Services for Women & Women with Children

Assembly Bill 109 (AB-109) Funded

Research Overview

The challenges confronting women returning from incarceration are formidable and complex, pointing to a need for specialized and appropriate reentry programming. Those challenges upon release can include employment, addiction, mental illness, housing, transportation, family reunification, childcare, parenting, and poor physical health.

The majority of incarcerated women are parents to children under the age of 18, many of whom have sole custody of their children and plan to resume their parenting role following release. The average incarcerated woman has 2-3 children.

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

Education Related Program Effectiveness by Program Category

In many communities, women receive the same services that were originally designed to serve men being released from jail or prison. As a result, there are only a few randomized studies that have identified gender-responsive, evidence-based practices for women's reentry. However, new findings, such as those from the Office on Women's Health's 2012–2015 Reentry Enhancement Project, are helping to identify effective approaches for women's reentry.

Gender-responsive approaches should acknowledge women's unique pathways into and out of the criminal justice system and address social factors such as poverty, race, class, gender inequality, and culture.

Key Insights

Treatment and services: Women are more likely than men to be incarcerated in jails as opposed to prisons. Moreover, jails typically provide fewer programs and services than prisons, so individuals released from jails are less likely to have received necessary treatment or services while incarcerated than those in prison. Research makes clear that women returning home have "a significantly higher need for services than men." A 2011 study by Tripoldi et al indicated that substance abuse treatment exerts an appreciable effect in terms of reducing recidivism for returning incarcerated women. Women who participated in treatment had 45% lower odds of reoffending. A series of meta-analyses indicate that programs that focus on substance abuse, use therapeutic communities and cognitive behavioral therapy, and employ gender-responsive programming are most successful in significantly reducing recidivism and improving outcomes for formerly incarcerated women.

Employment: Formerly incarcerated women (especially women of color) have much higher rates of unemployment and homelessness, and are less likely to have a high school education. Black women with a criminal record have the highest rates of unemployment at around 40%. These findings help explain why, in a 2012 National Institute of Justice (NIJ) study, 79% of women interviewed 30 days pre-release cited "employment, education, and life skills services" as their greatest area of need (followed closely by transition services).

Economic marginalization and poverty: An earlier study (Holtfreder et al., 2004), found that poverty is the strongest predictor of recidivism among women, and "providing state-sponsored support to address short-

term needs (e.g., housing) reduces the odds of recidivism by 83%" for lower socioeconomic status women on probation and parole.

Housing: A 2006 California study found that 75% of formerly incarcerated women surveyed had experienced homelessness at some point, and 41% were currently homeless. Women who can't secure safe housing may return to abusive partners or family situations for housing and financial reasons – a point echoed in interviews with paroled women in a study by Brown and Bloom.

Trauma and gendered pathways to incarceration: The Prisoner Reentry Initiative of John Jay College of Criminal Justice report emphasizes the importance of gender-responsive and trauma-informed interventions for reducing recidivism among women. According to that report, such interventions should: provide a safe, respectful environment; promote healthy relationships; address substance use, trauma, and mental health issues; provide women with opportunities to improve their socioeconomic conditions; establish "comprehensive and collaborative" community services; and prioritize women's empowerment.

Family reunification: Most incarcerated women are mothers and are frequently the primary caretakers of their children. The importance of family reunification – noted throughout the literature, by Carter et al. (2006), Brown and Bloom (2009), Wright, et al. (2012), the NIJ (2012), among others – cannot be overstated, especially given the trauma experienced by children when separated from a parent.

Relevant EBP Programs in Other Jurisdictions

A New Way of Life Reentry Project operates eight houses in Los Angeles and is working toward expanding its model nationally. The program offers wraparound services including transitional housing, case management, and legal services to support women as they navigate reentry. Staff support women from initial reentry tasks like obtaining ID cards and applying for public assistance all the way through the process of regaining custody of children and finding permanent housing.

Similar programs offering wraparound services exist in other cities, such as the Ladies of Hope Ministry's Hope House in New York City; the Center for Women in Transition in St. Louis; and Angela House in Houston, which also provides programming tailored "to the health and psychosocial needs of women recovering from sexual exploitation."

Programming that meets the needs of women of a specific race, ethnicity, or culture can lead to improved outcomes compared to programs created for the general population or the dominant culture of that community; for example, the Diane Wade House provides Afrocentric transitional programming for women reentering the community, increasing their participants' access to culturally specific treatment and services. Intersectionality should be considered when providing culturally competent services.

Despite their success, these programs lack the funding and capacity to serve all of the women who need them: Angela House notes on its website that it can only serve 12 to 14 women at a time but receives more than 300 applications every year.

Recommended Program Models & Elements

Gender-Appropriate Curriculum

- The program should be single-gender. When women clients are interrupted or challenged by men, they often become silent, which tends to hinder the therapeutic process.

- The CBO should reassess the hierarchy structures of the programs to be more therapeutic for women. The imposition of strict rules and harsh consequences for breaking those rules may provide needed structures for males in rehabilitation programs, but women do better in an environment where support and encouragement are emphasized.

Therapeutic Communities for Women

- Prior research has shown that the therapeutic community model, originally designed for men, can be successful for women if modified. For example, the success of women in therapeutic community programs is increased when the atmosphere is less confrontational and when women counselors are present.
- Additionally, women bring with them a host of personal issues-such as a history of sexual abuse and problems in maintaining relationships with their children-that must be addressed. These problems are distinct from those usually faced by male clients.

Employment support

- Women who have been incarcerated, particularly women of color, are the most difficult to employ among all reentry clients. They need specialized, individualized support in career planning, job placement, and employment retention.

Healthcare

- Reproductive health care, prenatal care, and treatment for sexually transmitted diseases

Childcare and transportation support

- The provision of onsite childcare during program hours to enable mothers to attend; or the provision of childcare as a separate resource for women job-hunting or working.
- Subsidization of transportation through bus/BART passes or ridesharing.

Legal support

- Obtaining or maintaining child custody.
- Assistance with domestic violence cases.

Parenting and infant care classes/training

- Women provide the majority of childcare and have a great influence on the outcomes of their children.
- When women are supported in parenting, children achieve better outcomes in nutrition, education, and safety.

Aftercare and support networks for women

- Aftercare is important for maintaining the positive changes in clients.
- Drop-in centers for women can provide support after the completion of programs.

Assessment to identify failure factors and provide additional support: Of the various demographic and social factors affecting a woman who enters a reentry program, four will have the most impact on whether she will succeed. An incarcerated woman is at higher risk of failure if she has any one of these four factors:

- She has a psychiatric history (formal diagnosis and/or emotional/psychological difficulties).
- She has contemplated suicide.
- She has attempted suicide.

- She has difficulty controlling her temper or her behavior is hostile or violent.

Support for PTSD and domestic violence or intimate partner violence interventions

- Posttraumatic stress disorder (PTSD) can be recognized in women with histories of interpersonal violence and/or sexual abuse and/or exploitation.

Support for substance abuse disorders

- Substance use disorders (SUDs) are common among incarcerated women. Though current national rates of SUDs are higher in men than they are in women, this gap is decreasing. In addition, women's substance use patterns and outcomes differ from those of men. For example, managing SUDs during pregnancy is a medical concern unique to women; women are also more likely to have co-occurring mental health diagnoses than men are. Further, women face considerable gender-specific barriers to accessing addiction treatment compared to men, including pregnancy, the need for childcare, and sexual harassment.
- Some incarcerated women receive a dual diagnosis of substance use disorder and PTSD. PTSD can compound the effects of substance abuse and increase the chance of criminal recidivism.
- Seeking Safety is a cognitive-behavioral treatment developed in 1992 by Lisa Najavits at Harvard Medical School/McLean Hospital. It is designed for people dealing with both substance use disorder and PTSD or other trauma-related symptoms. Sessions focus on developing skills designed to combat both substance addiction and PTSD. For example, distraction techniques can be used to calm the triggers of both drug abuse and PTSD. The goal is to help clients attain a sense of self-control that will avert dangers in their behavior (e.g., self-inflicted injury), in their relationships (e.g., the risk of HIV infection), and in their thinking (e.g., addiction-related cognitive distortions).

Resources/Further Reading

- After Incarceration: A Guide to Helping Women Reenter the Community, Substance Abuse and Mental Health Services Administration
- Who's helping the 1.9 million women released from prisons and jails each year? Prison Policy Initiative, 2019
- Dowden, C., & Andrews, D. A., "What works for female offenders: A meta-analytic review," *Crime & Delinquency*, 45 no. 4 (1999), 438-452
- Gobeil, R., Blanchette, K., & Stewart, L., "A meta-analytic review of correctional interventions for women offenders: Gender-neutral versus gender-informed approaches," *Criminal Justice and Behavior*, 43 no. 3 (2016), 301-322

- Gobeil, R., Blanchette, K., & Stewart, L., "A meta-analytic review of correctional interventions for women offenders: Gender-neutral versus gender-informed approaches," *Criminal Justice and Behavior*, 43 no. 3 (2016), 301-322

- Tripodi, S. J., Bledsoe, S. E., Kim, J. S., & Bender, K., "Effects of correctional-based programs for female inmates: A systematic review," *Research on Social Work Practice*, 21 no. 1 (2011), 15-31.