases. At the same time, states like Alabama, Alaska, Georgia, Idaho, Kansas, Kentucky, and others experienced steady increases in the number of sentenced female prisoners between 2000 and 2011. Surprisingly, in 2012, Alaska and Georgia experienced decreases.

The numbers presented by Carson and Sabol (2012) should naturally provoke a discussion about what approaches those different states were using for producing the decrease in the number of sentenced females. However, to look at all factors that impact those outcomes by state and make comparisons is beyond the scope of this study. The main point is that the substantial rise in the female prison population as well as the conviction rates has been factually established. Green and Pranis (2006) stated that "between 1995 and 2004, arrests of women were up 13% while the number of women behind bars rose by 53%" (p. 10). Based on the statistics, states that tend to have higher imprisonment rates among female offenders are Arizona, Idaho, Kentucky, Louisiana, Mississippi, Oklahoma, and South Dakota. These states' incarceration rates are 100 or more females per 100,000 U.S. residents age 18 or older.

Green and Pranis (2006) drew a very important conclusion. Although female imprisonment rates jumped by 36%, compared to 17% for men, between 1995 and 2004, little attention has been paid to females' involvement in the criminal justice system. The main reason for this is the size of the female prison population. According to the Bureau of

Prisons' statistics, last updated on January 25, 2014, women represent 6.7% of the general inmate population.

According to Harrison and Beck (2005) as well as Deschenes, Owen, and Crow (2006), the reason for this population increase differs between women and men. Harrison and Beck (2005) indicated that violent offenses are the major factor in the growth of the male prison population, whereas for women, drug offenses represent the largest source of growth. However, these trends shifted slightly. Carson and Golinelli (2013) found that, according to the most detailed reports about state prisons conducted in 2011, "37% of females [are] imprisoned for violent offenses, 28% for property offenses, and 25% for drug crimes" (p. 10). According to the authors, multiple sources have demonstrated that significant numbers of women have entered the prison system as a result of drug convictions and property crimes related to their drug use.

Several research sources have demonstrated a close relationship between drug abuse and dependency and crime (Celia, 2004; Rosenmerkel, Farole & Durose, 2009; Fazel, Bains, & Doll, 2006; Greenfeld et al., 1999; Mumola & Karberg, 2007; Staton-Tinbal, 2007). This relationship can be established by taking a close look at the arrest reports and correctional population characteristics. The prevalence of substance abuse and dependency within the incarcerated population is significant. In 2004, an extensive survey about drug use and dependency among prisoners in federal and state correctional facilities was conducted. The Bureau of Justice Statistics presented the results of the survey in a special report in 2006. The report was developed by C. Mumola, a Bureau of Justice Statistics analyst, and J. Karberg, a Bureau of Justice statistician. In this survey of state and federal correctional facilities, the Bureau of Justice Statistics included, for the first time, a measure of drug abuse and

dependence. The estimates were based on criteria specified in the Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV). The survey data revealed that 53% of state and 45% of federal prisoners met the DSM-IV criteria for drug dependence or abuse and that "The prevalence of substance abuse and dependence, although highly variable, is typically many orders of magnitude higher in prisoners than the general population, particularly for women with drug problem" (Fazel et al., 2006, p. 181). According to the National Institute of Drug Abuse, in 2012, an estimated 23.9 million Americans aged 12 or older have used illicit drugs. With regard to the alcohol use among the general population, 9.9% of men and 3.4% of women reported heavy alcohol use (binge drinking on at least five separate days in the preceding month). Binge drinking is defined as having five or more drinks on the same occasion. In 2012, an estimated 23.1 million Americans (or 8.9%) needed treatment for a problem related to drugs or alcohol. However, only 2.5 million people (1%) received it. These statistics highlight the fact that drug abuse and dependency are five times more common in the correctional population. It is not a co-incidence that substance abuse and dependency rates among offenders are five times higher. Mumola & Karberg (2006) found that "Prisoners who met the criteria for recent drug dependence or abuse had extensive criminal records" (p. 1). According to the authors, among state prisoners dependent on or abusing drugs, 53% had at least three prior sentences to probation or incarceration, compared to 32% of the other inmates. At the time of their arrest, drug-dependent or drug-abusing state prisoners (48%) were also more likely than other inmates (37%) to have been on probation or parole supervision. Furthermore, 17% of the state and 18% of the federal prisoners committed their crimes to obtain money for drugs. In addition, 50% of the federal inmates and 56% of the state inmates reported drug use in the month preceding their offense. Another

32% of the state and 26% of the federal inmates self-reported that they used drugs at the time of the offense.

Mumola and Karberg (2006) reported that 1 in 4 violent offenders in prison committed their offense under the influence of drugs. The authors stated that, in 2004, 27.7% of the state and 24% of the federal prisoners held for violent offenses reported drug use at the time of the offense. With regard to property offenses, 38.5% of those in state prisons and 13.3% of the federal prisoners held for property offenses self-reported drug use at the time of the offense. These numbers increase when we look at the statistics about drug offenses: 43% of those in state prisons and 32.3% of those in federal prisons held for drug offenses reported drug use at the time of the offense. Ultimately, 25.4% of state and 18.7% of federal offenders held for public order offenses reported that they had been under the influence of drugs.

Fazel et al. (2006) stated that "the relationship between offending and substance misuse has been demonstrated in a variety of criminal justice and media settings" (p. 181). Staton-Tindall (2007) concluded that "substance use and abuse have been consistently reported as major contribution factor in the increasing population of women offenders" (p. 2). According to this author, a large number of women offenders—as many as 98%—have reported a history of substance abuse. Staton-Tindall (2007) also pointed out that nearly half of the incarcerated women indicated that they were under the influence of alcohol or drugs at the time of the offense. According to Greenfeld et al. (1999), an estimated 4 in 10 women committing violence were perceived by the victim as being under the influence of alcohol and/or drug at the time of the crime. The authors reported that half of the women offenders in state prisons had been using alcohol, drugs, or both at the time of their offense. Forty percent of the female offenders in state prisons in a survey conducted in 1999 self-reported drug use

at the time of their offense and 29% self-reported being under the influence of alcohol.

The prevalence of substance abuse and dependency is sometimes hard to estimate. Fazel et al. (2006) argued that it is hard to estimate the prevalence of substance abuse and dependency due to issues such as the use of various diagnostic criteria, the cross-sectional nature of some of the surveys, self-selected samples and self-report measures, and other factors. The authors reviewed 13 studies with a total of 7,563 participants: 4,293 males and 3,270 females. Fazel et al. (2006) estimated that the prevalence for alcohol abuse and dependence in female prisoners ranges from 10% to 24%. They estimated that drug abuse and dependency varied from "10% to 40% in male prisoners and 30% to 60% in female prisoners" (p. 181). Finally, after evaluating the 13 studies, they suggested the folowing:

- The prevalence of alcohol abuse and dependency is estimated to be 26% for males and 20% for females.
- The prevalence of drug abuse and dependency is estimated to be 25% for males and 45% for females.
- The combined abuse and dependency prevalence data suggest that 18% of males abuse alcohol and are dependent on it while 16% of males abuse and are dependent on drugs. For females, these percentages are dependent 21% for alcohol and 44% for drugs.

Having a clear idea about the burden of substance abuse and dependence in the criminal population, according to Fazel et al. (2006), would be useful to inform service developments and public health interventions. The authors argued that it is important to have information about the prevalence of substance abuse and dependency in prisoners, as there is a scope for initiating treatment while in custody and encouraging contact with community

services upon release. Fazel et al. (2006) pointed out that prison may provide the only opportunity that a marginalized population has to engage with treatment services.

The relationship between substance abuse and dependency and criminal behavior and incarceration cannot be understood without discussing recidivism among prisoners diagnosed with substance abuse and dependency. According to Mumola and Karberg (2006), "half of drug dependent or abusing inmates in state prisons reported three or more prior sentences" (p. 8). Deschenes, Owen, and Crow (2007) studied recidivism among female prisoners and found that "women tend to commit non-violent crimes, most notably drug offenses and property crimes that are often related to substance abuse" (p. 11). Another study conducted by Moloney, Van Den Bergh, and Moller (2009) confirmed these findings. The majority of studies and reports conducted on female offenders suggest that substance abuse and dependence are strong predisposing factors for entering and re-entering correctional institutions. However, several factors predispose female involvement in drug use and distribution. Understanding the underlying reasons about why women use and abuse drugs at rates higher than men is essential. The uniqueness of female offenders and their need assessments have been recognized by researchers in the last 15 to 20 years. As a result, more attention has been devoted to how these needs can be better addressed in order to produce better outcomes with regard to recidivism.

Lynch, DeHart, Belknap, and Green (2012) conducted a multi-site study that "addressed critical gaps in the literature by assessing the prevalence of serious mental illness (SMI), posttraumatic stress disorder (PTSD), and substance use disorders (SUD) in women in jail and pathways to offending for women with and without SMI" (p. iii). The authors used a randomly selected sample (N = 491) from rural and urban jails and found that substance use

disorders were the most commonly occurring disorders, with 82% of the sample meeting lifetime criteria for drug or alcohol abuse or dependence. Lynch et al. also found that 43% of participants met the criteria for a lifetime SMI, such as major depression, bipolar, and psychotic spectrum disorders, while 32% met SMI criteria in the preceding 12 months. In addition, PTSD rates were high, with 53% of the sample population meeting criteria for lifetime PTSD. Women also met criteria for multiple lifetime disorders at high rates. The authors concluded that "experiences of childhood victimization and adult trauma did not directly predict offending histories; instead both forms of victimization increased the risk of poor mental health, and poor mental health predicted a greater offending history" (Lynch et al., 2012, p. iii). In addition, the authors found that SMI significantly increased women's risk for the onset of substance use, drug dealing/charges, property crime, fighting/assault, and running away. Furthermore, experiences of victimization predicted risk of offending.

As previously mentioned, the tight relationship between mood, anxiety, and other personal disorders and alcohol dependence was noted and examined by Farrell et al. (2001), Hasin et al. (2007), and Moloney et al. (2009). These studies demonstrated that mental illness predisposes substance use, abuse and dependency, which are predisposing factors for getting involved in crime. Messina and Chand (2009) stated that "histories of abuse, addiction, and mental illnesses are the most common predictors of recidivism for female offenders" (p. 3). Hasin et al. (2007) went further and discussed the relationship between substance abuse and dependency as well as disability and impairment. The authors found that alcohol abuse was associated with lower social and emotional functioning. They further found that alcohol dependency was "highly and significantly associated with lower MCS, metal health, social functioning, and role emotional functioning" (Hasin et al., 2007, p. 835). In addition, the

authors argued that disability increases steadily and significantly with alcohol dependency and severity. Baschnagel, Caffey, and Rash (2006) concurred that co-morbidity between PTSD and substance abuse disorder is high and argued that the need exists for empirically validated treatments designed to address PTSD among substance abuse disordered patients.

Apparently, females appear to have different risk factors for offending than male offenders. In particular, female offenders report a greater incidence of mental health problems and SMI than male offenders and higher rates of substance dependence as well as greater incidence of past physical and sexual abuse (Celia, 2004; Mauer, 1999; SAMHSA Annual Report, 2012)

Other researchers, including Henderson (1998); Browne, Miller, and Maguin (1999); Staton-Tindle (2007); Ashley et al. (2003); Banks (2003); De Hart (2004); Bloom (2006); Chesney-Lind, Morash, Stevens (2008); Mallicoat (2011); and Lynch et al. (2012), also noted elevated rates of experiences of interpersonal trauma, substance dependence, and associated symptoms of PTSD in female offenders. Researchers found that trauma history has a strong influence on offending behavior. Trauma is defined as "any form of interpersonal or domestic physical, sexual or emotional abuse or neglect which is sufficient detrimental to cause prolonged physical, psychological or social distress to the individual" (Moloney et al., 2009, p. 427).

According to Moloney (2009), 68.2% of female prisoners are diagnosed with current or lifetime PTSD, indicating the need to include trauma treatment programs in prison. Many researchers have recognized the need for trauma treatment programs as a means of recovery, although Moloney (2009) pointed out that (1) reference to victimization is not extended beyond the offender profile and (2) abuse and neglect are rarely examined further to

determine the interrelationship among trauma, bio-psychological outcomes, and criminality, nor they are addressed in recommendations concerning trauma-specific interventions. Trauma is "increasingly linked both directly and indirectly to the female criminal pathway" (Moloney, 2009, p. 249). In addition, Moloney (2009) argued that trauma is correlated with mental and physical illness and dysfunctions as well as maladaptive, high-risk behaviors and socio-economic disadvantages, which characterize imprisoned women.

Browne et al. (1999) and De Hart (2004) studied the impact of victimization on the life of incarcerated women in maximum security prison settings. The authors gathered individual women's perspectives on psychological, physical, and sexual victimization in their lives. In both studies, the researchers interviewed a number of female offenders and conducted qualitative analyses in order to learn more about the impact of trauma over the respondents' criminal careers. The researchers found that the overwhelming majority of their respondents were victims of victimization and poly-victimization over the course of their lives. Browne et al.'s (1999) study provided a detailed report about the prevalence of violence experienced by the women interviewed. The authors found that 59% of the participants reported sexual abuse during childhood or adolescence and 75% reported severe physical violence by an intimate partner (60% reported being kicked, bitten, or hit with a fist; 57% reported being beaten up; 40% reported being choked, strangled, or smothered; 36% reported being threatened with a knife or gun; 25% reported being cut with a knife or shot at by their intimate partner; and 35% reported that they had experienced marital rape or forced sexual activities). In regard to threats of harm, 53% reported that their intimate partner had threatened to kill them. The medical outcomes of partner violence suggested that 62% reported being injured by their intimate partner during adulthood. Approximately 21%

reported suffering a concussion, 17% reported broken bones, and 46% reported that they needed medical treatment for injuries inflicted by their intimate partners. A similar situation emerged when the respondents reported physical and sexual violence imposed by non-intimate predators: 77% of all respondents reported that they had been the target of some form of victimization by another. Browne et al. (1999) concluded that "these findings suggest that violence across the life span for women incarcerated in the general population of a maximum security prison is evasive and severe" (p. 316).

Browne et al. (1999) and De Hart (2004) further agreed that, among the females in their samples, victimization began early in life and continued throughout the life span. They found a parallel between the long-term effects of experiences with violence and predominant reasons for incarceration. The authors also concurred that experiencing violence predisposes the victim to substance abuse and dependency, which leads to an increased risk of physical and sexual victimization in the future.

The interactions among violence experienced, drug abuse and dependency, violence committed, and incarceration were precisely described by De Hart (2004), who examined how victimization influences participants' physical and mental health, their psychological functioning, and their involvement in private and public systems such as family and work. With regard to the effect on physical health, the researcher concluded that "[the] majority of the women in our sample sustained severe injuries, such as passing out, having broken bones, and needing medical attention" (p. 1366). De Hart (2004) stated that many of the participants she interviewed had enduring reminders of physical injuries, such as scars, chronic pain, and permanent disabilities. Nonphysical injuries such as deprivation were also recognized as having serious health consequences for one's physical health. Furthermore, "sexual abuse

had numerous health effects, including unplanned pregnancy, sexually transmitted diseases, and HIV, as well as associated effect on relationships and overall life circumstances" (p. 1367).

Mental disorders, suicidality, and addiction are the other consequences of violence. According to De Hart (2004), many women in the sample mentioned suicidal thoughts or attempts as a result of victimization. The study confirmed the well-discussed notion that victimization has an impact through addictive behaviors. De Hart (2004) argued that victimization contributes to addiction in two ways: (1) directly, by introducing girls to drugs and alcohol, and (2) more indirectly when they are used by women to self-medicate/cope with anticipated violence or the painful consequences that stem from it. In fact, many of the women in both studies revealed that they used drugs to "'numb' themselves—either in anticipation of abuse or in dealing with ongoing stress or aftermath" (p. 1368).

De Hart (2004) revealed the psychological effects that violence produces. According to the author, violence produces internalized or externalized psychological processes. Internalizing, which is associated with distress, worthlessness, and withdrawal, is a psychological process in which the women often blame themselves about what happened to them. It harvests fear and discomfort. In addition, the possibility of public discovery about the abuse, according to the author, often promotes feelings of shame, self-blame, or embarrassment, leading to devastating effects on women's self-esteem. On the other hand, externalizing manifests in aggression and acting out. According to De Hart (2004), externalizing is often a source of girls' first entry into the public disciplinary system. It often has enduring effects on private and public system, such as family and work. The author stated that "Physical abuse, sexual exploitation, and other victimization serve to 'structurally

dislocate' women from 'legitimate' social institutions" (De Hart, 2004, p. 1370).

Several consequences are associated with internalizing and externalizing the feelings that occur as a result of violence. It is important to note that most of the women in De Hart's (2004) study suffered multiple traumas and were victimized in multiple ways. Such poly-victimization incorporating simultaneous episodes of different types of victimization had the potential to create ripple effects in multiple arenas in the women's lives, causing overall disruption and pushing them out of the mainstream. Being a victim of violence often leads to an inability to show up at school or at work, the decision to drop out of school, and loss of employment and, consequently, income. Losing the ability to secure a job and income deprives the victims of the opportunity to move away from the predator, predisposes them to substance abuse and dependency, and pushes women toward finding non-legitimate ways to make a living and ensure their survival. Drug dealing, prostitution, theft, and shoplifting are some of the most common sources of income for such women.

Violence is one of the most common predisposing factors for substance abuse and dependency as well as criminal behavior, but it is not the only one. Poverty, socioeconomic hardship, and the lack of opportunity to obtain goods in legitimate ways also play important roles in women's and men's involvement in criminal behavior. According to Celia (2004), when arrestees were asked how they would describe the positive effects resulting from illegal drug use, 68% answered that they used drugs to calm or soothe their nerves, 56% said drugs make them happier, 58% said drugs made them forget about their rough lives, and 64% stated that drugs made them forget about their problems. Beth Richie (1996), who studies the life histories of women of color and their participation in illegal activity, stated that most women of color entering the criminal justice system come from economically distressed

communities lacking social support. According to the author, a large portion of the drug abuse that characterizes these women's involvement in criminal behavior is understood as self-medication used to ease the pain and suffering brought about by the circumstances of their life stories. Details about the nature of the self-medication theory can be found in "The Self-Medication Hypothesis of Addictive Disorders" by E. J. Khantzian published in 1985.

According to Fazel et al. (2006), the prevalence of drug abuse and dependency among female prisoners is almost double the rate among males: 45% for females versus 25% for males. Males are still leading in the prevalence of alcohol abuse and dependency (25%), but females have almost caught up with 20%. The authors explained this huge difference in the prevalence of drug abuse and dependency among females and males based on the fact that females are more likely than males to experience guilt for their inability to be better caregivers and provide sufficient lifestyles for their children and/or other dependents. Indeed, 86% of females reside with their children, compared to 57% of males. The overwhelming majority of these women raise their children alone and are their sole providers and caretakers.

Overall, a huge difference exists in the pathways and predisposing factors for criminal behavior among females and males. As previously mentioned, women are quite often victims of severe violence, thereby predisposing them to substance abuse and dependency, which according to Staton-Tindall (2007), "have been consistently reported as major contributor factors in the increasing population of women offenders" (p. 2). Furthermore, "women offenders have both life experiences and characteristic needs and responsibilities that men offenders do not" (Greenfeld et al., 1999, p. 9).

Deschenes, Owen, and Crow (2007) argued that gender differences between female

and male offenders exist not just in pathways to prison, but in regard to recidivism as well. The authors studied recidivism among female prisoners and found gender differences in the parole period. Once released from prison, females return to taking care of their children, albeit now without welfare benefits and with even lower chances of finding employment and safe housing due to their conviction record. The lack of social support and the obligation to provide for their offspring and other dependents impose severe pressure on the female ex-convicts. For women who suffer from substance abuse and dependency, it could be and often is the breaking point. Deschenes, Owen, and Crow (2007) argued that for many of the ex-convicts, issues such as (1) having sole responsibility for children, (2) dealing with continuing problems with substance abuse, (3) enduring personal violence, and (4) having access to fewer programs designed to target women's pathways to offending/ reoffending lead to high recidivism rates. Thus, it is imperative that treatment programs be designed in a way to respond adequately to female's unique needs while they are incarcerated as well upon release.

Henderson (1998) made a very important point in her article "Drug Abuse and Incarcerated Women: A Research Review." The author pointed out that little research has focused on incarcerated women with substance abuse problems beyond studies identifying that this is a problem for the majority of females behind bars. The author underscores the fact that the majority of the research on substance abuse and dependency has been done on men, who represent between 90% and 95% of the correctional population. As a result, "most decisions regarding treatment and aftercare are based on the needs of men" (p. 580). In addition, Messina Burdon, Hagopian, and Prendergast (2006) found that many of the existing evaluations of prison-based treatment and community-based treatment programs are done on

men. A great example is the most recent evaluation of the Residential Substance Abuse Treatment (RSAT) program in Michigan, which failed to include the Women's Huron Valley Correctional Facility was not included. Huron Valley is the only female correctional facility in Michigan, so its exclusion from the RSAT evaluation means that data about RSAT outcomes among female offenders were either not available or not considered important enough to be part of the RSAT evaluation in Michigan. Moreover, the RSAT in Michigan was last evaluated in 2001.

Given the difference between drug-abusing male and female offenders, and based on the limited research available, Henderson (1998) and Messina et al. (2006) concluded that women inmates are more likely than their male counterparts to have coexisting psychiatric disorders, have lower self-esteem, use hard drugs such as heroin and cocaine and have used them more frequently before incarceration, have taken drugs intravenously, and test HIV-positive.

Messina, (2006) argued that "Understanding possible differences in the needs and recovery processes of drug-dependent men and women offenders is important to help design appropriate prison-based substance abuse programs" (p. 8). According to Henderson (1998); Banks (2003); Ashley et al. (2003); Covington and Bloom (2006); and Mallicoat (2011), the difference in the experience of drug abuse for men and women demonstrates the need for gender-specific treatment programs for women. Heilbrun et al., (2008) stated, "The identification of distinctive treatment needs among female offenders is increasingly recognized as important in contemporary corrections. It has led some researchers, commentators, and policy-makers to call for the development and implementation of gender-specific programming in correctional context" (p. 4). According to these authors, the first

effort toward the creation of gender-specific programs took place in August 1997, when the Bureau of Prisons (BOP) issued a formal policy on the management of female offenders that required all BOP policies, programs, and services to consider and address the unique treatment needs of female offenders. Targeting female offenders' unique treatment needs is expected to produce more favorable outcomes in terms of reducing criminal recidivism and related problem behaviors, such as substance abuse and dependency. Most of the recommendations available in the research literature include provisions for children; treatment for sexual abuse and co-existing psychiatric disorders; efforts to address the issues of low self-esteem, sexuality, and women's socialization; and the provision of all-female treatment programs and spaces. Henderson's (1998) review further established that, in regard to in-prison programs, the research community suggests the need to develop various treatment modalities, such as therapeutic communities, case management, individual counseling, and drug education. Unfortunately, according to Covington and Bloom (2006), "services available to women in correctional settings are rarely designed to match the specific needs of female offenders" (p. 2). These authors concluded that "in conceptualizing treatment programs for addicted women, it is essential that providers ground theory and practice in a multi-dimensional perspective" (p. 2).

Several researchers (e.g., Ashley et al., 2003; Belknap, 2001; Chesney-Lind et al., 2008; Covington & Bloom, 2006) have agreed that females follow different pathways toward their criminal careers; such pathways require different treatment approaches to be used. In addition, female offenders respond differently to supervision and custody. Indeed, males and females "exhibit differences in terms of substance abuse, trauma, mental illness, parenting responsibilities, and employment histories and represent different levels of risk within both

the institution and the community" (Covington & Bloom, 2006, p. 3). According to the authors, in order to successfully develop and deliver services, supervision, and treatment for women offenders, we must first acknowledge these gender differences and then use different approaches in the development, implementation, and execution of program interventions for female offenders. The authors highlighted the need for increased sensitivity to women's needs in order to design effective programs over the long term. Addiction for women is a multi-dimensional issue involving complex environmental and psychosocial challenges. A well-developed program should be capable of addressing a whole range of personal and emotional issues.

Presently, the criminal justice system recognizes the behavioral and social differences between female and male offenders. In the past, due to the fact that the overwhelming majority of criminal justice system clients were males, treatment programs were developed based on what proved to be effective for males, especially in terms of substance abuse treatment. Banks (2003) stated that substance abuse programs historically have been designed by men for men because of the "preponderance of male prisoners in the criminal justice system in need of such as treatment" (p. 97). The author argued that male-oriented drug programs are inappropriate and ineffective for women inmates and have been characterized as hierarchical, punitive, and psychologically destructive for women. This is especially true when the receivers of the treatment have low-self esteem. According to Banks (2003), programs designed for females are and should be less confrontational and provide more nurturing experiences for the participants.

Before discussion which principles and elements should be incorporated into a female-oriented program, we should conduct a needs assessment. In their study, Chesney-

Lind et al. (2008) focused on girls' delinquent behavior, its predisposing factors, and a needs assessment for treatment. Based on the research literature and the participants' stories, the authors concluded that delinquent girls lack family to support them and provide basic safety; live in dangerous neighborhoods; have experienced individual trauma from sexual and other abuse; are involved in prostitution in order to secure their survival; step into relationships with older men, which suggests a high potential for exploitation; have registered academic failure; suffer from substance abuse and dependency; and are not prepared to earn a living or live on their own. All of these issues need to be taken into consideration when developing treatment programs. The authors also pointed out that often a mismatch occurs between services needed and services delivered; thus the first step in developing a program in general is identifying what needs have to be addressed and then determining the most effective way to address them. Chesney-Lind et al. (2008), Mallicoat (2011), and many other researchers have pointed out that, given the multiple needs, wraparound services should be available for the girls who need them. The authors argued that girls cannot wait to have some needs addressed while others are ignored.

Bloom and Covington (2006) and Mallicoat (2011) identified six guiding principles that have specific implications in the creation of gender-responsive services: (1) acknowledge that gender makes a difference; (2) create an environment based on safety, respect, and dignity; (3) develop policies, practices, and programs that are relational; (4) address substance abuse, trauma, and mental health issues through comprehensive, integrated, and culturally relevant services and appropriate supervision; (5) provide women with opportunities to improve their socioeconomic conditions; and (6) establish a system of community supervision and reentry with comprehensive, collaborative services.

Regarding program elements, Bloom and Covington (2006) found the following:

Creating effective gender-responsive treatment and services must include creating an environment through site selection, staff selection, program development, content and material that reflects an understanding of the realities of the lives of women in criminal justice settings and addresses their specific challenges and strengths. (p. 9)

The authors identified a few elements that should be included in treatment program development and grouped the elements into two categories, structural elements and content and context/environment. For structural elements, (1) contemporary theoretical perspectives on women's particular pathways into the criminal justice system should be used to create the foundation for women's services; (2) services for mental health and substance abuse should be integrated; (3) treatment and services should be based on women's competencies and strengths and should promote self-reliance; (4) women-only groups should be used; (5) gender-responsive screening and assessment tools need to be utilized, with appropriate treatment matched to the identified needs and assets of each client; and (6) treatment planning needs to be individualized. Bloom and Covington (2006) recommended four additional elements: (1) staff members should reflect the client population in terms of gender, race/ethnicity, sexual orientation, language (bilingual), and ex-offender and recovery status; (2) female role models and mentors should reflect the racial/ethnic/cultural backgrounds of the clients; (3) cultural awareness and sensitivity should be promoted using the resources and strengths available in various communities; and (4) transitional programs should be included as part of gender-responsive practices, with a particular focus on building long-term community support networks for women.

For the content and contextual elements, Bloom and Covington (2006) offered the

following recommendations: (1) services need to be comprehensive and address the realities of women's lives; indeed, "the Center for Substance Abuse Treatment (CSAT), a federal agency, identifies seventeen critical areas of focus for women's treatment" (p. 11, Table 1); (2) the development of effective gender-responsive services needs to include the creation of a therapeutic environment; and (3) in order to fully address the needs of women, programs should use a variety of interventions with behavioral, cognitive, affective/dynamic, and systems perspectives. The authors further suggested that additional elements be considered when developing the content and context/environment in women's services, including (1) services/treatment that address women's practical needs, such as housing, transportation, child care, and vocational training and job placement; (2) the provision of opportunities for the participants to develop skills in a range of educational and vocational (including nontraditional) areas; and (3) the provision of parenting education, child development education, and knowledge and help for relationships/reunification with children.

One of the most important factors to significantly impact a program's effectiveness is its staff. Programs are only as good as their staff. Unfortunately, training is often not tailored based on where staff work (i.e., in men's versus women's facilities). According to Bloom and Covington (2006), "those in a position to help must be able to interact in a manner that assists and, of course, causes no harm" (p. 16). Only properly trained staff can provide adequate treatment intervention and produce the desire outcomes. According to the authors, in order for staff to provide effective services to women, the following qualities are recommended:

- Be an appropriate role model for women.
- Develop a treatment alliance with women clients that is mutual and collaborative, individualized, and continually negotiated.

- Maintain confidentiality.
- Be a visible advocate for women who abuse substances, for stigma reduction and for treatment.
- Ensure self-care, and ask for and participate in supervision.
- Stay current on training.

Another important component in developing treatment programs is program evaluation, which "examines the outcomes associated with different types of services or whether matching women's needs with particular types of interventions or services produce better outcomes" (Bloom & Covington, 2006, p. 16). The authors pointed out that, historically, the success of residential programs was measured by their effect on recidivism. This is currently true as well. If we take a close look at some of the RSAT program evaluations, we see that recidivism outcomes are what the criminal justice system is interested in. If the evidence suggests that lower recidivism rates have been achieved, then the residential program is considered to be successful and is more likely to receive funding and continue its existence. Presently, some residential program evaluations register additional outcomes produced by the treatment programs, such as abstaining from using and abusing alcohol, securing employment, restraining from violence, and demonstrating better anger management. However, although the research on correctional program effectiveness in terms of the reduction of female recidivism has been insufficient, recidivism remains the most important measure in residential treatment program evaluations.

According to Bloom and Covington (2006), the use of recidivism as the only measure of program success is not appropriate. Typically, according to the authors, evaluations examine the relationship between the program's mission and its goals and objectives for

program activities and services. Program evaluations are of great importance because they aim to establish if the programs have achieved the desired impact on participants—in other words, if the programs are effective or not. The outcomes should be a reflection of a program's goal, mission, and objectives. According to Bloom and Covington (2006), "programs should go beyond the traditional recidivism measures to assess the importance of specific program attributes" (p. 17). The authors suggested that short-term and long-term outcome measures for women-specific programs could include alcohol/drug recovery, trauma recovery, educational attainment, employment, housing, improved family relationships, parenting and reunification with children, and physical and mental health. When we look at the desired outcomes, we can see that the majority of them are closely related to reducing the opportunity to relapse and reoffend.

Chesney-Lind et al. (2008) suggested that contemporary program evaluations often include measures of the outcomes and symptoms of girls' distress, but do not usually measure changes in underlying problems. In addition, according to the authors, the contemporary program evaluation literature provides very limited evidence of effective programming to meet the multiple needs of girls in the juvenile system.

As the information presented thus far suggests, there are several considerations that need to be taken into account when developing residential treatment programs. The majority of researchers agree that program developers need to look at the larger social issues of poverty, abuse, and race and gender inequalities as well as individual factors that impact women in the criminal justice system in order to create effective and adequate treatment programs.

Female offenders have historically been unequally treated due to gendered prejudices

and stereotypes as well as the size of the female offender population. According to the prejudices and stereotypes associated with females' very nature, the female is fragile, irrational, childish, overreacting, and capable only of doing particular "women's work"; she cannot exist without guidance and control imposed by the superior male individual. It is not the sexual differences among females and males—which we are all aware of—that impact the inequality in treatment in prisons. Rather, it is the gender difference and what is perceived as stereotypical "women's jobs," for example. Lee (2001) asked "why the few vocational and educational classes that are offered to women relegate them to stereotypical 'women's work'" (p. 252). According to the author, female inmates have access to fewer and inferior educational and vocational programs, while both men and women are offered stereotypically gendered programs. The author concluded that "female inmates do not have access to the same quality of programming as men and those (programs) that do exist tend to limit participation to traditional female roles, such as cosmetology or secretarial programs, excluding them from more career-oriented training" (p. 255). In addition, Lee (2001) pointed out that female prisoners have access to fewer and lower-level educational opportunities: It is common for men to have access to college programs, whereas women only have access to high school classes.

Both Lee (2001) and Mallicoat (2011) concluded that gender stereotypes are responsible for such outcomes. In the late nineteenth century and early twentieth centuries, "women reformatories were to rehabilitate 'weak women' by instilling them with proper values" (Lee, 2001, p. 257). Proper values included being a good housewife, helpmate, and mother. Thus, female offenders received classes in domestic skills focused on the importance of familial duties. According to Lee (2001), current stereotyped programs continue to be

based on the perception that women are morally weak. The bottom line is that because females have for centuries been considered fragile, passive, emotional, and unable to perform tasks requiring trained skill sets, even today they are denied the opportunities to be trained in occupations that are not "gender appropriate." As a result, "within the prison, women are often provided with treatment programs or work assignments that do not promote economic self-sufficiency" (Banks, 2003, p. 96). That is quite unfair considering the fact that "economic self-sufficiency is central to women's success following imprisonment and keeping out of prison in the future" (p. 96).

The other major factor that promotes inequality is the size of the female prison population. Historically, because female inmates were so few in number, it has been considered too expensive for the state to provide them with same privileges afforded to male inmates. For example, female offenders are often incarcerated in facilities designed for male offenders; in some facilities, female offenders wear male uniforms and sometimes even men's shoes. In addition, because females make up a much smaller population, the majority of the states have only one or two facilities for female offenders. As a result, female offenders are often incarcerated a long distance from home, which affects their relationships with their families and kids.

Relational theory suggests that women's primary motivation in life is to establish connection with others. According to Mallicoat (2011), the distance between an incarcerated woman and her family plays a significant role in the ways in which she copes with her incarceration and can affect her progress toward rehabilitation and successful reintegration. In contrast, the sheer number of male facilities increases the probability that these mans might reside in a facility closer to home, allowing for increased frequency in visitations by

family members (p. 463). The distinct location of female prisons makes it difficult for many children to establish and maintain physical ties with their mothers while they are in prison. Ashley et al. (2003) argued that "poor interactions with children can be a significant source of stress that interferes with treatment efforts" (p. 22). According to Mallicoat (2011), although more than two thirds of incarcerated mothers have children under the age of 18, only 9% of these women will be visited by their children while behind bars. The Adoption and Safe Family Act of 1997 established that, when a woman faces long-term incarceration, her parental rights might be terminated. In fact, if no relative of the convicted female is willing to be a caretaker of her minor kids, those kids are placed in foster care. When children have been in foster care for 15 of 22 consecutive months, their mothers lose their parental rights. The real possibility of losing parental rights while incarcerated is a major source of anxiety, depression, and frustration that can have a devastating effect on female offenders' recovery progress. Overall, the research agrees that isolation from family, friends, and especially children has a negative effect on female offenders' recovery and motivation for recovery.

Furthermore, while male inmates have historically had access to minimum, medium, and maximum security prisons according to the severity of their crime, women—who were, again, much fewer in number—have typically been lumped together in one facility. That creates opportunities for victimization and trauma. As previously mentioned, an unsafe environment, fear, frustration, lack of support, abuse, victimization, and trauma brought the majority of female offenders behind bars in the first place. If those women continue to experience the same issues that they faced on the street, the chances for recovery are diminished. In addition, for those females who require a higher security level, access to

programs is often denied.

Another disadvantage associated with the smaller female population is the inadequate funding for female facilities. Women's health is more costly due to their reproductive health issues, yet funds allocated for health services in female prisons remain insufficient. Mallicoat (2011) underlined that "Women in custody face a variety of physical and mental health issues. In many cases, the criminal system is ill equipped to deal with these issues" (p. 464). In fact, although female inmates have a greater need for treatment services, both in terms of prevalence and severity of conditions due to fact that they are much more often victims of violence and abuse than male inmates, the prison system is limited in its recourses and abilities to address these issues. For example, according to Mallicoat (2011), most female facilities are inadequately staffed or lack the diagnostic tools needed to address women's gynecological issues.

The fact that women are the minority in the criminal justice system also affects their ability to gain access to resources such as a law library, more diverse vocational training programs, and higher educational training programs. As male offenders continue to be the focus of the criminal justice system, much more vocational and educational programs are created to suit their needs.

However, it is important to note that efforts for ensuring equality do not always achieve women's best interests. The issue of equality suggests that women must accept equal treatment in all domains, whether favorable or unfavorable, without taking into consideration any gender differences. However, criminal behavior is thought to be an action that is against females' very nature; consequently, female offenders are perceived in a more negative light than male offenders. The stereotype suggests that women who commit a crime have broken

not just criminal codes, but they "have also defied what it means to be a woman" (Lee, 2001, p. 86). When males commit crimes, they are perceived to have been showing their masculinity, which is in synchrony with what their gender "demands" and with what we expect males to act like. When females commit crimes, the perception is the exact opposite: Women are violating their femininity when committing a crime, so criminal women are viewed more negatively than criminal men, resulting in a greater stigma. Female offenders are also less likely to attack prison staff than male offenders, but yet this does not mean than prison staff are trained to treat female and male offenders differently. In fact, according to Lee (2001), women are more likely to be cited for minor rule infractions than male inmates.

Historically, female offenders were punished less severely due to the perception that they were irrational and incapable of controlling their actions. Today, female offenders are punished at the same level as their male counterparts. Female offenders' successes in reaching such "equality" can be observed by looking at the "golden opportunities" provided to them to participate in militaristic programs, such as boot camps, and/or to do hard physical labor under the sun in 100-degree Fahrenheit weather along with their male counterparts.

According to Mallicoat (2011), women have been significantly neglected by the prison system throughout history. Female offenders are in quite the disadvantaged position. They are equally punished and have to endure the hardships of the male prison system, but with less resources and benefits. The biggest issue of inequality is that women who are convicted for the same crime and receive the same "equal" punishment as men are not entitled to receive the same quality of programs as their male counterparts. Mallicoat (2011) argued, "In an effort to remedy the disparities in treatment, several courts cases began to challenge the practices in women prisons" (p. 467). One substantial move toward more real

equality was the case of *Barefield v. Leach* (1974), which set the standard through which the courts could measure whether women received a lower standard of treatment compared to men. Since *Barefield*, the courts have ruled that a number of policies deemed to be biased against women were unconstitutional. Attention should be devoted to *Grover v. Johnson* from 1979 as well. According to Banks (2003), as a result of this case, a comprehensive challenge to the system was mounted that permitted disparate treatment in educational, vocational, and minimum security programs in Michigan prisons. The court held that women prisoners must be provided with programming of parity and ordered the state to provide specific programs; the court further determined that the size of an institution was no justification for disparate treatment of women inmates. Meanwhile, in *Todaro v. Ward* (1977), the court declared that the failure to provide access to healthcare for incarcerated women was a violation of the Eighth Amendment's protection against cruel and unusual punishment. Furthermore, in *Cooper v. Morin* (1980), the court held that the equal protection clause prevents prison administrators from justifying the disparate treatment of women on the grounds that providing such services for women is inconvenient. More recently, in *Canterino v. Wilson* (1982), the court held that "males and females must be treated equally unless there is substantial reason which requires a distinction to be made" (Mallicoat, 2011, p. 467).

However, it is important to underscore that parity and equality for females and males do not necessarily mean that women require the exact same treatment as men. In fact, as already mentioned several times, programs designed for men are not producing the desired outcomes when used for women and fail to address adequately and appropriately the female offenders' gender-specific needs.

The literature review presented herein indicates that many issues remain to be

resolved for female offenders. Recommendations for improvement have also been presented. The literature demonstrates that a lot of knowledge exists about the main factors that predispose females to substance use and dependency and, consequently, involvement in a criminal lifestyle. It also indicated that many great ideas and recommendations for improvement have been put forth. Thus, we can conclude that we know what the main problems are and how to address them. However, have such recommendations from the literature been considered and implemented when developing and operating programs available for female offenders? In order to answer these questions we need to look at some of the most popular programs provided for female offenders, including their components and outcomes.

Presently, one of the most popular programs for female and male offenders is RSAT. RSAT programs vary from state to state, but the majority of them include (1) an educational component to educate inmates about substance abuse, including consequences, the addiction cycle, recovery, the relationship of alcohol and drug abuse to other problems, and how to work through denial of and blaming others for abuse problems; (2) a component that teaches participants to understand behaviors such as anger, criminal thinking, and habit development; (3) a component that teaches offenders how to manage anger and stress as well as set goals and boundaries; (4) a component that helps participants develop social skills; and (5) a component focused on relapse prevention. In regard to female offenders, the 2005 RSAT National Evaluation concluded that gender-responsive treatment is essential for programs designed for females as such programs include components that educate women and girls about self-esteem, self-sufficiency, and wellness. The evaluation further mentioned that some programs include components that address parenting and family issues, such as domestic

violence, relationships, and communication. Furthermore, family therapy might be offered. The report suggested that participants learn life skills and receive educational, vocational, and employment assistance. In addition, many programs offer offenders psychological testing and mental health services, especially those females who have been dually diagnosed. Thus, at first look it seems like RSAT covers a lot of the female offenders' essential needs for recovery and preparation to reenter society upon release. Unfortunately, the information provided by the 2005 RSAT National Evaluation is quite broad and general. There are no details about the curriculum of the components; how the goals will be attained; what kind of educational, vocational, and employment assistance is provided; what kind of psychological testing female offenders undergo upon admission; or what kinds of mental services are available.

In terms of state-level evaluations, a meta-analysis of evaluations at 12 state RSAT sites found positive outcomes from in-prison substance abuse treatment. According to the 2005 RSAT National Evaluation, offenders who completed treatment were less likely to be rearrested or placed on a higher security level. The provision of aftercare treatment also played an important role for lower recidivism rates.

RSAT program evaluations are often general and include female and male populations, albeit with an overrepresentation of male receivers, which raises questions about how accurately such evaluations represent the outcomes in regard to RSAT impact on female offenders. Ashley et al. (2003) argued that "relatively few substance abuse treatment programs offer specialized services for women, and effectiveness has not been fully evaluated" (p. 20). The authors reviewed 38 studies on the extent and effectiveness of substance abuse treatment programming for women and summarized what is known about

the components of successful treatment programs for women. However, Ashley et al. (2003) clearly stated their concern that few studies have examined the effectiveness of substance abuse treatment services for women. After careful examination of the different studies that aimed to research and evaluate the effectiveness of gender-specific programs for female offenders, the authors concluded that, "of the 38 studies analyzed, 37 reported improved treatment outcomes" (Ashley, 2003, p. 36).

In regard to challenges associated with RSAT and recommendations for improvement, the 2005 RSAT National Evaluation suggested that the staff recruitment/retaining as well as low staff salaries and travel costs to isolated and unattractive prison locations are issues that need to be addressed. If hiring and retaining staff is an issue, there is a real possibility that the standards for hiring are lower and case managers and counselors come and go constantly. If this is the case, then the outcomes would not be as great as we want or anticipate them to be. As previously mentioned, the program is as good as the staff is. For favorable outcomes, we need to have motivated, well-educated, compassionate service providers. In addition, several researchers argue that, in female facilities, staff should also serve as role models for the offenders. It is essential that the staff be trained to work with the female correctional population and be aware of the underlying reasons behind substance abuse and dependency, violence, and criminal behavior. According to the literature, harsh, militaristic approaches often produce mistrust, fear, and aggression whereas supportive, nurturing atmospheres, the perception of safety, and increased self-confidence promote reformation and recovery.

RSAT grants are awarded to all fifty U.S. states, the District of Columbia, and the five territories (i.e., American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and the

U.S. Virgin Islands), yet it is important to understand how those grants are distributed by state and what portions are devoted to female prisoners. Using Michigan as an example, in 2005, the state received $14,036,114 for RSAT used to treat adult and juvenile males and females. As he distribution of funds among these different groups is not defined in the report, we can compare the funds that the Michigan Department of Corrections received and spent for RSAT in 2005 to the total amount spent on correctional facilities ($1,540,241,413), field operations ($188,347,860), and administrative functions ($117,355,419) in 2006. Based on these figures, the Michigan Department of Corrections' administration budget is 8.4 times larger than the budget for RSAT, yet the $14,036,114 for RSTA is a substantial amount of money that came out of taxpayers' pockets and thus must be properly utilized. Only rigorous and timely program evaluations can adequately determine whether RSAT has been worth the money invested in it.

With an average of 80% of the correctional population abusing drugs and/or being drug dependent and fewer counselors and case managers being available for personal counseling and assisting, we cannot anticipate decreases in recidivism. The statistics support this conclusion. The budget impacts counselors' and case managers' salaries as well. Departments of corrections have a hard time hiring and retaining treatment staff because they do not offer adequate pay.

Unfortunately, it is hard to establish what percentage of the RSAT funding is allocated for providing gender-orientated treatment programs. RSAT is a program that each state develops. The states must coordinate with substance abuse programs, state alcohol and drug abuse agencies, and local agencies, if appropriate, when designing and implementing treatment programs. They must also ensure conditions initiated under RSAT and federal

assistance for substance abuse treatment and aftercare services meet the requirements defined by the United States Department of Health and Human Services, Substance Abuse and Mental Health Service Administration. From the information provided herein, it is clear that RSAT is not a unified program. It differs from state to state and from facility to facility, making it difficult to compare outcomes even when the main components are similar.

As RSAT is one of the most popular residential treatment programs, much of the research discusses its components, effectiveness, outcomes, and of course limitations. Several cross-sectional studies have been published (e.g., Center of Justice Programs Bureau of Justice Assistance, 2013; Gonzales, Henke, & Herraiz, 2005). Yet little research has focused on gender-specific RSAT programs and their components.

Presently few programs in prison are designed solely for female offenders. In addition, according to Ashley et al. (2003), "women in women-only programs reported that they had more problems, they actually spent more time in treatment and were more than twice as likely to complete treatment than were women in mixed-gender programs" (p. 38). Most of the female offenders' programs are focused on creating support groups for rape and incest survivors, providing childcare services, and providing gender-specific medical care. However, as already mentioned, the main focus should be on creating complex, multidimensional programs that can effectively address motivational factors that predispose individuals to substance abuse and dependency and subsequently criminal behavior. Trauma seems to be the leading predisposing factor for females entering the circle of addiction. According to Moloney (2009), 68.2% of female prisoners are diagnosed with current or lifetime PTSD, thereby highlighting the need to include trauma treatment programs in prison. The author argued that the need for trauma treatment programs, as a means of recovery, has

been increasingly recognized by many researchers. However, as Moloney (2009) pointed out, (1) reference to victimization is not extended beyond the offender profile, and (2) abuse and neglect are rarely examined further to determine the interrelationship among trauma, bio-psychological outcomes, and criminality, nor they are addressed in recommendations concerning trauma-specific interventions.

According to Moloney (2009), the lack of research into the role trauma plays within criminal processes severely limits therapeutic and preventative interventions for women offenders. Indeed, "further investigation is warranted to establish a causal link between trauma and criminality and to determine the most effective manner in which to address trauma to ensure positive outcomes" (p. 429). Moloney concluded that need-based, trauma-specific policies and programs can improve the public health and well-being of imprisoned women and prevent recidivism by removing the underlying factors that cause criminality.

Given that the number of female offenders continues to grow and that substance abuse and dependency are major contributing factors to both the commission of crimes and sentencing for criminal offenses, it is necessary to (1) highlight the need for screening for substance abuse and dependence at reception into prison because in some cases "prison may provide the only opportunity that a marginalized population has to engage with treatment services" (Fazel et al., 2006, p. 181); (2) provide accessible, gender-specific, and highly effective treatment to the female offenders while in custody; and (3) follow up and provide support upon release.

Of the 11 states in the American Midwest (i.e., North Dakota, South Dakota, Nebraska, Kansas, Minnesota, Iowa, Missouri, Wisconsin, Illinois, Indiana, Michigan, and

Ohio), most have only one female federal prison under their jurisdiction and have to consider gender when they build substance abuse treatment programs.

Michigan has a residential substance abuse treatment program for female offenders that is gender specific (Michigan Department of Corrections, 2015). Covington helped the Women's Huron Valley Correctional Facility create a program that is gender specific and addresses females' specific needs in the best possible way.

Minnesota does not really provide much of information about the treatment programs available in Shakopee Correctional Facility for Women. Minnesota uses a boot camp or shock incarceration treatment program approach that is "gender neutral" (Minnesota Department of Corrections, 2010, 2014, 2015). Minnesota's substance abuse treatment model was already discussed in this study. Therefore, to avoid repetition, further discussion will not take place here.

North Dakota provides programing in substance abuse, cognitive restricting, anger management, healthy relationships, mental health, trauma and loss, self-help, and family therapy sessions (North Dakota Department of Corrections and Rehabilitation, 2015). By looking at the components included in their overall treatment program list, it becomes clear that North Dakota takes to consideration gender in the selection and implementation of treatment programs for female offenders.

South Dakota does a lot in terms of helping female offenders build and maintain relationships with their children. As previously mentioned, offenders' inability to be part of their children's life creates strain, sadness, depression, fear, anger, etc., which affects offenders' recovery in negative way. South Dakota's Mother Infant Program allows participants to complete a parental class to keep their newborns in custody with them for 30

days (South Dakota Department of Corrections, 2015). Although 30 days may not seem like a large amount of time, most prisons in the United States return female offenders to custody, without their babies, 24 hours after they give birth if the baby is delivered via vaginal delivery and 48 hours after they give birth if the baby is delivered via C section. In addition, South Dakota has The Parent and Children Together, an extended visitation program that enables incarcerated mothers to have their minor children in prison for a weekend once every month in addition to the regular visitation hours. South Dakota offers mental health and substance abuse treatment as well. However, the department of corrections does not provide detailed information about what components are included in its substance abuse treatment program. Its women's prison does have a methamphetamine unit that provides services for individuals diagnosed as chemically dependent with a specific addiction to methamphetamine.

Iowa stands out with its treatment regimen offered to female offenders. The state's Adult Recovery and Transitioning into Society (APTC) program includes an eight-week substance abuse relapse program that is evidence-based and responsive (Iowa Department of Corrections, 2015). The program helps offenders understand criminality and its impact on the victim's life. It also prepares offenders for the high school equivalency test and improves their overall academic and social self-concept. In addition, it helps them develop life skills and prepares them for work opportunities. The program also include the *Seeking Safety* component, which was discussed earlier. It helps offenders establish safety plans, including utilizing community resources and exploring recovery thinking and wellness. Finally, it helps offenders stop self-destructive behavior that can lead to trauma. Prime For Life is another program that helps offenders reduce the risk of any type of alcohol or drug problem by

helping offenders focus on self-assessment and understand and accept the need for change. Sister Together Achieving Recovery is another program utilized by Iowa's Department of Corrections that impacts substance abuse treatment. The program is based on a cognitive behavioral approach within a therapeutic community environment. The program is gender specific and evidence based.

According to the Wisconsin Department of Corrections (2015), each female facility in Wisconsin offers an Alcohol and Other Drug Abuse Program (AODA). The Wisconsin Department of Corrections states that AODA was specifically developed for women in recovery and works to empower women to make healthier life choices.

Indiana fully embraces the importance of gender in developing, implementing, and executing substance abuse treatment programs for female offenders. Indiana uses Najavits's (2002) *Seeking Safety* treatment program model. In addition, the Indiana Department of Corrections (2015) offers a gender-specific residential treatment program. It also works together with Texas Christian University to provide a service known as Mapping Enhanced Counseling, a new and innovative approach that deserves admiration. Indiana develops case plans for each female offender based on a risk assessment system and provides individualized treatment, which is of great importance. The program's coordinators in the Indiana Department of Corrections provides individual and family counseling.

The Ohio Department of Rehabilitation and Correction (2015) does not provide many insights into the substance abuse treatment programs used in Ohio Reformatory for Women. It does reveal that a TC treatment approach is used.

The Missouri Department of Corrections (2015) adopted a slightly different approach. Women offenders are taken to the Women's Eastern Reception Diagnostic Center when first

admitted to have their needs evaluated. The majority of male and female correctional facilities in Missouri have Department Institutional Treatment centers that provide structural, comprehensive substance abuse treatment for the incarcerated, parolees, and probation violators. The duration varies from 6 to 12 months, based on offenders' need. The state's website does not suggest that the Missouri Department of Corrections distinguishes female from male offenders in terms of treatment. As the information is limited, it is really hard to say if Missouri has gender-specific treatment programs or not.

The situation with Kansas is even worse. The information provided at the official website of Kansas Department of Corrections (2015) about the Topeka Female Correctional Facility encompasses facilities' address, phone number, fax number, e-mail address, visitors' information, and a short warden profile. The website does not provide any information about treatment programs, offender population, history of the facility, etc. The list with Kansas's correctional facilities does not even indicate which are male and female facilities. Therefore, no conclusion about their substance abuse treatment approaches can be made.

Nebraska Correctional Center for Women (NCCW) is the only secure correctional facility for adult women in Nebraska Department of Correction. NCCW is the diagnostic and evaluation center for all newly admitted female inmates. During the first 30 days, newly admitted female inmates stay segregated from the general population. They participate in orientational program, which prepares them to enter general inmate population. During the orientational program, women receive medical and mental health evaluation and learn about various programing opportunities available to them while incarcerated. According to NCCW, each inmate has a personalized classification and programing plan developed to assist her in addressing personal deficiencies.

In addition, NCCW offers parenting program, which was one of the first programs in the U.S. to be introduced in a women's correctional facility, and nursery program. Furthermore, NCCW offers ABE, GED classes, and work programs to help women improve their socio economic status upon release. At the end, NCCW offers behavioral health services: 1) mental health screening, assessment, and referral; 2) substance abuse screening, assessment, and referral; 3) psychiatric services; 4) crisis intervention services; 5) anger management; 6) residential substance abuse unit.

This brief review of female correctional facilities in the Midwest makes it obvious that many states have implemented gender-specific treatment programs. The states' departments of corrections were aware of the research trends, accepted the new treatment approaches, and proudly announced on their official websites that they have gender-specific treatment programs. It is very encouraging that most of the states in the Midwest recognize gender as important and take it to consideration when building treatment approaches. It shows that the majority of the wardens in the Midwest are familiar with the research trends and open to accepting new and innovative approaches in order to accommodate their correctional populations' needs in the best possible way. In addition, many departments of corrections have their own research units/department, collect and analyze data, produce reports, conduct evaluations, etc., thereby indicating change. Prison institutions, like every other para-militaristic organization, will always maintain a higher level of secrecy. However, they are slowly opening up. One reason for this is that more people with a higher education are entering these institutions and obtaining higher and higher positions in the hierarchy. Wardens attend conferences and familiarize themselves with the research literature, which affects their worldviews.

III. Theoretical Perspective

The main theoretical perspective used is the feminist perspective, which was chosen because it recognizes gender as an essential factor that must be considered when developing and implementing treatment programs for female offenders. Understanding the importance of gender when developing treatment programs is critical. The feminist perspective guides the research by evaluating the way in which gender impacts the treatment programs' development and implementation.

Corsianos (2009) defined feminism as a "variety of theories about gender experiences and oppression and [a] number of strategies for social change" (p. 45). Feminism advocates and promotes social equality between women and men. According to Hooks (2000), feminism is a struggle to end sexist oppression, meaning it is a struggle to eradicate the ideology of patriarchal domination on various levels, as well as a commitment to reorganizing society so that people's self-development can take precedence over imperialism. Feminist research suggests social changes and underscores the centrality of gender in our social world.

Zimmerman and West (1987) have made great contributions to feminist criminology due to their extensive work on gender. The authors recognize that the relationship between biological and cultural processes is far more complicated than researchers thought during the 1960s and 1970s. Gender was thought to be an achieved status, "which is constructed through psychological, cultural, and social means" (Zimmerman & West, 1987, p. 125). Sex was thought to be ascribed by biology, anatomy, hormones, and physiology.

However, Zimmerman and West (1987) proposed a sociological understanding of

gender as “a routine, methodological, and recurring accomplishment” (p. 125). The authors introduced the term “doing gender,” which is one of the most commonly used terms in the feminist theory and has had a great impact on researchers’ perspectives about gender in general. According to the authors, “doing gender means creating differences between girls and boys, women and men, differences that are not natural, essential, or biological” (p. 137). It is important to point out that a person’s gender is complex and requires maintaining countless characteristics of appearance, speech, movements, dress code, and other factors not limited to biological sex. Doing gender involves a complex of socially guided interactions and activities that cast particular pursuits as expressions of masculinity and femininity. Sex is, according to Zimmerman and West (1987), the application of socially agreed upon biological criteria for classifying persons as females or males” (p. 127).

In contrast, the authors describe gender as the activity of managing situated conduct in light of normative concepts of attitudes and activities appropriate for one’s sex category. Feminist perspectives recognize the centrality of gender in our social world and allow us to see how gender produces difference in experiences between sexes.

According to Corsianos (2009), “feminist research makes the distinction between sex and gender, explaining that observed behavioral differences between the sexes are not a product of nature/biology, but rather the result of socialization, patriarchal ideology, and socio-economic factors” (pp. 47–48). From a very early age, kids are socialized in a way to become who society expects them to become. Boys need to be active, masculine, brave, logical, and sound. Failing to achieve this status results in social disapproval, rejection, and ridicule. Girls are supposed to be calm, gentle, obeying, nurturing, and non-aggressive. Masculinity and aggression are thought to be unnatural and against girls’ very nature.

Femininity in girls' behavior is as important as masculinity in boys' behavior. Any deviations with regard to boys' masculinity and girls' femininity result in severe social disapproval and punishment. That is why parents reinforce toddlers' gender orientation from a very early age. Girls receive dolls, princess dresses, cooking stoves, tea serving sets, etc. Boys usually receive weapons, cars, aircrafts, etc. This is how socially established paradigms are enforced and reinforced over individuals from the moment they are born through their entire life.

During adulthood, gender roles are reinforced even further. Young women become obsessed with fashion. Advertisements for clothes, cosmetics/make-up, and jewelry are everywhere—on TV, in magazines, and on social media. The image of young, skinny, well-dressed, good-looking females is constantly promoted. According to King (2004), it is well documented that males have been equally engaged in adorning and transforming their body with clothes in the past, as evident in portraits of male royalty and other affluent men prior to the eighteen century. King (2004) explained that such engagement declined significantly during the eighteen century due to doubts in part related to the identification and pathologizing of homosexuality. The notion to avoid any suggestion of femininity is an attempt to preserve and reinforce males' masculinity. This notion is very well manifested in male fashion trends today.

A completely opposite situation emerged with females. Young girls are obsessed with fashion, cosmetics/make-up, and jewelry. According to King (2004), in the eighteen century, "sexual stereotyping [emerged] in dress as maintaining visible distinction between the sexes by exaggerating existing physical differences or constructing artificial ones" (p. 34). King further argued that fashion is obsessed with gender and "serves to define and redefine the gender boundaries" (p. 34). The author refers to the Victorian era, during which female

fashion became especially concerned with distinguishing the body by constantly drawing attention to sites of "otherness," such as the breasts, waist, buttocks, and hips. Bras, bustles, and corsets were used to exaggerate these body parts. Although corsets are a thing of the past, King (2004) argued that "certain dresses and techniques of discipline, manipulation, and discomfort are still practiced on the female body" (p. 34). High heels, pointed shoes, and slimming underwear are all very popular at present time. Some of the latest developments are push-up bras, advertised by Victoria's Secret as "miraculous bras." They aim to transform the shape, size, and direction of one's breasts in order to achieve the desired large, rounded bust-line with maximum cleavage. In addition, breast implants have become extremely popular in the past fifteen years and are currently quite affordable.

According to Leader (1997), the way a person's identity is constructed during life also alters one's death. Goodvin (2013) conducted an interesting study entitled "Gender and Gravestone Epitaphs: A Warren County Cemetery." The author argued that "death practices can reveal as much about culture and ideology of the society they are imbedded in as the individual's personal attributes" (p. 1). According to Goodvin (2013), grave markets are one of the few ways to learn about the changing dynamics of gender. It is fascinating that gender plays a role in people's choices with regard to gravestone design. A walk through any cemetery is enough to notice that some female gravestones are created in a way to manifest femininity, such as through the choice of color, smoother shapes of the stones, and design details such as font styles, engraved flowers, or other feminine symbols. Leader's (1997) study "In dead not divided: Gender, Family, and State on Classical Athenian Grave Stelae" found that the ideal gender roles were represented through grave monuments.

It is obvious that gender is reinforced over individuals from the moment they are born

to the end of their lives and even after that. Doing gender is a priority for each individual who seeks society's approval and acceptance. One's gender has great impact not only over one's appearance or sexual orientation, but also over one's choice of education and occupation. In addition, gender impacts one's expectations of the self and others. Furthermore, gender impacts the way a person behaves, talks, and communicates with others. Corsianos (2009) argued that gender differences can be seen in the use of language, wage disparity, career choices, style of dress, childcare responsibilities, sexual performance, etc.

Feminist theory has several dimensions that enable us to understand the female's perspective in its complexity. Central to feminism is that females have been (and continue to be) systematically subordinated, unequally treated, oppressed, and stereotyped since ancient times. King (2004) explored how women have been discursively constructed as inferior and also threatening to men: "Feminists identified how women have been subjugated primarily through their bodies and how gender ideologies and sexists reasoning stem from perceived biological differences between sexes, which are supported by dualistic paradigms that have characterized western thoughts from philosophers of Ancient Greece to the Enlightenment and beyond" (King, 2004, p. 31).

Historically, different factors and events have contributed to these outcomes. Some are biological whereas others are religious, cultural, and social. Females have always been measured and judged against the norm of men. Some of the most disgusting sexist arguments about male superiority emerged in and are reinforced by the Bible. In the Bible, women are projected as inferior to men. Females are depicted as weak, sinful, and immoral. Men, in contrast, are depicted as strong, active, and moral. Men have always been considered superior due to their superior physical strength and size. In addition, males are often

associated with being active, being leaders, and being in charge. Men have, according to King (2004), a perpetual need to contain and control the inferior, unruly, sinful woman. If we look at the dichotomy associated with the body and mind, we can see that males are more often associated with the mind while the notion of the body has mostly been associated with females. Males are always thought of as being rational, logical, balanced, smart, and sane whereas women are historically assumed to be irrational, overemotional, unreasonable, and even brainless. King (2004) argued that, "The idea of men and women as opposites is supported by polarized categories such as mind/body, culture/nature, spirit/mater that have been inflected with gender ideologies" (p. 31). According to King, historically, man has been projected as the mind. He represents culture: the rational, unified, and thinking subject. Woman, on the other hand, is the body and represents nature—namely, irrational, emotional, and driven by instincts and physical needs. According to the ideology mentioned above, "Mind/culture/men must harness and control this potentially unruly body/nature/women through the application of knowledge and will power" (King, 2004, p. 31).

Devaluating perceptions and stereotypes put females in an inferior position compared to males. At the same time, these issues serve as justification to perceive women as property and exchangeable commodities among males. As a result, females have always been the subject of sexual exploitation by males. It is important to mention that class and race also matter. While middle and upper class females have the status of being property that serve the purpose of sexual favors and/or have decorative value that need to be protected, the lower or working class female's body is recognized for its use in labor and exploitation.

Feminist perspective is focused on finding where girls, women, and gender exist in theories on crime, victimization, and justice. Feminist criminology addresses the lack of

empirical knowledge on female offending and criminalization. One major reason for the lack of knowledge about females in crime and criminal justice is the gender ratio problem, which contributes to the generalizability problem. The gender ratio problem asks why boys/males are more likely to commit a crime than girls/females. The overwhelming majority of the offenders are male individuals; thus, females are generally omitted in so-called general theories of crime. Women seem to have been too few in number to be considered important by criminologists for quite some time. The criminal justice system and correctional institutions overlooked them as well. Because males outnumbered females significantly, research resources, program development, and prison facility construction were based entirely on male criminals.

The issues discussed thus far created the generalizability problem. The issue of generalizability, according to Daly's article, published in McLaren and Newburn Sage Handbook of Criminological Theory published in 2010, is one of the biggest issues for feminist criminologists. Generalizability is a problem that refers to theories of crime drawn exclusively from research perspective on boys or men; such theories are argued to be applicable for females as well. It is amazing that even today many correctional facilities are developed for males, but house females or provide programs developed from research conducted exclusively on males to females. One example is the treatment program model. Although it has been proven that female offenders respond much better to counseling and nurturing approaches, there are still several settings that do not recognize that gender matters in treatment and rehabilitation and thus continue to apply the old fashioned paramilitaristic approaches based on fear and domination.

Feminist criminological research draws attention to the blurred boundaries of

victimization and criminalization. The research on female offenders argues that a strong connection exists between females' experiences of victimization and their subsequent offending or criminalization. According to McLaughlin and Newburn (2010), "Studies of imprisoned women show that victimization is a dominant motif in their life" (p. 233). It becomes clear that offender and victim groups are not distinctive, but often overlap. The "blurred boundaries concept offers a more holistic picture of the developmental, biographical, and situational context of victimization and offending" (McLaughlin & Newburn, 2010, p. 233). From this perspective we can conclude that the paramilitaristic model, which contains aggressiveness and domination, will have the opposite effect on female offenders who come to the correctional institution as a matter of response toward violence, oppression, aggression, exploitation, and domination.

With regard to justice, Bloom and Covington (1998) concluded that "the female 'deviant' is deemed to be more deviant than her male counterpart" (p. 5). Female offenders are punished as severely as their counterparts in the name of justice, but they also experience greater stigmatization.

Feminist criminology emerged in the 1970s. According to Corsianos (2009), prior to 1970, "feminist perspectives in studies of crime, deviance, and social control were virtually nonexistent" (p. 49). In fact, most criminologists prior to the 1970s focused predominantly on male criminals. According to the author, women's experiences were simply ignored. In addition, the research prior to 1970 "falsely assumed that conclusions from research that solely focused on men could be applied to women" (Corsianos, 2009, p. 49). Unfortunately, even today some prisons embrace gender-neutral approaches in housing and treating prisoners.

According to Chesney-Lind (2006), feminist criminology is a product of the second wave of the women's movement. Corsianos (2009) and Chesney-Lind (2006) agreed that feminist criminology research dates from the 1970s and 1980s. Briton (2000) suggested that "the founding of feminist criminology can be somewhat arbitrarily fixed at 1976, with the publication of Carol Smart's *Women, Crime and Criminology: A Feminist Critique*" (p. 58). Chesney- Lind (2006) pointed out that a signal event for the emergence of the feminist criminology was the founding of the Woman and Crime Division at the American Society of Criminology in 1982.

Early feminist criminologists identified several problems and gaps in non-feminist criminologists' work. One of the strongest critiques was in regard to the omission of women from criminological research in general. Corsianos (2009) stated that "feminists were critical of research that focused solely on man, where the findings/conclusions were applied to female populations, resulting in criminological theories excluding women" (p. 50). The omission of females from criminological theories, according to the author, produced several limitations in research attempts to explain female criminal behavior. Chesney-Lind (2006) agreed with this statement and added that, due to the exclusion of girls and women from criminological theories and criminology research in general, females have been demonized, masculinized, sexualized, and marginalized. A lack of research on female offenders leads to a lack of understanding with regard to female criminal behavior. A lack of understanding with regard to female criminal behavior leads to misinterpretation of the underling causes of why women commit crime as well as the creation of non-effective treatment approaches.

Early feminist research, according to Corsianos (2009), "made profound contributions to our understanding of gender and criminology, focusing initially on female offenders and

female victims of crime, and subsequently on women working as criminal justice agents" (p. 51). According to the author, one of the most important discoveries made during the early stage was that females who commit crime had high rates of victimization, such as physical abuse, sexual assault, and incest. Chesney-Lind (2006) found that, prior to feminist work on sexual assault, sexual harassment, and wife abuse, these forms of violence were ignored, minimized, and trivialized. Feminist criminology reveals the tight relationship between the history of abuse and crime. Numerous researchers—Henderson (1998); Browne, Miller, and Maguin (1999); Staton-Tindle, Greenfeld, and Snell Brady (2001); Ashley, Marsden, and Brady (2003); Banks (2003); De Hart, (2004); Bloom (2006); Chesney-Lind, Morash, and Stevens (2008); Chesney-Lind (2008); Mallicoat (2011); Lynch, De Hart, Belknap, and Green (2012)—noted elevated rates of experiences of interpersonal trauma, substance dependence, and associated symptoms of post-traumatic stress disorder (PTSD) in female offenders. The researchers found that trauma history shows a strong influence on offending behavior. The recognition of trauma caused by victimization in female offenders' past, as one of the main predisposing factors for criminal offending, is a major breakthrough. Feminist criminology developed an evidence-based criminological theory that explains women's criminal behavior from a new perspective. According to Moloney (2009), 68.2% of female prisoners are diagnosed with current or lifetime PTSD. The data indicate the need to include trauma treatment programs in prison. The feminist criminologists' work promotes development of treatment programs, policies, and practices in prison that are gender specific by recognizing the differences in male and female experiences regarding pathways to criminal career, victimization, and substance abuse predisposing factors. The discipline attracts researchers' attention to female offenders, for which we know very little, to compare

them to male offenders and encourage research initiative.

Chesney-Lind (2006) argued that "feminist criminology of the 20th century clearly challenged the overall masculine's nature of theories of crime, deviance, and social control by calling attention to the repeated omission and misrepresentation of women in criminological theory and research" (p. 7). According to the author, researchers' interest in the lives of female offenders flourished in the 1980s and 1990s, and important work on the role of sexual and physical victimization in the female pathway into crime appeared. Chesney-Lind (2006) further underscored that important work on the "unique ways in which gender and race create unique pathways for girls and women offenders into criminal behavior, particularly in communities ravaged by drugs and over incarceration" (p. 8), emerged during the 1980s and 1990s. A new trend emerged among female offenders' incarceration rates in terms of race. According to Mauer (2011), in 2000 black women were incarcerated in state and federal prisons at six times the rate of the white women. By 2009, that ratio had declined by 53% (2.8:1 ratio). Mauer (2011) concluded that this shift was a result of (1) the declining incarceration of African American women and (2) the rising incarceration rates of white women. This shift is certainly a great topic for future research, but is beyond the scope of this study.

According to Corsianos (2009), today different feminist perspectives have presented us with multiple feminist voices. Corsianos argued that "feminist research today has given voice to different groups of people including persons in color, lesbians, and the poor" (p. 51), which led to what is referred to by some as the third "wave" of feminism.

According to Corsianos (2009), feminists have made an impact on criminology by challenging the assumptions and conclusions made about female offenders drawn from

research done on male offenders. In addition, feminists have challenged the main argument of the gender-neutral treatment approach supporters—namely, as males and females commit offenses that are criminal, they deserve similar treatment. Fortunately, feminist criminology recognized the importance of gender and encouraged the development of gender-specific treatment programs for women.

Because of the feminist work, we know much more about female offenders and their pathways to crime and incarceration today. Most importantly, because of the knowledge generated by feminist research, better gender-specific treatment approaches were discovered and are currently used for treating female offenders. However, feminist criminological research is by no means complete.

According to Van Voorhis (2009), despite the growing body of literature, there still remains significantly less knowledge regarding female offenders and their criminality when compared to their counterparts. The author argued that much more still needs to be understood and explained about women offenders. Van Voorhis (2009) explained that it is important to study female offenders because research can and has led to the development of more appropriate policies, programming, and services for female offenders. In addition, it results in improvement in the management and supervision of female offenders. Bloom, Owen, and Covington (2005) noted that policies, programs, and procedures that reflect empirical gender-based differences can make an array of management practices and staff procedures more responsive and effective. According to Morash et al. (1994), for all programing categories (education, work, medical mental health treatment, and other services), women were more likely to participate and receive services than men. Such evidence indicates that women in the criminal justice system are seeking help and are willing

to take the first step toward recovery and a crime-free lifestyle.

Many correctional institutions in the United States have looked closely at the way the body of feminist criminology research has developed and grown through the years. Some embraced the research recommendations and took the first steps toward developing gender-specific treatment programs in their female-only correctional facilities. One example is the Residential Substance Abuse Treatment Program (RSAT). RSAT grants are awarded to all 50 U.S. states, the District of Columbia, and the 5 territories—American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and U.S. Virgin Islands. The RSAT National Evaluation from 2005 states that gender-responsive treatment is essential for programs for female and that those programs should include components that educate women and girls about self-esteem, self-sufficiency, and wellness. This is a big change in terms of correctional institutions' mentality and general perceptions about providing treatment for female offenders. The feminist perspective impacts treatment programs for female offenders in several ways and on a large scale. There is a huge difference between the attitude according to which, a criminal is criminal and deserves equal treatment regardless his/her gender and the attitude according to which, a female offender needs gender-specific treatment to better address her needs and prevent recidivism and relapse. Understanding and recognizing that female offenders need gender-specific treatment to better address their needs and prevent recidivism and relapse is a huge step toward developing and implementing gender-specific treatment programs that can effectively address substance abuse and recidivism among female offenders. Feminist criminology has great contribution in helping treatment providers recognize the importance of gender in developing, implementing, and executing treatment programs for female offenders.

The Idaho Department of Corrections and the Illinois Department of Corrections are two great examples of how correctional institutions can take advantage of feminist research and research in general to create highly effective, research-infused, gender-specific treatment programs.

IV. Methodology

As previously mentioned, the proposed study is qualitative in nature. The research aims to establish if correctional institutions consider research recommendations for providing gender-specific drug treatment programs for female offenders. It aims to gather detailed information by examining two specific programs for treating female offenders that are presently in operation in two states: Idaho and Illinois. To this end, the researcher approached several departments of corrections and inquired about the approaches they use for treating female offenders in their facilities. After corresponding with a few departments of corrections, the researcher decided to conduct a case study to look closely at the treatment programs for female offenders used by Idaho Department of Corrections and Illinois Department of Corrections. The sources of data evaluated included facilitators' training materials, such as facilitators' books, CDs used by facilitators for training purposes, and journals, which are tools used by participants that help the overall process. In addition, data were collected from institutions' official websites. Furthermore, data generated from research studies conducted on the drug treatment programs mentioned was also reviewed. The departments of corrections in both Idaho and Illinois use treatment programs developed by Stephanie Covington: (1) *Beyond Trauma: Healing Journey for Women;* and (2) *A Woman's Journal Helping Women Recover. A program for treating addiction* and *Beyond Trauma: Healing Journey for Women.*

Helping Women Recover integrates theories of women's psychological development, trauma, and addiction to meet the needs of women with addictive disorders. The curriculum contains modules that address the areas which women in treatment identify as triggers for relapse, relationships, sexuality, and spirituality. They include the issues of self-esteem,

sexism, family of origin, relationships, domestic violence, and trauma. The materials are organized step-by-step in the facilitator's guide and a participants' journal.

Beyond Trauma: A Healing Journey for Women is a gender-specific curriculum based on theory, research, and clinical experience. The materials are designed for trauma treatment although the connection between trauma and addiction in women's lives is the primary theme. The *Beyond Trauma* set includes a facilitator's guide ($89.95), a participant's workbook entitled *A Healing Journey* ($10 per book), and a DVD set (two for facilitator training $275). According to the author, the program is based on the principles of relational therapy and uses cognitive-behavioral techniques, mindfulness, and expressive art.

The proposed study is qualitative in nature. The qualitative research paradigm has its roots in cultural anthropology and American sociology. According to Creswell (2014), qualitative researchers typically build their patterns, categories, and themes from the bottom up by organizing the data into more abstract units of information. Then, the qualitative data analyses have a predominantly inductive character. The inductive approach will be used for the proposed study as well. However, as Creswell (2014) suggested, while the research process in qualitative studies begins inductively, deductive thinking also plays an important role as the analysis moves forward because researchers need to look back at data from the themes to determine if more evidence can support each one or whether they need to gather additional information. As a result, deductive thinking will not be overlooked in the proposed study.

According to Choy (2014), qualitative researchers begin with self-assessment and reflections about themselves as situated in a social historical context. Qualitative research design involves designing a study, collecting data, analyzing data, and interpreting data.

According to the author, it often relies on interpretive or critical social science and follows a nonlinear path. Qualitative research is focused on conducting detailed examinations of cases that arise in the natural flow of social life.

Choy (2014) identified three major strengths of qualitative research: (1) qualitative research allows researchers to explore the views of homogenous as well as diverse groups of people and gives researchers ideas about different perspectives, (2) qualitative research allows researchers to address more issues through brought and open-ended inquiry, and (3) in the end, qualitative research is an excellent research design choice when researchers aim to understand behaviors, beliefs, and assumptions.

The qualitative research design has different means for obtaining qualitative data. The study presented used documents as the main source of data collection. The research process involves collecting qualitative documents from which data will be extracted. This data collection approach has several advantages. According to Creswell (2014), one main advantage of this data collection approach is that it enables researchers to access the information needed for data collection at a time convenient for them. In addition, because the information is written evidence, it saves researchers the time and expense of transcribing. Furthermore, the qualitative research method has been found to be very useful for studying a limited number of cases in depth. Its strength is in providing detailed individual case information and also allowing researchers to conduct cross-case comparisons and analyses. Researchers can also use primarily qualitative methods of grounded theory to inductively generate a tentative but explanatory theory about a phenomenon. Ultimately, important case(s) can be used by researchers to vividly demonstrate a phenomenon to the reader(s) of a report.

Choy (2014) also identified three main weaknesses associated with qualitative research: (1) the results are not objectively verifiable, which can raise questions about research credibility; (2) interviewers' skills have a major impact on the data collected; and (3) qualitative research is time consuming and often expensive. Data collection, coding, and data analyses are often time consuming; consequently, qualitative research is also more expensive. Training interviewers, paying them hourly to conduct lengthy interviews, and covering transportation expenses also add to the costs.

Another weakness of the qualitative research design is that, knowledge produced by qualitative research might not generalize to other people or other settings. In other words, findings may be unique to the relatively few people included in the research study. In the end, the results are more easily influenced by the researcher's biases and idiosyncrasies.

The present study's data collection process uses a document collection type approach, which has some limitations that need to be mentioned. First and foremost, many documents are considered protected information and are not available to public or private access. Granting access to information in hard-to-find places or convincing the gatekeepers to provide access can be time consuming, frustrating, and also discouraging. In addition, according to Creswell (2014), in some cases materials can be incomplete or have compromised authenticity and/or accuracy.

According to Patton (1999), each study should conform to a set of shared criteria—namely, validity and reliability. According to the author the issue of credibility can be addressed by dealing with three distinct, but at the same time related inquiry concerns: rigorous techniques and methods for gathering and analyzing qualitative data, including attention to validity, reliability, and triangulation; the credibility, competence, and perceived

trustworthiness of the qualitative researcher; and the philosophical beliefs of evaluation users have about such paradigm-based preferences as objectivity versus subjectivity, truth versus perspective, and generalizations versus extrapolations.

The present study addresses the issue of credibility by using methods and techniques for generating data that comply with research guidelines for qualitative data collection. The documents examined were requested from the department of corrections participating in the study. Authentic training materials used at Idaho and Illinois departments of corrections were provided to the researcher to examine. The researcher also obtained data directly from the official website of institutions participating in the study. According to Creswell (2014), "qualitative validity means that the researcher checks for the accuracy of the findings by employing certain procedures" (p. 201). The author states that validity is one of the strengths of qualitative research and is based on determining whether the findings are accurate from the standpoint of the researcher, the participants, or the reader of an account. Terms associated with validity in qualitative literature are trustworthiness, authenticity, and credibility. Creswell (2014) recommended the use of multiple approaches for enhancing researchers' ability to assess the accuracy of findings and convince readers of that accuracy. One popular strategy is to triangulate different data sources of information by examining evidence from different sources and building a coherent justification for themes.

The present research examines two different programs offered in two different correctional facilities in the Midwest. *Beyond Trauma* includes three separate components/documents itself, which were evaluated. *Helping Women Recover* has two different components/documents, which were also evaluated. Each of those documents indicates that facilitators in Idaho and Illinois departments of corrections understand the

importance of gender for developing effective treatment programs for female offenders. Making the choice to use gender-specific treatment programs in their facilities, the importance of which has been discussed by several researchers in the past 20 years, also indicates awareness of research progress in the field. Overall, evaluating these five different materials across two different facilities indicates that research recommendations about using gender-specific treatment programs for treating substance abuse among female offenders were taken to consideration. In addition, the researcher gathered data from the official websites for both Idaho and Illinois. These websites indicate the use of many gender-specific treatment approaches, thereby confirming that these institutions consider gender when selecting treatment programs for their correctional population. Extensive research literature is associated with *Helping Women Recover* and *Beyond Trauma* treatment programs, their core values, elements, effectiveness, etc. The research literature suggests that these two programs have been developed to serve females' gender-specific needs. By implementing these programs, Idaho and Illinois have made a clear statement that (1) gender matters; (2) gender-specific treatment programs are valued; and (3) they are aware of the research innovations in the field and take into consideration the latest findings.

Another strategy Creswell (2014) recommended is member checking, which is used to determine the accuracy of the qualitative findings by taking the final report or specific description or themes back to participants to determine whether these participants feel they are accurate. The researcher took the major findings of the current study to the departments of corrections that participated in the study and invited them to comment on the findings. Further research in which program participants are interviewed and asked about their

perceptions about the findings can add a lot to the study's validity. Although it is beyond the scope of this study, it is definitely a good basis for future research.

The third strategy for ensuring validity, as suggested by Creswell (2014), is to use rich, thick descriptions to convey the findings. In the current study, the researcher went through the materials module by module to provide the reader with great insights about the whole treatment approach used and its individual components. The researcher also discussed the challenges associated with the settings in which treatment programs are delivered.

Another way to boost validity is by clarifying the bias that researcher brings to the study. The current study is exploratory and inductive. It does not start with a research hypothesis that the researcher is trying to prove or disprove, which significantly reduces the researcher's bias. Of course self-reflection is always helpful. Researchers should always safeguard for bias. Well-trained researchers are aware of how devastating the effects of one's bias can be on research findings and the quality of the research in general. According to Creswell (2014), "good qualitative research contains comments by the researchers about how their interpretation of the findings is shaped by their background, such as their gender, culture, history, and socioeconomic origin" (p. 202). Being female boosts the researcher's interest in female offenders for sure. The tragic histories that most of the incarcerated women have might provoke sympathy and compassion in every researcher; however, female researchers are likely to experience it with an even greater magnitude. Therefore, researchers should safeguard and not allow feelings to impact their critical thinking skills in regard to the treatment programs they research. The researcher's personal history and experience can also have a pronounced impact over its perception and the ways he/she develops views and attitudes, evaluates findings, draws conclusions, etc. Being a victim of violence, being an

addict in the past or having an addict(s) in the family, losing a loved one to addiction, understanding the impact of the media over one's perception about addiction and addicts as well understanding the relationship between addiction and crime can impact the overall attitude of an researcher and the way she/he evaluates the results. Therefore, the researcher has to be aware of the possibility for bias and distance his/her own attitudes while conducting the study. Socioeconomic background also affects researchers' biases. Growing up in safe, crime-free, drug-free, middle or upper-middle environments and the lack of exposure to environments from which female offenders come from can make the researcher over-judgmental. It is critical for researchers who study indigenous populations to distance themselves from stereotyping in order to avoid bias.

To increase the validity of the current study, the researcher includes a section that presents different perspectives about treatment programs. As previously mentioned, some correctional facilities still embrace the use of treatment programs created specifically for male offenders, such as boot camp programs, in female correctional facilities. In addition, several women prisons in the United States use therapeutic community programs, which were created based on research done on male offenders, but are known as gender-neutral treatment programs. Covington & Bloom (2003) stated, "Where sexism prevailed, one of the gender dynamics frequently found is that something declared genderless or gender neutral is in fact, male orientated" (p. 3). The main argument made by correctional facilities and researchers who support the use of gender-neutral treatment programs or treatment programs developed for male offenders for treating female offenders is the need to provide equal treatment to offenders regardless of their gender. However, equal treatment is not always fair treatment. If equal treatment means equal incarceration, then women are treated more than

equal by the criminal justice system. There is a continuing debate about whether equality under the law is necessary for women. The use of the male standard to measure equality means that women will always lose, which is why recognition of the difference or "special needs" of women is necessary. Women and men should receive different treatment, but this treatment should not put women in a more negative position. Equal treatment may not be a necessarily fair treatment given that the social reality is that women may have different economic needs, may have been victimized, and may in other ways be in different situations than male offenders.

Finally, an external auditor who is not familiar with the researcher or the project reviewed the study to provide an objective assessment of the project at the conclusion of the study. Having an independent investigator look over aspects of the project, such as the relationship between the research questions and data, the level of data analysis, and the presentation of results, enhances the overall validity of the study.

Another important topic that needs to be discussed is research reliability. To ensure that the qualitative research they conduct is reliable, researchers should use a reliable research approach. Choosing a research method that is well established and proven to be effective in conducting research is the first step toward conducting a reliable study. The case study method, which was used to conduct the present research, is a well-established method used extensively by researchers conducting qualitative research. Case study has its advantages and disadvantages, just like every other research method; these are described in more detail below and will not be discussed any further in this section. The main point is that the researcher used a well-established and reliable research method to boost the study's reliability. According to Creswell (2014) and Yin (2012), in order to boost reliability,

researchers need to document the procedures of their case studies and as many of the steps of the procedures as possible. For that purpose, all research procedures were documented in a case study protocol.

A qualitative research design was chosen for this study because of the several advantages it offers, as mentioned earlier. In addition, choosing a research design is predisposed by the type of data the researcher is interested in collecting and the researcher's personal research knowledge and experience. Furthermore, the research design has to be selected based on the research nature. The nature of the study presented is exploratory. Inductive reasoning, which is associated with qualitative research design, is open-ended and exploratory. Inductive reasoning moves from specific observation to broader generalizations and theories. It begins with specific observations and measures, detects patterns and regularities, formulates some tentative hypothesis that we can explore, and finally develops some general conclusions or theories. Therefore, the inductive research method is the most appropriate choice in terms of research design for this particular study.

The research method used in this study is a comparative case study. Babbie (2008) defined case study as an "in-depth examination of a single instance of some social phenomenon, such as a village, a family, or a juvenile gang" (p. 329). Goodrick (2014) defined case study as an in-depth examination of a single case, such as policy or program. According to Baxter and Jack (2008), "qualitative case study methodology provides tools for researchers to study complex phenomena within their contexts" (p. 544). The authors asserted that, when applied correctly, it becomes a valuable method for health science research to develop theory, evaluate programs, and develop interventions. Baxter and Jack (2008) stated that a qualitative case study is an approach to research that facilitates the

exploration of a phenomenon within its context using a variety of data sources, which allows for multiple facets of the phenomenon to be revealed and understood.

The researcher selected the comparative case study approach because it serves the purpose of the study well. A comparative case study research design has several advantages. Case studies in general are proven to be effective for conductive, explorative, and explanatory studies. In addition, according to Babbie (2008) and Baxter and Jack (2008), the case study design is commonly used for analyzing individuals, programs, or processes. As the research is focused on exploring two specific treatment programs for female offenders, the comparative case study approach appears to be an appropriate choice. Looking at the second case study allows for comparing and contrasting. In the current study, the research initially focused on the Idaho Department of Corrections. The second organization, the Illinois Department of Corrections, was included based on the presence and extent of participants' characteristics in the first case study, which discovered that gender-specific treatment programs, particularly *Helping Women Recover* and *Beyond Trauma*, are used in the Idaho Department of Corrections. Therefore, the researcher chose to use a comparative case study design.

According to Goodrick (2014), comparative case studies cover two or more cases in a way that produces more generalizable knowledge about casual questions. Employing a comparative case study design serves the purpose of the study because it gives the researcher in-depth understanding of at least two cases. However, the transferability and generalizability of the findings are still limited. How many cases are sufficient to claim generalizability? An exact number is not available. However, the more cases, the greater the confidence or certainty in a study's findings whereas the fewer the cases, the less confidence or certainty.

Comparative case studies emphasize a comparison within and across contexts. They are great to use when an experimental design is not feasible to undertake and/or when there is a need to understand and explain how features within the context influence the success of the program. In addition, according to Goodrick (2014), comparative case studies involve the analysis and synthesis of the similarities, differences, and patterns across two or more cases that share a common focus or goal. The author suggested that, in order to be able to do this well, the specific features of each case should be described in depth at the beginning of the study. The rationale for selecting the specific cases—namely, Idaho and Illinois—is directly linked to the key evaluation questions and to what needs to be investigated. The two departments of corrections were selected because (1) both claim to have gender-specific drug treatment programs in their facilities and (2) they are fairly similar.

The cases examined in this study have far more similarities than differences, if any. The attitudes, the materials used, and the training approaches are very similar, and some of them are even the same. The study can certainly benefit if a different case was introduced in it. That is certainly an inspiration for conducting a larger research that includes at least 10 different states, so the research can provide more definitive answer of the research question, offer more generalizability, and examine contrasting cases. Having different cases to compare provides knowledge about how the importance of gender in developing treatment programs is perceived by different states and how those states' attitudes impact the availability and the nature of gender-specific treatment programs offered for female offenders. A comparison between gender-specific and gender-neutral programs or gender-specific program outcomes in different correctional settings might be excellent topics for future research as well. However, the research project should be manageable in order to be

executed successfully. Multiple case studies might produce better understanding of the phenomenon, but they can often be time consuming and expensive. Baxter & Jack, 2008, argued that "The evidence created from this type of study is considered robust and reliable, but it can be also extremely time consuming and expensive" (p. 550).

According to Baxter and Jack (2008), a "case study is an excellent opportunity to gain tremendous insight into a case" (p. 556). Merriam (1988), Baxter and Jack (2008), and Creswell (2014) claimed that case study research design enables the researcher to gather data from a variety of sources and to aggregate the data to illuminate the case. Goodrick (2014) also argued that one of the biggest advantages associated with comparative case studies is that various data collection methods can be used. The present research used a document evaluation data-collecting method and available information. Goodrick (2014) stated that comparative case studies are time and resource intensive due to the inclusion of iterations among propositions, evidence collection, and synthesis.

Merriam (1988) argued that case study offers a means of instigating complex social units consisting of multiple variables of potential importance in understanding the phenomenon. In addition, according to the author, because the case study is anchored in real-life situations, it results in a rich and holistic account of phenomenon. Furthermore, a case study offers insights that can be constructed as tentative hypotheses for the purpose of structuring future research, so it plays an important role in advancing the "field's knowledge base" (Merriam, 1988, p. 42). Because of its strengths, case study is an appealing design for applied field researchers. Case study design can examine treatment programs and help researchers improve their understanding, which can in turn affect and perhaps even improve

practice. According to Merriam (1988), case study research design is useful for evaluating programs and informing policy.

Goodrick (2014) explained that one advantage of comparative case studies is that they can involve as few as two cases or many more, based on researchers' needs. That gives flexibility and also an opportunity to the researchers to build on an existing study. However, it should be noted that, when a large number of cases is included, the trade-off is in terms of depth and details.

A case study approach has limitations as well. One limitation mentioned by Merriam (1988) is the fact that the researcher is the primary instrument of data collection and analysis. When the researcher plays that important role in the research project, concerns emerge with regard to the researcher's ethics and objectiveness. The possibilities for oversimplifying or exaggerating a situation due to the researcher's past experiences, background, or attitudes are real. Oversimplifying or exaggerating, according to Merriam (1988), may lead the researcher to a biased and inaccurate conclusion, which can result in misleading the reader about the actual state of affairs. Thus, it is important for both readers and researchers to be aware of biases, especially when looking at evaluation case studies. The potential ethical issues are common when the researcher play such a central role in the research process. A prejudiced and unethical researcher could select and illuminate only those parts of the data that support his/her vision.

In regard to validity, Merriam (1988) suggests that it is of great importance for the researcher to study exactly what she stated that she would study or the research validity would be severely compromised. Regarding reliability, the issue is associated with the lack of representativeness. A study that is focused on two cases only provides great insights, but

does not allow the researcher to generalize or make statements suggesting that what applies to those particular cases will apply to all similar cases, which can cause confusion.

Fortunately, many of these issues can be adequately addressed by well-prepared researchers. Researchers can avoid unethical or biased behavior by being observant and self-cautious about their role in the research process. According to Creswell (2014), the researcher should reflect on her role in the study and her personal background, culture, and experiences because it holds the potential for shaping her interpretations. This is done for the purpose of safeguarding biases in regard to the themes advanced in the study and the meaning ascribed to the data. Ultimately, speaking about research that is 100% value free is unrealistic. Certainly, every responsible researcher aims to mute her personal biases and minimize the impact her personal attitudes and beliefs have on the study. However, it is questionable if the influence of those can be fully eliminated.

The researcher's role in the study and personal background, culture, and experiences is of great importance. An applied criminologist always seeks practical solutions for solving outstanding issues in the field. An applied criminology perspective supports the notion that research knowledge and science in general should have practical implementation. Having an issue and adequate knowledge about how to resolve it should result in eliminating the issue.

The current study is mostly exploratory in its nature. The research does not aim to prove or disprove any particular hypothesis or theory, but rather to find out if the recommendations suggested by the body of research have been implemented in gender-specific programs. The current study does not argue that such recommendations were or were not taken into consideration by correctional institutions and also does not hold prejudices about the explored topic. The research does not aim to support a particular position,

assumption, or attitude. In addition, the research goal is not to create favorable or unfavorable conclusions about treatment programs. It simply aims to establish if the researchers' voices were heard and used for creating better treatment programs for female offenders. The choice of an inductive approach underscores the researcher's attempt to explore the topic, not support a theory, attitude, or assumption, thereby indicating a lack of bias. The issue of biases is more pronounced when researchers have developed hypotheses and conduct the study to prove or disprove them. Researchers' stereotypes, backgrounds, attitudes, etc., may have a prominent impact when deductive reasoning is used because they may look for evidence proving their point of view while ignoring evidence disproving it.

Ethical considerations, due to the researcher's role in data collection and analysis, have to be reviewed. Being aware of potential ethical issues is of great importance for every researcher. One way to address this concern is the completion of CITI training. The researcher who initiated the proposed study completed CITI training, which includes the following courses: Social and Behavioral Researchers; Social and Behavioral Responsible Conduct of Research; CITI Health Information Privacy and Security (HIPS) for Clinical Investigators; and Investigators, Students, and Faculty Mentors. In addition, the researcher completed graduate courses based on advanced methods for social research, which include components that discuss potential ethical issues and how those issues can be addressed. Overall, the researcher is well prepared to safeguard for ethical misconduct.

According to Goodrick (2014), the most persisting issue is that the level of description required to portray the richness of the cases may mean that the cases and the participants within the cases are identifiable. However, this particular study uses documents and other materials that are public information, which is available and accessible upon

request. In addition, the study is focused on institutions, not physical participants. Therefore, the identification of participants is not really a relevant concern. The identification of the departments of corrections using the treatment programs mentioned is the furthest identification made. However, the researcher discussed the purpose, goals, and nature of the study with officials from the institutions subject to the analysis and obtained their permission to proceed.

As the researcher was not hired to conduct the research and no funding was involved at all, there is no place for concerns with regard to ethical issues or biases due to financial gain. The researcher conducted this study for the purpose of completing a master's thesis assignment, which is a necessary condition for graduation. The topic reflects the researcher's academic interests emerging over her time at Eastern Michigan University.

Case study research demands the devotion of a lot of time and resources. In addition, due to the fact that a case study is typically detailed and lengthy, it might be avoided by busy policymakers. Concerns about case study research being too lengthy or too detailed can be addressed by researchers placing boundaries on the case to avoid any attempts to answer excessively broad questions or to select a topic that is too broad and, thus, not manageable. The current research focuses on two specific programs, in two particular settings, for a specific time frame.

Generalizability is also one of the main limitations associated with case study design. The lack of generalizability is translated as a lack of reliability. However, the research goal is not to generalize the findings. The lack of knowledge about the topic, in this particular context, is what drives the research. The knowledge accumulated will be reliable with regard to the particular two cases that are subject to the analysis. It will likely be reliable when we

look at similar cases in similar contexts, but it may vary as well. *Beyond Trauma* and *Helping Women Recover* might impact female offenders' rehabilitation and recidivism at the Idaho Department of Corrections and perhaps be similar with the impact *Beyond Trauma* and *Helping Women Recover* have on female offenders at the Illinois Department of Corrections and other departments of corrections, but more research must be carried out before that claim can be made with any certainty. If a single case study with embedded units is conducted, the researcher will be able to boost the generalizability and reliability of the study. In order to conduct a single case study with embedded units, the researcher has to include a few other facilities located in the Midwest for the sake of making more comparisons. Unfortunately, a study of this caliber demands a larger time frame and more resources. However, the present study might inspire the initiative for the development of a larger research project in the future. The limitation provided above and the proposed solutions in this preliminary research phase were taken seriously by the researcher and were discussed with peers and other faculty members.

Goodrick (2014) pointed out some other limitations specific to comparative case studies. The author stated that comparative case studies require researchers to have a range of skills and expertise. For example, comparative case studies often employ both qualitative and quantitative research approaches, although this is not the case with the current study. Goodrick (2014) further asserts that the researcher must process strong synthesis skills and the capacity to integrate convergent and divergent evidence. Finally, the researcher must be able to embrace the complexities of each case and employ critical reasoning when making sense of the evidence and presenting coherent arguments.

Yin (2012) identified three main steps in designing case studies. Step one is defining the case that will be studied. According to Yin (2012), "a case is generally a bounded entity (a person, organization, behavioral condition, event or other social phenomenon)" (p. 6). The case serves as the main unit of analysis in case study. In the beginning of the current study, the researcher identified the two organizations that would be subject to analysis: the substance abuse treatment programs for female offenders offered at the Idaho Department of Corrections and the Illinois Department of Corrections. Therefore, the subjects of analysis were clearly defined. The discussion section offers a thick description of the overall treatment approaches used in these facilities and the treatment programs *Helping Women Recover* and *Beyond Trauma*.

The second step is selecting case study designs. Comparative case study designs might include two particular analysis methods: qualitative comparative analysis and process tracking. The current study uses a comparative case study design, which involves the following steps:

(1) Clarify the key research question(s) and the purpose of the study. This is a necessary procedure to determine if a comparative case study is an appropriate design for the study.

(2) Identify the theoretical perspective that guides the research.

(3) Define the types and the number of cases that will be included and how the case study process will be conducted.

(4) Identify how evidence will be collected, analyzed, and synthesized within and across cases and implemented in the study.

(5) Report findings.

Yin's (2012) third step requires deciding whether or not to use theory to help complete the essential methodological steps, such as developing research question(s), selecting case(s), refining the case study design, or identifying relevant data to be collected. According to the author, researchers who do not have experience conducting case studies should more certainly consider using a theory as it helps organize initial data analysis strategies and generalize the findings from the case study. Yin (2012) further argued that a case study that starts with some theoretical propositions or theory will be easier to implement than one having no propositions. The current research uses a feminist theoretical perspective. Details about the feminist theoretical perspective and the researcher's decision to approach the study by using this particular theory are provided in the previous chapter "Theoretical Perspective."

The next stage of the project involves data collection. A case study is not limited to a single source of data. In fact, a good case study benefits from having multiple sources of evidence. For the development of this particular study, the researcher used various documents, such as manuals, training CDs, training books, journals, research articles (all parts of the training material that comes with the program), and official website platforms of the institutions participating in the study. The researcher used different sources of information for the purpose of triangulating evidence from multiple sources. In addition, throughout the research process, the author continually checked and rechecked the consistency of the findings from different as well as the same sources. This process is known as triangulation and helps the researcher establish converging lines of evidence, which makes the findings as robust as possible. According to Yin (2012), triangulation occurs "when three

(or more) independent sources all point to the same set of events, facts, or interpretations" (p. 13).

Triangulation is essential for the overall validity of the research. Future research would benefit from adding different sources of information, such as data collected via interviews with participants and officials participating in program development, implementation, or execution. The current study used three different document sources to find similar results with regard to the intention of the departments of corrections in Idaho and Illinois to provide gender-specific treatment programs for female offenders:

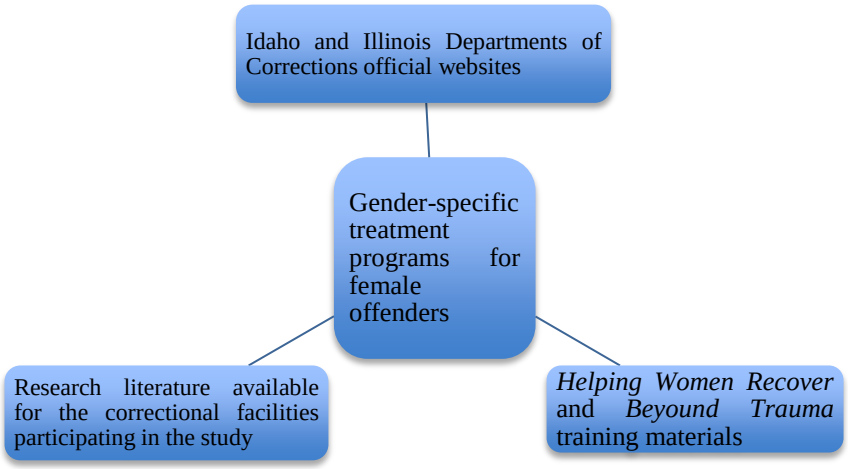

Figure 1 Document Sources.

An important step undertaken by the researcher is the development of a case study protocol. In collecting data, regardless of the sources of evidence used, the development and use of case study protocol can be very helpful as, according to Creswell (2014), they boost a study's reliability. Stake (1995); Eisenhardt (1989); Yin (2003); and Brenton, Kitchenham, and Budgen (2008), all offer great models for designing a case study protocol. In developing

the case study protocol for the current study, the researcher took advantage of all three models.

The first step in developing a case study protocol was to define the research question and priority questions associated with it. Next, the researcher selected a case study design. Third, the researcher prepared for the data collection, including the development of a protocol and selection of the cases. The fourth step was to collect the evidence. The fifth step was to analyze evidence within the case and across the cases. Step six was to determine and use an appropriate analysis, keeping in mind three principles: (1) attending to all the evidence, (2) presenting the evidence separately from any interpretation and, (3) exploring alternative interpretations. The last step was to report the case studies, which Yin (2003) stated includes identifying the audience, determining the best structure, and having the report reviewed.

A case study analysis is one of the most complicated and sensitive parts of the research. The researcher aimed to address the research question, and techniques used to analyze the data were directed at this question. The analysis started with what was discovered.

One of the topics that needs to be discussed at the end of the research process is generalizability. According to Yin (2012), the final challenge is to determine whether any generalizations from the case study can be made. The author asserted that analytical generalizations are appropriate for a case study design. Analytical generalizations depend on using a study's theoretical perspective to establish logic. As the research framework is built on a solid theoretical paradigm, analytical generalization appears to be a good choice for the

presented research. It is important to mention that, with only two cases studied, it is hard to generalize. However, exploration, not generalization, was the initial goal of the research.

The last phase of the research was to present the case study evidence. Yin (2012) argued that evidence needs to be presented with sufficient clarity, preferably in a separate text, tables, and exhibits. To this end, the current study presents the evidence in separate sections. The evidence is presented in short summaries, so readers can easily locate and review it. Including the evidence in separate sections avoids mixing evidence with interpretation, which is of great importance.

In short, the research process comprised five essential steps:

(1) Preliminary activities, which included conducting an extensive review of literature associated with substance abuse and dependency among female offenders and treatment programs offered to them and incorporating the researcher's preliminary knowledge about the topic.

(2) Selection of the theoretical framework appropriate for the research needs—here, the feminist theoretical perspective.

(3) Data collection, data reduction, and data analysis. The data collected needed to be sufficient to address the study's research question by using multiple data sources. The collection and analysis were iterative processes. The researcher coded the data as a method of data reduction. The synthesis of the data involved comparing and checking data from various sources.

(4) Findings were reported in a set of key findings.

(5) Member checks, in which the researcher engaged experts to respond to and comment on data and findings in terms of their accuracy and credibility.

Goodrick (2014) explained that an understanding of each case is important in establishing the foundation for the analytic framework to be used in the cross-case comparison. The author stated that there is no set of rules or defined requirements for the presentation of comparative case studies. However, the comparative case studies analysis and report section should include a discussion about (1) the research question and the way it was addressed in the study, (2) rationale for the selected research design and its value in addressing the research question, (3) discussion about the case selection, (4) type of cases examined and overall strategy (parallel or sequential), (5) description of how propositions were developed and tested, (6) case study protocol, (7) method of data collection data management and data analyses, (8) a brief discussion of within-case and across-case analyses, and (9) limitations of the study.

V. Discussion

The need for gender-specific treatment programs for female offenders is well recognized by feminist researchers. The United States Bureau of Prisons recognizes the value of gender-specific treatment programs and encourages the development of treatment programs for female offenders in all U.S. states by providing RSAT grants. According to an article by the U.S. Department of Justice and the Office of Justice Programs entitled "Residential Substance Abuse Treatment for State Prisoners" (2005), RSAT grants are awarded to all 50 states, the district of Columbia, and 5 territories (i.e., American Samoa, Guam, Northern Mariana islands, Puerto Rico, and U.S. Virgin Islands). The article stated that a state administering agency is responsible for administering the RSAT funds. As of July 2004, 300 programs are in operation, and each state can choose the model(s) it wants to adopt. According to the Office of Justice Programs, separate facilities in a state may use different approaches, depending on the participants. Programs are available for adults and juveniles, for males and females, and in individual and group formats (sessions).

Such flexibility gives the correctional facilities an opportunity to develop comprehensive approaches to substance abuse treatment, which is gender specific and addresses participants' needs in the best possible way. The Idaho Department of Corrections, Indiana Department of Corrections and Illinois Department of Corrections are great examples of how the latest research findings can be utilized for the development of gender-specific treatment programs. These states considered the latest research findings and researchers' recommendations related to the development, implementation, and execution of gender-specific treatment programs for female offenders. They recognize the importance of gender in treating offenders and offer gender-specific treatment in their facilities. The materials and

programs for treating female offenders that these correctional institutions adopted were developed by well-known researchers, such as Stephanie Covington, in cooperation with Substance Abuse and Mental Health Services Administration (SAMHSA). The materials used were developed in a way to be easy to understand by the female offenders. The treatment materials were designed to use simple, everyday language; they avoid the use of jargon and use humanistic rather than scientific terms.

Idaho and Illinois have similar models for treating female offenders. They recognize gender as a factor that has a huge impact on how a treatment program should be developed, implemented, and executed.

1) Substance Abuse Treatment Approach for Female Offenders: Idaho Model

For South Boise Women's Correctional Center in Idaho, gender does matter. The treatment facility for minimum security female offenders has an operating capacity of 284 offenders. It offers case management services and treatment program, with many gender-specific treatment components.

South Boise Women's Correctional Center offers case management services to all female offenders regardless of their status; this is an important point in terms of service accessibility. The case management is delivered on a one-on-one basis in order to address offenders' individual needs. Individual needs assessment helps counselors establish the state in which the offender is and recommend the most adequate treatment regiment. Chesney-Lind (2008) pointed out that a mismatch often occurs between the services needed and those delivered when facilities fail to consider offenders' individual needs and provide treatment that embraces a one-size-fits-all philosophy.

According to the information provided on the Idaho Department of Corrections

website, case managers meet with offenders upon their arrival in the institution. Case managers continue to meet with offenders on an as-needed basis until their release or as requested. The case management includes, but is not limited to, initial intake, face-to-face contact, development of treatment plans, problem solving, parole plans, financial planning, and assistance with community resources.

Working with female offenders on a one-on-one basis is essential. According to Chesney-Lind et al. (2008), Mallicoat (2011), Lynch et al. (2012), and other well-known researchers, many female offenders have been victims of physical and/or sexual abuse and suffer from PTSD and substance abuse disorders. These women are often ashamed of themselves and believe that it was their fault that they became victims of violence. This is especially true in the cases of sexual abuse caused by a parent. In addition, these females have very low self-esteem and are in some cases very antisocial. Individual counseling is the only alternative to get help for those females who cannot and do not want to share their personal stories of abuse in a group therapy setting. Furthermore, group therapy might trigger painful memories and emotions when listening to stories of other victims of abuse. In some cases it might lead to relapse. Having a one-on-one meeting between the counselor and offender provides an opportunity for both sides to ask questions, discuss the issues, develop an individualized treatment plan, and follow up on the offender's progress. Developing a treatment plan is essential for the offender's success. It involves setting clear goals and making progress toward those goals. It is the first step toward recovery.

As previously mentioned, case management services at South Boise Women's Correctional Center also assist females with making parole plans, financial planning, and community resources. Bloom and Covington (2006) argued that improving female offenders'

socioeconomic status is one of the most important guiding principles that should have specific implementations in the creation of gender-specific services. In order to improve their socioeconomic status, female offenders need to learn how to manage their finances first. Financial planning is something that many of the offenders did not have the opportunity to learn while growing up. In interviews, female offenders often reveal that they learned how to balance a checkbook in prison. An essential factor for improving female offenders' socioeconomic status is education. South Boise Women's Correctional Center has an educational program that provides opportunities for participants to develop skills in a range of educational and vocational areas. The facility's educational programs are designed to prepare incarcerated female offenders to live successful crime-free lives. The educational services offered at the facility include literacy, secondary education, professional technical education, and special education based on assessed individual needs. The educational case plans drive the educational programs offered to individual offenders based on their needs.

South Boise counselors also help female offenders find assistance with community resources. Bloom and Covington (2006) argued that services such as housing, transportation, childcare, and job placement must be provided to female offenders upon release. Females are often the primary caregivers of their adolescent children and elderly parents. If there is no housing arrangement for female offenders upon release, their options are limited to (1) going back to the streets or (2) going back to the housing arrangement that took them to prison in the first place. The feeling of guilt from not being able to provide housing for oneself and/or one's children/parents can impose tremendous strain on former female convicts and cause relapse (Fazel, Bains, & Doll, 2006). In addition, the lack of a safe house may expose former female convicts to new victimization. As previously mentioned, physical and/or sexual abuse

are the most influential predisposing factors for substance abuse and dependency among women. Therefore, former female convicts need to be placed in a safe environment.

Transportation assistance is another essential resource that South Boise Women's Correctional Center helps their offenders arrange. The lack of transportation arrangements limits offenders' chances to attend job interviews, obtain a job, and commute to work. In addition, the lack of transportation makes attending substance abuse classes, support groups, and/or vocational trainings difficult, if not impossible. Ultimately, the lack of transportation may also result in the former convict's inability to attend meetings with her parole officer and cause her to violate the probation requirements, which often result in the revocation of parole.

Several researchers have underscored the importance of the community assistance with regard to helping female offenders reenter society. However, this topic goes beyond the scope of this study.

South Boise Women's Correctional Center in Idaho values the research work developed by feminist criminologists in the past 20 years and considers many of the most commonly cited researchers' recommendations, such as providing counseling services to all offenders regardless of their status, conducting individualized needs assessment, developing treatment plan based on individual needs, helping offenders improve their socioeconomic status, and assisting female offenders with finding community support resources.

This philosophy is also reflected in the treatment programs available at South Boise Women's Correctional Center in Idaho. Several programs are available. Female offenders are assessed to determine their medical, programmatic, educational, and medical health needs first. Then the information from the assessment is used to determine in which treatment

pathway they will be participating. The pathway utilizes groups of several different components. The whole set of program components is a great achievement in terms of developing integrative gender-specific treatment for female offenders. This study examines the following programs: Beyond Trauma and Helping Women Recover.

2) Substance Abuse Treatment Approach for Female Offenders: Illinois Model

Women and Family Services has operated under the mission of the Illinois Department of Corrections (ILDOC) since May 1999. It serves as an important milestone in the recognition of the unique issues female offenders face. According to ILDOC, the mission of Women and Family Services is the development and implementation of policies, programs, and services needed to respond specifically to women's pathways in and out of crime and to the context of their lives. ILDOC stated that the treatment provided for women is based on women's competencies and strengths and promote self-reliance, as recommended by several researchers. The importance of females' self-reliance and economic independence were underscored several times through this work as well. In addition, ILDOC encourages the development of focus groups in which women can learn about trauma and how trauma impacts their lives as well as discover ways to heal from trauma. Topics such as domestic violence, sexual assault, grief understanding, and healthy relationships are just a few of the topics discussed, and discussions are led by experienced and well-trained counselors.

According to ILDOC, substance abuse treatment is designed to be specific to the gender and deals with pathways into substance abusing behavior. The department argued that, in order to fully address the needs of women, the programs use a variety of interventions from behavioral, cognitive, and systems perspectives. In addition, as recommended by several researchers, gender-responsive assessment tools and individualized treatment plans

are used with appropriate treatment matched to the identified needs and assets of each offender. At the end, spiritual programs are also encouraged and considered an important element of the holistic treatment concept.

As previously discussed in this work and based on relational theory, family is of great importance for women's recovery. For the majority of women, being connected to other people and networks is of great importance. According to relational theory, females develop a sense of self and self-worth when their actions arise out of, and lead back into, connections with others. Covington and Bloom (2006) stated that connection, not separation, is the guiding principle of growth for girls and women. The authors argued that "disconnection and violation, rather than growth-fostering relationships, characterize the childhood experiences of most women in the criminal justice system" (p. 6). In addition, because the connection with others is so important for females, they are much more likely than males to start taking drugs or get involved in illegal activities in order to remain in and/or preserve relationships. According to De Hard (2004) and Browne et al. (1999), females are often introduced to drugs and illegal behavior by their intimate partners.

ILDOC recognized that it is important for women to maintain relationships with family, friends, and especially their children; thus, it has created programs to help convicts maintain and strengthen family ties, particularly between parents and children. Having family to support female offenders upon release increases their chances to remain clean and avoid relapse. A lack of support often means returning to the neighborhoods, relationships, and habits that initially created the pathway to prison.

In addition, having relatives to take care of the convict's children means that those children will not be placed in foster care and eventually adopted. One of the biggest fears

female offenders face is losing their parental rights. Before the state can terminate parental rights and place a child in foster care, it must file a petition under the federal Adoption and Safe Family Act. However, if a child has been in foster care for 15 of the last 22 months, the state agencies are not required to petition. Therefore, if none of the offenders' relatives become a caregiver of the kids under the age of 18, those kids will be placed in foster care. If a female offender is sentence to two years, there is real possibility that she will lose her parental rights. The fear of being unable to take care of children, added to the fact that female offenders have limited contact with their children while incarcerated, plus the fear of losing legal custody of those children, creates a huge emotional toll and makes it almost impossible for women to focus on their recovery. Fortunately, all women's facilities in IDOC offer parenting programs for all levels of offenders. For example, Decatur and Fox Valley facilities offer family activities ranging from day camps for mothers and children, video visiting programs, storybook programs, summer read programs, and holiday activities for mother and children.

A relatively new program is "Moms and babies". According Treatment Alternatives for Safe Communities (TASC) to *Moms and Babies* is operated as a partnership between the Illinois Department of Corrections, TASC, and a team of community-based partners. The program was developed to help strengthen the special bond that is critical to a healthy mother–child relationship. The program allows qualified mothers to keep their newborn babies with them and support the incarcerated mother in developing and nurturing a bond with her infant through effective programing and a safe and supportive living environment.

IDOC provides numerous opportunities in the area of vocational education for female offenders. As already mentioned, several researchers have demonstrated that learning how to

maintain economic and financial independency is an important part of women's recovery. Being able to secure employment means being able to have a stable housing arrangement and take care of oneself and one's family. In addition, financial independence allows females to avoid abusing relationships and illegal activities such as prostitution, drug distribution, shoplifting, and burglary.

Currently, women in IDOC are trained as service dog trainers, pet groomers, nail technicians, cosmetologists, computer specialists, building maintenance experts, and cooks. In addition to providing education and training, IDOC also makes efforts to improve the linkage between the vocational program and employers in the community who are willing to hire offenders. IDOC's Women and Family Services is trying to achieve this by initiating job fairs and pursuing community support.

At the end of convict's sentence terms, IDOC offers mentoring programs to assist incarcerated women in bringing the gap between prison and community. Transitional programs are included as part of a gender-responsible practice with a particular focus on building long-term community support networks for women. According to IDOC, all women's facilities have referral sources and funding for transitional assistance in housing, employment, and educational needs.

3) Gender Neutral Approaches

Gender-neutral treatment programs for treating substance abuse are still widely used throughout the United States. According to Covington and Bloom (2003), what is declared as genderless or gender neutral is often in fact male oriented. One example is the therapeutic community treatment program model, which is one of the most popular gender-neutral treatment models used across the country. Therapeutic community (TC) programs emerged

in the late 1980s. According to Eliason (2006), TCs were instituted in prisons to address the desperate need for effective substance abuse treatment programs. Although they were well suited to the prison environment, Eliason (2006) argued that the format and the content of TCs were developed to address the antisocial men and were in fact fairly effective with this population. However, women's socialization and the adverse consequences of trauma and abuse that most incarcerated woman have experienced make TCs a potentially toxic environment for many women. Eliason (2006) stated that it is certainly possible for the TC model to be modified by softening its confrontational nature, but argued that it is preferable to develop gender-specific programs instead, continuing to apply and modify programs developed for men.

However, according to (2003), women are often invisible in the many facets of the correctional system. Therefore, they get what is available in terms of substance abuse treatment, not what is recommended or appropriate. The authors argued that over the past 20 years, substantial knowledge concerning women's services has been gained in the fields of mental health, substance abuse, and trauma treatment. However, the authors stated that this knowledge has yet to be applied in the majority of programs serving women in the criminal justice system. One reason why this knowledge has not yet been applied, according to Covington and Bloom (2003), is that "few correctional administrations have a clear understanding of what elements of their current programs promote successful outcomes for women" (p. 7). The authors asserted that most criminal justice professionals do not understand the ways in which effective female responsive services differ from effective services in general. Therefore, the authors suggested that correctional administrators and

program providers need to have gender-responsive curricula and training programs that incorporate this knowledge.

According to Inciardi, Martin, and Surratt (2000), TC is a treatment environment that is isolated from the rest of the population. The idea is to isolate participants from drugs and violence while promoting rehabilitation. According to the authors, TCs' clinical staff members are typically former substance abusers who were themselves rehabilitated in TCs. TC programs aim to change negative patterns of behavior, thinking, and feelings that predispose individuals to drug use by helping offenders understand that (1) drug use is a disorder of the whole person and (2) addiction is a symptom, not the essence of the disorder. The ultimate goal of TCs is to help participants maintain a responsible, drug-free lifestyle.

Inciardi et al. (2000) suggested that the composition of the work-release TC should be similar to that of the traditional TC. It is of great importance to distance participants from the negative influences of the street and inmate culture. In addition, the authors argued that "there should be the hierarchical system of ranks and job functions, the rules and regulations of the environment, and the complex of therapeutic techniques designed to continue the process of resocialization" (p. 6).

In the third stage, participants live in the free community under the supervision of their parole officer or some other surveillance program. Treatment intervention in this stage should involve outpatient counseling and group therapy.

The effectiveness of TCs is questionable. Several studies have reported a decrease in drug use, re-incarceration, and recidivism rates during the first one or two years after release. However, many studies have suggested that the differences between the control group and the group of offenders who completed the program practically disappear shortly after the

second year. According to Eliason (2006), very little empirical research supports the effectiveness of TC treatment for women in particular, but their number rapidly increased across the country anyway. According to the author, "TC treatment ignores or exacerbates issues that are common to addicted women, or uses methods that may be contradictory to women's recovery" (Eliason, 2006, p. 1). Despite TCs' questionable effectiveness, in 2001, every state had a TC and 31 states had TCs for female offenders.

After reviewing several studies, Eliason (2006) concluded that studies with men have shown that TCs have an impressive effect on recidivism rates. However, the author noted some limitations associated with those studies that make the evidence leading to such a conclusion questionable. For example, many of the studies did not use a treatment control group or compared TCs with shorter and/or less intensive programs. With regard to women, after a thoughtful review of the literature available on TCs' effectiveness, the author concluded that in regard to effectiveness of TC programing for women, the few outcome studies available provide mixed findings. Rhodes et al. (2001) found that a study of the Federal Bureau of Prisons suggested that, among the 547 women studied, TC treatment was not effective in reducing recidivism or relapse.

Another gender-neutral treatment program approach is known as shock incarceration or boot camps. Shock incarceration programs are short-term prison programs run like military basic training. Those sentenced to boot camp prisons, according to Mackenzie and Grittner (2001), participate in a rigorous schedule of physical training, military drills and ceremonies, and hard labor. Participants in boot camps are segregated from other prisoners and usually have fewer personal possessions, not televisions, and fewer visits from friends and family.

According to Mackenzie and Grittner (2001) and Boarini (2014), shock incarceration programs or boot camps were established in the 1980s. Wilson, Mackenzie, and Mitchell (2008) stated that the first states that offered boot camp programs were Georgia and Oklahoma in 1983. Soon after that, many other states developed boot camp programs. The boot camp programs were developed in response to the astonishing growth of the incarcerated population during the 1980s.

Most boot camp programs were developed for men and accept only male participants. However, some admit women too. The excitement about boot camp programs was strong enough to motivate the Federal Bureau of Prisons to eventually develop female-only boot camps.

However, by the late 1990s, the lack of evidence about boot camp programs' overall effectiveness, and in some cases the presence of evidence proving their ineffectiveness, resulted in some states, such as Colorado, North Dakota, and Arizona, ending their boot camp programs.

Presently there is boot camp program for female offenders operating in Minnesota. Minnesota's Department of Corrections has been running the boot camp-style Challenge Incarceration Program (CIP) for nonviolent offenders since 1992. The purpose of the program, as defined by the Minnesota Department of Corrections, is to provide eligible incarcerated offenders with the opportunity to voluntarily participate in CIP's early release program. The directives outline that CIP is a highly structured and rigorous voluntary program that provides eligible offenders with an opportunity to successfully complete targeting programing to meet individual needs, as identified by assessments, thereby lowering the offender's risk for recidivism. According to the Minnesota Department of

Corrections, the program's goals are (1) to punish and hold the offender accountable, (2) to protect the safety of the public, (3) to treat offenders who are chemically dependent, and (4) to prepare the offenders for successful reintegration into society.

New York has the nation's largest boot camp program, with more than 1800 beds. New Your Lakeview Correctional facility is the largest in the state and has the capacity to house 540 men and 109 women. The Lakeview shock incarceration program is an intensive incarceration program that offers eligible inmates to reduce their sentence to six months. The program emphasizes substance abuse treatment, decision-making, discipline, and education in the context of a TC and military environment. It is a voluntary program that gives inmates the opportunity to reduce their sentences to six months, which translates to large savings, of course, as inmates free their beds earlier than expected.

Yet the effectiveness of the program is questionable. According to The Correctional Association of New York (2007), only 8% the offenders who successfully completed the shock incarceration programs returned to prison in the first year after release, while among those who did not participate in the program the recidivism rate was 16%—more than double. In the two-year period, 22% of the boot camp graduates returned to prison. Among those who did not participate, the return-to-prison rate was 32%. In the three-year period, 31% of the boot camp graduates returned to prison compared to 40% for those who did not participate. Therefore, over time, the difference between the treatment group and control group in regard to recidivism decreases.

Gender-neutral programs have their supporters and are still used despite the lack of solid evidence about their effectiveness. This is especially true with regard to female offenders. According to the U.S. Department of Justice (2003), some boot camp programs

began accepting eligible female inmates in the early 1990. Soon after that, concerns emerged about whether boot camp treatment programs are appropriate for treating female offenders, including (1) boot camp programs were initially designed for males, not females, and therefore, do not address women's needs; and (2) boot camps often restrict or ban visitations, which creates difficult situations for mothers and children, and they do not teach parental skills (U.S. Department of Justice, 2003); (3) most boot camps do not have components/programs that help women who have been victim of physical and/or sexual abuse to cope with it and avoid victimization in the future and, in fact, boot camp tactics may re-traumatize victims of domestic violence; (4) most boot camps use substance abuse treatment designed for men while women usually have different histories and patterns of drug use than males; and (5) boot camp programs typically do little to prepare women for employment after release. In conclusion, according to Wilson et al. (2008), based on the current evidence, boot camp programs overall are not effective in reducing post-boot camp offending.

The Idaho Department of Corrections and Illinois Department of Corrections are two great examples of institutions that are very aware of the latest research ideas. These correctional institutions make strong efforts to provide the most beneficial treatment approaches available. The way they have built their treatment programs' approaches suggest that these institutions provide "wraparound services," which is researchers' main recommendation. Conducting individual needs assessment, by well-trained counselors, is the first step toward creating a recovery plan. Getting insights into the women's history of abuse and trauma, fears, and needs can reveal what program or sets of programs need to be offered. Substance abuse and/or dependency have many different predisposing factors, but the history

of abuse and the trauma associated with it are the leading causes. Effective substance abuse and dependency treatment programs/services have to be a conglomerate of many different treatment elements.

Bloom and Covington (2006) and Mallicoat (2011) argued that six guiding principles should have specific implications in the creation of gender-responsive services: (1) acknowledge that gender makes a difference; (2) create an environment based on safety, respect, and dignity; (3) develop policies, practices, and programs that are relational; (4) address substance abuse, trauma, and mental health issues through comprehensive, integrated, and culturally relevant services and appropriate supervision; (5) provide women with opportunities to improve their socioeconomic conditions; and (6) establish a system of community supervision and reentry with comprehensive, collaborative services.

The Idaho Department of Corrections and IDOC consider all of these postulates. Both institutions strongly agree that gender matters in developing and implementing substance abuse treatment programs. In addition, both institutions are aware of the fact that the majority of their residents have been victims of violence and are severely traumatized. Therefore, they both use programs called *Beyond Trauma* and *Helping Women Recover*, which were developed by Stephanie Covington, a clinician, lecturer, and organizational consultant with more than 24 years of experience in the design and implementation of treatment services for women. As previously mentioned, violence and the trauma associated with it are the leading causes for substance abuse and dependency. Thus, the current study takes a very close look at the way the identified treatment programs help women acknowledge the trauma encountered and also how programs help women heal from it. Furthermore, the importance of creating an environment of safety is highlighted several times in both the *Beyond Trauma* and *Helping*

Women Recover programs. The Idaho Department of Corrections and Ilinois Deprtment of Corrections have also offered relational programs to help female offenders maintain relationships with their families and children. Finally, both departments promote educational and vocational programs to help women become economically/financially independent, and both provide reentry programs that help female offenders make the transition from prison to the free society.

Each of these topics can be the subject of their own comprehensive study. They all contribute to the successful recovery of female offenders in different ways and are interrelated. Using wraparound services to treat female offenders means having all of these treatment needs ready to be addressed and all of these services available, all together, at the same time. Such comprehensive treatment would provide the best outcomes based on the most recent research recommendations. Creating a treatment program that has all of these components is not easy or inexpensive. Hiring well-educated and trained personnel, keeping the training of personnel up to date, providing appropriate settings for program participants and lecturers to gather, working on setting times for sessions that do not interrupt regular daily counts or other scheduled activities in correctional settings, finding ways to guarantee the security of the counselors and participants without been intrusive, and many other logistic issues may surface. However, the Idaho Department of Corrections and Illinois Department of Corrections still make a strong effort to provide those wraparound services to their female offenders. These departments' awareness of the newest approaches for treating female offenders in correctional settings, their willingness to do what is best for their correctional population, and their investment of time and resources in creating, implementing, and constantly improving gender-specific treatment programs are strong indications of

responsible management that is doing an excellent job.

The overall picture of the substance abuse and dependency treatment provisions in Idaho and Illinois looks encouraging. To develop a comprehensive analysis of each component involved in substance abuse and dependency treatment programs is beyond the scope of this study, which focuses primarily on one main predisposing factor associated with substance abuse and dependency among female offenders: trauma and recovery from trauma. Both departments participated in the current study by providing (1) information about the programs used at their female correctional facilities and (2) all training materials used at the facilities, including facilitators booklets/guides and training videos. The support of both departments is much appreciated and makes a significant contribution for the development of an up-to-date case study seeking to provide detailed knowledge about violence, trauma, substance abuse, and recovery. Two individual programs are examined in the following chapters in this thesis: *Beyond Trauma* and *Helping Women Recover*. Both programs were developed by Covington, a co-director of the Institute of Relational Development and Center for Gender and Justice. As previously mentioned, Covington has several years of experience in the design and implementation of treatment services for women and has helped several correctional departments develop gender-specific treatment programs all over United States, including Betty Ford Center and Hanley-Hazelden in west Palm Beach, Pennsylvania Department of Corrections, Idaho Department of Corrections, and Illinois Department of Corrections.

Both of the treatment programs included in this study come with a facilitator book that provides detailed information about the topics that will be discussed, session organizations, tips about handling unusual situations, and/or dealing with aggressive and/or

uncooperative participants. The guide also points out some issues that discussion leaders may face and advises approaches for resolving them. It also helps discussion leaders organize the sessions time-wise by advising how much time has to be spent on the introduction of the topic, discussion with participants, roleplaying, group exercisers, etc. Furthermore, the guide teaches discussion leaders how to avoid being brought into conflict with participants, spending too much time talking with one or few participants who are more open to sharing their thoughts and experiences while ignoring other participants who are more quiet and insecure, talking too much about her/his point of view or being judgmental instead of listening carefully and making notes about participants' improvement or lack of improvement, leaving the conversation to become more like a chat than a treatment session, and allowing some participants to share too many details about traumatizing events, which may lead to re-experiencing the trauma by the person sharing the experience or among other participants with similar experiences.

Each of the programs includes a women's journal—a tool used by the participants that contains essential information about the topics discussed and several exercises for in-class work and homework. The *Helping Women Recover* treatment program's women journal also includes scales in the beginning and end of each module, so participants and the discussion leader can measure participants' progress. The women's journals are written in easy-to-understand and comprehend language.

The third part is the facilitator's video training CDs. Two 45-minute CDs provide remote video training for employees. Covington (2003b) leads the video training for both sessions. She introduces the issue by first providing statistics, definitions, and additional information. Then she talks about session organization, potential issues, etc. Next, she

introduces the material in a session-by-session manner. Covington role plays with the counselors and answers questions while going from one session to another. During the video session, Covington uses PowerPoint presentations to communicate the most essential information effectively and in a time-efficient manner. The CDs are great for self-training or group training and are easy to comprehend and relate to.

4) Substance Abuse and Trauma

Several definitions of trauma have been put forth. Moloney, Van den Bergh, and Moller (2009) defined trauma as "any form of interpersonal or domestic physical, psychological, or emotional abuse or neglect which is sufficient detrimental to cause prolonged physical or social distress to the individual" (p. 427). Covington (2003b) defined trauma as "any stressor that occurs in a sudden and forceful way [that] is experienced as overwhelming" (p. 2). According to the author, women who have experienced traumatic events describe feelings of intense fear, helplessness, or horror. Covington (2003b) argued that trauma has an impact over the inner self (one's thoughts, feelings, beliefs, and values) and outer self (relationships and behaviors).

Several researchers—Henderson (1998), Browne et al. (1999), Staton-Tindle et al. (2001), Ashley et al. (2003), Banks (2003), DeHart (2004), Bloom (2006), Chesney-Lind et al. (2008), Mallicoat (2011), Lynch et al. (2012)—noted elevated rates of experiences of interpersonal trauma, substance abuse and dependency, and associated symptoms of PTSD in female offenders. Researchers have also found that trauma history has a strong influence on offending behavior. Moloney (2009) argued that trauma is correlated with mental and physical illness, dysfunctions, high-risk behaviors, and socio-economic disadvantages that characterize imprisoned women.

According to Moloney (2009), 68.2% of female prisoners are diagnosed with current or lifetime PTSD. Browne et al.'s (1999) study of the impact of victimization in the life of incarcerated women in a maximum security setting found that 59% of the participants reported sexual abuse during childhood or adolescence and 75% reported severe physical violence by intimate partners. Therefore, there is a substantial need for trauma treatment to be included in treatment programs for females in prison.

South Boise Women's Correctional Center in Idaho offers a program developed in collaboration with Covington called *Beyond Trauma*. The program addresses the past abuse that women have experienced. Through the curriculum, women address the responses or reactions they experienced in regard to their trauma, such as engaging in drug and alcohol use to manage emotions. The curriculum moves from attempting to normalize the emotions and responses that women have experienced to developing strategies to manage anxiety and responses to triggers from past trauma.

The program includes 11 sessions. Session 1 is focused on the connection among violence, abuse, and trauma. In this session, the counselor introduces the topic by defining what trauma is and explaining how trauma impacts women's inner and outer selves. During this first session, the counselor needs to convince the audience that the group setting is a safe place in which participants are encouraged to explore their thoughts and feelings. The counselor also encourages the participants to be supportive and nonjudgmental of each other. According to the program developer, women need help and support to heal from trauma because "Part of the process in healing from trauma, like recovering from addiction, is developing connection and support with others" (Covington, 2003b, p. 4).

In the first session, the counselor talks about the forms of trauma (emotional, sexual,

or physical abuse) and PTSD that often appears as an effect of traumatic victimization. Covington (2003b) educated participants about PTSD symptoms so they can understand the feelings experienced. The author grouped PTSD into three categories: (1) re-experiencing (including disturbed sleep, intrusive memories, distressing dreams, nightmares, etc.); (2) numbing and avoidance (e.g., mistrust of others, isolation and disconnection, emotional or "psychic" numbness, low self-esteem); and (3) hyper-arousal (e.g., intense emotions, difficulty sleeping, panic and anxiousness). An important remark that Covington made during the first session is in regard to the frequency of traumatic events occurring in girls' and women's lives. The statistics suggest that violence against women is frequent. According to the author, acknowledging the fact that physical and/or sexual abuse is not a rare event, but in fact quite frequently helps participants feel less isolated, alone, or at fault for the abuse.

At the end of the session, the author discussed the relationship between trauma and substance abuse. Covington (2003b) underscored that many women use alcohol and other drugs to help ease the pain of abuse. In the fifth session, the author provided more details about the connection between trauma and addiction. The idea that females use alcohol and drugs for self-medication is not new. According to De Hart (2004), women have admitted that they use alcohol and/or drugs to numb themselves. Alcohol and drugs are often used to help women cope with anticipated violence or the painful consequences that follow from it. According to Covington (2003b), women often believe that alcohol and other drugs can help them make connections with others, comfort themselves, manage or avoid feelings, escape physical pain, ease social withdrawal, create distance, build courage, increase hope, make the world seem better, forget the past, increase a sense of vitality, feel comfortable with sexual intimacy, dissociate (achieve an altered state), feel numb, rewire the brain, and maintain the

status quo.

The author introduced participants to a drawing that describes the pathway from addiction to recovery and from trauma to healing. Covington (2003b) pointed out to the participants that there are similarities in the way trauma and addiction can affect a woman's life. This was in reference to downward and upward spirals. In the spiral of addiction and recovery, the downward spiral represents what happens when a woman is addicted. Women's lives become narrowed to the point that they organize their lives around their addictions. At that point the drug of choice and the ways to obtain it occupy a central place in women's lives. Meanwhile, the upward spiral represents recovery; it expands and grows as women's lives grow and expand. Women's lives expand with new interests, relationships, and goals. The drug of choice may still be part of their lives, especially in the beginning of the recovery process, but it is not a dominant factor and the only thing around which women's lives gravitate.

The spiral of trauma and healing is very similar. The traumatic event can become a central issue for females. However, there is a turning point at the bottom of the downward spiral. According to Covington (2003b), the upward spiral can also represent the process of healing from trauma. As Covington explained to the participants, as soon they became aware of how trauma has affected their lives, they will experience less constriction and limitation. In addition, Covington (2003b) stated that "with new behaviors and coping skills, there is greater opportunity for growing and expansion" (p. 29). Ultimately, the author pointed out that although the trauma may still exist as a thread in a woman's life, it is no longer the core. The session includes an exercise asking participants to draw their own spiral, which the author indicated will help participants understand the impact of addiction and trauma on their

own lives and the process of recovery and healing.

In the fourth session, Covington (2003b) discussed the impact of trauma on women's lives. As mentioned earlier, traumatic event may lead to depression, feelings of guilt, changes in self-confidence, sadness, self-isolation, and other issues. In this session, the author explained the impact of trauma over women's relationships and sexuality. In this regard, Covington (2003b) pointed out that women who experience trauma tend to idealize or overvalue relationships, isolate themselves, allow humiliating interactions, and become involved in abusive relationships. Such behaviors often put women at risk for further victimization. It is important for the female offenders to understand that abusive relationships need to be avoided and not overvalued. Women tend to idealize and overvalue abusive relationships because of their low self-esteem and/or because they believe that the relationship is their only way to survive. Breaking an abusive relationship is not an easy task. Covington (2003b) offered some advice about how to end a relationship, suggesting that participants be honest and direct, speaking with "I" statements instead of "you" statements; assume personal responsibility for change; let the person know what is appreciated about him as individual and what is appreciated in regard to the relationship; and tell him what needs to be different.

Covington also taught participants about the importance of self-care. As previously mentioned, "safety is the first step and core element in healing from trauma. This includes both physical and emotional trauma" (Covington, 2003b, p. 32). According to Covington (2003b), a key part of safety is safety with ourselves, which can be achieved through self-care. Self-care is a "range of behaviors that includes everything from what you eat and personal hygiene to valuing yourself and acknowledging your feelings" (Covington, 2003b,

p. 34). When women care for themselves, they are at less risk for self-destructive behavior. Covington (2003b) developed a scale for participants to use to identify the areas in which they are taking care of themselves effectively as well as areas that need improvement.

In the sixth session, Covington helped participants find ways to control their emotions and behaviors through self-soothing and relaxation. Self-soothing refers to "calming and controlling yourself" (Covington, 2003b, p. 40). Relaxation is one way to self-soothe. The author engaged participants in different exercises to discover ways for self-soothing and practice using them. During this session, participants also learned about personal boundaries. Developing personal boundaries, according to the author, can help participants feel centered, grounded, and more in control of their lives.

In the seventh session, Covington (2003b) addresses the issues related to abuse, both physical and sexual, in the family. Women are often abused by the people who claim to love them. Domestic violence is just one example. Covington explained that when abuse takes place in the family, it is particularly confusing and harmful for the victims because they are victimized by their loved ones. According to Covington (2003b), it breaks down women's sense of trust, safety, and security in the world, because they do not know if they are safe even within their inmate circle. The author introduced the concept of the "inner child" as a way for women who have experienced abuse to go within themselves and reclaim their neglected or hurt inner child. According to the author, discovering one's inner child's needs and addressing those needs can help these women deal effectively with past trauma and the outer world. According to Covington (2003b) "Attunement to your inner child can be a first step toward love and healing" (p. 49).

In the eighth session, Covington discussed the mind and body connection and

emotional wellness. She identified five steps to emotional wellness promoted in this session: (1) becoming aware of when and how you are feeling, (2) trying to locate the feelings in your body, (3) naming the feeling, (4) expressing the feeling, and (5) learning to contain the feeling. Covington (2003b) also provided some tips for dealing with feelings that are overwhelming: (1) slow down or even stop what you are doing, (2) ask yourself what you are feeling, (3) ask yourself if the intensity of the feeling is matching the situation, and (4) then ask yourself "as I have this feeling, how old am I" (Covington, 2003b, p. 53). The discussion of individuals' feelings continues in the ninth session. The author argues that the expression and containment of feelings are complicated tasks for many people (especially trauma survivors and recovering alcoholics and addicts), but at the same time very important skills to learn. Although the author encouraged the participants that these skills can be learned over time and with practice, the key is to master the skill to look at the situations that happen to us as observers. According to Covington (2003b) "The observer part of your self is that part that is capable of seeing reality without judging" (p. 56).

The tenth session focused on healthy relationships and the way to develop them. The author created a healthy relationship wheel that indicated that a healthy relationship should be based on respect, mutuality, and compassion while the power and control wheel draws a picture of a power- and control-based relationship.

The last session is a review of what has been done during the course. The author asked each woman to bring an item special for her. It could represent an event, a milestone, an accomplishment, a person, a loved pet—anything meaningful and personal. Then they created an altar. According to Covington (2003b), creating an altar can be a way of honoring oneself. The author also talked about spirituality and spiritual practices.

Beyond Trauma is a program that truly addresses women's gender-specific needs in a great way. The 277-page facilitator guide provides detailed information about each topic discussed and tips for counselors (e.g., how to prepare for sessions, what to avoid, how to maintain the structure of the group, how to organize the sessions, enhancing the learning experience). The first part of the facilitator guide (i.e., parts 1 and 2) provides the facilitator with some background information about trauma. According to Covington (2003a), "having a basic understanding of the depth and complexity of the issues will help the group facilitation process" (p. 33). The second half of the facilitator's guide contains part three which includes session outlines. The curriculum itself has three modules: (1) violence, abuse, and trauma; (2) the impact of trauma on women's lives; and (3) healing from trauma. The facilitator's guide also points out some of the unique challenges associated with being a facilitator in criminal justice settings, such as confidentiality, support, group space, and security. A facilitator needs to arrange numerous things prior to the session. *Beyond Trauma* lists them all so the facilitator can prepare adequately for the session. For example, the facilitator needs to devote at least six hours for reading and comprehending the materials. In addition, the facilitator needs to make sure that all equipment in the room is available to use and works properly. Furthermore, the facilitator needs to make sure that logistics are addressed, including finding a room with enough space to accommodate the group and being accessible to females with disabilities, having enough chairs, and providing name tags. Another important section of the facilitator guide provides guidance about running the group. For example, facilitators learn how to keep the group busy and prepare to intervene in case of a conflict among group members. Several other recommendations are offered to help facilitators prepare for the session and be successful. Covington (2003a) made an important point in the facilitator

guide: “It is important that the facilitator is a woman” (p. 44). Many researchers have supported the idea that the facilitator who executes the treatment program for female offenders should be a female too.

The facilitator guide is accompanied by two training facilitator CDs. The two CDs provide one full video training session led by Covington, Beyond Trauma’s developer. In the video, the developer introduced a group of correctional professionals to the *Beyond Trauma* program. Using powerful PowerPoint presentations and role-playing exercises, Covington outlined the main points of the program and gave facilitators helpful tips regarding its execution.

Overall, *Beyond Trauma* is a great example of how research conducted in the field can be transformed into a great program that addresses offenders’ gender-specific needs in the best possible way. With the adoption of this program, the Idaho Department of Correction, and South Boise Women’s Correctional Center in particular, makes it clear that gender matters in treating female offenders.

Beyond Trauma is not the only gender-specific program available at South Boise Women’s Correctional Center. Covington’s (2008a) *Helping Women Recover*, a program for treating addiction, is another gender-specific treatment program that “addresses issues that many women struggle with especially if they are abusing alcohol or other drugs” (p. 1). In the introduction to *A Woman's Journal. Helping Women Recover: A Program for Treating Addiction*, the author states that the knowledge she gained during the past 30 years while treating addicted women was incorporated into the program. The program was specifically designed for women who abuse alcohol and other drugs. The program comprises 17 group sessions led by trained group facilitators. The program is organized into four modules: (1)

self, (2) relationships, (3) sexuality, and (4) spirituality. According to the author, women have identified these four areas as triggers for relapse and the areas of greatest change in their recoveries. Covington (2008a) included specific topics within the four modules, such as self-esteem, sexism, family of origin, relationships, interpersonal violence, sexuality and abuse, and meditation and relaxation.

The first session of *Helping Women Recover* is focused on establishing a group agreement specifying details/policies about attendance, confidentiality, safety within the group, participation, honesty, respect, policy for asking questions, tasks, and punctuality. During this session, the author also pushed participants to self-define. Covington (2008a) argued that recovery is a time for learning about and healing the self. The author argued that sessions will help participants develop a more complete picture of themselves. The second session continues to focus on participants' self. Covington (2008a) stated that "part of exploring who we are today is to go back and look at the people, events, and experiences that have shaped us" (p. 23). The author encouraged participants by telling them that, although the past has shaped them, it does not need to control them and they have the power to shape the present and the future.

In the third session, Covington (2008a) continued talking about self-esteem. The author taught females to value themselves. According to De Hart (2004), female victims of violence often blame themselves about what happened with them and feel ashamed and embarrassed; this can have a devastating effect on women's self-esteem. Henderson (1998) and Messina et al. (2006) argued that female inmates are more likely than male inmates to have low esteem and use drugs frequently before incarceration. Having low self-esteem is often a reason for women getting in and staying in abusive relationships, which predisposes

substance abuse. Banks (2003) stated that drug programs that are hierarchical and punitive are psychologically destructive for women, especially women with low self-esteem; thus, programs designed for females should address the issue of low esteem, be less confrontational, and provide more nurturing experiences for the participants. The RSAT National Evaluation from 2005 concluded that gender-responsive treatment is essential to programs for females and that these programs should include components that educate women and girls about self-esteem, self-sufficiency, and wellness.

Covington (2008b) considered these recommendations. In *Helping Women Recover*, the author discussed the importance of self-esteem and self-care for the recovery process. The author explained how self-esteem is formed: The messages we receive about ourselves develop our view of ourselves. Many of the female offenders are not used to hearing positive messages about themselves. Therefore, their self-esteem is low. Covington asked females to give new, positive messages to themselves. In the fourth session, Covington (2008a) discussed sexism, racism, and stigma. According to the author, "the messages about women in our society strongly affect how women see themselves" (p. 33). Sexism, racism, and stigma nourish negative messages, which affect women's self-esteem and impede their recovery and future prosperity.

As previously mentioned, taking care of one's self is an important part of women's recovery. Covington (2008a) created a recovery scale that participants should use to assess themselves regularly. The scale includes 14 categories: (1) physical appearance, (2) regular exercise, (3) healthy eating, (4) restful sleep, (5) work or school, (6) able to adjust to changes, (7) one's living space, (8) ability to take constructive criticism well, (9) able to accept praise, (10) able laugh at funny things, (11) able to acknowledge one's needs and

feelings, (12) engagement in new interests, (13) able to relax without drugs and alcohol, and (14) value of oneself. The scale has four possible responses: not at all, just a little, pretty much, or very much. The scale can be use to evaluate one's progress from the beginning of the program until its end. As Covington (2003a) mentioned, there is a spiral of addiction and recovery that represents what happens when women are addicted. The life of an addicted woman is organized around the her drug of choice. Things like physical appearance, regular exercise, healthy eating, and value of oneself are not a priority for an addicted women. Therefore, in the beginning of the program, many participants may respond to the recovery scale items with not at all or just a little. If the treatment program is successful, toward the end most participants' answers will change. Then the spiral of addiction will go upward. The drug of choice may still be part of the individual's life, but it is not going to be the central part of it.

Covington's efforts to build participants' self-esteem and make them value themselves are essential to the *Helping Women Recover* treatment program. The self and physical and spiritual well-being of the self are the main subjects of Module A. Module B focuses on one's relationships with the other. According to Covington (2008a) "Unhealthy relationships feed addictions, and healthy relationships provide the necessary environment for recovery" (p. 43). The author explained that most women who come into recovery early have long histories of disappointing relationships. Covington (2008a) stated, "It is in our family that we first learn powerful messages about relationships" (p. 43). The researcher suggested that, as adults, we recreate relationships in our adult lives that are built on what we learned as children. Unfortunately, many of the female inmates did not grow up in healthy families. Their perception or understanding about what a healthy relationship is may differ

from what the society in general defines as a healthy relationship. Therefore, an abusive relationship may be seen as normal. In addition, not growing up in a healthy family may result in a lack of knowledge about how to create healthy relationships.

In the fifth session, Covington (2008a) asked participants to talk about the families in which they grew up. The author inquired about participants' roles in their families and how they affected participants in positive and negative ways. The author provided charts for the participants to use. The charts made it easier for them to realize the positive and the negative aspects of those roles and how they continue to impact participants' lives in the present. Covington (2008a) provided another recovery scale during the fifth session to measure participants' recovery in regard to relationships. The questions focus on one's ability to share the needs and wants with others, socialize and stay connected to friends and loved ones, be straightforward in relationships with others, tell the difference between sportive and non-supportive relationships, develop a support system, and listen to and respect others.

In the sixth and seventh sessions, Covington spoke about how parents impact participants' relationships. According to Covington (2008a), the relationship between a participant and her mother, or mother substitute, has the most influence on how the participant relates to people in adult life. The relationship with the father, or father substitute, partner or husband, and the key female friends also have a significant effect on how the participant relates to people. Covington helped participants understand these dynamics by asking them to create a chart including five important people in their lives, starting with their mother and father. The chart included sections describing those key persons' characteristics as individuals, characteristics of the relationship with these persons, the role of the participant and the feelings associated with these persons, and the price paid by the

participant for having these relationships. In addition, the chart has a section in which participants have to state if these significant people have ever been involved in addictive behaviors and what their response to addictive behaviors were. Realizing the powerful impact of these significant people in their lives can help participants understand why they behave in certain ways during adulthood as well as distinguish the corrupted role models of their childhood. Role-playing as a strategy to survive within the family is no longer necessary. It is empowering for participants to discover that they can be and act as themselves. This is an essential step toward their successful recovery.

The last section of Module B focuses on interpersonal violence. As mentioned several times, female offenders often have a long history of abuse. The overwhelming majority of female offenders have been victims of physical and/or sexual abuse at least once in their lifetime. Many female offenders tend to minimize the act of abuse and not make a big deal about it. Some are even confused and uncertain about what constitutes abuse. Therefore, Covington (2008a) started the eighth session with a description of what domestic abuse is and then explained what behaviors constitute different forms of emotional, physical, sexual, and economic abuse. Being a victim of abuse is a painful experience. Women might turn to the use of alcohol or drugs to self-soothe or numb themselves. The author sought to teach participants to find ways to comfort and soothe themselves without using drugs or alcohol. Covington's strategy is to help participants develop a system and come up with ways to comfort themselves before they are in pain and need comfort. The author helped participants create a self-soothing chart, which required them to think about what comforts and soothes them when they are alone and when they are with others. Covington (2008a) asked participants to develop strategies to self-sooths themselves in four different case scenarios:

(1) when they are alone during the day, (2) when they are with others during the day, (3) when they are alone during the night, and (4) when they are with others during the night. This chart can be used by participants any time they feel sad or anxious and need to self-soothe while avoiding the use of alcohol and drugs. Learning that alcohol and drugs are not the only ways to cope with fear, stress, anxiety, etc., as well as developing new coping strategies is a major step toward recovery.

The last session of Module B taught participants how to create healthy relationships and supportive systems. Overcoming addiction is a long and difficult journey. Receiving support is essential for participants' recovery. "We all need people in our lives to provide emotional and practical support. We need people who will support our recovery" (Covington, 2008a, p. 63). The key for success is fostering supportive relationships that help participants achieve growth, boost their energy, increase their knowledge, empower them, boost their self-confidence, and help them create connections. On the other side, disconnecting from unhealthy (abusive), corrupted relationships is a must. Relationships with people who drain one's energy, hurt one's confidence and esteem, and/or make one feel isolated and worthless should be disconnected and avoided. Participants should keep and nurture only the quality relationships and start new supportive relationships. At the same time, they have to end existing relationships that have a negative impact over their life and recovery. To help participants do so, Covington and Dosher (1991) created a Sample Relationship Map, a user-friendly and straightforward tool aimed to make participants think about their relationships and decide which of their relationships they should continue and straighten, which relationships they need to end, and what new supportive relationships they want to pursue. At the end of the session, Covington also spoke about participants' relationships with their

communities and the nation in general. Covington (2008a) encouraged participants to get involved in and be part of the community by helping to resolve issues they are personally concerned about. Being part of the community life opens opportunities for participants to be part of something bigger, get engaged in positive activities, find support, find new goals and inspiration, and more, all of which contribute to their permanent recovery and help them avoid relapse.

Module C focused on sexuality. According to Covington (2008a), "our sexuality reflects our energy, our life force. So sexuality is not just about having sex but involves many aspects of ourselves, including how we feel about ourselves as women" (p. 71). According to Covington (2008a), addiction affects every area of women's sexuality. Therefore, the author argued that addressing and healing all aspects of women's sexuality are important steps for their recovery. In the tenth session, Covington (2008a) discussed sexual problems such as a lack of desire, arousal, lubrication, orgasm, and painful intercourse, which are extremely common issues among addicted women. The author noted that it is common for sexual experiences to become less pleasant as addiction progresses. Covington (2008a) asked participants to complete an exercise in which they charted their Sexual–Chemical Lifeline to help them become aware of the extent to which the chemical dependency affected their own sexuality and become way more aware "of their sexual self during addiction" (Covington, 2008a, p. 74). The next step, according to the author, should be thinking about the sexual self in recovery and taking into consideration potential changes that participants would like to make.

As in the previous two modules, Module C includes a recovery scale as well. This recovery scale measures participants' progress toward recovery in terms of their sexuality. As

in the other two modules, the responses vary from not at all to very much. The scale measures participants' knowledge about their own bodies, their level of comfort with regard to talking to counselors about sexual concerns, their ability to keep the body safe, the way participants think about their body and accept their own body, their attitude toward sexual pleasure, and other factors.

According to Covington, many women have a hard time accepting their bodies as they are. Covington (2008a) argued that our society, and the criteria for beauty that it reinforces, has a huge impact on women's perceptions about what they should look like. The author argued that "Addiction complicates the already complicated relationships that women have with their bodies" (Covington, 2008a, p. 79). According to Covington, many women who use alcohol and/or other drugs neglect their bodies. Others use drugs to manage their weight or to ignore negative feelings about their bodies. Alcohol and drugs have a numbing effect on women's bodies, which diminishes the sensations and feelings. This explains their lack of interest in sex. In early recovery, according to Covington (2008a), "a woman's body may begin to have more feelings, as the numbness from alcohol and other drugs is eliminated" (p. 80). In the eleventh session, the author stated that it is important for a recovering woman to learn to love, respect, and accept her body, whatever its size, shape, age, or type. Covington (2008a) asked women to do an exercise in which they have to slowly but gradually get used to looking at their undressed bodies. As the researcher noted, it can take some participants a few tries to look at their entire body, but eventually they should be able to look at their whole undressed body. The next step would be to focus on every part of the body, in turn expressing love for every part. The author suggested that participants should say good things about their bodies out loud. Covington (2008a) explained that, as soon as a

woman learns to appreciate her body, she will start taking better care of herself.

Women's sexual identity is another topic discussed by the researcher. Covington (2008a) warned participants that addiction can affect their behavior and confuse their understanding of sexual identity. The author stressed that it is not bad to find that your sexual identity is different from what you thought it was. It is unfortunate not knowing what your true sexual orientation is. The author offered an exercise to help women rediscover their sexual orientation. More about the exercise itself can be found in Covington's (2008b) text *Helping Women Recover*.

During the next session, the author talked about sexual abuse. During the group session, the facilitator provided a clear definition of what sexual abuse is.

Whenever a child or adolescent is being used for the sexual stimulation of an adult, that is sexual abuse. Whenever an adult is being used for someone's sexual stimulation and he or she doesn't want can be used that way, that is sexual abuse. (Covington, 2008a, p. 100).

The author explained that sexual behavior occurs on a continuum from thoughts and words to various kinds of touching to penetration. The sexual abuse continuum can include psychological abuse (sexual jokes, verbal harassment, violating boundaries, telling a child inappropriate sexual information), covert abuse (inappropriate touching, household voyeurism, sexual hugs, pornographic reading or video watching with a child), and overt abuse (exhibitionism, fondling, French kissing, oral sex, penetration). Any of these experiences would harm women's sense of self and sexuality. Female victims of sexual abuse often feel powerless, develop a reluctance to trust, and a fear of intimacy. For many, drugs and alcohol are the solution. Women use drugs and alcohol to numb themselves and overcome the fear of intimacy. According to Covington, (2008a) "most women who are in

recovery are concerned about what it will be to be sexual without the aid of alcohol or other drugs" (p. 105). The author stated that women typically have three fears. First, women are afraid of the unknown. Many have never been sexual while clean and sober and they do not know what to expect or how to act. Second, women are afraid that sex without alcohol or drugs will be dissatisfying. In the end, women are simply afraid to have sex. Without drugs and alcohol, they have nothing to shield them from their fears. Covington (2008a) reassured women that those fears are normal and that the more positive experience with sex while clean and sober, the less anxious you will feel about it. The author encouraged women to create and maintain a sexual bill of rights, which can lessen women's fear of sex while clean and sober. The session and the module end with a recovery scale that allows women to measure their progress and identify areas on which they should continue to work.

The last module of the program, Module D, focused on spirituality. Covington (2008a) defined spirituality as a connection with a force, power, or strength beyond the individual. The author strongly believed that all humans have an inborn desire for spirituality, for God, or wholeness or connection. Thus, Covington (2008a) addressed spirituality in many of the programs she created. In the fifteenth session, she asked women about their perception/understanding of religion and spirituality. Covington (2008a) encouraged participants to think about questions in regard to religion and spirituality and initiate discussion with their counselors. In addition, the author asked participants to think about how addiction affected their spirituality and what kind of spirituality or meaning they want or need in their lives.

Module D also includes a recovery scale to measure women's attitudes toward their spiritual needs and their progress toward spirituality. Some examples are the acknowledging

of one's spiritual needs, finding comfort in one's spiritual practices, developing a relationship and connection with God while being respectful to spiritual beliefs and practices of others, developing vision for one's life, and focusing on recovering and accepting it as part of one's future.

In the sixteenth session, Covington (2008a) focused on prayer and meditation. The author referred to step eleven of the twelve-step program, which encourages participants to establish a conscious contact with a higher power. Step eleven, according to the author, recommends mediation and prayer to grow one's spiritual self. The author introduced different techniques of meditation to participants, such as breathing techniques, walking techniques, and focusing on an object from nature technique.

In the final session, participants were asked to look forward and participate in an activity called the prospective journey, which "builds on what some people call the 'promises of recovery' from Alcoholics Anonymous" (Covington, 2008a, p. 121). The new journey refers to finding and getting to know new freedom, new happiness, serenity, and peace. The whole attitude and outlook upon life will change, and there will be no fear of people and economic insecurity. During the new journey, the stations that used to baffle women would be handled with confidence. Covington (2008a) explained that such promises are not extravagant and "are being fulfilled among us sometimes quickly, sometimes slowly. They always materialize if we work for them" (Covington, 2008a, p. 121). The author stated that "promises" are one of the spiritual tools that people in recovery have used for years in their spiritual growth. Finally, Covington (2008) provided an appendix in which women can find even more spiritual tools, such as the five primary practices of the Oxford Group, the twelve steps of Alcoholics Anonymous (AA), AA slogans, the serenity prayer, and the synanon

prayer.

According to SAMHSA's National Registry of Evidence-Based Programs and Practices (2010), *Helping Women Recover: A Program for Treating Substance Abuse* and *Beyond Trauma: A Healing Journey for Women* can be defined as manual-driven treatment programs designed to serve women in criminal justice or correctional settings who have substance use disorders and are likely to have co-occurring trauma histories. The source suggests that the two programs can be delivered conjointly as one intervention or separately as independent treatments. The goals of these programs are to (1) reduce substance use, (2) encourage enrollment in voluntary aftercare treatment upon parole, and (3) reduce the probability of reincarceration following parole.

Outcomes provided by SAMHSA about the intervention's effectiveness suggest that retention in the first episode of residential aftercare treatment following parole was longer for women in the intervention group who participated in *Helping Women Recover* and *Beyond Trauma* (2.6 versus 1.8 months; $p < .05$) compared to the control group that received standard treatment. In addition, women in the intervention group were four times as likely as women in the comparison group to successfully complete the aftercare treatment episode following parole. Ultimately, a smaller percentage of the intervention group than the comparison group women were reincarcerated (31% versus 45%; $p < .05$) during the 12 months following parole.

The trauma-informed treatment sessions were delivered by female counseling staff to groups of 8 to 12 female inmates in a non-confrontational and non-hierarchical manner. Several researchers have suggested that trauma treatment has to be delivered to females by females. The reasons why vary. Feminist scholars have suggested that only a female can

relate to or fully understand other women's feelings, such as fear of abuse (physical and/or sexual), shame of incest, guilt associated with an inability to take care of one's children, and experiences of stigma about being an addict or prostitute. In addition, most females feel more comfortable sharing their experiences with other women rather than with men, especially when the female was a victim of sexual violence or incest.

Regarding the manner in which the treatment is delivered, confrontational approaches such as boot camps, which appear to work well for males, are not appropriate and are actually harmful for females. The majority of incarcerated females, as previously mentioned, have been victims of prolonged abuse. A confrontational approach will make them even more uncooperative and resistant to treatment. It has been proven that women need nurturing, support, and an environment based on safety, respect, and dignity in order to succeed in battling substance abuse disorders. Thus, counselors who deliver the Beyond Trauma and *Helping Women Recover* programs are always females who use a strengths-based approach with a focus on personal safety to help participants develop effective coping skills, build healthy relationships, and develop support networks.

According to SAMHSA, both programs use cognitive behavioral skills training, mindfulness meditation, experimental therapies, psycho-education, and relational techniques in 1.5 sessions once or twice each week to help women understand trauma, typical reactions to abuse, and how the history of victimization interacts with substance abuse to negatively impact their lives. *Helping Women Recover* has been implemented in more than 1,100 criminal justice programs, working with more than 29,000 women, as well as in more than 2,200 community-based programs involving more than 24,000 women. Beyond Trauma has been implemented at more than 1,500 criminal justice community sites with 30,000 women.

Both programs also have been implemented in Canada and Ireland. The Beyond Trauma curriculum has been taught in graduate schools of social work in Berlin and Bremen, Germany.

VI. Analyses Results, Limitations, Further Research, Conclusion

1) Analyses

Another essential part of the study is the analysis of the data. According to Babbie (2008), qualitative analyses are methods used to examine social research data without converting them to a numerical format. Data analyses in qualitative research often begin informally during interviews and observations and continue during transcription, when recurring themes, patterns, and categories become evident.

The main research question raised in the beginning of the study was: "Were the research recommendations for using gender-specific treatment programs taken into consideration by correctional institutions?" The Idaho and Illinois Departments of Corrections agreed to participate in the study and provided information about the treatment programs used in their facilities. The participants indicated that they use *Beyond Trauma* and *Helping Women Recover*, developed by Covington (2003a, 2003b, 2008a, 2008b), in addition to many other gender-specific services available in their units. Using Covington's treatment programs is a strong indication of participants' attitudes toward gender and gender-specific treatment programs in general. Covington is a well-known leader in developing female-only substance abuse treatment programs.

In the past 30 years, researchers have underscored six main principles or recommendations as essential for treating females and female offenders in particular (Bloom, Owen, & Covington, 2005; Chesney Lind, 1998; Covington (1988); De Hart, 2004; Mallicoat, 2011; Najavits, 2002):

1) Acknowledge that gender makes a difference.

2) Create an environment based on safety, respect, and dignity.
3) Develop policies, practices, and programs that are relational.
4) Address substance abuse and dependency, trauma, and mental illness.
5) Provide women with the opportunity to improve their socioeconomic condition.
6) Establish a system of community supervision and reentry, with comprehensive collaborative services.

Do Idaho and Illinois recognize these recommendations? Were they implemented in the overall treatment approaches used in their facilities for female offenders? The answer is yes. In support of this statement, the researcher will review how these departments of corrections implemented the recommendations.

The Idaho Department of Corrections considered each and every one of the recommendations mentioned by implementing different gender-specific treatment programs and provided an integrated approach for treating female offenders. To support this claim, we will look at each research recommendation and how Idaho implemented it in its treatment program set.

Did the Idaho DOC (Department of Corrections)acknowledge that gender makes a difference, and if so, in what ways? First, the Idaho DOC acknowledged that the overwhelming majority of its female residents have a history of abuse and trauma, which leads to predisposing factors for substance abuse, criminal lifestyle, recidivism, and relapse. Thus, the Idaho DOC came up with a set of treatment programs to address multiple issues. An important step made by the Idaho DOC was to provide case management services to all female offenders regardless of their status. In addition, the Idaho DOC provided individualized treatment plans to address females' specific needs and concerns, which the

researchers have long been calling for. “One size fits all” is not a philosophy with which the Idaho DOC agrees. The officials recognize the need for individualized treatment based on the needs assessment done upon offenders’ arrival in the institution. Before females are placed in the correctional facility, they visit the Reception and Diagnostic Unit, which is located outside the prison facility. Correctional specialists in this unit use a variety of tools to assess each inmate and create a plan, called a treatment pathway. This plan shows where the inmate will be placed, when she will be housed, and in what programs she will be enrolled. The goal of the treatment pathway process is to ensure that the right inmate is in the right program at the right time, so more offenders get the opportunity they need to prepare for release once they become eligible for parole. The Idaho DOC prepares inmates for their release from prison from day one and starts addressing inmates’ needs immediately upon arrival.

The Idaho DOC treatment program selection clearly indicates that gender matters. The programs available at the Idaho DOC are specifically design for female-only participants, including *Beyond Trauma, Helping Women Recover*, Responsible Mothers, and Building Healthy Relationships. These programs address issues as low of self-esteem, self-worth, self-care, abuse, trauma, posttraumatic stress disorders, relationship issues, sexuality issues, substance abuse, etc., with which many females struggle. Well-trained program facilitators, in an easy-to-understand way, reveal the link among abuse, trauma, and substance abuse. First, information about the issues mentioned is provided so that women can understand, for example, what trauma is and how it impacts their lives, behaviors, and choices they make. Counselors then provide insights to female offenders on how to heal from trauma and avoid situations that can expose them to new traumatic events. This is basically how most of the issues are discussed and addressed. The exercises in which women

participate help them learn how to manage situations and deal with issues on their own in the future. The journals they keep while attending some of the programs serve to remind them in the future that there are other ways to deal with anxiety, depression, stress, fear, etc., besides alcohol and other drugs.

Another important goal that these programs aim to achieve is helping women understand that they are not alone. According to the research literature, women value relationships and the sense of belonging to a group or entity much more than men. In other words, women are more relational. Victimized women often intentionally isolate themselves from society, friends, and family. One common reason for this behavior is the shame and stigma associated with being a victim of violence or being an addict. Covington (2003a) defined stigma as severe social disapproval and claimed that it is the main psychological issue differentiating the substance abuse of females from that of males. According to the author, drinking and drug use are often seen as "macho" behaviors in men, but they conflict with society's view of femininity and the roles of wife and mothers. Covington (2003a) explained that "women often internalize stigma and feel guilt, shame, despair, and fear when they are addicted to alcohol and other drugs" (p. 2). In addition, mothers also know that addiction may cause them to lose their children. Ultimately, stigma and the threat of severe consequences often lead women and their families to minimize the impact of substance abuse by using denial. *Beyond Trauma* and *Helping Women Recover* help women understand that sexual and/or physical violence, the experience of posttraumatic stress disorder, and substance abuse and dependency are quite prevalent in society and especially among the female incarcerated population. The programs discourage isolation and promote finding a support group in which women can support each other, find friendship, and heal.

Responsible Mothers is another gender-specific treatment program that prepares female offenders for the challenges of being mothers on the inside while also preparing them for parenting challenges that wait upon their return to the community. Many of the female offenders grew up in dysfunctional families when drug use and abuse and domestic violence were part of their everyday lives. The role models they observed, in the face of their mothers, leave those women unaware of what parental care should constitute. Topics discussed in Responsible Mothers include overcoming barriers to becoming a responsible mother, understanding child development, using positive discipline with your children, and understanding the responsibilities of motherhood. The workbook, according to Idaho DOC, helps female offenders understand and accept the bond between themselves and their children.

Another program that needs to be mentioned is Building Healthy Relationships, which emphasizes domestic violence. The program was developed in order to help women with a history of violence, abusive, and unhealthy relationships. This program teaches women how to identify abuse, select healthy partners, and nurture their children in a manner that could stop the cycle of abuse. Covington (2003a, 2003b) also devotes a section in *Beyond Trauma* to domestic violence, healthy relationships, how to build and preserve healthy relationships, recognize unhealthy relationships, and exit and avoid unhealthy relationships.

The evidence presented thus far clearly indicates that Idaho DOC considered gender. Based on the nature of the programs observed, its goal, and the audience for whom they were created, we can conclude that gender matters to Idaho DOC.

The second recommendation made by researchers is to create an environment of safety. Creating a safe environment is essential for females' successful recovery. Covington (2003a, 2003b) in *Beyond Trauma* discussed creating safe environments, starting with the appearance of the room in which participants meet, establishing behavioral protocol with which all participants have to comply, and establishing the notion that the group is a safe place to share experiences, seek advice, and find friendship. Covington (2003b), also stated that, for female offenders, a "key part of safety is safety with ourselves" (p. 34). According to the author, one way to develop safety is by self-care, which refers to "a range of behaviors that include everything from what you eat and personal hygiene to valuing yourself and acknowledging your feelings" (Covington (2003b, p.34). The author concluded that safety, both physical and emotional, is the first step and core element in healing from trauma.

The third recommendation researchers pointed out is developing policies and practices that are relational. As previously mentioned, women are relational in their nature. They seek relationships and acceptance. In many cases, women remain in an abusive and/or unhealthy relationship just because they do not want to be on their own. Treatment programs such as *Beyond Trauma, Helping Women Recover,* and Building Healthy Relationships teach women valuable lessons. Covington (2003a, 2003b), for example, described helping females understand what healthy relationships are based on—namely, respect, mutuality, and compassion—and what unhealthy relationships are based on—namely, power and control accompanied by physical and sexual abuse. Covington (2003b) further introduced female offenders to some of the steps toward healthy relationships, which she described in the following way: similarities (in temperament, interests, and shared vision for the future), ability to deal with change (ability to deal effectively with change is critical skill in

relationships), comparative values, effective and open communication, effective conflict/anger resolution, effective negotiation (the heart of conflict resolution), firm personal boundaries, healthy sexual expression, shared quality time, and friendship. With regard to the end of unhealthy relationships, Covington (2003b) recommended engaging in direct and honest conversations, speaking with "I" statements rather than "you" statements, expressing feelings being experienced in the present, assuming personal responsibility for change, deciding the level of physical and emotional intimacy, acting in a timely fashion, letting the other person know what you appreciate about him/her and the relationship in general, and telling him or her what you wish you had been able to do differently.

The fourth recommendation proposed is addressing substance abuse, trauma, and mental illnesses. Addressing trauma and substance abuse has already been discussed several times in this study. Mental illnesses associated with trauma, or posttraumatic stress disorder, depression, anxiety etc., and the relationship among them, substance abuse, and incarceration are topics that fall beyond the scope of this study. Idaho DOC provides several treatment programs that address the issue of substance abuse and trauma. *Beyond Trauma* and *Helping Women Recover* certainly address these issues in depth. Healing from trauma and overcoming and recovering from addiction are the heart and soul of these female-only programs, which were reviewed in detail early in this study and will not be further discussed here to avoid repetitiveness. Idaho DOC adopted additional programs as well, such as stress management, which teaches basic mindfulness skills, emotional regulation, interpersonal effectiveness, and distress tolerance. It is important for females to understand that there are other ways to regulate their emotions and de-stress besides alcohol and other drugs. As previously mentioned in this study, many women believe that alcohol and/or drugs help them

be more social, reduce stress, and calm them down. The overwhelming majority of them learned such self-soothing techniques from their family and friends. They were never introduced to spiritual practices such as meditation, prayer, or journal keeping. The stress management program consists of a period of physical exercise, an educational process topic, and relaxation techniques.

In addition, the Idaho DOC offers an anger management program designed for use by qualified substance abuse and mental health clinicians who work with substance abuse and mental health clients with concurrent anger problems. The manual published by Health and Human Services Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration (2002) describes a 12-week cognitive behavioral anger management group treatment. Each 90-minute weekly session describes specific instructions for group leaders and includes homework assignments for participants.

Furthermore, the Idaho DOC offers relapse prevention group therapy, which teaches that relapse is the progression that creates the overwhelming need for alcohol and drugs. The group therapy helps offenders learn how to recognize and cope with the warning signs that precede a return to substance abuse or criminal behaviors and teaches recovery planning as well. It provides tools and plans of action to prevent relapse in its earliest stages while incarcerated, on parole, and/or upon final release.

Research recommendation number five relates to providing female offenders with an opportunity to improve their socioeconomic conditions. The Idaho DOC provides the following treatment programs:

- Retained Jurisdiction: A 180-day cognitive-based treatment program that aims to help female offenders obtain their GEDs. Females selected to participate in this

program are also enrolled in the following groups: Moral Reconation Therapy, Relapse Prevention Group, *Helping Women Recover*, Responsible Mothers, pre-release, and education classes.

- Workforce Readiness: This particular program provides female offenders with the opportunity to take educational classes that will enhance their workforce development and life skills.
- Additional programs: The Idaho DOC provides educational programs to help women who are illiterate as well as help women obtain secondary education, professional technical education, and special education. According to the Idaho DOC, classes are assessed in a way to fit individual students' needs.

The last research recommendation in regard to treatment program provision is to establish a system of community supervision and reentry with comprehensive collaborative services. As mentioned earlier in this study, reentry services are critical for females' full recovery. Female offenders will encounter several obstacles upon release. The Idaho DOC begins preparing them for the challenges that free society holds from the day they arrive at the institution. Getting a job, adjusting to family life, and coping with the kind of everyday problems that each free citizen experiences on a daily basis can be overwhelming for someone who spent years in an enclosed, para-militaristic organization such as a federal prison. The Idaho DOC provides a 167-page pre-release manual that contains information about shelter services, halfway houses, and landlords who offer housing to ex-offenders as well as information about support groups, transportation services, employers who hire ex-offenders, medical services that ex-convicts can use free of charge, obtaining a driver's license and social security card, tips about how to prepare for a job interview, dress code,

telephone etiquette, résumé samples, and cover letter samples. Overall, this manual is a great document that contains essential information to guide an offender toward successful recovery and life-abiding lifestyle.

Another important thing that the Idaho DOC provides is an orientation that each offender on parole attends one week after release. This orientation familiarizes the ex-convicts about their responsibility, the condition of their parole, and the outcomes they will encounter if they violate those conditions.

In 1980, the Idaho DOC opened the first reentry center: the Idaho-East Boise Community Reentry Center. Since 1989, it has been a female-only facility. Its current capacity is 100 beds. According to the Idaho DOC's official website, the facility's leadership supports the Idaho DOC's mission to protect Idaho through safety, accountability, partnerships, and opportunities for offender change. Offenders at Idaho-East Boise Community Reentry Center have the opportunity to obtain community-based employment, access treatment programs and support groups, and participate in community service and other possibilities to promote a positive and successful return to the community.

In *Helping Women Recover*, Covington (2008a, 2008b) provides list of supportive groups and the activities those groups promote. This information is enclosed in the appendix at the end of the women's journal each participant receives upon starting the program.

In conclusion, the Idaho DOC has done a great job in offering treatment programs that are gender specific and need orientated. Presently, the Idaho DOC works on program evaluation, which will bring more light to what outcomes the gender-specific treatment approach produced. The report is expected to be completed by the end of 2015. The evaluation will take into consideration female-only facilities in the state, which is of great

importance considering that most of the correctional departments conduct program evaluations in which male and female prisons participate. One example is the program evaluation of the Residential Substance Abuse Treatment Program (RSAT), conducted in Michigan in 2001. Based on Boyd, C., & Pimlott-Kubiak, S. (2002) report, several prisons participated in this evaluation, but only one was a women's prison. The Michigan Department of Corrections concluded that RSAT produced great outcomes. Can we state that the RSAT in Huron Valley is highly effective in treating female offenders? Absolutely not. Male offenders outnumber female offenders significantly, which leaves us with no information about RSAT's impact on female offenders in Michigan. However, Idaho is doing the right thing. Female-only facilities will be part of the evaluation, which will reveal the real outcomes of the gender-specific treatment programs.

The Illinois Department of Corrections is the other case we consider. Has the Illinois Department of Corrections considered research literature recommendations calling for the use of gender-specific treatment programs for female offenders? The answer is yes.

Researchers' first recommendation is recognizing that gender matters. The development of its Women and Family Services is evidence that the Illinois Department of Corrections recognizes the unique issues female offenders face. In May 1999, the Women and Family Services department was created under the mission of the Illinois Department of Corrections. It focuses on the development and implementation of policies as well as programs and services needed to respond specifically to women's pathways in and out of crime and to the contexts of their lives that support criminal behavior. In addition, the Illinois Department of Correction uses *Beyond Trauma* and *Helping Women Recover*, which, as mentioned, are gender-specific treatment programs created exclusively for female offenders.

The second recommendation made by researchers relates to creating an environment of safety. As the Illinois Department of Corrections uses *Beyond Trauma* and *Helping Women Recover*, the topic of safety is addressed in the same way. However, the Illinois Department of Corrections has one more program focused particularly on safety, called *Seeking Safety* (Najavits, 2002). According to Najavits (2002), safety is "an umbrella term that signifies various elements such as: discontinuing substance abuse and dependency, reducing suicidality, minimizing exposure to HIV risk, letting go of dangerous relationships (such as domestic abuse and drug-using "friends"), gaining control over extreme symptoms (such as dissociation), and stopping self-harm behavior (such as cutting)" (p. 5).

Seeking Safety, according to the author, refers to helping patients free themselves from negative behaviors and move toward freeing themselves from trauma. Najavits (2002) stated that just as the violation of safety is life-destroying, the means of establishing safety is empowering.

The program is based on five core principles: (1) safety as the priority during the first stage of treatment, (2) integrated treatment of posttraumatic stress disorder and substance abuse, (3) a focus on ideals, (4) four content areas (cognitive, behavioral, interpersonal, and case management), and (5) attention to the therapy process. According to the author, the treatment aims to teach skills such as learning to ask for help from people, utilizing community resources, exploring recovery thinking, taking good care of one's body, rehearsing honesty and compassion, and increasing self-nurturing activities.

Research recommendation number three relates to developing policies, practices, and programs that are relational. The Illinois Department of Corrections (ILDOC) offers treatment programs such as *Beyond Trauma*, *Helping Women Recover*, and *Seeking Safety*

that address the topic of domestic violence, unhealthy relationships, and the impact of those relationships. The programs also address the issues of setting personal boundaries. According to Najavits (2002), boundary problems can be described in two forms: "too much closeness (difficulty saying 'no' in relationships) and too much distance (difficulty saying 'yes' in relationships)" (p. 265). The author offered strategies to help females say "no" (to create distance from unhealthy relationships) and "yes" (to create closeness in healthy relationships). According to the author, it is important for females to learn these skills because many of those who have difficulty saying "no" in relationships typically try too hard to please others and, in the process, lose themselves. Najavits (2002) argued that females often fear that, if limits are set in relationships, others will respond negatively with anger, abandonment, emotional abuse, or even physical violence. Learning to say "no," according to the author, requires women to differentiate who is safe versus unsafe as well as how and when to say "no." Learning to say "yes" is no less important, though. It is important to learn to say "yes" for women who have isolated themselves too much from others. As previously mentioned in this study, females are relational and value relationships (intimate and/or with friends and family), closeness, and the feeling of belonging much more than males do. Najavits (2002) argued that reaching out, making meaningful connections, and allowing one's vulnerable side to show through are essential parts of rebuilding trust in relationships. The author helps participants evaluate whether they are in destructive relationships and identify ways to protect themselves from such relationships.

Covington (2003b) also discussed personal boundaries: "Developing personal boundaries is another skill that can help you feel centered, grounded, and more in control of your life" (p. 42). The author encouraged females to think about personal boundaries like

having a zipper around them. When the zipper tab is on the outside, others can move it at will. However, if it is on the inside, only the individual can control it. Covington (2003b) suggested that females set and regulate their own boundaries and communicate clearly what their limits are. The author pointed out that some people might try to test those boundaries; those people should be told what is acceptable and what is not.

Another program offered and funded by the ILDOC is the Moms and Babies Program, which is available at the Decatur Correctional facility. The program allows incarcerated mothers to keep their newborn infants with them for a specified amount of time. The program supports incarcerated women to develop nurturing bonds with their babies through effective programming and in a safe and supportive living environment. The Moms and Babies program model incorporates both in-prison and community-based services, including strength-based assessments, family outreach, and intensive post-release case management. While in prison, women take part in facilitated support networks and trainings. Once participants are released from prison, they receive continuous case management, including community visits and service referrals.

The ILDOC also offers Mother-Child Reunification, launched in 1998. It is under the jurisdiction of the ILDOC, but is delivered by contract providers and organizations. The target population is non-violent mothers and their newborn babies. Mothers must have no history of violence, child abuse, neglect, or abandonment; have no major psychological or medical problems; be within two years of release; and volunteer to participate. The issues addressed with the program are medical services, parents' child development, childcare/daycare, children services, transportation, and housing. Upon referral, the program

may address substance abuse, mental health, work skills, employment, education/GED, life skills, personal development, and transitional services/aftercare.

Jessie and "Ma" is another program offered at the Houston Adult Transitional Center. The program, launched in 1980, and is under the jurisdiction of the ILDOC. It is delivered by public agencies. The target population is nonviolent women within two years of release. The program lasts six months. The issues addressed are mental health, parenting/child development mentoring, transportation, and housing. Through referral, additional issues such as substance abuse, medical services, gang issues, work skills, employment, and education/GED are offered as well.

The ILDOC has several programs and services that address trauma, substance abuse and dependency, and mental illness. More information about various programs can be find at National Institute of Corrections directory of community-based programs for women offenders published in 2000 and at Illinois Department of Corrections Fiscal 2014 annual report. Najavits (2002) addressed the issue of substance abuse, trauma, and posttraumatic stress disorder using an integrative treatment approach. The author clearly stated that *Seeking Safety* is designed "to continually address both PTSD and substance abuse" (p. 6). The author argued that, in most settings, patients are not treated for both disorders simultaneously; often patients are treated for either substance abuse disorder or for posttraumatic stress disorder because posttraumatic stress disorder programs do not accept patients with substance abuse. In other words, the clinical staff may be reluctant to assess "other" disorders because they are unsure how to treat them. "Integration is ultimately an intrapsychic goal for patients as well as a systems goal: to 'own' both disorders, to recognize their interrelationship, and to fall prey less often to each disorder triggering the other" (Najavits, 2002, p. 7). Najavits's

treatment provides opportunities for patients to discover the connection between the two disorders in their lives—namely, in what order they arose and why, how each affects healing from the other, and their origins in the life problems. Najavits's approach certainly responds to researchers' call for integrative approaches to be used in treating substance abuse among female offenders. Yet it is important to mention that *Seeking Safety* was developed as a program for males and females in residential and nonresidential settings. Although it covers and overlaps in many ways the goals and treatment approaches reflected in gender-specific treatment programs, it is necessary for the reader to know that the program was not exclusively developed for females. It certainly compliments *Helping Women Recover* and *Beyond Trauma,* which the ILDOC also offers to its female correctional population. Covington's treatment programs and the way they address substance abuse and dependency were already discussed in this study and will not be restated in this section. The most important thing is that the ILDOC uses various approaches to treat substance abuse, trauma, and posttraumatic stress disorders.

The ILDOC offers several substance abuse treatment programs as well, such as the Residential Drug treatment program developed in 1999, Dixon Spring Co-Ed Impact Incarceration Program, Residential Substance Abuse Treatment Aftercare Services, and Electronic Detention (participants must qualify under the Electronic Home Detention Law 730-IL CS 5/15-8A-3). According to the ILDOC, the substance abuse treatment it provides is designed to be specific to gender and deals with pathways into substance abusing behavior:

> To fully address the needs of women, the programs use a variety of interventions with behavioral, cognitive, effective/dynamic and systems perspectives. Gender responsive assessment tools and individualized treatment plans are used with

> appropriate treatment matched to the identified needs and assets of each offender. Spiritual programs are also encouraged and considered an important element of the holistic treatment concept." (Illinois Department of Corrections, 2015)

The next research recommendation states that women need to be provided with opportunities to improve their socioeconomic conditions. The ILDOC offers numerous and various opportunities in the areas of vocational education. The educational programs available are Adult Basic Education, General Educational Development, and College Remedial (which offers instruction in developing English and math for students desiring college enrollment). The vocational programs available include commercial custodian, computer technology, and college baccalaureate, which offers courses leading to the Associate of Liberal Studies and Associate of Arts Degree. Women and Family Services are constantly trying to improve the linkage between vocational education and actual employment opportunities by seeking employers willing to hire ex-convicts, organizing job fairs, and seeking further community support to enhance this initiative. It further plans to expand home-based business opportunities for female offenders and create a foundation for financial independence for the mother and her children. Currently, women are being trained as service dog trainers, pet groomers, nail technicians, cosmetologists, computer specialists, building maintenance, and culinary arts.

The Life Skills Centers Program, which operates under the jurisdiction of the ILDOC, was launched in 1994. Participants' legal status should be pre-release, post-custody. The targeted population is individuals who are one to four months prior to release. However, only those individuals who participated in Adult Basic Education, GED, or vocational programs while incarcerated are eligible to sign up for the Life Skills Learning Centers Program. The

duration is one or two sessions lasting one to three hours. The program is focused on helping female offenders gain work skills, find employment, and address issues related to transportation.

Finally, we examined whether the ILDOC addresses research recommendations regarding the establishment of a system of community supervision and reentry. Almost all of the programs mentioned thus far are offered to participants with a post-custody status. Therefore, the ILDOC has attempted to provide post-release services to females who need those services. The ILDOC offers mentoring programs to assist female offenders in bridging the gap between prison and community. Transitional programs are included as part of gender-responsive practices, with a particular focus on building long-term community support networks for women. According to the ILDOC, all women's facilities have referral sources and funding for transitional assistance in housing, employment, and educational needs. This support occurs through various grant-funded programs as well as through the department's Placement Resource Unit.

In *Seeking Safety*, Najavits (2002) provided a list of free, nonprofit, national resources dedicated to help people, including advocacy organizations, self-help groups, and newsletters. Resources are divided into nine different sections: (1) substance abuse/addictions, (2) trauma/posttraumatic stress disorders/anxiety disorders, (3) domestic violence, (4) mental health, (5) HIV/AIDS/sexually transmitted diseases, (6) parenting/relationships, (7) nutrition, (8) medical problems, and (9) women's health. Each of these sections contains a list with numerous organizations and their phone numbers. Covington (2008b) also provides an appendix, which includes numerous support groups where women can find help and support upon release.

The ILDOC also organizes reentry summits. The goal of these summits is to promote successful reentry by bringing resource organizations, government agencies, and service providers on site to connect offenders to them prior to release. They are held bi-annually at each facility for offenders nearing their release dates.

In addition, the ILDOC offers transitional units. In these units, offenders receive intensive case management and individualized reentry planning support. In the Women and Family Service Division, Lincoln Correctional Center established the Women of Victory unit in July 2010. There are five dorms in this unit, and each has an individual theme and assigned staff member to facilitate presentations on the dorm theme, arrange guest speakers, and plan activities. Some of the themes of the dorms are hope; integrity; me, myself, and I; mind, body, and soul; and aiming high. The unit's capacity is 100 women.

The residential based curriculum at Lincoln Correctional Center includes both educational and psychological educational material. Various group activities are offered, throughout the offender's stay in the program, including parenting/family reunification, domestic violence, anger management, criminal thinking, self-control, alcohol and drug/addictive thinking patterns, relapse prevention of criminal and addictive behaviors and thinking, and socialization.

2) Results

The Idaho Department of Corrections and Illinois Department of Corrections both considered the most commonly discussed research recommendations proposed by the researchers in the past 30 years. Each and every recommendation was imbedded in some way in the departments' treatment programs. The two states are examples of how, when there is a

good intention, the criminal justice system and academia can work together in order to serve their clients' best interests.

Based on the discussion, it became evident that gender matters for both Idaho and Illinois. The two states' determination to provide treatment programs based on research, such as *Beyond Trauma* and *Helping Women Recover*, which were designed to be relevant to the needs of drug-dependent women under criminal justice supervision, speaks for itself.

Second, Idaho and Illinois attempted to create an environment based on safety, as suggested by researchers, by providing settings in which female offenders can focus on their treatment and recovery in a non-hostile environment. The strict rules communicated by counselors in the beginning of the program and zero tolerance policies for those who violate those rules create an atmosphere that predisposes women to feel secure and comfortable.

Third, Idaho and Illinois developed policies and practices that are relational. As mentioned above, different programs help female offenders reconnect with their families and create bonding relationships with their children. The John Howard Association of Illinois (2013a) commended the Decatur Correctional Institution in Illinois for utilizing volunteers, staff-run additional programming, focus on family, and many services to promote family connectedness year after year.

Fourth, both states' departments of corrections addressed trauma, substance abuse, and mental health by utilizing programs that help women understand what trauma is, how it impacts their life and addiction, and how to recover from it. These programs also teach women how to avoid future victimization by setting personal boundaries and avoiding unhealthy relationships.

Fifth, Idaho and Illinois provided women with opportunities to improve their socioeconomic status by offering numerous educational and vocational programs. Of course there is room for improvement, especially considering the fact that waiting lists are long and sometimes it takes a long time for an offender to join the program.

Finally, Idaho and Illinois offer reentry services to female offenders in the months prior to release and after release by helping them locate reentry centers, support groups, counseling services, housing support, employment, etc. Reentry services are an individual topic that needs further research prior to general statements being made. Therefore, no further discussion is initiated.

3) Limitations

One major limitation needs to be mentioned: the lack of treatment program evaluations. Many of the programs discussed herein collect data, but do not have formal evaluations completed. For example, Idaho is currently working on gender-specific treatment program evaluations that should be available, according to the officials, by the end of 2015. It is necessary to recognize that Idaho will be looking at females' facilities only and gender-specific treatment programs only. This evaluation report will provide valuable insights about the true effect of gender-specific treatment programs used for treating substance abuse and dependency. Many of the treatment programs available in Illinois also do not include formal program evaluations. The lack of facts that demonstrate the effectiveness of these treatment programs creates a situation in which the gender-specific treatment programs in Idaho and Illinois are faced with questions such as "and so what?" The current study sought to determine if recommendations made by researchers in the past 30 years have been taken to consideration and implemented in the creation of gender-specific treatment programs.

Therefore, the topic of these programs' effectiveness is beyond the scope of the study, but more solid information about gender-specific treatment programs in terms of effectiveness could certainly benefit the research and increase its value.

Fortunately, *Beyond Trauma* and *Helping Women Recover* have been evaluated. SAMHSA's National Registry of Evidence-Based Programs and Practices (2010) conducted an evaluation in 2010 and confirmed the effectiveness of the two programs. Messina, Calhoun, and Warda (2012) compared *Beyond Trauma* and *Helping Women Recover* to other mixed-gender treatment programs in a prison in California. One hundred fifty women who entered drug court treatment in San Diego County, California, participated in this study. The authors found that, compared to mixed-gender groups, women assigned to women-only treatment groups were less likely to be remanded to jail: 1.9 times for those in women-only treatments compared to 2.4 times for mixed-gender groups. In addition, women were less likely to be terminated from treatment for not attending meetings or showing unsatisfactory progress: 13% of women assigned to women-only groups were terminated from treatment for unsatisfactory progress compared to 16% of women assigned to mixed-gender groups.

However, although both groups experienced significant reductions in drug and alcohol use in the beginning, the effect was temporary. There was no difference in the reduction of drug use or in the number of arrests two years after the treatment program between the women-only and mixed-gender treatment groups. In fact, 33% of all women participants were arrested at least once within two years of treatment entry. There was no difference in the number of arrests between participants in the women-only programs and mixed-gender programs.

Such outcomes indicate that more needs to be done with regard to reentry services. Decatur is a women's correctional facility in Illinois that offers substantially more programming than most ILDOC facilities. However, according to the report provided by the John Howard Association, which inspects prisons, jails, and detention centers in Illinois every year, in 2013 women at Decatur expressed a desire for more programming to assist with successful reentry and complained of waitlists for the facility's current programs. As previously mentioned, reentry programs and resources such housing, job placement, transportation, substance abuse treatment centers, and support groups are vital for offenders' successful recovery. The topic is beyond the scoop of this study. To find out more about what impact different reentry alternatives have on female offenders who complete gender-specific treatment programs while incarcerated, we need to conduct in-depth research on the reentry programs available in Idaho and Illinois to find out what recidivism and relapse rates are and compare the results. To this end, we can use the South Boise correctional facility in Idaho and Decatur correctional facility in Illinois.

Another limitation of the current study is the fact that only two departments of corrections participated. The study could have achieved more in terms of generalizability if more states had joined. However, a deep observation of treatment programs available in a particular state or even a single facility is time consuming. Having 10 states participating in a similar study would provide great insights about the general attitude toward gender-specific treatment programs in the Midwest, for example, and approaches used for treating female offenders in this geographic territory at present. Further research can also look at the outcomes and compare results.

The current study could have been more refined if interviews had been conducted with officials employed in those institutions and with program recipients. Such an approach would be the logical continuation of this study and/or the basis for a new study that complements this one. It is a topic worthy of research in the future. Researchers who have interests in gender-specific treatment programs for female offenders would certainly appreciate what has been found.

4) Future Research

Future research may include conducting an embedded multiple case study, which includes two, three, or more units of analysis. For example, we can create a study with single or multiple cases, with each having one, two, or three imbedded units of analyses. We could study Idaho, Illinois, and Indiana (which department of corrections agreed to participate in future research projects involving gender specific treatment programs) while looking at the three states from three different perspectives. We can study research literature, documents, program evaluations, etc. first. Then we can conduct interviews with the programs' managers and counselors to learn about their perspectives and attitudes toward gender-specific treatment programs. At the end, we can reach out to the programs' participants and/or graduates to learn about their perceptions and attitudes, which would certainly provide a much deeper understanding and more detailed information about gender-specific treatment programs in general.

Another recommendation for future research is including contrasting cases. It is always valuable when there is a way to compare different cases. Making a comparison between correctional facilities that use gender-neutral treatment programs, such as therapeutic treatment communities or treatment programs developed specifically for males

such as boot camps, and correctional facilities that use gender-specific treatment programs can be very resourceful.

Finally, future research could also include more cases, which would certainly enrich the research and boost its validity.

5) Conclusion

In conclusion, the trends in treating substance abuse among female offenders are at least encouraging. It is evident that most departments of corrections are motivated to offer gender-specific treatment programs for their female offenders. Yet providing adequate service for female offenders involves more than offering a great substance abuse treatment program. There are other factors that affect women's successful recovery. First of all, gender-specific treatment programs should be accessible. According to the John Howard Association of Illinois report (2013a), "at the time of JHA's 2012 visit, 120 inmates participated in Decatur's residential substance abuse treatment program while 314 were on the waitlist" (p. 3). According to a report on Logan Correctional Facility for 2013/2014 from the same organization, the Moms and Babies program, where women may remain with their children born during incarceration, is extremely selective and very hard to access (John Howard Association of Illinois, 2013b). As of November 2013, only 244 women had participated in mental health groups at Logan, while 308 were on waiting lists. At the time of this visit, administrators reported that 130 women were in substance abuse treatment provided by the Wells Center contractor, the only formal drug treatment According to John Howard Association of Illinois (2013), program within ILDOC for about 2,900 women, as Decatur no longer offers substance abuse treatment. "Logan offers a Dual Diagnosis Program for women with mental health and substance abuse issues, with 26 women participating and housed in

the dual diagnosis wing. Logan also offers a drug education program with a capacity of 25" (John Howard Association of Illinois, 2013b, p. 21). One main issue is that the treatment groups are way too large, including 50 to 65 women. The group sessions for offenders with dual diagnosis are smaller though. Essentially, it becomes evident that having a great gender-specific substance abuse treatment program is not enough. In order to successfully address female offenders' needs, treatment programs must be accessible, be delivered in smaller group settings, and be delivered by well-trained professionals.

Obviously there are challenges that correctional institutions have to deal with. One major issue is overcrowding, which is created by "getting tough" on crime initiatives. Having overcrowded prisons means being unable to provide adequate services. At the same time, budget cuts impact prisons' abilities to provide treatment programs and hire enough employees with adequate education and experience. As a result, many prisons have lost their substance abuse treatment programs. No matter how good the intentions of a prison's warden and treatment program administrators for providing adequate gender-specific treatment programs are, without adequate resources, such intentions cannot materialize.

Gender continues to be relevant in developing implementation an execution of treatment programs for female offenders. The female offender population has been the fastest growing segment of the correctional population during the past 30 years. According to Fazel et. el. (2006), drug abuse and dependency varied from "10% to 40% in male prisoners and 30% to 60% in female prisoners" (p. 181). While substance abuse and dependency among males has been extensively researched, females were historically overlooked, due to the fact that initially their number was substantially lower that those of the males having substance abuse and dependency issues. Therefore, women were provided with treatment programs that

were created based on the research done on male offenders, which addresses male gender specific treatment needs.

As a result of the feminist criminological research, today we know that females' pathways toward substance abuse and dependency, criminal behavior, and recidivism differ from those of males. Therefore, development and implementation of gender-specific programs are necessary in order to receive more favorable treatment programs and outcomes. Consequently, gender continuing to be relevant and should always be taken to consideration by treatment program developer and treatment providers.

The prevalence of drug abuse and dependency among the female inmate population highlights the substantial need to provide adequate substance abuse treatment. There is a need for gender specific treatment programs because addressing female offenders' gender-specific needs is vital for their quick recovery. Ultimately, the pathway for exiting the prison depends, for the most part, on our ability to provide adequate treatment to female offenders that is gender specific and need oriented. In addition, gender specific substance abuse and dependency treatment programs are the key for reducing recidivism among female offenders. The inability to provide treatment or the use of inadequate treatments results in high recidivism rates. Every return to the institution means staying there longer. As mentioned in the beginning of the study, keeping the offenders longer is one of the underlying causes for the steady and substantial rise in the prison population over the last 40 years, which costs our society a fortune.

Feminist criminological research, as mentioned previously in this study, is important because it recognizes gender as an essential factor that must be considered when developing and implementing treatment programs for female offenders. Understanding the importance of

gender when developing treatment programs is critical. The feminist perspective guides the research by evaluating the way in which gender impacts the treatment programs' development and implementation.

Feminist theory in general has several dimensions that enable us to understand the female's perspective in its complexity, which makes it very valuable. Feminist perspective is focused on finding where girls, women, and gender exist in theories on crime, victimization, and justice. It addresses the lack of empirical knowledge on female offending and criminalization.

Because of the feminist work, we know much more about female offenders and their pathways to crime and incarceration today. Most importantly, because of the knowledge generated by feminist research, better gender-specific treatment approaches were discovered and are currently used for treating female offenders.

VII. References

Ashley, O., Marsden, M., & Brady, T. (2003). Effectiveness of substance abuse treatment programming for women: A review. *The American Journal of Drug and Alcohol Abuse, 29*(1), 19–53.

Babbie, E. (2008). *The basics of social research*. Belmont, CA: Wadsworth.

Banks, C. (2003). *Women in prison: A reference handbook*. Retrieved from http://books.google.com/books?id=DpSjVQ0u9zwC&pg=PA91&lpg=PA91&dq=Treating+women+as+irrational+at+prison&source=bl&ots=qrFbGciZS9&sig=lf2nRBYKGoOFUW6pufxcwz8U1Ss&hl=en&sa=X&ei=XOwQU4DSAaGSyQHZpYGoBg&ved=0CD4Q6AEwAg#v=onepage&q=Treating%20women%20as%20irrational%20at%20prison&f=false

Baschnagel, J. S., Coffey, S. F., & Rash, C. J. (2006). The treatment of co-occurring PTSD and substance use disorders using trauma-focused exposure therapy. *The International Journal of Behavioral Consultation and Therapy*, *2*(4), 498-508.

Baxter, P., & Jack, S. (2008). Qualitative case study methodology: Study design and implementation for novice researchers. *The Qualitative Report, 13*(4), 544–559. Retrieved from http://www.nova.edu/ssss/QR/QR13-4/baxter.pdf

Belknap, J. (2001). The invisible woman: Gender, crime and justice. Belmont, CA: Wadsworth.

Bloom, B. & Covington, S. (1998). *Gender specific programing for female offenders. What is it and Why is it Important.* Retrieved from http://www.stephaniecovington.com/assets/files/13.pdf

Bloom, B., Owen, B., & Covington, S. (2005). *Gender-responsive strategies research,*

practice, and guiding principles for women offenders. Retrieved from http://static.nicic.gov/Library/020418.pdf

Boarini, C (2014) *Boot camp program for female offenders moves to Shakopee.* Retrieved From: http://www.swnewsmedia.com/shakopee_valley_news/news/boot-camp-program-for-female-offenders-moves-to-shakopee/article_cd89a07a-a8ee-5af5-9433-3954a61f3ec3.html

Boyd, C., & Pimlott-Kubiak, S. (2002). *Program evaluation of Michigan Department of Corrections' residential substance abuse treatment (RSAT): A descriptive assessment of prison and community-based treatment programs.* Ann Arbor: University of Michigan Substance Abuse Research Center. Retrieved from http://www.michigan.gov/documents/040102sec306(2)RSAT_18215_7.pdf

Brenton, P., Kitchenham, B., & Budgen, D. (2008). *Using a protocol temple for case study planning.* Retrieved from https://www.cs.auckland.ac.nz/~emilia/EASE/%5B5%5D8012.pdf

Briton, D. (2000). *Feminism in Criminology. Engendering the Outlaw.* Retrieved from https://us.sagepub.com/sites/default/files/upm-binaries/47519_ch_3.pdf

Browne, A., Miller, B., & Maguin, E. (1999). Prevalence and severity of lifetime physical and sexual victimization among incarcerated women. *International Journal Law and Psychiatry, 22*, 301–322.

Carson, A. (2014). *US Department of Justice. Office of Justice Programs. Bureau of Justice Statistics*. Retrieved from http://www.bjs.gov/content/pub/pdf/p13.pdf

Carson, A., & Golinelli, D. (2013). *BJS statisticians, BJS prisoners in 2012—Advance counts, Department of Justice, July 2013* (NCJ 242467). Retrieved from

http://www.bjs.gov/content/pub/pdf/p12ac.pdf

Carson, E., & Sabol, W. (2012). *BJS statisticians, prisoners in 2011, U.S. Department of Justice, December 2012* (NCJ 239808). Retrieved from: http://www.bjs.gov/content/pub/pdf/p11.pdf

Chesney-Lind, M.(2006) Crime, and justice: Feminist criminology in an era of backlash . *Feminist Criminology* 1, 6–26.

Chesney-Lind, M. (2008) *Troubles, Girls Delinquency, and Gender Responsive Programing. A review*. http://demoiselle2femme.org/wp-content/uploads/Girls-Troubles-Girls-Delinquency-Gender-Responsive-Programming.pdf

Chesney-Lind, M., Morash, M., Stevens, T. (2008). Girls' troubles, girls' delinquency, and gender responsive programing: A review. *The Australian and New Zealand Journal of Criminology*, 41 (1), 162-189.

Choy, L. (2014). The strengths and weaknesses of research methodology: Comparison and complimentary between qualitative and quantitative approaches. *IOSR Journal of Humanities and Social Science,* 19(4), 99–104.

Corsianos, M. (2009). *Policing and Gender Justice. Examining the Possibilities.* Toronto, Canada: University of Toronto Press Incorporated.

Covington, S. (1998). Women in prison: Approaches in the treatment of our most invisible population. *Women and Therapy Journal*, 21, 141–155.

Covington, S. (2003a). *Beyond trauma: A healing journey for women. Facilitator's guide.* Center City, MN: Hazelden Press.

Covington, S. (2003b). *Beyond trauma: A healing journey for women. Participant's workbook.* Center City, MN: Hazelden Press.

Covington S. (2008a). *A women's journal. Helping women recover. A program for treating addiction* (Rev. ed.). San Francisco: Jossey-Bass.

Covington, S. (2008b). *Helping women recover: A program for treating addiction* (Rev. ed.). San Francisco, CA: Jossey-Bass.

Covington, S., & Bloom, B. (2003). *Gendered justice: Women in the criminal justice system, gender justice addressing female offenders*. Durham, NC 27701: Carolina Academia. Retrieved from http://stephaniecovington.com/assets/files/4.pdf

Covington, S., & Bloom, B. E. (2006). Gender responsive treatment and services in correctional settings. *Women and Therapy, 29*(3/4), 9–33.

Creswell, J. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches.* Thousand Oaks, CA: Sage Publications Inc.

De Hart, D. D. (2004). *Pathways to prison: Impact of victimization in the lives of incarcerated women*. Columbia, SC: Center for Child and Family Studies

Deschenes, E., Owen, B., & Crow, J. (2007) *Recidivism among female prisoners: Secondary analyses of the 1994 BJS recidivism data set by N. A. Frost.* Retrieved from https://www.ncjrs.gov/pdffiles1/nij/grants/216950.pdf

Eisenhardt, K. M. (1989). Building theories from case study research. *Academy of Management Review, 14*(4), 532–550.

Eliason, M. (2006). Substance abuse treatment, prevention and policy. Are therapeutic community therapeutic for women? *Substance Abuse Treatment, Prevention, and Policy, 1*, 3. doi:10.1186/1747-597X-1-3

Farrell, M., Howes, S., Bebbington, P., Brugha, T., Jenkins, R., Lewis, G., … & Meltzer, H. (2001). Nicotine, alcohol and drug ependence and psychiatric comorbidity. Results of

a national household survey. *The British Journal of Psychiatry*, *179*(5), 432–437.

Fazel, S., Bains, P., & Doll, H. (2006). Substance abuse and dependence in prisoners: A systematic review. *Addiction, 101*(2), 181–191.

Gonzales, A. R., Henke, T. A., & Herraiz, D. S. (2005). *RSAT residential substance abuse treatment program for state prisoners.*U.S. Department of Justice. Office of Justice Programs. Retrieved from https://www.ncjrs.gov/pdffiles1/bja/206269.pdf

Goodrick, D. (2014). *Comparative case studies, methodological briefs: Impact evaluation 9*. Florence, Italy: UNICEF Office of Research. Retrieved from http://devinfolive.info/impact_evaluation/ie/img/downloads/Comparative_Case_Studies_ENG.pdf

Greene, J., & Pranis, K. (2006). Hard hit: The growth in the imprisonment of women, 1977–2004. *Institute on Women & Criminal Justice: The Punitiveness Report.* http://www.nij.gov/topics/drugs/markets/adam/documents/staton-paper.

Greenfeld, L. A., & Snell, T. L. (1999). Women offenders, Bureau of Justice statistics, December 1999. *Women in Prison, Bureau of Justice Statistics, March*, 3.

Goodwin, M. S. (2013). Gender and gravestone epitaphs: A warren county cemetery. http://digitalcommons.wku.edu/cgi/viewcontent.cgi?article=1412&context=stu_hon_theses

Harrison, P., & Beck, A. (2005). *Prisons and jails in midyear 2004* (NCJ 208801). Retrieved from http://www.prisonpolicy.org/scans/bjs/pjim04.pdf

Hasin, D., Stinson, F., Ogburn, E., & Grant, B. (2007). Prevalence, correlates, disability, and comorbidity of DSM-IV alcohol abuse and dependence in the United States: Results from the National Epidemiologic Survey on Alcohol and Related Conditions.

Archives of General Psychiatry, 64(7), 830–842. doi:10.1001/archpsyc.64.7.830

Health and Human Services. (2002). *Anger management for substance abuse and mental health clients: Participant workbook* (HHS Pub. No. 12-4210). Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration.

Heilbrun, K., DeMatteo, D., Fretz, R., Erickson, J., Gerardi, D., & Halper, C. (2008). Criminal recidivism of female offenders: The importance of structured, community-based aftercare. *Corrections Compendium*, 33, 1-2, 30-32.

Henderson, D. (1998). Drug abuse and incarcerated women: A research review. *Journal of Substance Abuse Treatment, 15*(6), 579–587.

Hooks, B. (2000). *Feminist Theory: From Margin To Center* (Second edition). Cambridge MA. South End Press.

Inciardi, J., Martin, S., & Surrant, H. (2000). *Therapeutic communities in prison and work release: Effective modalities for drug-involved offenders*. Retrieved from https://www.ncjrs.gov/pdffiles1/nij/grants/182360.pdf

Illinois Department of Corrections. (2015). Illinois Department of Corrections. http://www.illinois.gov/idoc/Pages/default.aspx

Iowa Department of Corrections. (2015). Iowa Department of Corrections. http://www.doc.state.ia.us/

Indiana Department of Corrections. (2015). Indiana Department of Corrections. http://www.in.gov/idoc/

John Howard Association of Illinois. (2013a). *Monitoring visit to Decatur Correctional Center 2013.* Retrieved from http://www.thejha.org/sites/default/files/Decatur_Correctional_Center_Report%202013.pdf

John Howard Association of Illinois. (2013b). *Monitoring visit to Logan Correctional Center 2013.* Retrieved from http://thejha.org/sites/default/files/Logan%20Correctional%20Center%20Report%202013-2014.pdf

Kansas Department of Corrections. (2015). Kansas Department of Corrections. https://kdocrepository.doc.ks.gov/kasper/

Khantzian, E. J. (1985). The self-medication hypothesis of addictive disorders: focus on heroin and cocaine dependence. *American Journal of Psychiatry;142*, 1259–1264.

King, A., (2004). The Prisoner of Gender: Foucault and the Disciplining of the Female Body. *Journal of International Women's Studies*, 5(2), 29-39. Retrieved from: http://vc.bridgew.edu/jiws/vol5/iss2/4

Leader, R. (1997). In death not divided*:* gender, family, and state on classical athenian grave stelae. *American Journal of Archaeology*,101(4), 683-699.

Lee, J. (2001). *Women Prisoners, Penological Interests, and Gender Stereotyping. An Application of Equal Protection Norms to Feale Inmates.* Retrieved from: http://www.prearesourcecenter.org/sites/default/files/library/womenprisonerspenologicalinterestsandgendersterotypesanapplicationofequalprotection.pdf

Lo, C., (2004) Sociodemographic factors, drug abuse, and other crimes: How they vary among male and female arrestees *Journal of Criminal Justice* 32 (5), 399–409.

Lynch, S., De Hart, D., Belknap, J., and Green, B. (2012*) Women's Pathways to Jail: The Roles and Intersections of Serious Mental Illness and Trauma.* Retrieved from https://www.bja.gov/Publications/Women_Pathways_to_Jail.pdf

Mackenzie, D., & Grittner, G. (2001). Shock incarceration and boot-camp prisons. *Encyclopedia of Drugs, Alcohol, and Addictive Behavior.* Farmington Hills, MI 48331-3535: The Gale Group Inc. Retrieved from http://www.encyclopedia.com/doc/1G2-3403100421.html

Mallicoat, S. (2011). *Women and crime. A text reader* (Vol. 664). 2455b 2455 Teller Rd., Thousand Oaks, California 91320: Sage. Retrieved from http://www.sagepub.com/mallicoat/tr/study/articles.htm

Mauer, M., Potler, C., & Wolf, R. (1999). *Gender and justice: Women, drugs, and sentencing policy.* Retrieved from http://www.sentencingproject.org/doc/File/Drug%20Policy/dp_genderandjustice.pdf

Mauer, M., (2011). Addressing Racial Disparities in Incarceration. *The Prison Journal* September 2011 91: 87S-101S, doi:10.1177/0032885511415227

McLaughlin, E., & Newburn, T. (2010). The SAGE handbook of criminological theory. Los Angeles: SAGE.

Merriam, S. (1988) *Case study research in education: A qualitative approach*. San Francisco: Jossey-Bass.

Messina, N., Burdon, N., Hagopian, G., & Prendergast, M. (2006). Predictors of prison-based treatment outcomes: A comparison of men and women participants. *The American Journal of Drug and Alcohol Abuse, 32*, 7–28.

Messina, N., Calhoun, S., & Warda, U. (2012). Gender-responsive drug court treatment: A randomized controlled trial. *Criminal Justice and Behavior, 23*(12), 1539–1558. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4020288/

Messina, N., & Chand, N. (2009). *Exemplary programs for women offenders with co-occurring disorders: Key recommendations for implementation and replication.* Paper prepared for the Co-Occurring Joint Action Council (COJAC), the Department of Alcohol and Drug Programs (ADP), and Department of Mental Health (DMH).

Michigan Department of Corrections. (2015). Michigan Department of Corrections. http://www.michigan.gov/corrections/

Minnesota Department of Corrections. (2010). *Challenge incarceration program.* http://www.doc.state.mn.us/pages/files/large-files/Publications/05-10CIPFlyer.pdf

Minnesota Department of Corrections. (2014). *Challenge incarcerated program. Policies, directives, and instructions manuals.* http://www.doc.state.mn.us/DocPolicy2/html/DPW_Display_TOC.asp?Opt=204.060.htm

Minnesota Department of Corrections. (2015). Minnesota Department of Corrections http://www.doc.state.mn.us/PAGES/

Missouri Department of Corrections. (2015). Missouri Department of Corrections. http://doc.mo.gov/

Moloney, K. P., Van den Bergh, B., & Moller, L. F. (2009). Women in prison: The central issues of gender characteristics and trauma history. *Public Health, 123*(6), 426–430.

Morash, M., Haarr, Robin N., Rucker, L. (1994). A comparison of programming for women and men in U.S. prisons in the 1980s. *Crime and Delinquency*, 40(2), Retrieved from

http://www.prearesourcecenter.org/sites/default/files/library/acomparisonofprogramming forwomenandmeninusprisonsinthe1980s.pdf

Mumola, C., & Karberg, J. (2006). Drug use and dependence, state and federal prisoners, 2004. *Bureau of Justice Statistics*, 7.

Najavits, L. (2002). *Seeking safety: A treatment manual for PTSD and substance abuse.* New York: The Guilford Press.

National Institute of Corrections. (2000). *Directory of community-based programs for women offenders.* Retrieved from https://s3.amazonaws.com/static.nicic.gov/Library/016671.pdf

Nebraska Department of Correctional Services. (2015). Nebraska Department of Correctional Services. www.corrections.nebraska.gov

North Dakota Department of Corrections and Rehabilitation. (2015). *North Dakota Department of Corrections and Rehabilitation*.www.nd.gov

Ohio Department of Rehabilitation and Corrections. (2015). *Ohio Department of Rehabilitation and Corrections.* http://www.drc.ohio.gov/

Patton, M. (1999). Enhancing the quality and credibility of qualitative analysis. *Health Service Research, 34*(5), 1189–1208. Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1089059/

Prison Visiting Project. Correctional Association of New York. (2007). *Lakeview correctional facility*. Retrieved from http://www.correctionalassociation.org/wp-content/uploads/2012/05/Lakeview_9-08.pdf

Rhodes, W., Pelissier, B., Gaes, G., Saylor, W., Camp, S., & Wallace, S. (2001). Alternative solutions to the problem of selection bias in an analysis of federal residential drug

treatment programs. *Evaluation Review, 25*(3), 331–369.Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/11393871

Rosenmerkel, S., Durose, M., & Farole, D., Jr. (2009). *Felony sentences in state courts, 2006. Statistical tables*. Washington, DC: United States Department of Justice, Bureau of Justice Statistics.

SAMHSA's National Registry of Evidence-Based programs and practices (NREPP). (2010). Intervention summary helping women recover and beyond trauma. Retrieved from http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=181

South Dakota Department of Corrections. (2015). South Dakota Department of Corrections. https://doc.sd.gov/

Stake, R. E. (1995). *The art of case study research*. Thousand Oaks, CA: Sage.

Staton-Tindall, M. (2007). *Female offender drug use and related issues.* Retrieved from http://www.nij.gov/topics/drugs/markets/adam/documents/staton-paper.pdf

Stolworthy, D. (2014). *Illinois Department of Corrections. Fiscal year 2014. Annual report.* Retrieved from http://www.illinois.gov/idoc/reportsandstatistics/Documents/FY2014%20Annual%20Report.pdf

The Correctional Association of New York. (2007). *Lakeview correctional facility.* http://www.correctionalassociation.org/wpcontent/uploads/2012/05/Lakeview_9-08.pdf

Treatment Alternatives for Safe Communities. (2005). *Moms and babies program.* Retrieved from http://www2.tasc.org/program/moms-and-babies-program

U.S. Department of Health and Human Services. (1979). *The Belmont report. Ethical*

principles and guidelines for the protection of human subjects of research. The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. http://www.hhs.gov/ohrp/humansubjects/guidance/belmont.html

U.S. Department of Justice. (2003). *Office of Justice programs. National Institute of Justice.* Retrieved from https://www.ncjrs.gov/pdffiles1/nij/197018.pdf

Van Voorhis, P. (2009). Next steps in gender-responsive classification. *Women, Girls, and Criminal Justice*, 10(6), 81-88.

Wilson, D., MacKenzie, D., & Mitchell, F. (2008). *Effects of correctional boot camps on offending. Campbell systematic reviews.* Users/marietapetkova/Downloads/1000_R.pdf

Wisconsin Department of Corrections. (2015). Wisconsin Department of Corrections. http://doc.wi.gov/Home

West, C. & Zimmerman, D. (1987). Doing Gender. *Gender & Society*, 1, 125-151, doi:10.1177/0891243287001002002

Yin, R. K. (2003). Case study research: Design and methods (3rd ed.). Thousand Oaks, CA 91320 : Sage Publications.

Yin, R. K. (2012). *Applications of case study research (3rd ed.). Chapter 1. A very brief refresher on the case study method.* Washington DC: SAGE Publications, Inc. http://www.sagepub.com/sites/default/files/upm-binaries/41407_1.pdf