AN OUTCOME EVALUATION OF CENTRE INCORPORATED'S RESPONSIVE RISK REDUCTION FOR WOMEN PROGRAM

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ABSTRACT

Research on gender-responsive correctional programming has yielded mixed results. Contemporary literature proposes practices aimed at increasing the efficacy of gender-responsive programming. Prior research has highlighted differential characteristics between female and male offenders, leading some scholars to suggest that correctional programming that is constructed to respond to needs and risks that disproportionately affect female offenders is needed to address the growing female incarcerated population. The current study seeks to expand upon the literature of such programs by conducting an outcome evaluation of a gender-responsive community-corrections program in Fargo, North Dakota that serves biological female offenders. The study provides contextual information about the current issue, reviews the literature regarding the current state of the incarcerated female population, and discusses the theoretical bases for gender-responsive programming. The study then provides an overview of the methods used for the outcome evaluation and discusses the findings and possible implications of the study.

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INTRODUCTION

The number of females incarcerated in the United States increased by nearly 700 percent between 1980 and 2019, and at a much greater rate than males (Bureau of Justice Statistics, 2019). The drastic rise in females being incarcerated was a major factor that had led criminal justice academics to pay closer attention to gendered risk and reentry factors that uniquely affect women. Historically, most reentry programs and risk assessment tools were created using needs and risk pertinent to the general offending population, which is disproportionately male, and with little regard for gender-specific factors (Miller, 2021). The increasing numbers of females being incarcerated, in conjunction with correctional programming often failing to address risk factors that are unique to women, have left a dearth of correctional programs that take into consideration risk and reentry obstacles that disproportionately face females (Miller, 2021). Recently, this lack of gender-responsive programming has caused many correctional officials from the states, prisons, and jails to report that their current screening and assessment tools used on female offenders may not best facilitate placement into available programs. A survey conducted by the National Institute of Justice showed that correctional administrators expressed the need for programming styles that focus on the specific elements in female offenders' lives that precipitate needs and risks disproportionality felt by the female offending population (Gundy-Yoder, 2008). The rise in female incarceration rates became very noticeable in the 1980's, which allows for criminologists to be able to look at criminal justice policy trends during that time period in order to determine possible causal factors that explain the heightened incarceration rates.

The war on drugs is often cited as being the major cause of increased female incarceration rates (Lapidus, 2011). The effects that the war on drugs has had on the incarcerated female population can be illustrated by looking comparatively at the proportions of the male and

female offenders in state jails or prisons for drug charges prior to the war on drugs. In 2015, over 25 percent of the female population in these institutions were there on drug-related charges, compared to just 15 percent of the male population, while prior to the war on drugs, the number of women incarcerated for drug charges was proportionately smaller than that to men (Snyder et al., 2018). The incarceration rates rose in a similar manner for both male and female populations in federal prisons during the same time period, with 61 percent of females being incarcerated for drug-related charges compared to only about half of the incarcerated males (Snyder et al., 2018). Analyzing offending characteristics of men and women can help to explain their disparate representations in the incarcerated populations.

Characteristics of Female Offenders

Extant research on the offending characteristics of males and females has revealed a number of prominent differences between the two offending groups. Consistent with drug-related incarceration data, it has been found that women are far more likely to be charged with property offenses, and significantly less likely than males to be charged with a violent offense or multiple offenses (Brown & Bloom, 2009). Additionally, the female incarcerated population is more likely to be poverty-stricken; an average of 37 percent of female offenders have incomes less than $600 a month prior to their arrests, compared to just 28 percent of males (Carson, 2015). Women's lesser propensity towards violent criminal acts has been found to exacerbate their rates of homelessness. Due to their less severe criminal histories, women are filtered out of correctional facilities at a rate of about 2 million individuals a year, many of them being unable to find housing post-incarceration (Kajstura, 2019). Researchers have also purported that female offenders have grown up in single parent households significantly more frequently than their male counterparts (Caddle & Crisp 1997), and additional research has shown that single parent

households are more likely to precipitate factors that can increase criminality when introduced at a young age (Dallaire, 2007). Research conducted by Chesney-Lind (1989) has shown that young girls who grow up in high conflict households are significantly more likely to run away. The same study showed that young girls who ran away from home and ended up on the streets was often a mediating factor between living in a high conflict domestic situation and increased instances of being sexually abused (Chesney-Lind, 1989). Such research regarding how individual's histories interact with criminality has become a cornerstone in feminist criminological research.

Personal history factors also differentially affect men and women offenders. Women offenders are far more likely to have been diagnosed with a mental illness, with 73 percent of incarcerated women having a diagnosable mental illnesses; a rate that is nearly 25 percent higher than that of men (James & Glaze, 2006). This could be partially due to the fact that women offenders have fallen victim to violent abuse and victimization far more frequently, with 57 percent of the state female inmate population reporting prior physical or sexual abuse compared to just 18 percent of men (Harlow, 1999). Having a history of violent victimization increases the risk for developing substance dependency issues, which provides some context to the higher rate of drug-related incarceration among female offenders (Dallaire, 2007). Understanding this relationship between trauma and substance abuse can help correctional practitioners to address the conditions more effectively (Greenfeld & Snell, 1999). Assessing the presence of mental illnesses and substance abuse, as well as understanding the underlying causes of such factors, play an important role in identifying the needs and risks of individuals. Understanding risk and needs is important in determining how responsive individuals will be to correctional settings and

various rehabilitative programs. These risk and needs factors, along with some socio-political and other personal history factors, can also inhibit successful reentry into the community.

Offending Factors Affecting Reentry

Barriers that affect offender reentry into the community should be identified and addressed in correctional programming to facilitate successful reintegration. There are a number of policies that inadvertently and disproportionately place strain upon female offenders, causing some criminologists to refer to this phenomenon as *enforcement abuse* (Gilfus, 2002). This proposed form of discrimination occurs when institutional laws and policies that cause harm, victimization, loss of societal privileges, or entrapment are enforced (Bhattacharjee, 2001). Federal and state laws prohibit those convicted of drug crimes from receiving many forms of aid, such as government-assisted housing or other welfare benefits. Nearly half of the states have lifetime preclusions from benefiting from one or more of these programs for those convicted of drug charges (Mauer, 2015). Being excluded from certain programs can be detrimental to offenders' reentry and their children's well-being, especially when considering that over half of the female prison population, and nearly 80 percent of the jail population are mothers (Drug Policy Alliance, 2018; Bertram & Sawyer, 2021).

Some programs that may inadvertently cause difficulties for female reentry are the Supplemental Nutrition Assistance Program (SNAP), which provides federal aid to certain groups of people with the intention to assist in buying food (United States Department of Agriculture, 2021), and Temporary Assistance for Needy Families (TANF), which has the specific intention for providing monetary assistance for families with dependent children (United States Department of Health and Human Services, 2020). Although these programs could greatly assuage the economic strain on offenders, especially those who are mothers, a handful of states

prohibit specifically those persons convicted of drug-related crimes from accessing their benefits (Payne & Morrow, 2020). Multiple criminological studies have found that economic and housing strains have especially detrimental effects on community reintegration, ultimately increasing the likelihood of recidivism (Listwan et al., 2013; Zweig et al., 2015). Socio-political factors that complicate reentry increase the importance of correctional programs that address unique factors that individuals may face when reintegrating back into the community. Although these challenges still persist, the social perspective of female offenders has evolved markedly over time.

Historical Perspectives of Female Offenders

Despite certain political impedances on reentry, perspectives concerning female offenders have shifted markedly from previous decades. In the first half of the 1900's and before, correctional ideology shared the prominent public notion of gendered roles in society. Correctional programming largely focused on the theoretical idea of the "good woman," which reflected stereotypical ideals in regard to what it meant to be a proper woman in society at the time (Grana, 2010). When women entered the criminal justice system, the rehabilitative belief was that they needed to be restored to the level that society had deemed to be a "good woman," and thus becoming a non-deviant member of society (Fox, 1984). These programs reinforced gender roles that were prominent in society, and because these roles largely consisted of domestic responsibilities, extremely few of these programs included training on how to be self-sufficient (Rafter, 1990). Although these attitudes began to fade earlier, it was not until the late 1960's that correctional institutions made a notable effort towards equitable treatment between men and women inmates (Fox, 1984). Changes in the societal acceptance of institutionally reinforcing gender roles helped to usher in this shift towards equitable treatment (Grana, 2010).

Public and correctional satiation with equitable treatment between men and women prisoners was relatively short-lived. The increased interest regarding poststructuralist theory in criminal justice in the 1970's served as a catalyst for feminist criminology in the following decade (Rafter, 1990). An ancillary tenent of this theory posits the importance of a holistic understanding of relationships that offenders have with their families, peers, and any social institutions that they may be involved in (Scott, 1988). Those suppositions served as the basis for feminist criminology in its nascent stage. Among the most prominent feminist criminologists at the time, Daly and Chesney-Lind brought to public attention the idea that equitable correctional treatment between genders, in its most basic form, still leaves women at a disadvantage. They reached this conclusion because most of the criminological and correctional studies were geared towards the more prevalent male population. This led to the proposition that correctional practices should aim for treatments to be equitable in outcome rather than implementation, necessitating the need for treatment to be able to account for sex-based differences (Daly & Chesney-Lind, 1989).

Risks and Needs

Treatment that is equitable in outcome rather than implementation started to take hold in the early 1990's as the effects that the war on drugs had on women became more evident (Bloom, 1999). Concurrently, the correctional system began to shift away from the "one size fits all" method of treatment (Harland, 1995), largely due to increases in literature that highlighted the importance of evidence-based practices and systematic evaluations of what is and is not evidenced to be working in correctional programming (McGuire, 2001). Literature regarding effective intervention started to become far more prominent, with the main tenents of such literature emphasizing risk, need, and responsivity, also referred to as the RNR Model (Harland,

1995). The risk portion of this model refers to the necessity for treatments to be commensurate to the offender's risks in order to be most likely to reduce recidivism; this requires an accurate risk assessment tool (Bonta & Andrews, 2007).

The need principle of the RNR Model refers to the importance of interventions to address criminogenic needs, which are the individual's risk factors for crime (Skeem, Steadman, & Manchak, 2015). This principle evidences the importance of understanding and considering the unique criminogenic needs commonly held by offenders when attempting to effectively intervene in their offending patterns (Polaschek, 2012). The responsivity part of the model is broken down into general responsivity, which states that treatments should be evidence-based and shown to elicit prosocial changes in behavior, and specific responsivity, which is used when interventions consider the individual's personal characteristics. Both of these responsivity approaches often promote the utilization of cognitive-behavioral interventions because of the evidence supporting their reliability on changing offending behaviors (Bonta & Andrews, 2007). The view that equitability of treatment between genders should be assessed by commensurate funds and programming options, rather than providing identical programs for both genders, was bolstered by the systematic shift towards the RNR model and the publishing of substantial feminist criminological research at the time (Bloom, 2012). Criminal justice academics began using feminist criminology (in a limited scope) to identify gender-specific criminogenic needs and risks, and directly tie those aspects to treatment (Bloom, 1999).

Criminologists began to take more quantitative approaches to find out what differentiates women offenders from male offenders in terms of causal mechanisms. Many researchers posited that trauma due to violent victimization and homelessness, both of which were often due to familial and intimate partner disputes, were the most common predictors of criminal involvement

for women (Daly, 1992). Feminist criminologists cite violent victimization, especially during childhood, as being the largest disparity between personal histories of men and women offenders (Covington & Bloom, 2007; Dally 1992; Grana, 2010). Histories of violent victimization and being involved in coercive intimate relationships are suggested to be environmental explanations for why women offenders more frequently have substance abuse issues, depressive and mood disorders, and instances where these characteristics are comorbid (Belknap & Holsinger, 2006). Incipient gender-responsive programming also took into consideration other gendered risks, like motherhood, the tendency for women to have closer familial connections, intimate partner abuse, poor self-efficacy, and socialization differences (Miller, 2021; Van-Voorhis, 1989).

The research regarding gendered risks and needs served as the basis for initial gender-responsive programs. The firsts of these programs largely focused on psychiatric, relational, and economic needs (Bloom, Owen, & Covington, 2003). Since then, the focus of these programs have evolved to address other gendered risks and needs, like parent-child and other familial relationships, the specific causes of substance abuse, and various mental and physical health needs (Covington & Bloom, 2007). Aside from addressing these factors, programs often seek to build upon personal strengths and skills (Morash & Schram, 2002). The majority of these programs are designed to account for the unique risks and needs of incarcerated women to facilitate rehabilitation, but the dearth of standardized gender-responsive treatment models leaves room to question what may or may not be deemed a true gender-responsive program (Fretz & Mims, 2007).

Measuring the prevalence of gender-responsive programs is problematic due to the lack of consensus of what program features are required in order for it to be deemed gender-responsive (Sydney, 2005). For example, placement into these programs may be done with a

non-gendered risk assessment tool, and some programs may address non-criminogenic needs. The lack of consensus has led to issues concerning program implementation. The general general-responsive principles and guidelines address broad themes, which gives practitioners discretion on how to implement them; this discretion has led to efficacy issues in program implementation (Walker, Muno, & Sullivan-Colglazier, 2015). A lack of correctional resources and ambiguity about what components are necessary for gender-responsive programs have made wide-scale policy implementation largely ineffectual.

Purpose of the Present Study

A nation-wide study in 2012 found that the number of gender-responsive programs in institutional and community settings have been steadily rising for nearly two decades, but treatment providers consistently stated that there were an insufficient number of programs to keep up with the increasing demands. The insufficient number of programs spurred researchers to attempt to determine the effectiveness of commonly used practices in gender-responsive programs in an attempt to standardize them (White, 2012). The present study seeks to expand upon the existing knowledge of gender-responsive programs by evaluating a gender-responsive, community corrections program located in Fargo, North Dakota. After discussing theoretical bases that are utilized to understand female offending, the discussion will move to correctional practices that address some of the theories' implications. Next, the discussion will revisit the theoretical implications in terms of existing gender-responsive programming principles, and how the efficiency and efficacy of the programs are commonly evaluated. Finally, the methods of the program evaluation will be reviewed, the results will be analyzed, and the implications of the findings will be discussed.

LITERATURE REVIEW

Gender-responsive programming is an important issue, as illustrated in the previous chapter. To best understand these programs, one needs to understand the criminological theories that help to explain the differences we see between men and women offenders, and how gender-responsive programs are evaluated. Chapter 2 begins with explaining the various theories that explicate criminogenic risks pertinent to female offending, and then transitions to an overview the principles of gender-responsive programs, and how the programs' efficacies and effectiveness are evaluated.

Gendered Pathways into Crime

Analysis of theoretical bases of correctional programming is an important part of program evaluation. Many rehabilitative programs attempt to target criminogenic behaviors that are theoretically linked to involvement in criminal activities (Garcia, 2004). Understanding the theoretical causal mechanisms of offending helps correctional practitioners and program evaluators delineate how program activities can address underlying causes of offending behavior (Gottfredson, 1984). Theories of offending and intervention can help with interpreting results from an outcome evaluation by providing an empirical justification for why the interventions should or should not work within the context of the evaluation (Astbury, 2012).

There are a variety of prominent theories that serve as the bases for what institutions and programs should address with gender-responsive programming. These theories can offer insight on causal mechanisms of offending, and in return be used to formulate effective interventions aimed at reducing or mitigating these factors. Some of the most prominent feminist criminology theories are the pathway theories.

Pathway Theories

Daly (1992) created the original Feminist Pathway Perspective Theory, with subsequent pathway theories being derived from hers over time (Chesney-Lind, 1989; Covington & Bloom, 2008). Pathway theories often rely on the previous victimization of individuals affecting their eventual offending patterns, a concept referred to as the victim-offender overlap (Golladay, 2018). This perspective acknowledges that men and women generally take different paths to engaging in criminal conduct, largely due to social, environmental, psychological, and biological influences that have distinguishable effects between men and women (Salisbury & Van Voorhis, 2009). Pathway theories are holistic in the sense that they take the historical context of women's lives into account when addressing mechanisms that may have directly or indirectly led to their criminal involvement (Brennan et al., 2012).

Daly (1992) conducted a study by gathering roughly 400 records of primarily female felony offenders, with some men's cases randomly selected for comparison, in the same jurisdiction during a five-year time span. Men's and women's cases were matched on various criteria and compared using presentence investigation reports and court transcripts. The purpose of the study was to create general biographical profiles of female offenders. Daly was able to complete a brief statistical profile of the women offenders studied. The findings of the study included that half of the women studied were reared in single-parent homes, and that roughly 33 percent of those raised in two-parent homes had only one biological parent in the household. Daly also found that for those in the sample who had siblings, about one-third of the siblings had been arrested before adulthood. Additionally, less than half graduated high school or had a G.E.D., with most of the high school dropouts being pregnancy related. Two-thirds of the women had substance abuse issues, most of whom developed the issue before age twenty (Daly,

1992). Using the statistical profiles created from the data, Daly posited five common pathways that women often take, to some degree, to criminal offending.

The first of the five pathways Daly constructed is the harmed and harming women pathway, which refers to women who were emotionally or physically abused as a child, and likely acted out at a young age; she posited that offenders belonging to this pathway likely have substance abuse issues and psychological issues that inhibit healthy coping. The next two pathways are the battered women pathway, which describes those who are currently or were recently in an intimate relationship with a physically violent partner, and the street women pathway, that encompasses those who ended up engaging in illicit activities on the streets due to being pushed out of or fleeing an abusive domestic situation. The final two pathways are the drug-connected women pathway, which describes those who engage in drug use that precipitated from being involved in a relationship with a drug user or seller, and other, which describes those that acted impulsively due to greed or economic circumstances (Daly 1992). These pathways create common typologies of female offenders that ultimately help to understand underlying causes of offending and address them through correctional programming.

Various studies have been conducted evaluating and comparing the various pathway theories. One such study conducted by Brennan, Breitenbach, Dietrich, Salisbury, and Van Voorhis (2012) created prototype pathways using broadened pathway theories derivative of Daly's (Brennan et al., 2012). The researchers quantified prototypical pathways and replicated analysis at various levels to accommodate theories with different numbers of pathways. This method allowed for the identification of more specific offender characteristics among each pathway. For example, Daly's' original battered woman pathway was refined to consist of single mothers who were victims of nearly lifelong physical and sexual abuse at the hands of family

and intimate partners, resulting in poor relationships. Over half of the sample in this category had an intimate partner that increased the woman's risk of legal trouble and had significant substance abuse issues. Most of them had not been married, although every participant that was placed into this category was a mother (Brennan et al., 2012). The specificity of offenders and pathways to criminal engagement that this study elicited could lead to an increased ability for criminal justice practitioners to identify and address the specific needs of women offenders through correctional programming. Pathway theories are broad in nature, which allows for subsequent theories that also focus on gender differences in engaging in criminal offending to be used as aids in explicating these various pathways.

Relational Theories

Other developed theories bolster the efficacy of gender-responsive programs through describing personal elements that are potentially linked to crime causation. Relational theories have to do with women's inclinations to be more motivated throughout life to establish a strong sense of connection with their families and peers (Covington & Bloom, 2007). Unlike pathway theories that focus on the various socialization differences that lead to crime, relational theories focus on psychological development differences between the genders (Bloom & Covington, 2008). These theories rely on the tenent that sentiments of self-efficacy are engendered through, and have a reciprocating relationship with, the feeling of being connected to others. The guiding principles of relational theories emphasize the importance of the connection between the woman offender and others. Relational theories also highlight the importance of removing things that give rise to separation from the individual and their peers and family; removal of this sense of separation is seen as necessary for addressing motivations behind engaging in criminal acts (Covington & Bloom, 2007).

Relational theories were derived from the Relational-Cultural Theory, which arose in the 1990's, as there was an increased awareness of gender differences in offending (Bloom & Covington, 2008). The merger of current relational theories and Relational-Cultural Theory attempts to give a holistic understanding of female drug use. Early studies regarding Relational-Cultural Theory found that many women who are in a relationship with someone who sells or uses drugs are significantly more likely to engage in that conduct as well, even when their prior criminal records did not include any history of drug charges (Daly, 1992; Foley, 2008). Relational theories place an increased importance on how relational contexts in women offender's lives can impact criminality. This notion gives more value to evaluating individual's self-efficacy in order to better understand their offending patterns, and to make more auspicious attempts to change their behaviors (Covington & Bloom 2007).

Trauma Theories

Other gendered theories of criminal offending that can be used in conjunction with pathway theories are trauma and addiction theories. These theories consider histories of violent victimization (Covington & Bloom, 2007). Trauma theories explain that trauma is not only just the event causing the traumatic experience, but also the individuals' responses to the events (Bloom & Covington, 2008). The *Substance Abuse Mental Health Services Administration* defines trauma as an experience that has lasting physically and/or emotionally adverse effects (Substance Abuse and Mental Health Services Administration, 2014). Some such common trauma-related effects are negative perceptions of self and the feeling of isolation, which are detrimental from a relational theory point of view (Kolis & Houston-Kolink, 2018).

One common response to trauma is the manifestation of Post-Traumatic Stress Disorder, or PTSD (Bloom & Covington, 2008). Individuals with PTSD are at an increased risk for mental

and physical health problems, including addiction (Reichert & Bostwick, 2010). This anxiety disorder is especially prevalent among women prisoners; a survey conducted in 2010 found that 83 percent of women prisoners sampled displayed at least one symptom of PTSD within the last 30 days (Reichert & Bostwick, 2010). Studies have also found that those who experienced childhood abuse are especially prone to developing the disorder. This is especially problematic among women offenders because of the heightened childhood violent victimization rate among the population (Cook et al., 2005).

Arguments have been made that current correctional services do not adequately screen for and ultimately treat trauma-related symptoms (Harris & Fallot, 2001). Relatively recently, gender-responsive programs have been implementing trauma-informed practices. These practices address issues other than trauma, but use knowledge of previous traumatic experiences to aid in addressing the issues associated with it. Trauma-informed practices also consider factors among correctional organization and practices that may exacerbate the individuals' symptoms (Covington & Bloom, 2007; Kolis & Houston-Kolink, 2018). These programs aim to take trauma into account, use knowledge about past traumas to avoid exacerbating the symptoms, train staff and adjust practices to support the individual's ability to cope, and demonstrate generalizable behaviors that aid in coping with (Covington & Bloom, 2007; Harris & Fallot, 2001). A national sample of women's prisons in 2013 found that those inmates with trauma-related disorders were significantly more likely to have comorbid substance abuse issues, and that exposure to trauma as a child precipitated an increased likelihood to be violently victimized and engage in criminal conduct as an adult (Lynch et al., 2013). The close relationship that substance use has with previous traumatic experiences is why trauma theories are commonly paired with addiction theories in feminist criminology.

Addiction Theories

Addiction theories take a holistic approach, much like pathway theories, and incorporate environmental and sociopolitical factors that are related to individual offending characteristics (Covington, 2008). Addiction theories are related to trauma and relational theories because substance abuse is often an outcome of traumatic experiences, and because women addicts typically do not use substances in isolation; they are more likely to have an addiction that is oriented around relationships with other individuals, family, or her community (Covington, 2007; Daly, 1992).

Gendered addiction theories posit the use of the Behavioral Health Recovery Management treatment model. The model focuses on the individual's and the individual's family or close friends' perspectives of what outcomes should be sought to improve the patient's quality of life (Covington, 2008). It includes pretreatment services, mentoring, and sustained, post-treatment recovery services in correctional facilities and in the community (White, 2007). This approach allows for treatment to incorporate factors such as histories of victimization, compounding health issues, self-efficacy, and genetic predisposition to addiction (Covington, 2008). Given the various levels that this health model addresses, it is posited to be the most effective theoretical framework for women's addiction recovery (Covington, 2008). Taking these theories of offending into account helps correctional practitioners understand the root causes of crime, and ultimately how address them.

Gender-Responsive Principles of Effective Intervention

The underlying causal mechanisms that theories of offending propose can be used to inform the design of treatments. The principles of effective intervention are evidence-based practices that have been empirically proven to reduce recidivism (Andrews et al., 1990). The

principles, as outlined by Andrews, Bonta, and Hoge (1990), utilize the risk need and responsivity model. An actuarial assessment should be given to measure an individual's specific risks and needs. The assessment should be able to consider individual characteristics that are then used to match offenders to services. Actuarial assessments should be given multiple times throughout treatment to gauge changes in dynamic risk and needs indicators (Andrews et al., 1990; Latessa & Lowenkamp, 2005). Additionally, treatments should seek support from the participants' communities, incorporate training and practicing pro-social skills, utilize positive reinforcement, and aim to enhance treatment participants' motivation to change their crime-conducive behaviors (Ginsburg et al., 2002; Miller & Rollnick, 2002). Understanding these principals can help researchers and practitioners give context to the findings of outcome evaluations (Duwe & Clark, 2015).

Gender pertains to the issue of responsivity within the framework of the principles of effective intervention. Programs may emphasize specific responsivity through tailoring the other principles to be more direct in targeting factors that disproportionately effect one of the genders (Duwe & Clark, 2015). Metanalyses on the principles of effective intervention suggest several principles that gender-responsive programs typically incorporate to varying degrees. The principles that most gender-responsive programs incorporate are, matching offender characteristics and treatment providers appropriately, promoting responsive and interpersonal relationships between participants and therapists, and using aftercare and advocacy services in the community (Gendreau & Goggin, 1996).

Miller (2021) posits a list of general principles for implementing a gender-responsive program that has a target population with high rates of individuals with trauma-related symptoms. The first recommendation is pertinent to reentry and posits that gender-specific

assessment tools should be used and paired with gender-specific community program elements. The next recommendation insists that reentry programs should be individualized to allow for the treatment of comorbid disorders, and that focused aftercare should begin soon before release into the community. Medication-assisted treatment and peer recovery support should be used as part of the aftercare element. The final recommendation given by Miller is that gender-responsive programs should make a point to have participants maintain or rebuild familial bonds (Miller, 2021). All of these principles are created with the purpose to tailor treatment to the individual.

These interventions take what is considered a "person-centered approach" and is sensitive to contextual patterns in each woman's life (Brennan & Breitenbach, 2012, pg. 20). This holistic approach takes into consideration victimization history, culture, family history, and other specific needs (Golladay & Holtfreter, 2014). Proponents of person-centered approaches commonly emphasize that individuals may be affected by, and react very differently to, similar traumatic experiences. Proponents of this approach also believe that interventions should be trauma-informed, and incorporate evidence-based practices (Delong & Reichert, 2019). These principles are constructed to empower participants who often have been previously victimized by increasing self-efficacy and helping the participants become socially and economically independent (Gilfus, 2002).

Other alterations of general principles of effective intervention have been made to be more responsive to the female population. Researchers working with the National Institute of Corrections (NIC) created a set of guiding principles for gender-responsive programming that closely resemble the traditional principles of effective intervention. Covington, Bloom, and Park (2004) suggest that programs should acknowledge that gender makes a difference in criminal offending and rehabilitation, and should create a safe environment that focuses on respect and

dignity by promoting healthy relationships (Covington, Bloom, & Park, 2004). A safe, respectful, and dignity promoting environment must be selected in terms of culturally relevant and appropriate sites where the program is implemented. The careful selection of staff and the development of the program itself should ensure that the treatment is responsive to the participants' strengths, as well as the hardships that they face (Staton & Webster, 2003). Programs should also address the relationships between trauma, substance abuse, and mental health disorders through comprehensive correctional and community services (Covington, Bloom, & Park, 2004).

These effective intervention strategies should also consider the theoretical framework that is foundational to gender-responsive programming (Covington & Bloom, 2007). The importance of theories' involvement in the principles of gender-responsive interventions has been outlined in various studies that have shown that men and women typically take different paths to criminal involvement, and that these historical contexts must be identified and addressed in order to deliver appropriate treatment (Messina, Calhoun, & Warda, 2012; Dally, 1992; Brennan et al., 2012). Additionally, relational theories should be considered by examining relationships between the offenders and their parents, siblings, intimate partners, and children (Covington & Bloom, 2007). Various study outcomes have shown that supporting healthy relationships between the participants and their peers and family can play a role in preventing the participants from dropping out of treatment (Messina, Calhoun, & Warda, 2012). Effective gender-responsive programming principles must consider the importance of understanding prior trauma and how it is related to substance abuse and mental health disorders in order to account for the high rates of victimization and drug use among women offenders (Covington & Bloom, 2007).

Incorporating such theories into program principles has shown some success. A study involving substance-addicted women ,who also had severe psychiatric symptoms, randomly assigned patients to a gender-responsive model, and the remaining patients to the standard model; the results showed that recovery among the gender-responsive group was significantly higher and that the results held across a six-month follow-up period (Greenfield et al., 2008). Finally, principles of gender-responsive programming should demonstrate the awareness and responsiveness of the interconnected nature of criminogenic needs and risks, and address them in a holistic, comprehensive manner (Covington & Bloom, 2007). Program evaluations are likely the most effective way to determine how well programs are adhering to these principles, and if adhering to them is creating a notable difference among the programs' participants.

Program Evaluation

Program evaluations are a necessary part of all correctional interventions, and federal funding agencies have been increasing their requirements to provide outcome evaluations for novel programs and programming elements (Bloom, 2012). Many outcome evaluations are measured in terms of recidivism, employment, and the cost-effectiveness of the program through the monetary needs of implementation compared to the savings as a result of a reduction in recidivism (Duwe, 2017). With respect to the holistic nature of gender-responsive programming, it has been suggested that outcome measures of these programs' evaluations should include items such as regaining custody of children, maintaining mental and physical health, and living in a safe and pro-social domestic environment (Bloom, 2012). Further process and outcome evaluation research of gender-responsive programs is needed to help elucidate the ambiguities of what program elements should be necessary in a gender-responsive program, and what outcomes should be measured to determine its effectiveness (Bloom, 2012; Ritchie, 2001; Sydney, 2005).

Evaluation Research

Covington, Burke, Keaton, and Norcott (2008) conducted a program evaluation of the *Women's Integrated Treatment* program, a trauma-informed, gender-responsive program, that focuses on women who have comorbid mental disorders and substance abuse issues. The researchers constructed a randomized control study and assessed participants on showing symptoms of trauma, depression, and substance use before, during, and after the program's completion. Those who did not complete the program were not included in the findings (Covington et al., 2008). Anxiety and trauma were measured using the Trauma Symptom Checklist (TSC-40), and depression was measured using the Beck Depression Inventory (BDI); the validity of each of these measures has been demonstrated in many empirical studies (Briere & Runtz, 2006; Richter et al., 1998; Rizeq et al., 2018; Schotte et al., 1997; Zlotnick et al., 1996). After the final assessments were given, it was found that there was a significant reduction in symptoms of trauma, anxiety, and depression among those who completed the program. Additionally, those who completed the program were significantly less likely to have another conviction or abuse substances during the six-month follow-up period. Self-report surveys of participants showed that 92 percent rated their experiences in the program as either "very positive" or "positive" (Covington et al., 2008). Although the findings of this program are promising, the vast array of the types of gender-responsive programs calls for the need of more comprehensive evaluations.

A meta-analysis conducted by White (2012) sought to gather data on gender-responsive programs throughout the nation and compare the types of services that they offer, identify common barriers to implementation and maintaining fidelity, and evaluate their overall effectiveness. Qualitative data were gathered from evaluations of 40 institutional and community programs. Additional data were gathered by distributing surveys to service providers. Participant

survey data was limited to current program participants from less than half of the selected programs. The findings showed that there was a significant reduction in reoffending for those who received at least 120 days of gender-responsive programming that focused on community reentry. The observation period included the time spent in the program, and extended two-years after program completion (White, 2012).

The evaluation also identified common issues faced by gender-responsive programs. The study found that many programs had an insufficient amount of resources to accommodate the large number of women who were eligible to be placed in these programs; the issue was especially apparent for substance abuse programs (White, 2012). This finding is significant given the large proportion of women offenders under correctional control because of drug charges. Other findings showed that many programs include some sort of parenting classes, but young women who had already lost custody of their children were less likely to enroll in gender-responsive programs compared to offenders who had custody of their children, or no children (White, 2012). As discussed previously, many programs seek to rebuild familial bonds, and if mothers who have lost custody of their children are less inclined to enroll in these programs, the population who may benefit from these interventions the most are not receiving them.

Some specific evaluation studies included in the analysis show especially interesting results. For example, a New York State nursery program that sought to build familial bonds and teach parenting skills was offered to offenders who had given birth while incarcerated. This evaluation found that the program had positive effects on the offenders and their children. It was found that there was an increase in women who were able to keep full custody of their children after their release (62% kept full custody). Additionally, during the year the study began (1997), the rate that females returned to prison within the next three years was 26 percent, compared to

just 13 percent of those who enrolled in the program. The population served by the program fit the common typology of female offenders: the vast majority were single, did not graduate high school, and most of them had drug offenses on their records (Staley, 2002). Another nursery program in Nebraska yielded similar findings when evaluated; 60 percent of participants kept custody of their children, prison misconduct issues among the participants were significantly reduced, there was a 61 percent decrease in subsequent convictions, and a 28 percent decrease in reincarcerations (Carlson, 2001).

The evaluation of the *Forever Free* gender-responsive substance abuse management program in California also yielded interesting results. Those enrolled in the program were compared to another group of female offenders who were enrolled in a gender-neutral substance abuse education program. The gender-neutral program focused on educating the participants about the consequences of drug use, and the *Forever Free* program was a cognitive-behavioral program that incorporated components of therapeutic communities, and provided connections to services in the community upon reentry. Program enrollment was the only major difference between the two groups; age, race, economic status, education level, number of arrests and prior incarcerations, and types of offenses were controlled for. A follow up period of one year found that the *Forever Free* group had a roughly 20 percent reduction in rearrests, were less likely to self-report substance use, and were about 20 percent more likely to be employed. Additional findings showed positive results in the domains of psychological health, relationships with their children, and the number of services they needed during their parole period (Prendergast et al., 2001). Prendergast, Hall, and Welsch (2001) noted that in this study, there was a significant decrease in reincarceration as treatment exposure in the community increased, which led to the recommendation for more long-term evaluations of post-release, gender-responsive services.

The Current Study

This study serves the purpose to determine if the Responsive Risk Reduction for Women (RRRW) program, offered by Centre Incorporated, is effective at reducing recidivism among the participants. The Responsive Risk Reduction for Women program is a trauma-informed program that uses cognitive-behavioral therapy and dialectical-behavioral therapy strategies to reduce crime conducive behaviors of the participants and increase pro-social behaviors (Centre Incorporated, n.d.). Cognitive-behavioral therapy (CBT) addresses the interactions of individuals' thoughts, feelings, and behaviors by identifying problem thoughts and behaviors and restructuring the ingrained interactions. Dialectical-behavioral therapy (DBT) is a form of cognitive-behavioral therapy that specifically targets emotional extremes that are often associated with mental or emotional disorders. The therapy addresses the adjustment of thought patterns and teaches emotional regulation skills (Dimeff & Linehan, 2001). RRRW seeks to create a community in which emotional regulation, social skills, motivational enhancement, goal setting, and cognitive restructuring are practiced (Centre Incorporated, n.d.). This study will attempt to analyze the efficacy and effectiveness of the program through an outcome evaluation measuring participant recidivism

METHODS

The Program

Centre Incorporated is a North Dakota based community corrections center that provides rehabilitative services to help facilitate successful integration of offenders back into the community (Centre Incorporated, n.d.). Centre was established in the 1970's for the purpose of assisting the courts and other public agencies in providing community-based treatment services, half-way houses, and to assist with parole and supervision efforts. Centre is tasked with re-integration efforts by offering specialized treatment, housing, and rehabilitative programs. The treatments provided by Centre Incorporated attempt to address criminogenic thinking and behaviors by tailoring services to the individuals' risks and needs (North Dakota Corrections and Rehabilitation, n.d.).

To be admitted into Centre, a participant needs to be referred by the North Dakota Department of Corrections, or by the Bureau of Prisons. Most Centre participants are inmates who are near the end of their sentences and were transferred to the facility for transitional services. The other participants are parolees or probationers who were referred due to technical violations. Prior to admittance into Centre, staff review the referrals to ensure that they meet placement criteria. The majority of those admitted have high rehabilitative needs, are either homeless or have domestic situations that are inhibitive to their recovery, or are high-risk for substance relapses (Centre Incorporated, n.d.).

The focus of the current study, the Responsive Risk Reduction for Women program, is a gender-responsive, rehabilitative program offered by Centre Incorporated. Participants attend the program for one hour a day, five days a week, for three weeks, for a total of fifteen hours. Prior to program placement, Centre participants are assessed for risk using the LSI-R; this assessment helps to identify criminogenic needs and risk level. Those referred to RRRW are those who have

emotional, personal, companion, or social attitude orientations that need to be addressed. In some cases, participants may be referred to the program by Centre case managers if the personal development goals created by the participant and case manager fit these areas (Centre Incorporated, n.d.).

The RRRW program is broken down into five main components or values: social skills, motivational enhancement, emotional regulation, cognitive restructuring, and skill applications and goal setting. The sessions focusing on social skills are meant to increase participants' capacitates to interact with others, and maximize positive responses. During the motivational enhancement sessions, the participants decide on some pro-social value to focus on and practice role-playing behaviors that are conducive to that value. Emotional regulation sessions aim to teach participants how to manage emotional responses that would help to reduce risky and impulsive behaviors. The goal of cognitive restructuring is to teach participants how to identify patterns of risky thinking that lead to actions that conflict with previously learned values, and to develop alternative thoughts to reduce the instances of engaging in risky actions. The application and goal setting phase is meant to elicit motivation and commitment to change. During this session participants identify challenging or stressful situations that they are likely to face outside the program, and are tasked to role model the values that they have learned to address them. Participants then discuss consequences for the various choices of action that they role modeled. Each session consists of defining, discussing, role modeling, and role-playing behaviors that are conducive to the value of focus, and at the end of each of these sessions, participants are tasked with identifying situations that will likely arise between then and their next session that they could demonstrate the skill they role-played outside the program (Centre Incorporated, n.d.).

The Sample

The descriptive data for this study were collected from Centre Incorporated Female Community Correctional Facility in Fargo, North Dakota. The treatment and comparison groups were created from the Centre Incorporated database and included all Centre Incorporated participants in the year 2019; the data had previously been collected as part of Centre Incorporated's day-to-day procedures. Data were collected from Centre Incorporated directly. The researcher accessed the databases on-site and transferred data on each Centre participant into IBM SPSS statistical software and data management system. In 2019, 276 females were under correctional control at Centre Incorporated and data were collected on each of them. Of the 276 participants, 62 were enrolled in RRRW. Initial analysis found that LSI-R risk scores were missing for two participants, and they were removed from the data set. Of the two participants removed from analysis due to missing information, one was enrolled in RRRW. Missing data was the only reason for the removal of participants from the data set; those who did not successfully complete their prescribed Centre or RRRW treatments remained in the study. The treatment group consisted of those who participated in the Responsive Risk Reduction for Women Program in 2019 (n=61). A comparison group was created by utilizing case control matching. Each treatment group participant was matched to one of the remaining 213 individuals in the data set who were referred to Centre, but were not enrolled in RRRW.

Case control matching attempts to match a treatment group participant to a potential comparison group participant on important covariates. When case control matching is used effectively, it can account for variables that may bias the results (Bales & Piquero, 2011). This method was used in the present study due to the relatively small number of treatment participants and matching variables available to the researchers. Case control matching is most feasible when the number of treatment group participants is much smaller than the number of participants in the

population, and when matching on few variables (Bales & Piquero, 2011). Participants in this study were matched on race, risk level, and age. Case control matching is limited by the large number of cases needed when matching on multiple variables (Nagin et al, 2009). Given the relatively small sample size, three matching variables were used to ensure that proper placement into groups could be achieved. Nagin et al. (2009) argue that a minimum set of control variables for a recidivism study should include age, race, sex, prior record, and current offense (Nagin et al., 2009). Because the program under study is a female-only program, sex does not need to be controlled for. The LSI-R produces summative risk scores that considers prior and current offenses, and as such, was used in lieu of quantitative counts of prior and current offenses to ensure the ability of the matching procedure to achieve equitable groups using the available sample size.

Race was operationalized as White, Native American, and Other. Risk was operationalized using the participants' LSI-R scores and placed into Low (0-17), Medium (18-35), or High (36-52) risk groups. Age was kept as a continuous variable. Tolerances for race and risk level were kept at zero throughout the matching process. The first matching procedure had a tolerance of zero for all variables, and produced 36 exact matches. Subsequent matching procedures increased the tolerance for age by one year at a time until all cases were matched. The maximum tolerance for age reached four years. Only one case was matched using a tolerance of four years on age, all other cases were either exact matches, or had a tolerance set at two or three years for age.

Descriptive Data

Data were gathered on age, race, marital status, Centre Incorporated and RRRW start and end dates, education level, risk level, employment status, number of child dependents, if they

were homeless prior to admission into Centre, number of prior offenses, and recidivism. The outcome of interest in this study is recidivism. The outcome data and data on number of prior offenses were collected from the North Dakota Court Records Inquiry and the Minnesota Court Records Online Public Databases.

Independent Variables

The independent variable was involvement in RRRW. These variables were operationalized to be nominal (0=Not enrolled, 1=Enrolled). As previously discussed, race was operationalized as White, Native American, and Other. Risk was operationalized using LSI-R scores and categorized into low, medium, and high-risk groups. Age was kept as a continuous variable. Other control variables that were not used in the matching process included: program completion status (0=Successful completion, 1=Non-successful completion), education level (0=Some college/No degree, 1=G.E.D., 2=High school diploma, 3=Some high school, 4=Less than high school, 5=Bachelor's degree, 6=Master's degree), marital status (0=Single, 1=Divorced, 2=Married, 3=Separated), number of prior offenses, employment status upon release (0=Employed, 1=Not employed), number of child dependents, and if they were homeless prior to admission into the Centre facility (0=No, 1=Yes). Each set of variables were coded in order of the frequency that they appeared in the data set. Table 1 provides the descriptive statistics for the population.

Dependent Variable

The dependent variable was if participants recidivated after beginning their treatment. Recidivism was defined as any criminal conviction after being sentenced or transferred to the community corrections program that resulted in a new sentence. Defining recidivism as any new convictions rather than charges or arrests lowers the risk of Type I error (Myer et al., 2018).

Arrests that do not result in charges, or charges that are ultimately dismissed could artificially inflate occurrences of recidivism and lead to a rejection of the null hypothesis. Alternatively, defining recidivism as new convictions reflects the final dispositions of the courts and is less susceptible to measurement error. The observation period began at the beginning of their enrollment in Centre, and extended two years after release.

Table 1

Descriptive statistics of the population

	RRRW (n=61)		Comparison (n=61)	
Variables	n	%	n	%
Race				
White	45	73.77	45	73.77
Native American	8	13.11	8	13.11
Other	8	13.11	8	13.11
Age				
21-25	10	16.39	9	14.75
26-30	16	26.23	16	26.23
31-35	12	19.67	12	19.67
36-40	14	22.95	15	24.59
41-45	5	8.20	5	8.20
46-50	3	4.92	4	6.56
51-55	1	1.64	0	0.000
Risk				
Low	0	0.000	0	0.00
Moderate	17	27.87	17	27.87
High	44	72.13	44	72.13
Marital status				
Single	47	77.05	44	72.13
Divorced	7	11.48	9	14.75
Married	2	3.28	6	9.84
Separated	5	8.20	2	8.20
Education Level				
Some College/No Degree	19	31.15	17	27.87
G.E.D.	13	21.31	16	26.23
High School Diploma	13	21.31	12	19.67
Less Than High School/No Degree	9	14.75	6	9.84
K-12	3	4.92	6	9.84

Table 1. *Descriptive statistics of the population (continued)*

	RRRW (n=61)		Comparison (n=61)	
Variables	n	%	n	%
Bachelor's Degree	3	4.92	3	4.92
Masters' Degree	1	1.64	1	1.64
Employed When Released				
Yes	40	65.57	41	67.21
No	21	35.00	20	32.79
Homeless				
Yes	29	47.54	25	40.98
No	32	52.46	36	59.02
Number of Child Dependents				
0	17	27.87	16	26.23
1-2	22	36.07	25	40.98
3-4	17	27.87	16	26.23
5-6	5	8.20	3	4.92
More than 6	0	0.00	1	1.64
Completion Status				
Successful Discharge	52	85.25	47	77.05
Unsuccessful Discharge	9	14.75	14	22.95

Statistical Tests

Case-control matching was used to create equivalent treatment and comparison groups. Once the groups were created, an independent sample t-test was conducted to ensure that there was no statistical difference between the treatment and comparison groups' mean age values. Chi-square test statistics were used to determine statistical significance between groups on the outcome variable. Binary logistic regression was used to analyze the relationship that the control variables had on the outcome variable.

Table 2 shows that exact matches on risk level and race were achieved, and no statistical significance existed between the ages of the treatment and comparison groups. Descriptive data

in table 1 shows that the majority of cases where White, and that there were eight Native American participants. The data set included a small number of individuals who were either Alaskan Native or Black, and were coded as "other" to facilitate matching. Although exact matching on age for participants was not achieved, the mean age for both groups was thirty-three years of age, and the t-test shows no statistically significant difference between the groups. High-risk participants made up roughly 72 percent of each group, and no low-risk participants were in the study.

Table 2

Treatment and comparison group matching characteristics

	RRRW		Comparison		Test Statistic
Variables	n	%	n	%	(p value)
Race					X^2=0.000
White	45	73.77	45	73.77	
Native American	8	13.11	8	13.11	
Other	8	13.11	8	13.11	
Age					t=0.227
21-25	10	16.39	9	14.75	(.821)
26-30	16	26.23	16	26.23	
31-35	12	19.67	12	19.67	
36-40	14	22.95	15	24.59	
41-45	5	8.20	5	8.20	
46-50	3	4.92	4	6.56	
51-55	1	1.64	0	0.000	
	$\bar{x}$=33.13		$\bar{x}$=33.31		
Risk					X^2=0.000
Low	0	0.000	0	0.00	
Moderate	17	27.87	17	27.87	
High	44	72.13	44	72.13	

RESULTS

Table 3 presents the chi-square analyses between the treatment and comparison groups on new convictions. There is no statistically significant difference between the groups on the dependent variable. Reconviction for RRRW participants (57.38%) is higher than that of the matched sample (55.74%), but not statistically meaningful. The majority of the treatment group recidivated (n=35), as well as the majority of the comparison group (n=34). Table 3 also illustrates the crime type for new convictions for both groups. The number of participants for each category is relatively consistent between the treatment and comparison groups, with drug related recidivism being the most frequent. Many cases that fall into the category of "other" were either contempt of court, evading arrest, or providing false information to a police officer. Additionally, petty misdemeanors that are only punishable via citations, like most traffic violations, were not included in the table.

Table 3

Frequency and percent of new convictions within two years across groups

	RRRW (n=61)		Comparison (n=61)		Test statistic
Variables	n	%	n	%	
New Conviction					X^2=0.033
Yes	35	57.38	34	55.74	
No	26	42.62	27	44.26	
New Conviction Category					
Burglary/Theft	12	19.67	16	26.23	
Violent	2	3.28	0	0.00	
Drug Related	23	37.7	20	32.79	
Motoring[1]	14	22.95	12	19.67	
Other[2]	17	27.87	11	18.03	

[1] Motoring offenses are defined as crimes committed while operating a motor vehicle and are more severe than a petty misdemeanor and punishable by jail time.

[2] Other crimes are defined as crimes that are more severe than petty misdemeanors and are punishable by jail time.

Table 3 suggests that the program had no significant effect on reconvictions. Further analyses were conducted to investigate possible impacts of successful completion of the program that could have been masked by the small sample size in the original analysis. Table 4 presents a chi-square analysis between the RRRW participants in the sample that completed the program (n=52) and those that did not (n=9). Completion status was determined by Centre, and non-completion was often due to participants not meeting the required hours of treatment prescribed by Centre facilitators. The analysis showed a significant ($p<.05$) decrease in new convictions for those that completed the program versus those who did not. Subsequent analysis were conducted to further investigate the relationship between treatment completers and non-completers. Table 5 investigates whether the relationship between groups on new convictions changes when only those in the treatment group who successfully completed the program are compared to their matched pairs. This analysis showed a slight reduction in recidivism among the treatment participants who completed the program (51.92%) compared to their matched pairs (57.69%), which was not statistically significant. Although statistical significance is demonstrated between the treatment participants that did and did not complete the program, the results should be interpreted cautiously due to the small cell count of those in treatment who did not complete the program.

Table 4

Frequency and percent of new convictions by treatment group completion status

	Completed (n=52)		Did not Complete (n=9)		Test Statistic
Variables	n	%	n	%	(p value)
New Conviction					X^2=4.287
Yes	27	51.92	8	88.89	(.038)
No	25	48.08	1	1.11	

Table 5

Frequency and percent of new convictions by treatment group completers and their matched pairs

Variables	Completed RRRW (n=52) n	%	Matched Comparisons (n=52) n	%	Test Statistic (p value)
New Conviction					X^2=0.349
Yes	27	51.92	30	57.69	(.554)
No	25	48.08	22	42.31	

Previous research has shown that risk level is important in examining the effects of community corrections programs (Hyatt et al., 2017). Table 6 examines the effect of participation in the program on recidivism by risk level. The data shows that there are no significant differences in new convictions between the groups for either moderate or high-risk participants. No low-risk participants were included in the study, which is likely an artifact of referral procedures into the community corrections program. The table shows that although the moderate risk level treatment group participants received fewer reconvictions (41.18%) than their matched counterparts (52.94%), the high-risk treatment group participants received slightly more reconvictions (63.64%) than the high-risk members of the comparison group (59.09%).

Table 6

New convictions across groups by risk level

Variables	RRRW Convictions n	%	Comparison Convictions n	%	Test Statistic
Moderate Risk					X^2=0.119
New Conviction	7	41.18	9	52.94	
No New Conviction	10	58.82	8	47.06	
High Risk					X^2=0.192
New Conviction	28	63.64	26	59.09	
No New Conviction	16	37.21	18	40.91	

Binary logistic regression was conducted to assess if a number of categorical and continuous variables aid to predict reconviction. Marital status, education level, employment status upon release, if participants were homeless prior to their stay at the facility, the number of child dependents, and the number of prior offenses were input into the model (Table 7). The reference groups were chosen as the variable with the highest frequency for each category. The reference group for marital status was "single" and is representative of the marital statuses of participants at the time of intake into Centre. The level of education category represents the highest level of education achieved prior to enrollment into Centre, and the reference category used in the model was completion of some college but not obtaining a degree. Having a part-time or full-time job upon release was the reference group for employment upon release and was coded dichotomously (0=Yes, 1=No). Homelessness prior to Centre admission was coded similarly, and not being homeless was used as the reference category. The table shows that none of the control variables were statistically significant predictors of reoffending, with the number of child dependents being the closest to approaching statistical significance (p=0.147).[3]

[3] Age was also included in the model since exact matches were not achieved during the case control matching process. Age did not influence the results in any meaningful way, and it was therefore excluded from the full analysis.

Table 7

Regression model for all control variables without age

Variables	B	SE	Odds Ratio	P-Value
Marital Status				0.720
Divorced	0.359	0.628	1.432	0.568
Married	0.939	0.894	2.557	0.293
Separated	0.033	0.892	1.033	0.971
Education Level				0.958
G.E.D.	0.341	0.550	1.406	0.536
High School Diploma	-0.100	0.561	0.904	0.858
Some High School	-0.450	0.650	0.638	0.489
Less Than High School	0.220	0.781	1.246	0.778
Bachelor's degree	-0.171	1.039	0.843	0.869
Master's degree	0.030	1.479	1.031	0.984
Employed When Released	-0.167	0.433	0.846	0.700
Homeless	-0.437	0.401	0.646	0.275
Number of Child Dependents	0.177	0.122	1.194	0.147
Number of Prior Offenses	0.020	0.027	1.020	0.456
-2 Log likelihood		Cox & Snell R Square		Nagelkerke
157.840		0.073		0.097

DISCUSSION AND CONCLUSION

Many variations of gender-responsive programming have been implemented with mixed results (King & Foley, 2014; Miller, 2021). The current study sought to determine if the Responsive Risk Reduction for Women program in Fargo, North Dakota would be effective at reducing reconviction rates of participants. The evaluated program relied on cognitive-behavioral and dialectical-behavioral therapies, as well as motivational enhancement techniques to attempt to achieve its desired goal. The current research shows that more effort in standardizing empirically proven gender-responsive practices is needed. This conclusion is drawn from the null findings of program effects on reconvictions across groups and risk levels.

One possible explanation for the null findings stems from the high proportion of participants that were scored as high-risk. As noted previously, no low-risk offenders were included in the analysis, and most of the participants were scored as high-risk using the LSI-R. Successful completers of the program received a total of fifteen hours of treatment. Previous research relying on the risk needs and responsivity model has shown that a much greater dosage than fifteen hours is needed to reduce recidivism. For example, Makarios, Sperber, and Latessa (2014) found that the greatest reductions of recidivism for high-risk offenders in a community corrections program occurred when they received between 200 and 249 hours of treatment, and the greatest reductions for moderate-risk offenders was achieved between 150 and 199 hours of treatment (Makarios et al., 2014). This suggests that the population served by RRRW is not receiving the necessary dosages of treatment that have shown to be effective in previous community corrections research.

The amount of treatment that offenders receive is often partially determined by resources available to the correctional agency providing the treatment. Gender-responsive programs aim to use correctional resources more efficiently by taking disparate offending characteristics between

men and women into account (Belknap, 2020). This perspective led to the development of gender-specific risk assessment tools that considers needs and risks that predominantly characterize female offenders (Gundy-Yoder, 2008; Fass et al., 2008; Wright et al., 2012). It is posited that gender-specific risk assessment tools can help to facilitate placement into proper programs by weighting and operationalizing certain assessment items to create a better picture of the needs and the risks of the offenders (Hardyman & Van Voorhis, 2004; Miller, 2000; Steiner & Wooldredge, 2009). It is possible that treatment effects may be seen with lower dosages of treatment if risks and needs are more accurately identified and addressed using gender-specific assessment tools (Holtfreter & Cupp, 2007; Kruttschnitt et al., 2000). Although some improvements in assessments have been demonstrated using certain gendered risk assessment tools, the abundance of previous literature demonstrating the equitable predictive ability of the LSI-R between men and women suggests that the findings would not have been significantly different if a gendered risk assessment tool had been used to facilitate placement into the program (Fass et al., 2008; Smith et al., 2009; Vose et al., 2013).

Extant research has demonstrated the importance of placement into programs being based on an individual's risks and criminogenic needs (Bonta & Andrews, 2007; Duwe & Clark, 2015; Polaschek, 2012). One of the main goals of RRRW is to increase the self-efficacy of participants through cognitive-behavioral therapy and dialectical-behavioral therapy sessions that attempt to enhance emotional regulation and social skills (Centre Incorporated, n.d.). No diagnostic screening for specific needs associated with self-efficacy issues is given prior to placement into RRRW, and placement into the program is largely reliant on the discretion of Centre Incorporated case managers. Implementing a standardized diagnostic screening tool can help

with identifying participants with high self-efficacy and emotional regulation needs and better facilitate placement into RRRW.

A general needs assessment that is completed prior to beginning the program can also help practitioners tailor treatment sessions to important responsivity characteristics (Sperber, Latessa, & Makarios, 2013). Implementing a needs assessment would allow practitioners to identify participants who possess high levels of the criminogenic needs most predictive of recidivism: antisocial cognitions, antisocial temperaments, and antisocial peers (Carter & Sakovitz, 2014). As a result, less dosage would likely be spent addressing non-criminogenic needs, such as low self-esteem, and more would be spent on targeting dynamic needs most likely to produce a decline in recidivism. As mentioned previously, RRRW contains activities where participants choose values to recite during role-play training. A diagnostic and needs assessment given prior to treatment could supplement this program component by informing practitioners on the specific, dynamic needs of the participants; this, in turn, would allow the practitioners to demonstrate behaviors and cognitions that have been empirically linked to those needs.

A diagnostic tool could also help to identify those with high substance abuse needs and refer them to a treatment with a more intensive focus on the associated needs. Table 2 shows that recidivism involving a drug related crime occurred at the highest frequency. Previous studies have shown that the use of CBT is able to reduce drug use in the contexts of correctional programming (Hides et al., 2010; Magill & Ray, 2009), but it is likely that the use of CBT in RRRW sessions does not directly target cognitions that precipitate drug use. Primarily focusing on the emotional and social skills of participants may not sufficiently address the specific needs and risks that are often the results of, or the causes of, substance abuse or addiction. Additionally, DBT is most often used for women with Borderline Personality Disorder, and more

research is needed about how responsive different populations within the corrections system are to DBT. Utilizing a needs assessment with the ability to identify the population that the therapy has shown to be most effective with would likely increase program effects concerning emotional regulation when given in appropriate dosages. DBT is often used to regulate emotional extremes, but there is little research that provides causal evidence linking the increase in emotional regulation from correctional programming to a decrease in other offending behaviors, even when delivered to the population that the therapy is intended for (Dimeff & Linehan, 2001; Moore et al., 2016).

While the findings suggest that the program was not effective at reducing recidivism, they study was not without its limitations. First, data on the reason for non-completion of participants was not consistently available for all participants. Having this data could have provided insight into the reasons behind unsuccessful treatment completion. Data were also not available for all participants on the presence or severity of substance abuse conditions. Given the disproportionately high rate of substance abuse among women offenders (Brown & Bloom, 2009), data on treatments that are or are not effective for this population is an important aspect of future gender-responsive programming policy decisions. The study had a smaller sample size than desired. Future research should evaluate similar programs using larger sample sizes. Although the treatment providers' handbook that outlined the structure of each program session was provided to the researcher, any future evaluations of the program should include process-related observational data of CBT and DBT sessions. Such data could better inform the findings in this study and subsequent outcome evaluations of the program. The use of other Centre participants that were not enrolled in RRRW as a comparison group marks another limitation. Data were not available on comparison group members' previous or concurrent enrollment in

other rehabilitative programs. Additionally, data were not available on involvement in non-correctional therapeutic or substance abuse related programming for either group. Future research on similar programs should ensure that data are available to adequately control for confounding treatments.

REFERENCES

Andrews, D. A., Bonta, J., & Hoge, R. D. (1990). Classification for effective rehabilitation: Rediscovering psychology. *Criminal justice and Behavior*, *17*(1), 19-52.

Astbury, Brad. (2012). Using Theory in Criminal Justice Evaluation. 10.1108/S1474-7863(2012)0000013005.

Bales, W.D. & A.R. Piquero. (2012). Assessing the impact of imprisonment on recidivism. *Journal of Experimental Criminology*, 8, 71-101.

Belknap, J., & Holsinger, K. (2006). The gendered nature of risk factors for delinquency. Feminist Criminology, 1, 48-71.

Belknap, J. (2020). *The invisible woman: Gender, crime, and justice*. SAGE Publications.

Benedict, A., & Benos, D. (2016, November). *The Gender Informed Practice Assessment (GIPA) SUMMARY OF FINDINGS & RECOMMENDATIONS*. Illinois Department of Corrections. Retrieved November 30, 2021, from https://static1.squarespace.com/static/5beab48285ede1f7e8102102/t/5d30cb775729f30001e813ac/1563478904419/GIPA+Logan+CC+Nov+2016+.pdf.

Bertram, W., & Sawyer, W. (2021, May 5). *Prisons and jails will separate millions of mothers from their children in 2021*. Prison Policy Initiative. Retrieved November 12, 2021, from https://www.prisonpolicy.org/blog/2021/05/05/mothers-day-2021/#:~:text=Over%20half%20(58%25)%20of,incarcerated%20for%20non%2Dviolent%20offenses.

Bhattacharjee, A. (2001, May). Whose safety? Women of color and the violence of law enforcement. Retrieved November 12, 2021, from www.afsc.org.

Bloom, B. (1999, September). Gender-responsive programming for women offenders: Guiding principles and practices. In *Forum on Corrections Research* (Vol. 11, No. 3, pp. 22-27). Correctional Service of Canada.

Bloom, B., & Covington, S. (2008). Addressing the mental health needs of women offenders. *Women's mental health issues across the criminal justice system*, 160-176.

Bloom, B. (2012). Gender-responsive programming for women offenders: Guiding principles and practices. Ottowa, Canada: Correctional Service of Canada. Retrieved on November 12, 2021, from https://www.csc.-scc.gc.ca/text/pblct/forum/e113/113f_e.pdf

Bloom, B., Covington, N. M., Messina, N., Selvaggi, K., & Owen, B. (2014). Gender-responsive policy and practice assessment manual. *Washington, DC: National Institute of Corrections, US Department of Justice*.

Bloom, B., Owen, B., & Covington, S. (2004). Women offenders and the gendered effects of public policy 1. *Review of policy research*, *21*(1), 31-48.

Bloom, B., Owen, B., & Covington, S. (2003, June). *Gender-responsive strategies: Research, practice, and ...* National Institute of Corrections. Retrieved November 28, 2021, from https://info.nicic.gov/nicrp/system/files/018017.pdf.

Bonta, J., & Andrews, D. A. (2007). Risk-need-responsivity model for offender assessment and rehabilitation. *Rehabilitation*, *6*(1), 1-22.

Boppre, B., & Salisbury, E. (2016). The Women's Risk Needs Assessment: Putting gender at the forefront of actuarial risk assessment.

Boyle, M. G., White, W. L., & Loveland, D. L. (2005). Behavioral Health Recovery Management: A Statement of Principles. *Behavioral Health Recovery Management*.

Brown M, Bloom B. Reentry and Renegotiating Motherhood: Maternal Identity and Success on Parole. *Crime & Delinquency*. 2009;55(2):313-336. doi:10.1177/0011128708330627

Brennan, T., & Breitenbach, M. (2012). Women's Pathways to Serious and Habitual Crime: A Person-Centered Analysis Incorporating Gender Responsive Factors - Tim Brennan, Markus Breitenbach, William Dieterich, Emily J. Salisbury, Patricia van Voorhis, 2012. Retrieved November 21, 2021, from https://journals.sagepub.com/doi/10.1177/0093854812456777

Brennan, T., Dieterich, W., & Ehret, B. (2009). Evaluating the predictive validity of the COMPAS risk and needs assessment system. *Criminal Justice and Behavior*, *36*(1), 21-40.

Breitenbach, William Dieterich, Emily J. Salisbury, Patricia van Voorhis, 2012. Pg. 20. Retrieved October 24, 2020, from https://journals.sagepub.com/doi/10.1177/0093854812456777

Briere, J., & Runtz, M. (2006). Trauma Symptom Checklist 33 and 40: TSC-33 and TSC-40. *Retrieved from*.

Buell, M. (2010, Dec. 1) NIC's women offender initiative: New research in action. Corrections Today. Retrieved from http://www.readperiodicals.com/ doi:201012/2272834031.html

Bureau of Justice Statistics: Historical Corrections Statistics in the United States 1850-1984 (1986); Prison and Jail Inmates at Midyear Series (1997-2018), Prisoners Series (1986-2019). Washington, DC.

Caddle, D. and Crisp, D. (1997) Imprisoned women and mothers. Home Office Research Study 162. London: Home Office.

Carlson, J. R. (2001). Prison nursery 2000: A five-year review of the prison nursery at the Nebraska Correctional Center for Women. *Journal of Offender Rehabilitation*, *33*(3), 75-97.

Carson, E.A. (2015). Prisoners in 2014. U.S. Department of Justice, Bureau of Justice Statistics. Retrieved from: http://www.bjs.gov/index.cfm?ty=pbdetail&iid=5387

Carter, M., & Sankovitz, R. J. (2014). Dosage probation: Rethinking the structure of probation sentences. *Silver Spring, MD: Center for Effective Public Policy*.

Centre Incorporated. (n.d.). *What we do*. Centre, Inc. Retrieved December 1, 2021, from https://www.centreinc.org/whatwedo.

Chesney-Lind, M. (1989). Girls' crime and woman's place: Toward a feminist model of female delinquency. *Crime & Delinquency*, *35*(1), 5-29.

Cook, S.L., Smith, S.G., Tusher, C.P., & Raiford, J. (2005). Self–reports of traumatic events in a random sample of incarcerated women. Women & Criminal Justice, 16 (1/2), 107-125

Couloute, L., & Kopf, D. (2018, July). *Out of prison & out of work*. Out of Prison & Out of Work | Prison Policy Initiative. Retrieved November 13, 2021, from https://www.prisonpolicy.org/reports/outofwork.html.

Covington, S. S., Bloom, B. E., & Rohnert Park, C. A. (2004, November). Creating gender-responsive services in correctional settings: Context and considerations. In *American Society of Criminology Conference, Nashville, Tennessee*.

Covington, S. S., Burke, C., Keaton, S., & Norcott, C. (2008). Evaluation of a trauma-informed and gender-responsive intervention for women in drug treatment. *Journal of psychoactive drugs*, *40*(sup5), 387-398.

Covington, S. S. (2008). Women and addiction: A trauma-informed approach. *Journal of psychoactive drugs*, *40*(sup5), 377-385.

Covington, S. 2007. Women and Addiction: A Gender-Responsive Approach. Center City, MN: Hazelden.

Covington, S. & Bloom, B. (2007). Gender-Responsive Treatment and Services in Correctional Settings. Women & Therapy. 29. 10.1300/J015v29n03_02.

Criminal Justice Involved Women. (2015, September). *Women offender case management model - cjinvolvedwomen.org*. Criminal Justice Involved Women. Retrieved December 1, 2021, from https://www.cjinvolvedwomen.org/wp-content/uploads/2015/09/Women-Offender-Case-Management-Model.pdf.

Dallaire, D. H. (2007) Incarcerated mothers and fathers: a comparison of risks for children and families. Family Relations, 56, 440–53.

Daly, Kathleen. (1992). Women's pathways to felony court: Feminist theories of lawbreaking and problems of representation. Southern California Review of Law and Women's Studies. 2. 11-52

Daly, K., and Chesney-Lind, M. Feminism and criminology . Justice Quarterly 38 497– 538. (1988).

DeHart, Dana. (2009). Pathways to Prison Impact of Victimization in the Lives of Incarcerated Women. Violence against women. 14. 1362-81. 10.1177/1077801208327018.

Delong, C., & Reichert, J. (2019, January 09). The Victim-Offender Overlap: Examining the Relationship Between Victimization and Offending. Retrieved October 24, 2020, from https://icjia.illinois.gov/researchhub/articles/the-victim-offender-overlap-examining-therelationship-between-victimization-and-offending

Dimeff, L., & Linehan, M. M. (2001). Dialectical behavior therapy in a nutshell. *The California Psychologist*, *34*(3), 10-13.

Drug Policy Alliance. (2018, May). *Women, prison, and the Drug War - Drug Policy Alliance*. Drug Policy. Retrieved November 12, 2021, from https://drugpolicy.org/sites/default/files/women-and-the-drug-war_0.pdf.

Duwe, G. & V. Clark. (2015). Importance of program integrity: Outcome evaluation of a gender-responsive, cognitive-behavioral program for female offenders. *Criminology and Public Policy*, 14(2), 301-328.

Duwe, G. (2017). *The use and impact of correctional programming for inmates on pre-and post-release outcomes* (Vol. 48). US Department of Justice, Office of Justice Programs, National Institute of Justice.

Farr, K. A., (2000). Classification for female inmates: Moving forward. Crime & Delinquency, 46, 3-17.

Fass, T. L., Heilbrun, K., DeMatteo, D., & Fretz, R. (2008). The LSI-R and the COMPAS: Validation data on two risk-needs tools. *Criminal Justice and Behavior*, *35*(9), 1095-1108.

Foley, A. (2008). The current state of gender-specific delinquency programming. *Journal of Criminal Justice*, *36*(3), 262-269.

Fox, J. G. (1984). Women's Prison Policy, Prisoner Activism, and the Impact of the Contemporary Feminist Movement: A Case Study. *The Prison Journal*, *64*(1), 15–36. https://doi.org/10.1177/003288558406400103

Fretz, R., Erickson, J., & Mims, A., "Re-entry programming and female offenders: The case for a gender-responsive approach," *Journal of Community Corrections*, 16 no. 3 (2007), 9-21.

Gaarder, E., & Hesselton, D. (2012). Connecting restorative justice with gender-responsive programming. *Contemporary Justice Review*, *15*(3), 239-264.

Garcia, C. (2004) Realistic expectations: Constructing a mission-based evaluation model for community corrections programs. *Criminal Justice Policy Review,* 15(3), 251-269.

Garofalo, M. (2020). Family Therapy in Corrections: Implications for Reentry Into the Community. *Journal of Correctional Health Care*, *26*(3), 240–248. https://doi.org/10.1177/1078345820938350

Gilfus, M. (2002, December). Women's Experiences of Abuse as a Risk Factor for Incarceration. Retrieved November 11, 2020, from https://vawnetorg/sites/default/files/assets/files/2017-08/AR_Incarceration.pdf

Ginsburg, G. S., & Schlossberg, M. C. (2002). Family-based treatment of childhood anxiety disorders. *International Review of Psychiatry*, *14*(2), 143-154.

Golladay, K. A. (2018). *Understanding victim-offender overlap taxonomies: A longitudinal study*. Arizona State University.

Golladay, K., & Holfreter, K. (2014, June). Retrieved November 12, 2021, from https://www.researchgate.net/publication/265161839_The_Impact_of_Feminist_Pathways_Research_on_Gender-Responsive_Policy_and_Practice

Gordon, K.G. (2004). From corrections to connections: A report on the Amicus Girls Restorative Program. St. Paul, MN: Amicus, Inc.

Gottfredson, G.D. (1984). A theory-ridden approach to program evaluation: A method for stimulating researcher-implementer collaboration. *American Psychologist,* 39(10), 1101-1112.

Gendreau, P., Little, T., & Goggin, C. (1996). A meta-analysis of the predictors of adult offender recidivism: What works!. *Criminology*, *34*(4), 575-608.

Greenfeld, A. Lawrence and Snell, L. Tracy, Women Offenders, Bureau of Justice Statistics, December 1999, at 7

Greenfield, S. F., Potter, J. S., Lincoln, M. F., Popuchi, R. E., Kupert, L., & Gallop, R. J. (2008). High psychiatric severity is a moderator of substance abuse treatment outcomes among women in single vs. mixed gender group treatment. American Journal of Drug and Alcohol Abuse, 34, 594-602

Gundy-Yoder, A. (2008). *Gender Responsive Programming for Female Offenders* . sssp1.org. Retrieved November 6, 2021, from http://www.sssp1.org/file/agendaforsocialjustice/agenda_for_social_justice_2008_chapter_7.pdf.

Hardyman, P. L., & Van Voorhis, P., *Developing gender-specific classification systems for women offenders*, (Washington, D.C.: U.S. Department of Justice, National Institute of Corrections, 2004).

Harland, A. (1995). Choosing correction options that work: Defining the demand and evaluating the supply. SAGE Publications, Inc.

Harlow, C. (1999, April). Prior Abuse Reported by Inmates and Probationers. Retrieved November 11, 2020, from https://www.bjs.gov/content/pub/pdf/parip.pdf

Harris, M., & Fallot, R. D. (2001). Envisioning a trauma-informed service system: a vital paradigm shift. *New directions for mental health services*, *2001*(89), 3-22.

Hides, L., Samet, S., & Lubman, D. I. (2010). Cognitive behaviour therapy (CBT) for the treatment of co-occurring depression and substance use: Current evidence and directions for future research. *Drug and Alcohol Review*, *29*(5), 508-517.

Holtfreter, K., & Cupp, R. (2007). Gender and risk assessment: The empirical status of the LSI-R for women. *Journal of contemporary criminal justice*, *23*(4), 363-382.

Hubbard, D. J., & Matthews, B. (2008). Reconciling the differences between the "gender-responsive" and the "what works" literatures to improve services for girls. Crime & Delinquency, 54, 225-258.

Hyatt, J.M. & G.C. Barnes. (2017). An experimental evaluation of the impact of intensive supervision on the recidivism of high-risk probationers. *Crime and Delinquency*, 63(1), 3-38.

Immarigeon, R., Chesney-Lind, M., & National Council on Crime and Delinquency. (1992). *Women's prisons overcrowded and overused*. San Francisco, Calif: National Council on Crime and Delinquency.

James, D. Doris and Lauren E. Glaze, Mental Health Problems of Prison and Jail Inmates, Bureau of Justice Statistics, September 2006, at 4.

Jones, N. J., & Robinson, D. (2018). Service planning instrument (SPIn). *Handbook of recidivism risk/needs assessment tools*, 181-198.

Kajstura, A. (29AD, October 29). *Women's mass incarceration: The whole pie 2019*. Women's Mass Incarceration: The Whole Pie 2019 | Prison Policy Initiative. Retrieved November 6, 2021, from https://www.prisonpolicy.org/reports/pie2019women.html.

King E, Foley J. Gender-Responsive Policy Development in Corrections: What We Know and Roadmaps for Change. Washington, DC: U.S. Department of Justice, National Institute of Corrections; October, 2014.

Kolis, K., & Houston-Kolink, J. (2018, April 10). *Illinois Criminal Justice Information Authority*. ICJIA. Retrieved November 28, 2021, from https://icjia.illinois.gov/researchhub/articles/trauma-types-and-promising-approaches-to-assist-survivors/.

Koons, B. A., Burrow, J. D., Morash, M., & Bynum, T. (1997). Expert and offender perceptions of program elements linked to successful outcomes for incarcerated women. *Crime & Delinquency*, *43*(4), 512-532.

Kruttschnitt, C., Gartner, R., & Miller, A. (2000). Doing her own time? Women's responses to prison in the context of the old and the new penology. *Criminology*, *38*(3), 681-718.

Latessa, Edward & Lowenkamp, Christopher. (2005). What are criminogenic needs and why are they important?. For the Record. 4. 15-16.

Lapidus, L. M. (2018, July 9). *The War on Drugs = a war on women and families*. American Civil Liberties Union. Retrieved November 13, 2021, from https://www.aclu.org/blog/smart-justice/sentencing-reform/war-drugs-war-women-and-families#:~:text=The%20%22war%20on%20drugs%22%20has,of%20women%20with%20drug%20addiction.

Listwan, S. J., Sullivan, C. J., Agnew, R., Cullen, F. T., & Colvin, M. (2013). The pains of imprisonment revisited: The impact of strain on inmate recidivism. *Justice Quarterly*, *30*(1), 144-168.

Loeber, R., Farrington, D. P., Hipwell, A. E., Stepp, S. D., Pardini, D., & Ahonen, L. (2015). Constancy and Change in the Prevalence and Frequency of Offending When Based on Longitudinal Self-reports or Official Records: Comparisons by Gender, Race, and Crime Type. *Journal of developmental and life-course criminology*, *1*(2), 150–168. https://doi.org/10.1007/s40865-015-0010-5

Luther, J. B., Reichert, E. S., Holloway, E. D., Roth, A. M., & Aalsma, M. C. (2011). An exploration of community reentry needs and services for prisoners: a focus on care to limit return to high-risk behavior. *AIDS patient care and STDs*, *25*(8), 475-481.

Lynch, S. M., DeHart, D. D., Belknap, J., & Green, B. L. (2013). Women's pathways to jail: Examining mental health, trauma, and substance use. *BJA Policy Brief, NCJ241045*.

Magill, M., & Ray, L. A. (2009). Cognitive-behavioral treatment with adult alcohol and illicit drug users: a meta-analysis of randomized controlled trials. *Journal of studies on alcohol and drugs*, *70*(4), 516-527

Mallicoat, S. L., & In Gardiner, C. (2014). *Criminal justice policy*.

Matthew Makarios, Kimberly Gentry Sperber & Edward J. Latessa (2014) Treatment Dosage and the Risk Principle: A Refinement and Extension, Journal of Offender Rehabilitation, 53:5, 334-350, DOI: 10.1080/10509674.2014.922157

Mauer, M. (2015, September). *A lifetime of punishment: The impact of the felony drug ...* Sentencing Project. Retrieved November 12, 2021, from https://www.sentencingproject.org/wp-content/uploads/2015/12/A-Lifetime-of-Punishment.pdf.

McGuire, J. (2001). What works in correctional intervention? Evidence and practical implications. In G. A. Bernfeld, D. P. Farrington, & A. W. Leschied (Eds.), *Offender rehabilitation in practice: Implementing and evaluating effective programs* (pp. 25–43). John Wiley & Sons Ltd.

Messina, N., Calhoun, S., & Warda, U. (2012). Gender-responsive drug court treatment: A randomized controlled trial. *Criminal justice and behavior*, *39*(12), 1539-1558.

Moffitt, T. E. (2003). Life-course-persistent and adolescent-limited antisocial behavior: A 10-year research review and a research agenda. In B. B. Lahey, T. E. Moffit, & A. Caspi (Eds.), Causes of conduct disorder and juvenile delinquency (pp. 49-75). New York, NY: Guilford

Moore KE, Folk JB, Boren EA, Tangney JP, Fischer S, Schrader SW. Pilot study of a brief dialectical behavior therapy skills group for jail inmates. *Psychol Serv*. 2018;15(1):98-108. doi:10.1037/ser0000105

Morash, M., Bynum, T. S., & Koons-Witt, B. (1998). *Women offenders: Programming needs and promising approaches*. US Department of Justice, Office of Justice Programs, National Institute of Justice.

Morash, M., & Schram, P. J. (2002). *The prison experience: Special issues of women in prison*. Waveland Press.

Miller, H. (2021, May 12). *Female Re-entry and Gender-Responsive Programming Recommendations for Policy and Practice* . ojp.gov. Retrieved November 6, 2021, from https://www.ojp.gov/pdffiles1/nij/300931.pdf.

Miller, W. R., & Rollnick, S. (2012). *Motivational interviewing: Helping people change*. Guilford press.

Nagin, D. S., Cullen, F. T., & Jonson, C. L. (2009). Imprisonment and reoffending. *Crime and justice*, *38*(1), 115-200.

NIDA. 2020, June 9. What Are Therapeutic Communities?. Retrieved from https://www.drugabuse.gov/publications/research-reports/therapeutic-communities/what-are-therapeutic-communities on 2021, November 13

Orbis Partners. (2019). *Service Planning Instrument for Women*. Atlanta, Georgia; Orbis Partners.

Orbis Partners, Inc. (2009), *Outcome evaluation of the women offender case management model in Connecticut probation*. Washington, DC: National Institute of Corrections.

Payne, H., & Morrow, M.-C. (2020, April). *Effect of the denial of SNAP benefits on convicted drug felons*. Network for PHL. Retrieved November 12, 2021, from https://www.networkforphl.org/wp-content/uploads/2020/04/Issue-Brief-Snap-Felon-Ban-Updated.pdf.

Polaschek, D. L. (2012). An appraisal of the risk–need–responsivity (RNR) model of offender rehabilitation and its application in correctional treatment. *Legal and criminological Psychology*, *17*(1), 1-17.

Prendergast, M., Hall, E., & Wellisch, J. (2001). An Outcome Evaluation of the Forever Free Substance Abuse Treatment Program: One-Year Post-Release Outcomes I 9? 6g5.

Reichert, J., & Bostwick, L. (2010, November). *Post-traumatic stress disorder and victimization ... - ICJIA*. Illinois Criminal Justice Information Authority. Retrieved November 28, 2021, from http://www.icjia.state.il.us/assets/pdf/ResearchReports/PTSD_Female_Prisoners_Report_1110.pdf.

Richie, B. E. (2001). Challenges incarcerated women face as they return to their communities: Findings from life history interviews. *Crime & Delinquency, 47*(3), 368-389.

Richter, P., Werner, J., Heerlein, A., Kraus, A., & Sauer, H. (1998). On the validity of the Beck Depression Inventory. *Psychopathology, 31*(3), 160-168.

Rizeq, J., Flora, D. B., & McCann, D. (2020). Construct Validation of the Trauma Symptom Checklist–40 Total and Subscale Scores. *Assessment*, *27*(5), 1016–1028. https://doi.org/10.1177/1073191118791042

Salisbury, E. J., & Van Voorhis, P. (2009). Gendered pathways: A quantitative investigation of women probationers' paths to incarceration. Criminal Justice and Behavior, 36(6), 541–566. https://doi.org/10.1177/0093854809334076

Schotte, C. K. W., Maes, M., Cluydts, R., De Doncker, D., & Cosyns, P. (1997). Construct validity of the Beck Depression Inventory in a depressive population. *Journal of Affective Disorders*, *46*(2), 115-125.

Scott, J. W. (1988). *Gender and the Politics of History*. Columbia University Press.

Skeem, J. L., Steadman, H. J., & Manchak, S. M. (2015). Applicability of the risk-need-responsivity model to persons with mental illness involved in the criminal justice system. *Psychiatric services*, *66*(9), 916-922.

Smith, Paula & Cullen, Francis & Latessa, Edward. (2009). Can 14,737 Women be Wrong? A Meta-Analysis of the LSI-R and Recidivism for Female Offenders. Criminology & Public Policy. 8. 183 - 208. 10.1111/j.1745-9133.2009.00551.x.

Snyder, Howard N.; Cooper, Alexia D.; and Mulako-Wangota, Joseph. Bureau of Justice Statistics. (Table 9). Generated using the Arrest Data Analysis Tool at www.bjs.gov. May, 2018.

Snyder, Howard N.; Cooper, Alexia D.; and Mulako-Wangota, Joseph. Bureau of Justice Statistics. (Table 10). Generated using the Arrest Data Analysis Tool at www.bjs.gov. May, 2018.

Sperber, K. G., Latessa, E. J., & Makarios, M. D. (2013). Establishing a risk-dosage research agenda: Implications for policy and practice. *Justice Research and Policy*, *15*(1), 123-141.

Staton, M., Leukefeld, C., & Webster, J. M. (2003). Substance use, health and mental health: Problems and service utilization among incarcerated women. International Journal of Offender Therapy and Comparative Criminology, 47, 224-239.

Staley, E. M. (2002). *Profile and Three Year Follow-up of Bedford Hills and Taconic Nursery Program Participants, 1997 and 1998*. State of New York, Department of Correctional Services.

Steiner, B., & Wooldredge, J. (2009). Individual and environmental effects on assaults and nonviolent rule breaking by women in prison. Journal of Research in Crime and Delinquency, 46, 437-467

Straussner, S. L. A., & Brown, S. (Eds.). (2001). *The handbook of addiction treatment for women: Theory and practice*. John Wiley & Sons.

Substance Abuse and Mental Health Services Administration. (2014). *Trauma-Informed care in behavioral health services. In Treatment improvement protocol (TIP) series, No. 57.* Rockville, MD: Substance Abuse and Mental Health Services Administration.

Sydney, L. (2005, October). *Gender-responsive strategies*. prearesourcecenter. Retrieved November 13, 2021, from https://www.prearesourcecenter.org/sites/default/files/library/14genderresponsivestrategiescommunity.pdf.

Taylor, K. N., & Blanchette, K. (2009). The women are not wrong: It is the approach that is debatable. *Criminology & Pub. Pol'y*, *8*, 221.

Thigpen, M., Thomas, B., & Buell, M. (2006, September). *Women Offender Case Management Model*. National Institute of Corrections. Retrieved November 30, 2021, from https://s3.amazonaws.com/static.nicic.gov/Library/021814.pdf.

United States Department of Agriculture. (2021, October 1). *Snap eligibility*. SNAP Eligibility | Food and Nutrition Service. Retrieved November 12, 2021, from https://www.fns.usda.gov/snap/recipient/eligibility.

United States Department of Health and Human Services. (2021, November 1). *Temporary Assistance for Needy Families (TANF)*. The Administration for Children and Families. Retrieved November 12, 2021, from https://www.acf.hhs.gov/ofa/programs/temporary-assistance-needy-families-tanf.

Van Voorhis, P., & Brushett, R. (2013). Revalidation of the Women's Risk Needs Assessment: Institutional Results1 Final Report November 2013.

Van Voorhis, P., & Presser, L. (2001). *Classification of women offenders: A national assessment of current practices*. Washington, DC: US Department of Justice, National Institute of Corrections.

Van Voorhis, P., Salisbury, E., Wright, E., & Bauman, A. (2008). Achieving accurate pictures of risk and identifying gender responsive needs: Two new assessments for women offenders. *University of Cincinnati Center for Criminal Justice Research, National Institute of Corrections, Washington DC*.

Vose, B., Smith, P., & Cullen, F. T. (2013). Predictive Validity and the Impact of Change in Total LSI-R Score on Recidivism. *Criminal Justice and Behavior*, *40*(12), 1383–1396. https://doi.org/10.1177/0093854813508916

Walker, S. C., Muno, A., & Sullivan-Colglazier, C. (2015). Principles in practice: A multistate study of gender-responsive reforms in the juvenile justice system. *Crime & Delinquency, 61*(5), 742-766.

White, W. L. (2007). Addiction recovery: Its definition and conceptual boundaries. *Journal of substance abuse treatment*, *33*(3), 229-241.

Wright, Emily & Salisbury, Emily & Van Voorhis, Patricia. (2007). Predicting the Prison Misconducts of Women Offenders The Importance of Gender-Responsive Needs. Journal of Contemporary Criminal Justice. 23. 310-340. 10.1177/1043986207309595.

Wright, E. M., Van Voorhis, P., Salisbury, E. J., & Bauman, A. (2012). Gender-Responsive Lessons Learned and Policy Implications for Women in Prison: A Review. *Criminal Justice and Behavior*, *39*(12), 1612–1632. https://doi.org/10.1177/0093854812451088

Zlotnick C, Shea MT, Begin A, Pearlstein T, Simpson E, Costello E. The validation of the Trauma Symptom Checklist-40 (TSC-40) in a sample of inpatients. Child Abuse Negl. 1996 Jun;20(6):503-10. doi: 10.1016/0145-2134(96)00032-4. PMID: 8800525.

Zweig, J. M., Yahner, J., Visher, C. A., & Lattimore, P. K. (2015). Using general strain theory to explore the effects of prison victimization experiences on later offending and substance use. *The Prison Journal*, *95*(1), 84-113.