

# **Women Offender Transition and Reentry: Gender Responsive Approaches to Transitioning Women Offenders from Prison to the Community**

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## **Introduction**

The current policy focus on prisoner reentry or, more broadly, the transition process by which incarcerated individuals are prepared to return to the community from prison and are supported in doing so, represents a crossroads in the field of corrections. No longer responsible solely for monitoring and surveillance, or for the safety and security of incarcerated individuals, corrections professionals are increasingly being asked to take on the challenge and responsibility of promoting offender success as a means of achieving greater public safety. At this crossroads are opportunities to rethink traditional policies and practices and how they might impact transition, as well as an important opportunity to think about what different groups of offenders need in order to succeed. One important group that jurisdictions need to consider in this context is women offenders. The rapidly increasing population of women under correctional supervision, and their differences from male offenders in terms of the crimes and pathways that bring them into the system, their risks and needs, and their role in the community from which they've come and to which they will return suggest that stakeholders in the transition process need to think differently about how to promote women's successful reentry.

The National Institute of Corrections (NIC) has been working in the areas of inmate transition and women offenders for many years, providing support to jurisdictions in thinking about and implementing best practices in both of these arenas. This document attempts to synthesize these two bodies of experience and learning by addressing gender responsive approaches to transition, using the system change model developed for NIC's Transition from Prison to Community (TPC) Initiative. The TPC model<sup>1</sup> promotes a system-wide, collaborative approach to changing the way community and institutional corrections, releasing authorities, and community partners think about and work together

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<sup>1</sup> The NIC's TPC model was developed by Abt Associates and is currently being implemented in nine jurisdictions – District of Columbia, Georgia, Indiana, Michigan, Missouri, New York, North Dakota, Oregon, and Rhode Island – with the assistance of the NIC and the Center for Effective Public Policy.

to facilitate successful prisoner transition. The TPC Initiative is not a new program. Rather, it is a framework within which stakeholder agencies work together to change and clarify their missions with respect to offender transition from prison to community, and use existing knowledge and resources more effectively. It is premised on effective case management and programming for offenders from their point of entry into the corrections system through their release from community supervision.

Other national reentry initiatives currently in operation share with the TPC Initiative this recognition of collaboration across disciplines and involving multiple stakeholders as essential to effective transition programs.<sup>2</sup> All of these initiatives recognize that lack of continuity and information sharing within and across agencies and systems, organizational cultures that do not embrace offender success as a mission, and incompatible policies and practices among stakeholders all create barriers to effective correctional transition systems. To the extent that TPC, like all of these initiatives, is committed to improving public safety through the effective reintegration of offenders returning to their communities from prison, it creates a useful lens through which to view the challenge of creating a seamless, system-wide approach to improving outcomes for transitioning women. A diagram illustrating how a "gender lens" can be applied to the TPC framework is attached.

## **WHY WOMEN?**

The population of women offenders is growing, and continues to grow at a faster rate than the population of men.<sup>3</sup> Many trace the increase to changes in state and national drug policies that mandated prison terms for even relatively low-level drug offenses. Nationally, the number of women incarcerated in state and federal prisons and local jails has jumped eightfold between 1980 and 2002.<sup>4</sup> Between 1986 and 1999, the number of women incarcerated in state facilities for drug related offenses alone increased by 888% (compared to an increase of 129% for non-drug offenses).<sup>5</sup> The female inmate population continues to rise at a faster rate than the male inmate population: from June 30, 2003 to June 30, 2004: the number of women in state and federal prison increased by

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<sup>2</sup> Examples of other national initiatives include the National Governor's Association (NGA) Prisoner Reentry Policy Academy, and the U.S. Department of Justice, Office of Justice Programs' Serious and Violent Offender Reentry Initiative (SVORI). The Report of the Reentry Policy Council (a collaborative effort coordinated by the Council of State Governments) is a tremendous resource on developing a comprehensive reentry strategy which – although not specific to women – contains some very useful information. This report can be found at <http://www.reentrypolicy.org>.

<sup>3</sup> Harrison, Paige M., and Allen J. Beck (2003). *Prisoners in 2002* (NCJ Publication No. 200248).

Washington, DC: Bureau of Justice Statistics, U.S. Department of Justice, Office of Justice Programs.

<sup>4</sup> Lapidus, Lenora, Namita Luthra, Anjali Verma, Deborah Small, Patricia Allard, and Kirsten Levingston (2005). *Caught in the Net: The Impact of Drug Policies on Women and Families*. (Report co-authored by the American Civil Liberties Union, Break the Chains: Communities of Color and the War on Drugs, and The Brennan Center at New York University School of Law). Retrieved May 23, 2005, from <http://www.fairlaws4families.org/>.

<sup>5</sup> Ibid.

2.9%, while the rate for men rose 2.0%.<sup>6</sup> This does not include women under community supervision. For many women, involvement in the criminal justice system has become a revolving door from which they cannot escape, particularly for those who are drug-involved or for whom meeting the obligations of the system (probation or parole conditions, or fees and restitution, for example) becomes an obstacle in itself. Though many corrections authorities have taken a position against differentiating between males and females, and make efforts to apply policies and practices universally, research has uncovered significant differences between male and female offender populations that may help shed light on this revolving door.<sup>7</sup>

## Pathways to criminality

Women become involved in criminal behavior for different reasons than men do, and these reasons are important when considering how to keep women from reentering the system once they leave. “Women’s most common pathways to crime are based on survival of abuse, poverty and substance abuse.”<sup>8</sup> The relationship between these three factors is complex and significant. Physical, sexual, and emotional abuse is very common in the life histories of women offenders. These can be the source of a substance abuse problem (using drugs to self-medicate the pain of abuse) or they can also be a result of involvement in a lifestyle that revolves around substance use, such as an intimate relationship with a substance abuser who also commits acts of sexual or domestic violence. Similarly, many women are driven to the drug trade by poverty, or become involved in prostitution – often following a history of sexual abuse – that then leads to substance abuse and vulnerability to further physical and sexual abuse. In other words, violence in the lives of women prior to their involvement in the criminal justice system is often connected to the criminal behavior with which they are charged.<sup>9</sup>

Similarly, women who are involved in the criminal justice system are significantly more likely than men to have mental health problems and/or previous involvement in the

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<sup>6</sup> Harrison, Paige M., and Allen J. Beck (2005). *Prison and Jail Inmates at Midyear 2004* (NCJ Publication No. 208801). Washington, DC: Bureau of Justice Statistics, U.S. Department of Justice, Office of Justice Programs.

<sup>7</sup> See, for example: Bloom, Barbara, Barbara Owen, and Stephanie Covington (2003). *Gender-Responsive Strategies: Research, Practice, and Guiding Principles for Women Offenders* (NIC Publication No. 018017). Washington, DC: National Institute of Corrections.; Chesney-Lind, M. (1997). *The Female Offender: Girls, Women and Crime*. Thousand Oaks, CA: Sage Publications.; Dehart, Dana (2005). *Pathways to Prison: Impact of Victimization in the Lives of Incarcerated Women* (NIC Publication No. 208383). Washington, DC: National Institute of Corrections.; Richie, Beth (1996). *Compelled to Crime: The Gender Entrapment of Battered Black Women*. London: Routledge.; and *Topics in Community Corrections, Annual Issue, 2000: Responding to Women Offenders in the Community* (2000). Washington, DC: National Institute of Corrections.

<sup>8</sup> Bloom, Barbara, Barbara Owen, and Stephanie Covington (2003). *Gender-Responsive Strategies: Research, Practice, and Guiding Principles for Women Offenders Executive Summary* (NIC Publication No. 018017). Washington, DC: National Institute of Corrections.

<sup>9</sup> Dehart (2005); Bloom, Owen, and Covington (2003); Lapidus, et al. (2005); Green, Bonnie L., Jeanne Miranda, Anahita Daroowalla, and Juned Siddique (2005). Trauma Exposure, Mental Health Functioning and Program Needs of Women in Jail. *Crime and Delinquency*, 51(1), 133-151.

mental health system.<sup>10</sup> For example, the rate of Posttraumatic Stress Disorder (PTSD) is very high among substance abusers, averaging 12-34%, compared to a lifetime prevalence in the adult U.S. population of about 8%. For women with substance abuse disorders, the rate is 30-59%.<sup>11</sup> Mental health problems serve as a common trigger for substance use, and substance use can in turn exacerbate some mental health problems, and/or set the stage for further experiences of trauma. Women in the criminal justice system also experience high rates of depression, anxiety, and other personality and mood disorders.<sup>12</sup> Institutions are finding increasingly that helping women manage mental health symptoms through cognitive, behavioral, and relational approaches, and not just medication has a positive impact on the institutional environment and individual behavior.<sup>13</sup>

Another important difference between incarcerated men and women is that women are significantly more likely to have been primary caretakers of children prior to entering prison,<sup>14</sup> and are more likely to plan to return to that role upon release.<sup>15</sup> This fact alone transforms the experience of many incarcerated women. They are concerned in an ongoing way with their children's day-to-day welfare, since incarceration may have caused significant family disruption and children are often moved several times during a woman's incarceration. While 90% of children of male inmates continue to live with their mother during their father's incarceration, only 28% of children of female inmates live with their other parent. Instead, they live with grandparents (52.9%), other relatives (25.7%), in non-relative foster homes (9.6%), or with friends/others (10.4%).<sup>16</sup>

Incarcerated women stand to lose their parental rights if they do not stay abreast of child welfare actions that require regular contact between a parent and a child placed in foster

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<sup>10</sup> Ditton, Paula M. (1999). *Mental Health and Treatment of Inmates and Probationers: Special Report* (NCJ Publication No. 174463). Washington, DC: Bureau of Justice Statistics, U.S. Department of Justice, Office of Justice Programs.

<sup>11</sup> Center for Substance Abuse Treatment (2005). *Substance Abuse Treatment for Persons With Co-Occurring Disorders. Treatment Improvement Protocol (TIP) Series 42* (DHHS Publication No. SMA05-3992). Rockville, MD: Substance Abuse and Mental Health Services Administration. See especially Chapter 8, A Brief Overview of Specific Mental Disorders and Cross-Cutting Issues.

<sup>12</sup> Center for Substance Abuse Treatment (1999). *Substance Abuse Treatment for Women Offenders: Guide to Promising Practices. Technical Assistance Publication (TAP) Series 23* (DHHS Publication No. SMA99-3303). Rockville, MD: Substance Abuse and Mental Health Services Administration. For an association between childhood physical/sexual abuse and eating disorders, see: Raworth B. B., Lauren A. Wise, and Bernard L. Harlow (2004). *Childhood Abuse and Risk of Eating Disorders in Women. Epidemiology, 15, 271-278.*

<sup>13</sup> Hills, Holly, Christine Siegfried, and Alan Ickowitz (2004). *Effective Prison Mental Health Services: Guidelines to Expand and Improve Treatment* (NIC Publication No. 018604). Washington, DC: National Institute of Corrections. For an example of short-term curriculum that helps women manage mental health symptoms, see: Najavits, Lisa (2001). *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse*. New York, NY: Guilford Press.

<sup>14</sup> Mumola, Christopher (2000). *Incarcerated Parents and Their Children: Special Report* (NCJ Publication No. 182335). Washington, DC: Bureau of Justice Statistics, U.S. Department of Justice, Office of Justice Programs.

<sup>15</sup> Hairston, C. Finney (2002, January). *Prisoners and Families: Parenting Issues During Incarceration*. Paper presented at the U.S. Department of Health and Human Services "From Prisons to Home" Conference, Washington, DC.; Bloom, Owen, and Covington (2003).

<sup>16</sup> Mumola (2000).

care.<sup>17</sup> At the same time, very few correctional institutions maintain relationships with child welfare agencies that would facilitate the sharing of information with inmates, and inmate participation in relevant proceedings. The limited number of facilities for women means that visitation can be especially difficult, since children and caregivers may have to travel long distances and caregivers often do not have the time or the means to do so. The negative impact of a threatened mother-child relationship, whether through action like a Termination of Parental Rights petition or inaction like lack of contact, can have a dramatic impact on women during their incarceration, as well as increase the obstacles faced during reentry.

### **Offense Profiles**

In addition to the above characteristics, women are:

- Less likely than men to have been convicted of a violent crime;<sup>18</sup>
- Less likely to be a major dealer or kingpin in a drug enterprise and less likely to have played a major planning role in a drug related crime;<sup>19</sup>
- Less likely to have used a gun or other weapon in the commission of their crime;<sup>20</sup> and
- Less likely to present the same degree of danger to the community as their male counterparts.<sup>21</sup>

### **Gender Responsiveness**

Research on the differences between male and female offenders invites us to consider how our policies and practices either acknowledge or ignore the ways in which women's experiences within and outside the corrections system are different from their male counterparts. It also invites us to consider how our role in supporting their success in transitioning out of corrections might need to be adjusted to maximize the strengths inherent in these differences and minimize the inherent challenges and obstacles. Researchers in this field call this being "gender responsive," that is, taking account of the differences in experience that men and women bring to the criminal justice and corrections systems and adjusting our strategies and practices in ways that are

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<sup>17</sup>The Adoption and Safe Families Act of 1997 (ASFA) (P.L. 105-89) was primarily intended to speed the placement of children in foster care into permanent adoptive homes. Because ASFA requires that the courts begin the process to terminate the parental rights of men and women who have had children in foster care for 15 months out of the last 22 months, the law has had an adverse impact on imprisoned women whose sentences are, on average, 18 months in length. For more information about ASFA, see Child Welfare League of America's Web site at <http://www.cwla.org>.

<sup>18</sup> Greenfield, Lawrence, and Tracy Snell (1999). *Women Offenders: Special Report* (NCJ Publication No. 175688). Washington, DC: Bureau of Justice Statistics, U.S. Department of Justice, Office of Justice Programs.

<sup>19</sup> Lapidus, et al. (2005).

<sup>20</sup> Greenfield and Snell (1999).

<sup>21</sup> Bloom, Owen, and Covington (2003).

appropriately responsive to those differences.<sup>22</sup> While this also opens the door to looking at more effective gender responsive programming for men (and such a step would be encouraged), the correctional system was designed with the predominantly male population in mind, incorporating assumptions about typical male behaviors, experiences, and criminal pathways. While this has not necessarily produced the desired results for men – there is significant work to be done in improving transition success rates for men – it has, in effect, rendered the unique experiences of women invisible within the field of criminal justice.

The study of gender responsiveness has taken cues from many other arenas, including substance abuse treatment which has begun to recognize the limitations of certain treatment models when used with women, differences in women’s typical patterns of and physical responses to substance abuse, and the importance of addressing issues of trauma and victimization as part of a comprehensive approach to intervening in women’s substance abuse behaviors.<sup>23</sup> Because so many women in the criminal justice system have substance abuse problems, this field has contributed significantly to the thinking about gender responsive approaches to women offenders.

The health field has also been instructive. For example, recent research on heart disease has substantiated differences in the way heart attacks manifest in women. While the disease is essentially the same – a blockage in the flow of blood to the heart muscle – women often experience a different set of symptoms than men do, which has caused many women and their doctors to fail to recognize a heart attack in progress.<sup>24</sup> Thus, it is not only in the obvious areas of reproductive health that physicians and researchers need to look at differences between men and women. Instead, they need to look at the many and subtle ways which women’s bodies are different from men’s bodies. Once these differences are understood, they must take the next step of educating the public and health care practitioners about how to respond more effectively to health problems in women.

## Principles of Gender Responsiveness

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<sup>22</sup> Bloom, Owen, and Covington (2003) use the definition of gender responsiveness from Bloom, Barbara, and Stephanie Covington (2000, November). *Gendered Justice: Programming for Women in Correctional Settings*. Paper presented to the American Society of Criminology, San Francisco, CA.: “Creating an environment through site selection, staff selection, program development, content, and material that reflects an understanding of the realities of women’s lives and addresses the issues of the participants. Gender-responsive approaches are multidimensional and are based on theoretical perspectives that acknowledge women’s pathways into the criminal justice system.”

<sup>23</sup> Hanson, Glen R. (2002). In Drug Abuse, Gender Matters. *NIDA Notes 17(2)*. (Available from the National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services, 6001 Executive Blvd, Rockville, Maryland 20852.); Kassebaum (1999).

<sup>24</sup> McSweeney, Jean C., Marisue Cody, Patricia O’Sullivan, Karen Elberson, Debra K. Moser, and Bonnie J. Garvin (2003). Women’s Early Warning Symptoms of Acute Myocardial Infarction. *Circulation: Journal of the American Heart Association*, 108, 2619-2623. Retrieved June 6, 2006, from <http://circ.ahajournals.org/cgi/reprint/108/21/2619>.

A gender responsive approach to women offenders in the correctional system includes several key elements or principles, according to *Gender Responsive Strategies: Research, Practice, and Guiding Principles for Women Offenders*, the influential 2003 report by Bloom, Owen, and Covington. These principles address the areas of gender, environment, relationships, services and supervision, economic and social status, and community:

- ❑ First and foremost is the simple acknowledgement that **gender** does make a difference for correctional practice. Without this acknowledgement by senior policymakers, and a grounding in the knowledge of gender differences, there is little support for changing and improving policy and practice based on the gender specific needs of women.
- ❑ Next would be creating an **environment** based on safety, respect, and dignity. Given the high rates of trauma and victimization of women in the correctional system, it is important both for inmates and staff that the environment not reinforce or exacerbate the impact of a history of violence. Women must be free from sexual and other forms of abuse by staff and other inmates. As the field of psychology has taught, behavioral change is most likely to occur in environments that are safe, nurturing, compassionate, and consistent. While these are not concepts typically associated with a prison environment, taking cues from the field of treatment becomes increasingly important as the field of corrections renews its commitment to rehabilitation and offender success in the community.
- ❑ The field of developmental psychology (and much anecdotal experience) teaches that women's experience is defined through **relationships**, in contrast to men whose major developmental tasks are defined through achieving autonomy and independence. Many of women's criminal experiences can be best understood in the context of unhealthy relationships, often with significant others who encourage substance abuse or make demands on women to become involved in the drug trade or prostitution. Because of dysfunctional family backgrounds and histories of domestic violence and sexual abuse, many women in correctional institutions have no experience of healthy, trusting, pro-social relationships with either men or women. For correctional practice, this means that policies and practices need to promote healthy relationships within the institutional setting, as well as support inmates' healthy connections with children, families, significant others, and the community.
- ❑ Women's typical pathways into crime and the corrections system involve a complex interplay of trauma and victimization, substance abuse, and mental health problems. **Services and supervision** provided to women offenders, therefore, should address these issues in an integrated way in order to respond most effectively to how women actually experience and understand them. Cultural issues also need to be appropriately integrated into program design in order to increase participant retention and have maximum impact on the targeted offenders.
- ❑ From a **socioeconomic** point of view, most women who enter the corrections system are economically disadvantaged, with little education, few job skills, and sporadic employment histories. Many have relied on public assistance that, in

- some states, will no longer be available following a felony drug conviction. At the same time, many of these women are single mothers who must find ways to support both themselves and their children. Their capacity to be economically self-sufficient is essential to their success in their community, especially if understood in the context of relationships. Women who are not self-sufficient must depend on family or significant others. While some families and significant others can be sources of tremendous support and stability, others can contribute to women's instability and leave them vulnerable to further involvement in substance abuse or other criminal activities.
- Women typically return to the same **communities** from which they left to go to prison. The challenges they faced there will likely still exist for them. Therefore, they need to find support within those same communities in order to face the myriad challenges that accompany reentry: staying clean and sober, finding safe and sober housing, returning to a primary caretaker role for their children, finding employment that pays a livable wage along with child care and transportation, and negotiating the requirements of parole along with the possibility of additional requirements of the child welfare system. For some women, this also involves finding care for chronic health conditions like HIV. Just as the services and programming within corrections need to take account of the interrelationship of substance abuse, violence, mental health, and family/relationship issues in women's lives, so do supportive services in the community. Services must be comprehensive, and must be coordinated so that receiving support does not place additional burdens on returning offenders. In order to achieve this level of service for women, institutional and community corrections agencies need join forces with public and private community organizations to ensure that the community support is available for women to successfully fulfill their corrections system obligations, and achieve successes that will ensure that they do not return to prison.

There is ongoing work in the development of specific models for practice based on these gender responsive principles. They can serve as both a basis for self-assessment (how gender responsive are our programs/institutions?) and a guideline for implementation of changes. Many jurisdictions have put into practice a variety of programs and strategies that incorporate these principles, including such practices as developing contractor requirements for women's treatment services that require a gender specific treatment approach; creating gender specific caseloads for probation and parole; revising family visitation programs to better support mother-child relationships; and revising intake procedures to identify and address PTSD and co-occurring mental health and substance abuse disorders early in a woman's stay in prison so that women suffering from trauma are better able to cope with the demands of institutional life. These are just examples of ways in which gender responsive principles have been translated into practice.



## Legal Issues<sup>25</sup>

While many corrections administrators have shied away from providing gender responsive programming and services for women out of concern for the legality of instituting differences in the treatment of male and female inmates, according to Professor Myrna Raeder, an expert on women offender issues, the legal climate is ripe for innovation in gender specific programming. The combined impact of the Prison Litigation Reform Act of 1996 (PLRA) and the Supreme Court decision in *Turner v. Safley* [482 U.S. 78, 89 (1987)] has been an increase in the authority of prison management to administer corrections institutions with greater regard to “legitimate penological interests” and lesser regard for individual inmate rights. While this has the potential to create reductions in services and worsening of conditions for inmates, it also leaves open the door for greater innovation. Thus, according to Raeder, “administrators who believe that gender responsive programming will better serve the needs of the female inmate population have great leeway for experimenting with creative approaches in order to solve previously intractable problems.”<sup>26</sup> The important thing, says Raeder, is that administrators are “able to articulate a reasonable basis for their decisions based on specific circumstances.”<sup>27</sup> And, she reminds us, while there are never guarantees against litigation, sometimes doing nothing leaves us more vulnerable to legal consequences (for example, in the case of staff sexual misconduct) than responding with something new.

The legal issues of concern for women offenders and gender responsive programs and services tend to cluster around five specific areas: equal protection and access; staffing and supervision; sexual misconduct; due process challenges; and pregnancy and child related questions. Legal distinctions are, of course, complex and unique to individual states and circumstances, and cannot possibly be addressed here in detail. Generally, however, the following can be said to be true: the goal is to provide parity of treatment for all prisoners, but this does not mean that they must be treated identically. Parity, according to Raeder, “should not be viewed as requiring the same programming for male and female inmates, but as including gender responsive programs that may look different but that serve the same rehabilitative goals as equivalent programs for men.”<sup>28</sup> In other words, the goal of parity or equal treatment should be based on equivalence (of purpose and effort) rather than sameness (of content).<sup>29</sup> Administrators are, of course, strongly encouraged to consult with legal counsel before instituting any substantial changes in their systemic treatment of women, and should be diligent in documenting such changes as justifiable in terms of the available research on women offender populations. Given the current legal environment, however, they should not be discouraged from

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<sup>25</sup> For more information see Appendix A. of Bloom, Owen, and Covington (2003): *Legal Considerations with Regard to Women Offenders*, by Myrna Raeder.

<sup>26</sup> *Ibid.*, p. 109.

<sup>27</sup> *Ibid.*, p. 108.

<sup>28</sup> *Ibid.*, p. 111.

<sup>29</sup> Bloom, Barbara, Barbara Owen, and Stephanie Covington (2005). A Summary of Research, Practice, and Guiding Principles for Women Offenders. *Gender-Responsive Strategies for Women Offenders Bulletin Series*, May 2005 (NIC Publication No. 020418). Washington, DC: National Institute of Corrections.

implementing changes that stand to improve the likelihood of success for their women offender populations.

## **WOMEN AND TRANSITION**

While women face many of the same obstacles as men during their period of incarceration and throughout the early stages of their return to the community (e.g., dealing with substance abuse issues or locating jobs and housing), women's transition experience is influenced by the same factors that create their unique pathways into the criminal justice system. These include:

- histories of physical and sexual abuse;
- the combination of substance abuse and mental illness; and
- economic disadvantage.

In addition, women are uniquely challenged by the expectation (their own and that of others) that they will resume fulltime parenting responsibilities along with other challenges related to family reunification, and many are also faced with the challenge of managing chronic physical health problems such as HIV or Hepatitis. Perhaps one of the greatest challenges for correctional professionals and institutions is understanding and implementing strategies that address this entire complex of issues simultaneously rather than considering them independently or sequentially.

[BREAK OUT QUOTE: Perhaps one of the greatest challenges for correctional professionals and institutions is understanding and implementing strategies that address this entire complex of issues simultaneously rather than considering them independently or sequentially.]

There are many different models for thinking about reentry and transition. Most, however, focus on the needs of offenders as they approach their release from incarceration (up to six months prior) and through the short-term survival period and perhaps longer term (three to six month) stabilization period. In contrast, the system change approach articulated

### **Components of TPC: Decision Points**

- Sentencing
- Admission to Prison
- Assessment and Classification
- Behavior and Programming
- Transition Accountability Plan
- Release Preparation
- Release
- Supervision and Services
- Responses to Violations
- Discharge
- Aftercare

by NIC's TPC model gives us a way to think about these unique challenges by creating a framework based on early information gathering that follows offenders throughout their correctional and release experiences. Whether or not a particular jurisdiction participates in TPC or similar initiative, it can be useful to think about how the correctional system's approach to transition begins at the point of entry to an institution, influences the programming made available to inmates and the manner in which they are guided or

supported through the programming, and continues through an inmate's period of supervised release, including the immediate survival and stabilization phases but continuing through to increasing self-sufficiency and long-term success.

The Women's Prison Association has developed a matrix that provides a supplemental framework for thinking about the content of women's transition through these different stages of involvement in the correctional system. This matrix looks at the process of women's transition through several "Basic Life Areas." These areas include:

- Subsistence/Livelihood;
- Residence;
- Family/Relationships;
- Health/Sobriety; and
- Criminal Justice Compliance.

These life areas should be understood in their broadest, most inclusive dimensions. Family, for example, can include an extended network of individuals who care for and support each other regardless of blood or marriage relations. This component should also be understood to include non-familial relationships such as those with case managers, probation/parole officers, service providers, and others who are in a position to influence a woman's sense of herself in relation to her community and her ability to form trusting, pro-social connections. Similarly, health and sobriety includes physical/medical and mental health, substance abuse issues, sexuality, domestic and sexual abuse, and any number of factors that impact a woman's physical and emotional wellbeing. Examining these basic life areas as they impact women at the different stages of their criminal justice experience, including the transition from institution to the community, will provide a thorough picture of the gender specific transition needs of women offenders.

## Assessment

The first step in the TPC model is assessment, and the first step in assessment should be asking each woman her goals in each of the basic life areas. Every inmate goes through a process of

assessment upon entry into an institution, and often at various stages throughout their incarceration and beyond. Full and accurate information gathering is a critically important component of TPC, since all decisions about an inmate's experience – from custody level, to eligibility for programs, to type of programming needed, to the types of support necessary to achieve success – are linked to what can be known about each inmate, the risks she presents, and what types of programming and support she needs in order to succeed.

### Assessment: Key Questions

1. Are we gathering information on the issues that are most relevant to women (e.g., abuse and trauma, family and children, mental health, relationships)?
2. Have the tools we are using been validated on a relevant female population?
3. Do we understand the areas where male and female offenders differ?
4. Have we taken steps to ensure that women are not over-classified?

[BREAK OUT QUOTE: Prerelease is not the beginning of transition – it is a stage that follows and should be built upon assessment, case planning, and programs and services.]

Assessments, however, serve many different purposes. The mainstay of most correctional classifications systems is a system that predicts an offender's likelihood of rearrest, reconviction, absconding (e.g., community risk assessment instruments) or serious misconducts (e.g., institutional custody classification and reclassification instruments). Needs assessments complement the risk assessment and direct correctional practitioners to treatment targets that should be addressed during the correctional term and perhaps even upon release. These assessments are often understood in terms of the particular tools that are used. Most states, however, use the same assessment tools for men as they do for women, despite what we know about differences in male and female tendencies toward violence, the lack of custodial differentiation within women's institutions, etc. A recent inventory by NIC found that only 14 states have validated institutional risk assessments for women offenders, and fewer (eight states) had different needs assessments for women and men.<sup>30</sup>

[BREAK OUT QUOTE: The first step in assessment should be asking each woman her goals in each of the basic life areas.]

The problem with these non-validated, non-gender specific tools is that they can miss some of the issues that constitute women's unique experience, and therefore provide insufficient information about the placements, programming, and other needs that will advance women's success. While current correctional practice strongly emphasizes the need to dedicate resources toward the criminogenic needs of offenders, or in other words, those factors most likely to contribute to future criminality,<sup>31</sup> we must acknowledge that there is considerably more research needed to understand whether the criminogenic needs shared by men and women are, in fact, the ones that will contribute most significantly to women's success both within and outside the institution.<sup>32</sup> Some studies suggest that factors such as the wellbeing of a woman's children – which are not accounted for in existing gender neutral assessment tools – have a profound impact on women's institutional and post-institutional behavior and need to be understood more fully.<sup>33</sup>

Tools that are validated on male populations also invariably over-classify the risk level of women offenders. In other words, the highest risk women are almost inevitably lower risk (for assaultive misconducts, non-walkaway escapes, and violence) than the highest risk men.<sup>34</sup> The designation of high risk, therefore, miscategorizes the women and can

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<sup>30</sup> Van Voorhis, Patricia, and Lois Presser (2001). *Classification of Women Offenders: A National Assessment of Current Practices* (NIC Publication No. 017502). Washington, DC: National Institute of Corrections.

<sup>31</sup> Andrews, Donald A., and James Bonta (1998). *The Psychology of Criminal Conduct* (2nd ed.). Cincinnati, OH: Anderson Publishing.

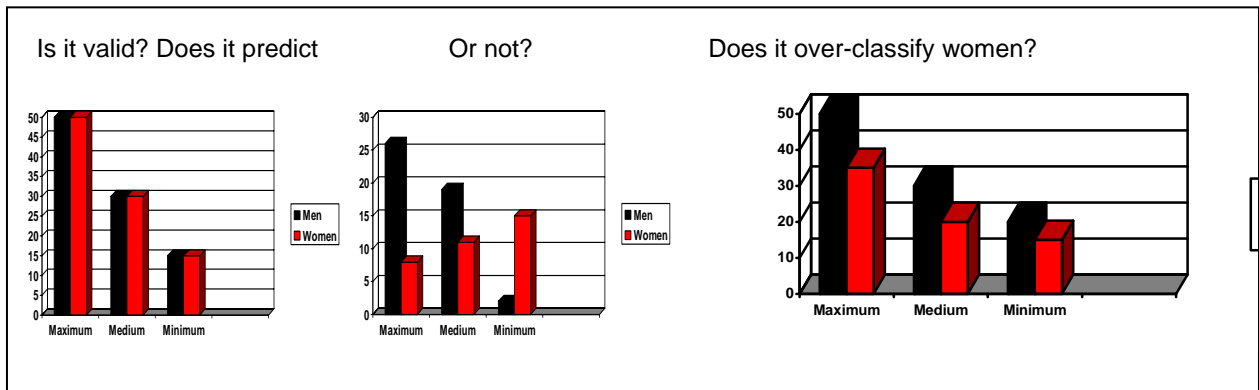
<sup>32</sup> Hardyman, Patricia L. and Patricia Van Voorhis (2004). *Developing Gender-Specific Classification Systems for Women Offenders* (NIC Publication No. 018931). Washington, DC: National Institute of Corrections.

<sup>33</sup> Ibid.

<sup>34</sup> Ibid.

lead to fewer opportunities for programming and step-down to community placements. In addition, there is evidence that some factors currently assessed in ostensibly gender neutral tools operate differently in men and women. For example, a factor like greater education that suggests lower risk of institutional infractions among men enhances rather than lowers the risk of such infractions among women.<sup>35</sup>

**Error!**



<sup>36</sup> [NOTE: This footnote references the above chart; the chart needs to be aligned better.]

Jurisdictions are strongly encouraged to examine their assessment processes, and ensure that the tools that are being used for women have been validated on an appropriate female population. More importantly in the short term, however, is to recognize the need to gather full and accurate information about the women who are entering the institutions, whether that is accomplished by revising existing tools or simply supplementing existing tools with additional assessment instruments in order to solicit information on those factors known to be important to women. These factors include history of abuse and current relationship status, mental health issues, especially PTSD, family issues including how many children she has and whether she is caring for parents or other family members, who is caring for them in her absence, what concerns she has about their wellbeing, and whether or not she needs assistance in working with child welfare agencies to ensure that her parental rights are not terminated, and socioeconomic history and what she will need in order to become economically self-sufficient. Some of these factors have not yet emerged as dynamic risk factors for women; however, they are significant issues that must be acknowledged and addressed before a woman will be able to successfully address those factors. Research is underway to test whether and how these gender specific factors actually predict risk,<sup>37</sup> but it is clear that the current

<sup>35</sup> Ibid.

<sup>36</sup> Van Voorhis, Patricia (2005, March). *Classification, Assessment, and Case Management of Women Offenders*. Presentation to the Tennessee Board of Probation and Parole at the “Workshop on Achieving Successful Outcomes with Women Offenders,” Nashville, TN.

<sup>37</sup> McCampbell, Susan W. (2005). National Institute of Corrections Gender-Responsive Strategies Project: Jail Applications. *Gender-Responsive Strategies for Women Offenders Bulletin Series, April 2005* (NIC Publication No. 020417). Washington, DC: National Institute of Corrections.

generation of risk assessment tools has not adequately addressed these issues for women. Assessments should also be looking for strengths and protective factors that can be nurtured in order to build women's resilience as they face the challenges they will inevitably face while incarcerated and upon release.

Whatever tools are used, then, information needs to be gathered across all of the basic life areas – subsistence/livelihood, residence, health/sobriety, family/relationships, criminal justice compliance – both to determine what concerns the women are bringing with them to the institution that will impact their experience, what issues need to be addressed over the period of incarceration, and what issues will need to be addressed as the women approach their release into their community. Sufficient attention should be paid to the context of these assessments since it might be expected that women will withhold information unless and until they can trust that it will be used for their benefit and not their detriment. This is a difficult task in the correctional environment but one that is built upon the gender responsiveness principles of both environment (safety, respect, and dignity) and relationships (modeling and facilitating healthy connections with others).

## **Behavior and Programming**

### **Transition Accountability Plans (TAPs)**

In the TPC model, the information gathered through

the assessment process becomes part of a plan that will follow an inmate through her incarceration, and on into her transition to the community. One of the strengths of the TPC model is the individualized nature of this process, allowing the unique history and experience of each inmate to dictate the behavioral programming plan (known in the TPC model as the Transition Accountability Plan, or TAP). TAPs are designed to follow inmates from their entry into the institution through their discharge from post-release supervision. They become the roadmap that both staff and offender follow as the offender is prepared for a crime free future.

#### **Behavior and Programming: Key Questions**

1. Do our staff have the necessary training to convert assessment information into a meaningful case plan?
2. Do our programs and services effectively correspond to the risks and needs we are identifying among women?
3. Do our programs and services, and the structure through which they are delivered, reflect the interrelatedness of women's risks and needs?

There are several elements of the TAP that should be noted. First is the continuity. This single document stays with the inmate throughout her institutional and community corrections experience. It is updated and revised as necessary, and provides the milestones by which success can be measured. The TAP also represents effective communication among the various correctional and community stakeholders. The institution, the releasing authority, and the community supervision agency all have access to the same information about the offender's strengths, needs, risks, and goals. Finally, the TAP allows offenders ownership of their experience. When designed in cooperation with each inmate, based on their goals for themselves, the TAP allows offenders to take some responsibility for their own successes and failures, and to hold themselves accountable in addition to whatever accountability measures are in place institutionally.

Generally speaking, the TAP should be driven by two threshold questions: is the woman the mother of a minor child or children and does she desire reunification with them? And does she have the physical and mental capacity to live independently in the community when released? These two issues are fundamental to the programming and planning that need to take place while women are incarcerated. This information can also lead case managers to a variety of funding streams that might be available to support women upon their release (and possibly even while in the institution).

One of the challenges of this approach is that staff must learn the skills necessary to translate assessment information into a case plan that can be operationalized. In addition, in order that these individualized plans are meaningful, institutions must create an appropriately gender responsive environment and gender responsive programming to meet the needs identified through the assessment or information gathering process. In this way, the assessment and TAP development process creates an opportunity for corrections agencies to better understand their own strengths and limitations and to hold themselves accountable. For example, if women are consistently leaving the institution without job skills – despite a consistently identified need in the TAPs – the institution can use that knowledge to develop appropriate responses.

### **Programs and Services**

As part of the transformation from security to success-oriented corrections, women's institutions must consider how to incorporate the elements of gender responsiveness on both a structural and programming level. Of primary concern is ensuring that women who have experienced physical, sexual and emotional trauma, especially those with PTSD, are not further traumatized by the environment or the behavior of staff, including but not limited to sexual misconduct and verbal abuse. This is both a training and leadership issue. Taking on institutional culture is a difficult but necessary element of facilitating successful reentry for women offenders, since their experience within the institution will inevitably impact their experiences on the outside, perhaps far into the future.<sup>38</sup>

Structurally, consideration should be given to the creation of appropriate and sustainable relationships between inmates and representatives of the institution, such as creating a case management system whereby women are encouraged to develop a healthy, supporting, or encouraging relationship with a staff member whose primary interest is the woman's success. This can also be accomplished through connections between corrections and community-based agencies. When community-based treatment and other service providers are encouraged to provide services to women in the institution, these same service providers are better equipped to provide ongoing services to the women when they leave **and, in fact, may be better equipped to**

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<sup>38</sup> See, for example: Harding, Richard (2000). *The Psycho-social Environment of Prisons and Its Relationship to Recidivism*. Canberra, Australia: Australian Government Criminology Research Council. Retrieved December 22, 2004, from <http://www.aic.gov.au/crc/reports/2000-Harding.html>. Also available on the National Institute of Corrections Web site at <http://www.nicic.org>.

anticipate, plan, and proactively prepare offenders for release than those with institutional experience alone. With the connections and relationships in place, women offenders may be more likely to follow-up with essential services upon their return to the community, thus enhancing their likelihood of success in all of the basic life areas. This is especially important because women typically have shorter lengths of stay in prison than do men.<sup>39</sup> There is often insufficient time for women to complete treatment and other types of programming during their incarceration. Community partnerships are essential to ensure that what is begun in the institution can be completed in the community, and/or what opportunities for treatment and programming are missed in the institution can be compensated for in community-based programming.

[BREAK OUT QUOTE: Because the challenges women face in the community are interrelated, programming for women must address these issues in integrated rather than compartmentalized ways. For example, programming must reflect an understanding of how violence in the lives of women impacts many of their decisions and experiences, including where to work, where to live, who to trust, with whom to associate, and whether to use drugs.]

Finally, programming availability and content must also reflect the gender specific needs of women. Because the challenges women face in the community are interrelated, programming for women must address these issues in integrated rather than compartmentalized ways. For example, programming must reflect an understanding of how violence in the lives of women impacts many of their decisions and experiences, including where to work, where to live, who to trust, with whom to associate, and whether to use drugs. Only when women receive help in understanding these interrelationships can they begin to develop strategies for sustaining a healthy crime free life in the community.

#### *Subsistence/Livelihood*

In order to succeed in the community, women need to be equipped for gainful employment. Just as those of us on the outside use education as a way to invest in our futures and improve our prospects, so can women in prison. Institutions can benefit from partnerships with local or statewide workforce development agencies in order to ensure that institutional education, job readiness, and employment training match the opportunities available to women on the outside. Too often women spend valuable time learning skills that their criminal justice status will prevent them from using for legal employment, for example because licensure will be unavailable to those with felony criminal records. Or the jobs skills that they acquire within the institution are not likely to lead to jobs with sufficient wages for them to support a family. Women who cannot support themselves will need to rely on others, and based on the pathways to criminality research, we know that for women this dependence is often directly related to their criminal behavior. Programming needs to target long-term economic self-sufficiency as a primary goal, and begin moving women offenders in that direction to whatever extent

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<sup>39</sup> Greenfield and Snell (1999); Parke, Ross, and K. Alison Clarke-Stewart (2002, January). *Effects of Parental Incarceration on Young Children*. Paper presented at the U.S. Department of Health and Human Services "From Prisons to Home" Conference, Washington, DC.



possible. For many, that means starting with basic life skills education, while for others who have some previous job experience, it means a GED or college course work, skill-based training, or even training on entrepreneurship.

### *Residence*

Most jurisdictions have many fewer institutions for women than men. As a result, most women are housed far from the communities to which they will return (an average of 160 miles<sup>40</sup>), which limits their ability to build relationships with and/or remain connected to both people and services in those communities. The use of community-based alternatives for women is especially important for this reason. Community-based residential facilities for women can help prevent some of the disruption caused by incarceration while serving many of the same purposes, especially for those women who are classified at the lowest custody levels. Women should be diverted to or transferred to community-based facilities for as much of their sentences as possible.

### *Family/Relationships*

For the wellbeing of women offenders, as well as their children and their children's caregivers on the outside, institutions need to develop policies and practices that recognize that healthy relationships are key to women's long-term success. "Studies comparing the outcomes of prisoners who maintained family connections during prison through letters and personal visits with those who did not suggest that maintaining family ties reduces recidivism rates."<sup>41</sup> Institutions must work to remove as many obstacles as possible to sustaining and, where possible, working to improve the essential connections between women, their children and families, and other members of their existing support networks. This can include creating child friendly visiting spaces and policies (e.g., allowing physical contact, providing snacks, removing limits on the number of children that can visit, working with community groups to develop programs for weekend long visits; pairing parenting classes with therapeutic visiting programs, flexible visiting hours); eliminating family visits from the list of "privileges" that can be taken away, and instead considering them, like daily exercise, as essential to inmate wellbeing; creating family reunification counseling programs to help prepare inmates and their significant others for the challenges of reentry; and identifying a child welfare liaison to ensure women are aware of and meeting obligations that will prevent termination of their parental rights.

When women do have children in foster care, they need assistance from the correctional institution to remain in contact with their children. They may need flexibility on approved phone numbers (foster children can be transferred with minimal notice and case workers reassigned); an ability to make calls that are not collect (not all foster parents will accept collect calls); an ability to copy cards and letters she sends to them (to prove that she kept in contact); and an ability to work with legal services to prepare for and attend hearings. Even if children are not in foster care, they may enter a crisis and women may need flexibility in order to be involved; for example, children may attempt

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<sup>40</sup>Jeremy Travis, Elizabeth Cincotta, and Amy Solomon (2003). *Families Left Behind: The Hidden Costs of Incarceration and Reentry*. Washington, DC: Urban Institute.

<sup>41</sup> Ibid.

suicide, drop out of school, get evicted from their living situation, or have an emotional breakdown. While incarceration inevitably disrupts family and community connections, there are myriad ways that institutions, in partnership with community-based organizations, can work to mitigate some of those effects and better prepare women and their significant others for their eventual return.

### *Health/Sobriety*

Most women who enter prison are in poor health as a result of lifestyles that damage their bodies, and poverty and histories of abuse prevent them from seeking and receiving the help they need.<sup>42</sup> Ironically, prison may be the first place that women receive regular treatment for both acute and chronic physical and mental health problems. Screening for health problems in women is essential, both because some of the health conditions are infectious and may need specialized management, and because physical and mental impairments can prevent women from participating in and benefiting from other essential programming. For example, some recent studies have suggested that women entering prison have much higher rates of self-injury or self-harm than women who are not incarcerated; and further, the women offenders who exhibit self-injury behaviors do not adjust to the institutional environment or respond to programming as well as women who do not exhibit this behavior.<sup>43</sup> Understanding this critical issue from a behavioral and programming perspective (not to mention assessment) seems critical to successfully working with women while they are incarcerated.

Women also need to be screened for pregnancy so that proper prenatal care can be administered and preparations made for birth and infant care, or steps can be taken to terminate the pregnancy, if appropriate. It is important that treatment be provided in a manner consistent with individual dignity, respect, and privacy. Too often women in prison are treated as if their bodies are public property,<sup>44</sup> and this kind of treatment runs counter to the ultimate goal of encouraging women to value and take care of their bodies. In addition to treatment for disease, institutionalized women need education on health related issues, including reproductive health, nutrition and exercise, mental health, and managing chronic diseases.

Of all the health issues that women bring to prison, substance abuse is probably the most common, both alone and in combination with other mental and physical health problems. The Center for Substance Abuse Treatment, a branch of the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services, has published a variety of technical assistance materials pertaining to best practices in

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<sup>42</sup> Bloom, Owen, and Covington (2003); Kassebaum (1999).

<sup>43</sup> See, for example: Wichmann, Cherami, Serin, Ralph, and Abrucen, Jeffrey (2002, February). *Women Offenders Who Engage in Self Harm: A Comparative Investigation*, Research Branch, Correctional Service Canada who found that women who engage in self-harm were more likely to be involved in institutional incidents, most notably violence, adjustment problems, substance abuse and disciplinary problems. Also see: *Suicide and Self-Harm Prevention: Repetitive Self-Harm among Women and Girls in Prison* (2001). London: The Howard League for Penal Reform, which suggests that women comprise 25% of deliberate self-injuries in prison, but are only 6% of the total prison population.

<sup>44</sup> See, for example: Susan Galbraith (1998). *And So I Began to Listen to Their Stories*. Delmar, NY: National GAINS Center.

substance abuse treatment for women, including *Substance Abuse Treatment for Women Offenders, Guide to Promising Practices*.<sup>45</sup> CSAT's approach is to view substance abuse

as being intricately intertwined with all the major facets of a woman's life. The substance abuse cannot be addressed as an isolated problem. If a woman is to heal and maintain recovery, the treatment program must help her address both her social and psychological needs. These areas include the impact of physical and sexual abuse during childhood, depression, domestic violence, the drug and alcohol abuse of her partner, relations with her children, and the guilt, shame, and low self-esteem and confidence that her life experience has produced.<sup>46</sup>

According to the National Institute on Drug Abuse (NIDA), research shows that women receive the most benefit from drug treatment programs that provide comprehensive services for meeting their basic needs, including access to the following:

- Food, clothing, and shelter
- Transportation
- Job counseling and training
- Legal assistance
- Literacy training and educational opportunities
- Parenting training
- Family therapy
- Couples counseling
- Medical care
- Child care
- Social services
- Social support
- Psychological assessment and mental health care
- Assertiveness training
- Family planning services<sup>47</sup>

While some of these issues are less relevant to incarcerated women (such as transportation or couples counseling), they become very relevant to women upon leaving the institution. Correctional substance abuse programs, therefore, need to consider how to partner with their community corrections counterparts and community-based treatment providers to ensure that these transition needs are addressed through

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<sup>45</sup> Kassebaum (1999).

<sup>46</sup> Ibid., p. 32.

<sup>47</sup> National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services. Treatment Methods for Women. *NIDA InfoFacts*. (n.d.). Retrieved June 16, 2005, from <http://www.nida.nih.gov/Infofacts/treatwomen.html>.

their program design that should, ideally, involve community-based providers in a seamless network of services.

The principle that emerges from the well-researched area of substance abuse intervention is the need to integrate and not isolate the various elements of women's experience in the program designs. This will apply to substance abuse as well as mental health treatment, physical and sexual health education, employment training and preparation, parenting skills programs, and general life skills, stress management, problem solving, and empowerment. Each of these topics needs to integrate information on coping with trauma and mental health symptoms, managing parenting, elder care, and childcare responsibilities, and how to deal with sexual harassment or abuse (whether by a partner, treatment provider, employer, corrections officer, or probation/parole officer). All must be oriented toward increasing women's self-efficacy, the sense that she has the power to affect the course of her life. The combination of integrated service elements with attention to the institutional and treatment environment can have a profound effect on women's ability to move toward genuine behavioral change. On an institutional level, understanding the variety of issues that impact a woman's health can suggest a variety of funding sources that may assist the woman in receiving the care she needs in the community.

### *Criminal Justice Compliance*

As most correctional officers know, women's behavior in institutions differs from that of men. Women commit far fewer serious and violent misconducts than men but are more frequently cited for minor misconducts.<sup>48</sup> Researchers note that staff who are inexperienced or untrained in working with women often use write-ups as a way to manage minor incidents, which has significant repercussions for incarcerated women.<sup>49</sup> Multiple infractions such as disrespect of staff or yelling can elevate a woman's custody level, thus limiting her access to visitation, programming, and ultimately release on parole, despite the fact that these women pose little risk to safety either within or outside the institution. In addition, disciplinary codes in the institutions often fail to distinguish among misconducts with severe and relatively minor implications. For example, all assaults will be coded the same, whether involving a sexual assault, an aggravated assault involving substantial injury to the victim, and simple assaults with no injury (which is far more common among women). This, too, can result in over-classification of women. And there are other implications: at the time of release, the paroling authority's release decision may be based on a skewed impression of what a high number of misconducts represent in terms of women's institutional compliance and risk of reoffense.

[BREAK OUT QUOTE: Women commit far fewer serious and violent misconducts than men but are more frequently cited for minor misconducts. Researchers note that staff who are inexperienced or untrained in working with women often use write-ups as a way to manage minor incidents, which has significant repercussions for incarcerated women.]

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<sup>48</sup> Hardyman and Van Voorhis (2004).

<sup>49</sup> Ibid.

The issue of institutional misconducts reaffirms the importance of gender specific assessments, both at initial classification and reclassification. For one thing, troubled women (i.e., those with mental illness, experiences of abuse, substance abuse, and other high needs) appear to commit more misconducts than women who score high on criminal and institutional history (the traditional predictors).<sup>50</sup> Thus, for women, needs may be better predictors of misconduct than criminal history though most institutions still rely on the latter rather than the former to make classification decisions (and custody classification according to need rather than behavior poses ethical questions that need to be addressed).<sup>51</sup> In addition, most assessments do not take account of gender specific needs, even those that have been shown to correlate to institutional adjustment such as having been a victim of child abuse, codependency or lack of power in relationships, and mental health.<sup>52</sup>

## Release Preparation

Following custodial or intake assessment, development of an individual programming plan, and participation in programs and services, release preparation is the next step in a system-wide approach to transition. Like their pathways into the system, women's needs upon leaving institutions are directly influenced by their gender specific experience. While all offenders need to think about housing,

women need to consider whether they will be safe from domestic violence if they choose to live with an intimate partner. While all offenders need to consider job opportunities, women typically have more limited work histories and lower expectations for their wage levels than men do, despite their need to support themselves and their children.<sup>53</sup>

Reunification with children may be the primary issue for women so they are also more likely to need child care, and will have to consider whether a potential job location or schedule will allow them access to affordable child care opportunities. Thus, as women are prepared for release, the subjects may be similar but the questions and issues that need to be addressed are likely to be different from those addressed for men.

### Release Preparation: Key Questions

1. When does prerelease begin? Remember, prerelease is not the beginning of transition – it is a stage that should be built upon assessment, case planning, and programs and services.
2. Are assessments typically updated at this stage?
3. What kind of community-based options are available for women: Work furlough? Prerelease centers? Do we have as many options as we should?
4. What are we doing to facilitate women's positive connections and relationships with the community to which they are returning?
5. Are we helping women plan for and address the gender specific challenges they are likely to face, such as resuming a parenting role and finding child care, and safety issues with intimate partners?

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<sup>50</sup> Ibid.

<sup>51</sup> Ibid.

<sup>52</sup> Ibid.

<sup>53</sup> LaVigne, Nancy G., Vera Kachnowski, Jeremy Travis, Rebecca Naser, and Christy Visher (2003). *A Portrait of Prisoner Reentry in Maryland*. Washington, DC: Urban Institute. Retrieved October 29, 2004, from [http://www.urban.org/UploadedPDF/410655\\_MDPortraitReentry.pdf](http://www.urban.org/UploadedPDF/410655_MDPortraitReentry.pdf).

*As part of a systemic approach to transition, the prerelease period should include updated assessments and revisions to the TAP or case management plan, as necessary.* If the institutional programming plan has been successful, women will be returning to the community with different needs than when they left. These changes should be noted both to assist the woman in developing her sense of success and self-efficacy, and to assist the community supervision agency and community service providers in moving forward with the woman rather than duplicating work that has been done. Corrections agencies need to look carefully at parole rates, look at the releasing authority's interpretation of institutional behaviors, and ensure that women are being released on parole at rates at least equal to those of the male population. If the TAP (or an equivalent type plan) is being used to help assess offenders' eligibility for parole, and the programming or other structural support is not in place for women to successfully meet the goals of their TAPs, the institution may need to address this issue on a system-wide basis.

### *Subsistence/Livelihood*

While the ultimate goal is for women to be self-supporting and financially independent, with sufficient education and training opportunities to ensure long-term stability and growth, the immediate concern in the prerelease phase is on short-term survival and becoming stable. Women should be working toward job opportunities that will provide living wages and benefits, though subsidized employment and minimum wage work are often necessary as a beginning, due to poor work histories and discrimination by employers. Transitioning women will also need to consider where they will acquire food, clothing, and other essentials upon release, and where they will be able to receive mail, make phone calls, and receive messages in order to pursue job, housing, and other opportunities and responsibilities. Institutions can help by ensuring that women apply for any public health or cash benefits for which they may be eligible at the earliest possible opportunity, including prior to release. Some programs take as long as three months to determine eligibility, and still others routinely reject certain types of applicants and require an appeal. Assisting women in this area may require working with other public systems both to become familiar with their procedures and to identify roadblocks and challenges that may cause delays. Women should also leave the institution equipped with proper identification.

[TEXT BOX: Service Systems that correctional prerelease case managers need to become familiar with in order to assist women include: substance abuse treatment, child welfare, housing and homelessness, public assistance (e.g., TANF, food stamps, SSI), mental health, child care, Medicaid, HIV/AIDS Services.]

Research has shown that offenders who participate in work release programs are more likely to find and retain employment in the three to six months following release than those who participate in either job training or job readiness education or institutional job placements.<sup>54</sup> There have traditionally been many fewer work release opportunities for women than for men, but clearly this is the direction to follow to assist women in achieving financial stability. The particular challenge for women is ensuring that financial dependence does not lead to relationships that jeopardize their sobriety, their

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<sup>54</sup> Ibid.

physical, sexual, and emotional safety, or their likelihood of becoming involved in criminal activities. When domestic violence is an issue in a woman's life, she needs to be actively encouraged to seek alternatives to returning to the abusive relationship. While such a relationship may satisfy an immediate need for financial support and companionship, it can be highly detrimental to her longer term prospects.

### *Residence*

Residential goals include safe, sober, permanent (and permanently affordable) housing that will accommodate a woman and her children, though many women pass through homeless shelters and transitional housing on their way toward the goal of a permanent residence. Women may need to rely on a network of family and friends, though this option should be carefully considered in terms of whether the situation supports or threatens her sobriety.<sup>55</sup> Too many women leaving prison end up living on the street. This often leaves them extremely vulnerable to both drug use and violent victimization. To avoid this scenario, prerelease planning is essential. Many public housing authorities will not serve women with criminal histories that include drug felonies. This can severely limit women's options. But even public housing for which an ex-offender is eligible often has long waiting lists and cannot be considered a survival or even stabilization phase option. Corrections agencies should work to ensure that there are sufficient halfway house placements for women in the communities that women are most likely to return to. Transitional placements can facilitate a successful return because they allow women time in their communities to seek appropriate housing and employment without resorting to old criminal networks, abusive partners, or living on the street.

Among the housing challenges that some women face is the challenge of meeting Child Welfare requirements in order to regain custody of children in foster care. A woman must locate housing adequate for the size of her family but often, in the case of subsidized housing, cannot rent a large enough apartment until the children are actually in her custody. This creates a catch-22 for women whose goal is family reunification. Finally, while most incarcerated women come from and will return to urban environments, special attention should be paid to women from rural communities. Rural communities tend to have fewer housing options and other services and women are more likely to need to rely on family and friend networks in order to avoid homelessness. While that could be a positive development if the family is sufficiently healthy and supportive, it could also place a woman back in a situation that is either dangerous and/or conducive to relapse.

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<sup>55</sup> Families can be a tremendous resource, and the work of Family Justice, a family support agency in New York City, New York, is an important model in this area. An evaluation of their service component, La Bodega de la Familia, found that by working with ex-offenders and their families together – providing case management for both parolees and members of their families, as well as working closely with the parole officers – they were able to increase the success of drug treatment, reduce the use of incarceration to punish relapse, and reduce the harms that addiction causes within families. “La Bodega sees the drug user in the context of a family and sees that family as a key strength to draw upon in promoting recovery.” [Sullivan, Eileen, Milton Mino, Katherine Nelson, and Jill Pope (2002). *Families as a Resource in Recovery from Drug Abuse: An Evaluation of La Bodega de la Familia*. New York: Vera Institute of Justice. p. 54]. For more information, see the Family Justice Web site at <http://www.familyjustice.org>.

### *Family/Relationships*

Regardless of how long a woman has been incarcerated, whether or not she has maintained contact with her children, and whether or not she has a decent relationship with the children's caregiver(s), family reunification following incarceration can be emotionally and practically challenging. It is made easier, however, if family ties have been supported through the period of incarceration. During the prerelease phase, institutions can facilitate successful family reintegration by creating opportunities for both inmates and family members to learn about what to expect, and helping them to plan for anticipated challenges. Some corrections agencies have designed programs at prerelease centers that involve family counseling sessions with inmates and their families, and/or group educational sessions for families alone. While involving families directly is ideal, it is not always possible at isolated institutions. Alternatives include partnering with community-based agencies to provide counseling or information sessions, and increasing visitation opportunities such as weekend stays for children and conjugal visits with partners that might include a meeting with a prerelease counselor, or using video conferencing technology.

In addition to family reunification issues, prerelease is an important time to consider how to develop or support appropriate and therapeutic inmate relationships with treatment and other service providers in the community, as well as with community supervision officers. If community-based treatment providers have not been involved during incarceration, they should be invited to meet with inmates prior to release to establish a connection and set up appointments for the women upon release. Similarly, other service providers should be invited to share whatever resources they have available since a personal contact will make it more likely that a woman will avail herself of the resources once she is in the community. Parole officers should also be encouraged to make contact with inmates well in advance of release in order to discuss expectations and establish appointments, in addition to receiving whatever information is passed on through the TAP or its equivalent.

### *Health/Sobriety*

Prerelease planning for health and sobriety issues involves ensuring that plans are in place for continuity of treatment for physical health, mental health, and substance abuse related disorders. State and local public health agencies are important partners in this endeavor, since most transitioning offenders will rely heavily on public sector health care services upon release.<sup>56</sup> Applications for public health benefits may need to be submitted prior to release in order to ensure that services will be in place when offenders leave the institution. Determination of eligibility can take up to 90 days in some cases, and may require appeals, depending on the eligibility claim.<sup>57</sup> Many offenders will need education

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<sup>56</sup> RAND Corporation. (n.d.). Prisoner Reentry: What are the Public Health Challenges? *RAND Research Brief*. Santa Monica, CA: RAND Corporation. Retrieved on May 12, 2005, from <http://www.rand.org/publications/RB/RB6013/RB6013.pdf>.

<sup>57</sup> The U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Center for Medicaid and State Operations, Disabled and Elderly Health Programs Group, for example, issued the recommendation that states "suspend" rather than "terminate" Medicaid benefits while individuals are institutionalized, thus providing easier access to care upon release. (Personal communication from Glenn Stanton, Acting Director, to State Medicaid Directors, May 25, 2004.



on how to manage chronic illnesses in order to avoid an over-reliance on emergency services. They will also need to be prepared to manage their reproductive health, and will need counseling on contraceptive options, as well as protecting themselves (and/or their partners) from sexually transmitted diseases. Keep in mind, too, that offenders who identify as lesbian will need different information in terms of their sexual health, and may also need referrals to health care providers who are sensitive to the different health needs of lesbians.<sup>58</sup>

As most corrections officials are probably aware, community-based substance abuse treatment services for the poor are limited, and can be especially so for women, and even more so for women with children who require child care services or residential treatment facilities where children can accompany them. Because the immediate period following release can be so dangerous to sobriety, the fact that so many treatment facilities have long waiting lists can be particularly damaging to this population of women. Ideally, women should leave the institution with a pre-arranged placement in an appropriate level of treatment. If not, they will most likely need to rely on self-help groups until an opening becomes available and should be provided information on the locations and schedules of these meetings. This should not be considered sufficient, however, since most substance abusing women who are returning to the community will need multidimensional support around their drug use behaviors which self-help groups are not necessarily geared to provide.

### *Criminal Justice Compliance*

During the prerelease period, women should be well informed about the criminal justice conditions that will be applied upon their release, and have an opportunity to meet with the supervision officer to whom they will be reporting in order to begin to establish a rapport and clarify expectations. They should be assisted in anticipating which conditions are going to be the most difficult for them, and how they might overcome those difficulties, whether it is a matter of transportation to meet contact requirements, or avoiding contact with people who might threaten their sobriety. Women will need to know how much money they will need to dedicate to fees of various kinds, if they will need to pay rent at a halfway house or contribute to the costs of treatment. This process can be an important education in planning and budgeting and will help women manage some of the stress that will surely accompany their release. This is also a time to examine other system obligations that might compete or conflict with their criminal justice compliance requirements, such as child welfare requirements for family reunification, participation in a dependency court, or TANF. Many women need assistance negotiating

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Retrieved on July 8, 2005, from <http://www.cms.hhs.gov/medicaid/homeless/smd052504.pdf>. For examples of how different states have improved access to Medicaid for incarcerated individuals, see: Eiken, Steve, and Sara Galantowicz (2004). *Improving Medicaid Access for People Experiencing Chronic Homelessness: State Examples*. Washington, DC: Disabled and Elderly Health Programs Group, Centers for Medicare and Medicaid Services, U.S. Department of Health and Human Services. This report can be found at <http://www.cms.hhs.gov/medicaid/homeless>.

<sup>58</sup> For information about lesbian health issues (not specific to an offender population) see, for example, the Mautner Project: The National Lesbian Health Organization (<http://www.mautnerproject.org>) or the Lesbian Health Research Center (<http://www.lesbianhealthinfo.org>).

a plan that will not be a set up for failure, and women should not have to choose between these equally vital needs. Some community supervision officers are better than others at assisting in this process, so it should not be assumed that this will be worked out after release. Often, each system representative (e.g., parole officer, child welfare case worker, judge) will assume that their requirements should supersede all others, leaving women in an untenable position.

## Release

The next stage in the transition process is release. At the time of release, women should leave the institution with the essentials for their survival. The release package should include: all paperwork; a reasonable supply of medication (based on the availability of public health services); a social security card; birth certificate; government identification; a copy of her TAP or

case management plan (with updated assessments); and a schedule for her first week. The latter can be a difficult process requiring significant coordination, and should be initiated in a timely fashion. She will need gate money, and transportation from the facility to her new residence. Most importantly, she will need a case manager or other supportive contact in the community who can help her negotiate the challenges of her reentry. Depending upon how long she has been incarcerated, she may need an orientation to new technologies, such as credit-like cards for public transportation, public assistance, and Medicaid. Community-based agencies, faith groups and others can be important allies both to the individuals being released and to the institutions. They can serve as a necessary bridge and offer services that women need but that the institution is not structured to provide.

### Release: Key Questions

1. In addition to basic supplies for survival (e.g., money, ID, etc.), does she have an established linkage with a supportive person in the community with whom she can make contact immediately upon release?
2. Many incarcerated women have mental and physical disorders. Do women leaving the institution have prescriptions, adequate supplies of medication, and an appointment with a community-based health care provider?
3. Do we use gender as an analytic category in monitoring and evaluating release rates? Are women being released at rates comparable to men and appropriate to their level of threat to the community?

### *Subsistence/Livelihood*

Unless a woman is in the unlikely position of having a job waiting for her when she is released, the first days or even weeks out of prison will consist of a basic struggle for survival. Without income, women need to find ways to acquire food, clothing, and transportation, maintain basic hygiene, and fulfill their criminal justice obligations. Many will need public services, such as those provided by faith-based organizations like clothing banks and food pantries. Women should leave with a list of providers of basic services, with as much information as possible about locations, hours of operation, accessibility by public transportation, contact phone numbers, etc.

### *Residence*

No woman should leave the institution without a place to go, whether it is to the home of a family or friend, a shelter, or a halfway house, and transportation to get there. The lack of a plan, however, is not a good reason to keep women past their release date. The solution is a proactive approach, adequate preparation time, and a solid backup plan facilitated by strong connections between the institution and a network of community shelter and housing providers. Ideally, a woman will be going where someone is expecting her arrival. Absent these preparations, many women will end up spending their time on the street that is not conducive to long-term success.

### *Family/Relationships*

The first task for many women upon release will be locating their children and other members of their family and making contact with them. Depending on how long she has been incarcerated and whether or not she has remained in contact, this task will vary in the level of difficulty, satisfaction, pain, and frustration it might produce. Preparing a woman for this process by encouraging family contact prior to release or, if necessary, preparing a woman to handle the feelings of disappointment or loneliness she might experience if the process does not go as she would like, is an important prerelease task. Though not a substitute for family, encouraging contact with service providers, 12-step groups, and other potential sources of support can help women cope while seeking to reconnect with family.

### *Health/Sobriety*

Avoiding relapse is perhaps one of the biggest challenges for newly released women. Part of a woman's early survival on the outside will be knowing whom to contact for support (and whom to avoid!) when the urge to use substances becomes strong. While current thinking about relapse is that it is part of the journey to sobriety, offenders should be striving to lengthen the period of time between relapses or, in other words, increase the periods of sobriety. An early relapse can set the stage for failure in the community, since it will make it difficult to successfully reconnect with family and manage criminal justice obligations, if not cause a return to custody in and of itself. Therefore, women with substance abuse issues should be linked as quickly as possible with an appropriate level of treatment. This may require that their Medicaid eligibility be established, that appointments have been made prior to release, and that information from the institution has been shared with the treatment facility.

Women with other physical and mental disorders in addition to substance abuse issues will need to be able to continue on medication regimes, and establish routines in the community that are compatible with self-care. Women who are homeless are vulnerable to additional illnesses and infections, and have a very difficult time managing care of chronic illnesses like HIV or diabetes. Therefore, women who are ill have a particular need for a stable residential plan to prevent worsening of their conditions and efforts should be made to ensure that education on self-care is part of the release plan. Prerelease managers may be able to assist women in locating housing resources that are tied to funding streams for HIV/AIDS or severe mental illness. It is vital that institutions provide a prescription and/or supply of medication that will realistically carry a woman until she can meet with a community health care provider or until medical benefits can go

into effect, and that a backup plan is in place should the process take longer than expected.

### *Criminal Justice Compliance*

The primary criminal justice goal for returning offenders at the earliest stages of release is to report to parole as required. This can be facilitated with pre-scheduled appointments, and a transportation plan. Parole officers should be prepared to assist women in making sure that their basic survival needs are being met in order to prevent them from failing in their criminal justice obligations for no other reason than that basic survival takes precedence. Parole officers should also be prepared for women looking to them for support and advice.

## **Supervision and Services**

Part of a systemic approach to transition involves consideration of the role of community supervision. Too often, whether parole is part of the same or a different agency, the institutional and community components of corrections do not communicate well or work together to facilitate reentry for offenders. As corrections moves toward a focus on offender success as a means of achieving public safety, this communication becomes increasingly important. In the TPC Initiative, this communication is built into the TAP model, but also relies on interpersonal communication among treatment providers, case managers, supervision officers, community service providers, and others involved in addressing offender needs and obligations.

[BREAK OUT QUOTE: Effective supervision for women involves partnerships with community-based services, including those under contract with community corrections, those with formal or informal collaborative relationships, and those that are unaffiliated in any way beyond referral.]

In addition, effective supervision for women involves partnerships with community-based services, including those under contract with community corrections, those with formal or informal collaborative relationships, and those that are unaffiliated in any way beyond referral. If essential community service providers are not currently involved in the reentry partnership, efforts should be made to involve them. Ideally, parole officers should be looking to these community-based services

### **Supervision and Services: Key Questions**

1. Do parole officers see their role as helping offenders succeed?
2. Have parole officers been integrated into the prerelease process and received necessary information about institutional achievements, progress, and ongoing needs?
3. Are supervision officers trained in gender responsive approaches to supervising women offenders? Do they understand and take into account family and child related issues, women's safety from abuse, and mental health issues? Are they prepared to provide support and facilitate access to services as well as perform more traditional oversight activities?
4. Are contracted service providers (e.g., substance abuse treatment providers, employment programs, etc.) required to provide gender responsive programs for women?
5. Do supervision officers use a range of sanctions *and* rewards to help shape offender behavior? Is there policy in place to help guide the use of sanctions and rewards?

as partners in a team approach to offender management, helping to determine the risks and needs of individual offenders and the best strategies for addressing them based on available resources. These would include: mental health and substance abuse treatment providers, especially those who can work with dually-diagnosed women and those that have programs geared toward women with children; employment programs, especially those that have programs to address the specific challenges women face in the workforce; domestic violence and sexual assault service providers; transitional housing providers; and child care specialists.

Increasingly, community supervision agencies are considering ways to make supervision practices more gender responsive. Some are organizing gender specific caseloads, while others are making efforts to train all officers on strategies and practices most effective with women. Agencies that have made these efforts have begun to see increasing numbers of women successfully completing their probation and parole obligations.<sup>59</sup> Women are more likely to be successful when attention is paid to the quality of the relationship between the officer and the parolee.<sup>60</sup> Women's success also depends upon support in dealing with family obligations, such as ensuring that childcare is available at required programs. More generally, the services to which women are referred, and especially services for which the corrections agency contracts with, should be required to demonstrate that their programs are gender responsive. Gender responsive programs should be both structurally designed to meet women's needs (like providing onsite childcare and single sex treatment groups) and the content should also integrate the variety of issues known to be significant for women, such as victimization and trauma.

Community supervision professionals, like their institutional colleagues, need to embrace the position that a significant part of their role is to help offenders succeed. It is no longer sufficient, in this model, to focus on surveillance, infractions, and failures but to consider how to motivate and support offenders in meeting their obligations and achieving success in the community. This requires an ability to assess and make best use of offender strengths, such as helping parolees to articulate their own goals for their future and how their period of supervision can help them progress in their chosen direction. Parole officers are increasingly being asked to function as "case managers," a tricky role to play since they need to provide both "the carrot" and "the stick." Jurisdictions should consider how well prepared their staff are to fulfill both the supporting and enforcing functions required by this approach to transition or whether

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<sup>59</sup> The state of Missouri has seen a reduction in recidivism among women with their recent implementation of gender specific parole caseloads. Measuring effectiveness based on reincarceration one year from program completion, the Missouri Department of Corrections (DOC) reports less than 10% recidivism among women in the program, comparable to rates for their Drug Court Program and at least 10% better than their Electronic Monitoring, Intensive Supervision, and Community Treatment programs. (Summary Report Memorandum to Fred Martin, Missouri DOC, February 7, 2005). The gender specific caseload population includes women who measure from low to high need and low to high risk on the DOC's standard assessment scales. For more information, contact Julie Boehm, Re-entry Manager, Missouri Department of Corrections, 2729 Plaza Drive, Jefferson City, MO 65102, (573) 522-1206, [Julie.Boehm@doc.mo.gov](mailto:Julie.Boehm@doc.mo.gov).

<sup>60</sup> See, for example: Koons, Barbara A., Merry Morash, John D. Burrow, and Tim Bynum (1997). Expert and Offender Perceptions of Program Elements Linked to Successful Outcomes for Incarcerated Women. *Crime and Delinquency* 43(4): 512-532.

these dual roles should be formally separated with one agency or person providing case management services, and another providing supervision. One important key to effective case management and supervision is being very upfront with information about expectations and consequences. Women may be more likely to accept being held accountable by someone who they look to for support when the accountability measures are perceived as fair and predictable, rather than arbitrary and personal.

Most women under parole supervision will be relatively low risk offenders (in terms of risk to public safety) compared to the population of men. This suggests that they may be low priority on a mixed probation/parole caseload. While this reduces their chances of being violated for technicalities, it may also increase their chance of failure since transitioning women need support in order to succeed in becoming sober, independent, law abiding members of the community.<sup>61</sup> Unless the system has developed a relationship with a community-based agency to provide case management services to women parolees, the parole officer may be the only person positioned to provide support and facilitate access to needed services. This challenge underscores the importance of taking a team approach with community-based service providers to the supervision of transitioning women. Some of these service providers (substance abuse treatment and transitional housing providers, for example) may be well equipped to provide the case management services the women need, freeing the parole agent to play a supporting rather than primary role in seeing that women's essential needs are met.

Because women offenders present so many needs, however, there is an additional challenge: ensuring that women are not over supervised, that their level of obligation does not exceed the level of their crime or risk they pose to the community, and that their readily apparent needs are not automatically translated into greater criminal justice requirements. In other words, for example, it is very important that parole officers recognize and provide guidance and referrals for problems like domestic violence. But attendance at a battered women's support group should not necessarily become an additional obligation of a woman's parole. Paroling authorities and others who have any control over parole conditions should make every effort to ensure that conditions for women are realistic, relevant, and research-based.

### *Survival/Livelihood*

Holding a job is a typical condition of parole, and research supports the connection between employment and lower offending rates among parolees.<sup>62</sup> Women, however, face obstacles that most men do not in finding and keeping jobs. In addition to histories that typically include less education and training, greater incidences of mental illness, and limited work experience and earnings, women need to have adequate, affordable childcare, and a backup plan for times when children are sick in order to succeed in the

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<sup>61</sup> Bloom, Barbara, and Anne McDiarmid (2000). Gender-Responsive Supervision and Programming for Women Offenders in the Community. *Topics in Community Corrections, Annual Issue 2000: Responding to Women Offenders in the Community*. Washington, DC: National Institute of Corrections.

<sup>62</sup> Christy Visher, Nancy LaVigne, and Jeremy Travis (2004). Returning Home: Understanding the Challenges of Prisoner Reentry. *Maryland Pilot Study: Findings from Baltimore*. Washington, DC: Urban Institute. See especially Chapter 3, Employment and Finances.

workplace.<sup>63</sup> They need to have safe transportation – women are not necessarily safe walking or taking public transportation at certain times or in certain places. They need to understand how to manage sexual harassment issues if they should arise; and if a woman needs to leave her job in order to achieve safety from sexual or physical abuse, this should not be held against her. To effectively supervise women, parole officers need to understand the specific barriers that women face in the job market and in retaining employment.

In order to be most effective with women offenders, parole officers should try to educate themselves on the local resources available to support employment among women parolees. Ideally, the community corrections agency will have formal relationships with workforce assistance programs that specialize in hard-to-place employees. Some of these programs will include services in other areas as well, like substance abuse treatment, and some will help direct women into jobs, like construction trades, that promise a better economic future for women and their families. These programs should be assessed for their gender responsiveness, such as whether they are prepared to help women address domestic violence and sexual harassment, both of which can profoundly impact employment stability, and whether the staff includes women whose backgrounds reflect their client population.

### *Residence*

Affordable housing is a national crisis, and women on parole are victims of this crisis along with many other low income groups. They also face additional obstacles, however, since criminal background checks are a mainstay of housing applications, and many are still struggling with addiction, mental illness, and other obstacles to stability. Some women on parole will be fortunate in finding a placement at a transitional facility that is designed to help women with the reentry process, whether a prerelease facility or a facility designed for women who have been released on parole. It is best for women when parole officers work together with staff at these residential facilities to manage the various services and obligations of the individual parolees. For women without access to these resources, supervision officers need to be mindful of their vulnerability to homelessness – not considering homelessness a failure for which the women are responsible, but rather a challenge that they are facing due to multiple obstacles. Supervision agencies should work closely with local homelessness programs to help women on supervision stay connected to treatment services and other essential support services that are significantly threatened when stable housing is not available.

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<sup>63</sup> Reed, Beth Glover, and Maureen Leavitt (1998). Modified Wraparound and Women Offenders in Community Corrections: Strategies, Opportunities and Tensions. In Maeve McMahon (Ed.), *Assessment to Assistance: Programs for Women in Community Corrections* (1-106). Lanham, MD: American Correctional Association. See especially Appendix A.: Life Areas, Strengths, and Needs of Women in Community Corrections, and Appendix B.: Community Resources for Wraparound for Women in Community Corrections; Sunhwa Lee (2004). Women's Work Supports, Job Retention and Job Mobility: Child Care and Employer Provided Health Insurance Help Women Stay on Jobs. *Research in Brief*. Washington, DC: Institute for Women's Policy Research. Retrieved on June 15, 2005, from <http://www.iwpr.org/pdf/C359.pdf>.

When family or friends provide housing, supervision officers should seek ways to include these individuals as part of the woman's support network. Using them not merely as collateral contacts who will report on the woman's behavior but as assets who can support her in her efforts to succeed, parole officers can help the support network remain in place and become stronger. Officers can educate family and friends on issues such as addiction, ensure that the presence of the parolee is not placing undue burdens on the household that can jeopardize her stability, and provide referrals to services if, in fact, they are needed. This kind of approach both assists the parolee in maintaining a stable residence, and honors the importance of these relationships in the lives of women.

Many believe that most women offenders do not belong in prison at all, and that community-based corrections facilities are the best, most appropriate option for non-violent women offenders. Advantages of these kinds of facilities include the ability of women to maintain connections in the community that will facilitate their ability to locate permanent affordable housing.

#### *Family/Relationships*

Reintegrating with family after a period of incarceration is one of the most difficult and emotionally loaded challenges that women face. Supervision officers need to be aware that, in addition to the emotional issues that may genuinely wreak havoc on women's ability to cope, women may face legal issues which will require their presence in court, and they may be under obligations to the child welfare system to participate in a variety of programs in order to avoid losing their children permanently. This means they may need legal assistance for which referrals will be helpful, and they may need to negotiate visitation and program schedules that will present logistical challenges as they attempt to meet their other obligations as well. While parole typically has little to say about family and parenting issues except insofar as they involve the parolees' contact with others who might have criminal justice histories or be actively involved in substance abuse, it is helpful to women parolees if parole officers can be aware of and acknowledge the challenges they may be facing, and provide them with sufficient flexibility to address these important matters, as well as referrals to community-based agencies that may be able to assist. Efforts expended to assist women in becoming effective parents and integrated members of supportive, functional families can be expected to pay returns in women's success in the community.

#### *Health/Sobriety*

Substance abuse treatment providers can be supervision officers' most important and valuable allies in working with the many transitioning women who have substance abuse issues.<sup>64</sup> As partners, substance abuse treatment agencies are often prepared to provide case management services, and can work closely with supervision officers to develop relapse prevention plans and other resources to help officers maintain perspective on the

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<sup>64</sup> For more on the partnerships between substance abuse treatment providers and community corrections, see: Center for Substance Abuse Treatment (2005). *Continuity of Offender Treatment for Substance Use Disorders from Institution to Community. Treatment Improvement Protocol (TIP) Series 30* (DHHS Publication No. SMA98-3245). Rockville, MD: Substance Abuse and Mental Health Services Administration.



risks and needs of transitioning women. Together, treatment providers and officers can agree on responses to violations or failures in treatment, the consistency of which will assist women in understanding and meeting their obligations. It is essential that treatment providers have both knowledge and experience in working within a criminal justice system as well as in treating women offenders, in order that they recognize the need for gender specific, women only programs, and are prepared to address the complicated lives of women returning to the community from incarceration.

To some extent, the effectiveness of this partnership will depend on the cooperation of the institutions in providing treatment programs that comply with state treatment standards (thus enabling consistent follow up), facilitating the sharing of information among institutional and community treatment providers, and encouraging access to offenders by community providers during the prerelease period. Community supervision agencies are responsible for developing ongoing collaborative relationships with the treatment providers, including protocols for sharing case information, and establishing clear expectations of the roles and responsibilities of the different agencies in managing the women.

Supervision agencies should be aware of how women generally are responding to a given treatment program. Because men in treatment significantly outnumber women, many treatment facilities have developed programs based on the needs and substance abuse patterns of men. Even when these programs provide women-only groups, they may be doing so using approaches that were developed for a male population and thus fail to address the differences in men's and women's drug use and recovery patterns, their different co-occurring problems (like eating disorders), and the ways that violence, mental health, and family and significant relationships impact their substance use.<sup>65</sup> In other words, it may be that the program is not meeting the needs of the women, and women drop out or fail to progress not because they are resistant but because they are essentially invisible within the context of the program. There has been significant research in the past decade on the substance abuse treatment needs of women,<sup>66</sup> and partnerships should be sought with those programs that are familiar with this research and are best equipped to address the gender specific needs of women.

### *Criminal Justice Compliance*

Most supervision officers are aware of the importance of providing swift and certain consequences for inappropriate behavior. Fewer are familiar with or adept at providing rewards and recognition for small or even large successes. Operant conditioning, the idea of using positive and negative reinforcement to shape behavior, is basic to behavioral modification. In fact, research in this area has shown that positive reinforcement is much

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<sup>65</sup> Kassebaum (1999).

<sup>66</sup> See, for example, the National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services *Women and Gender Differences* Web site (<http://www.nida.nih.gov/WHGD/WGRPress.html>), which contains extensive lists of research in this area.

more effective than negative reinforcement.<sup>67</sup> Yet community supervision has always been more focused on responses to violations than accomplishments. In the switch toward a success-oriented corrections system, developing a set of rewards is just as important as a set of sanctions for violations. These rewards can include everything from certificates of achievement (e.g., 6 months without a missed appointment, completion of parenting program, etc.) to ceremonies of celebration (e.g., completing a phase of treatment, completing supervision, etc.) to early discharges. The point is to find things to celebrate and provide women with sources of pride and accomplishment.

## Response to Violations

In the TPC model, community supervision is tied to the TAP. Accountability to the plan, however, will clearly be different outside the institution than within. Accountability should always be based on clearly defined

expectations and an advance understanding of consequences. Sanctions should be graduated, gender responsive, appropriate to the level of the violation, and should avoid over-reliance on revocation and reincarceration which may have severe long-term repercussions for both women and their children. In addition to the offender's accountability, releasing authorities and community supervision agencies need to be accountable for making sure that expectations are reasonable based on the availability and accessibility of services, as well as the gender responsiveness of services. Finally, data should be kept that includes gender as an analytic category to ensure that rates of violation and revocation are comparable between men and women. If large discrepancies are found, there should be some investigation into the sources of the problem.

### Response to Violations: Key Questions

1. Are expectations and potential consequences clear and responses consistent?
2. What policies and practices are in place to ensure that women are not unnecessarily revoked and reincarcerated? Are conditions reasonable? Do they set women up for failure?
3. Do we have a system of responses that both reward and punish as appropriate?

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<sup>67</sup>“When learning new skills and making behavioral changes, human beings appear to respond better and maintain learned behaviors for longer periods of time, when approached with *carrots* rather than *sticks*. Behaviorists recommend applying a much higher ratio of positive reinforcements to negative reinforcements in order to better achieve sustained behavioral change. Research indicates that a ratio of *four positive to every one negative* reinforcement is optimal for promoting behavior changes.” Bogue, Brad, et al. (2003). *Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention*. Washington, D.C.: The National Institute of Corrections. See also: Gendreau, P. and C. Goggin (1997). *Correctional Treatment: Accomplishments and Realities*. Correctional Counseling and Rehabilitation. P.V. Voorhis, M. Braswell and D. Lester. Cincinnati: Anderson.; Meyers, R.J. and J.E. Smith (1995). *Clinical Guide to Alcohol Treatment: The Community Reinforcement Approach*. New York, NY: Guilford Press.; Higgins, S.T. and K. Silverman, Eds. (1999). *Motivating behavior change among illicit-drug abusers: Research on contingency management interventions*. Washington, DC: American Psychological Association.; Bandura, A. (1996). Mechanisms of Moral Disengagement in the Exercise of Moral Agency. *Journal of Personality and Social Psychology* 71:364-374.; and Bandura, A., D. Ross, et al. (1963). Vicarious Reinforcement and Imitative Learning. *Journal of Abnormal and Social Psychology* 67(6): 601-607.

## Discharge

When a woman successfully completes her obligations to the criminal justice system, she deserves to be recognized and celebrated. In addition, she should be advised about the rights to which she is (re)entitled, provided necessary paperwork to document her new status, and assisted in the process of securing those rights, such as voter registration. Early discharge should be strongly considered as one possible reward for women who are making steady, consistent progress, and who have the necessary supports in place in the community to ensure continuing success.

### Discharge: Key Questions

1. Do we regularly celebrate and actively restore full citizenship to women offenders who successfully complete supervision?
2. Is early discharge from supervision an option for women who are making steady, consistent progress?

## Aftercare

While most models of reentry do not extend beyond stabilization in the community, and certainly no further than discharge from community supervision, the TPC model includes an aftercare component. While technically not under the jurisdiction of corrections, the model maintains that corrections has some responsibility for facilitating the connections between transitioning offenders and sources of continuing support in the community. For women, this support is especially important because, having faced so many barriers to success in their lives, women often lack the confidence to succeed, even when they have the skills and abilities. Women recognize implicitly the importance of ongoing support, and there are many examples from around the country of women offenders who stay connected with women they meet in treatment and other transitional programs, and who choose to become mentors for newly transitioning women once they themselves have graduated.<sup>68</sup>

### Aftercare: Key Questions

1. Is aftercare is an essential and legitimate component of transition and reentry?
2. Does the system promote ways that criminal justice-involved women can provide each other with support?
3. Has the corrections system developed partnerships in the community to ensure continuing support for transitioning women?

If women have been successful throughout their period of supervision in connecting with community resources and identifying networks of women on whom they can rely for support, the milestone of discharge can be embraced enthusiastically. If not, they may feel ambivalence similar to release from prison – glad for the relief but scared of the challenges and responsibilities that accompany it. Women need to feel that they can fall back safely when things go wrong, that they have some place to call for help without

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<sup>68</sup> This unique approach by women highlights a problem with parole conditions that prohibit contact with “criminal associates.” Criminal associates means something very different for women than it does for men, who will often engage each other in further criminal behavior. Women, who are much more likely to be engaged in criminal behavior by family and intimate partners, can be inhibited by these conditions from creating and making use of supportive, pro-social networks of women who share similar life experiences. See, for example, Koons, Burrow, Morash, and Bynum (1997).

jeopardizing their status. Community supervision agencies can help to ensure that women are not just cut loose but are integrated into a network of support by developing community partnerships, encouraging successful women to support more recently released offenders, and including aftercare as a component of their planning process.

### ***Planning for a System-Wide Approach to Transition***

Virtually by definition, the TPC model requires a collaborative, multidisciplinary planning process. This process has been well documented by the NIC through their work on the Criminal Justice System Project, Response to Parole Violations Project, and others (see resource list at the end of this monograph). When designing a planning process to address women's issues, however, certain modifications to this process might be required. First and foremost is ensuring appropriate expertise on the policy team that is conducting the planning. Policy teams will need to include the most senior department of corrections official who is interested in, knowledgeable about, and willing to be an advocate for women offenders. In some jurisdictions there is a designated administrator in this role; in others, the warden of one of the women's institutions might be appropriate. Absent a designee from the department of corrections, alternatives include community-based service providers who serve the women offender population, or a member of the academic community who has studied the issue of women offenders. Whoever is invited should have the respect and the ear of senior corrections administrators. Planning team members should remember, too, that because women's sentences tend to be shorter, and because the system-wide approach integrates both institutional and community corrections into a single process, the inclusion of community-based service providers for women at some level of the planning process of the initiative is absolutely essential.

For some jurisdictions, integrating community-based service providers into their corrections policy work will be a new challenge. Most will be surprised, however, at the willingness of these other systems to participate in finding ways to better meet the needs of the shared service population. This kind of cross-system collaboration requires some groundwork in terms of understanding the vision, mission, and culture of each partnering agency and identifying the common ground that will sustain the collaborative partnership. This work is fundamental to the creation of an improved transition system for women, however, since women will be forced to interface with all of these systems regardless of whether the policy development and case management teams choose to do so, and transitioning offenders will continue to bear the burden of negotiating between contradictory expectations and differing system cultures.

Some jurisdictions will choose to create a separate track for the development of system responses to women offenders, with perhaps a subcommittee of a larger task force dedicated to this issue. Others will choose to integrate women's issues into the work of the larger group. The important thing is that the policy team, as a whole, explicitly embraces the issue of gender, and acknowledges in the vision, mission, and goals of the team the need to address transition issues for both male and female offenders. When the issue of gender is not made explicit and the team opts for what it assumes is gender

neutral language, women offenders almost inevitably disappear in the face of the larger population of men.

## **Conclusion**

This document summarizes the work on gender responsive approaches to women offenders in the context of the TPC Initiative, a system-wide approach to facilitating more effective transition of offenders from prison to the community. The premises are fairly straightforward:

- ❑ **Gender matters.** Men and women come to the criminal justice system in different ways and with different life experiences which must be accounted for if the system is going to succeed in helping them become sober, contributing, crime free members of the community.
- ❑ **Effective transition requires a system-wide approach,** beginning with thorough, gender specific assessment at offenders' entry into the institutional system, and concluding with linkages to gender specific aftercare services.
- ❑ When working with or planning for work with women offenders, we must always consider their roles in the community as mothers and members of families. These **relationships are essential** to their understanding of themselves and if we do not take these vital relationships into account, we are setting women up to fail.
- ❑ **We cannot underestimate the role of trauma and violence in the lives of women** offenders, how it impacts their experience within the correctional system, and how it will impact them when they return to the community. Trauma and violence affect their substance use, mental health, family relationships, ability to earn a living, and ultimately, their ability to live a crime free life.

The TPC Initiative, like other comparable initiatives in effect throughout the country, assumes that transition is a complicated matter – but it is vital to the cause of public safety and community stability that we address it more effectively than we have historically done. Creating an effective transition system for both men and women offenders requires a multidisciplinary, collaborative approach by the full range of corrections and community-based stakeholders. Effective collaboration is itself a challenge, requiring the development of a shared vision and goals, and trusting relationships among working members of the collaborative. A commitment to offender success – including women offenders – can prove to be the common ground that will make these collaborations possible.

## Resources

The following list of resources is provided to help readers translate some of the concepts presented here into practice. It is not intended as a definitive list of resources; indeed, there are many, many additional resources on this topic not listed here.

### System Planning

- ❑ Burke, Peggy (2004). *Parole Violations Revisited: A Handbook on Strengthening Parole Practices for Public Safety and Successful Transition to the Community*. Silver Spring, MD: Center for Effective Public Policy. Available at <http://www.nicic.org>. See also [www.paroleviolationsrevisited.org](http://www.paroleviolationsrevisited.org) for a Web-based version of the handbook.
- ❑ Carter, M. (2005). *Collaboration: A Training Curriculum to Enhance the Effectiveness of Criminal Justice Teams*. Silver Spring, MD: Center for Effective Public Policy. Available at <http://www.collaborativejustice.org>.
- ❑ Intermediate Sanctions for Women Offenders Policy Group (1995). *Intermediate Sanctions for Women Offenders*. Salem, OR: Oregon Department of Corrections. Available at [www.nicic.org](http://www.nicic.org).
- ❑ McGarry, P. and Carter, M. (1993). *The Intermediate Sanctions Handbook: Experiences and Tools for Policymakers*. Silver Spring, MD: Center for Effective Public Policy.
- ❑ Muse, Larry (2000). *Intermediate Sanctions for Women Offenders: A Lesson in Criminal Justice Policy-Making*. Longmont, CO: National Institute for Corrections Information Center. Available at [www.nicic.org](http://www.nicic.org).
- ❑ Ney, Becki, and Peggy McGarry (2005). *Getting It Right: Collaborative Problem Solving for Criminal Justice*. Silver Spring, MD: Center for Effective Public Policy.

### Writings on Gender Responsiveness

- ❑ Berman, Judy and Becki Ney (2001). *A Work in Progress: Gender Responsiveness Checklist for Correctional Programs Serving Women*. Silver Spring, MD: Center for Effective Public Policy.
- ❑ Hardyman, Patricia L., and Patricia Van Voorhis (2004). *Developing Gender-Specific Classification Systems for Women Offenders* (NIC Publication No. 018931). Washington, DC: National Institute of Corrections. Available at <http://www.nicic.org>.
- ❑ National Institute of Correction's *Gender-Responsive Strategies for Women Offenders Bulletin Series*, (available at <http://www.nicic.org>) including:
  - Berman, Judy. *Roots of Change: The Creation of the Sheriff's Department of Women's Justice Services in Cook County, Illinois*. NIC Forthcoming.
  - Berman, Judy (2005). *Systemic Criminal Justice Planning: Improving Responses to Women Offenders in Hamilton County, Ohio*. (NIC Publication No. 020872) Washington, DC: National Institute of Corrections.

- Bloom, Barbara, Barbara Owen, and Stephanie Covington (and Myrna Raeder) (2003). *Gender-Responsive Strategies: Research, Practice, and Guiding Principles for Women Offenders* (NIC Publication No. 018017). Washington, DC: National Institute of Corrections;
- McCampbell, Susan W. (2005). *The Gender-Responsive Strategies Project: Jail Applications* (NIC Publication No. 020417). Washington, DC: National Institute of Corrections; and
- Ney, Becki, and Teri K. Martin (2005). *Using Jail Exit Surveys to Improve Responses to Women Offenders*. (NIC Publication No. 020853). Washington, DC: National Institute of Corrections.

## **Web Links and Articles on Issues of Significance to Women Offenders**

### **Adoption and Safe Families Act of 1997 (ASFA) information:**

- ❑ U.S. Department of Health and Human Services, Administration for Children and Families program instruction can be found at <http://www.acf.hhs.gov/programs/cb/laws/pi/pi9802.htm>.
- ❑ National Conference of State Legislatures provides online information on state implementation of ASFA at <http://www.ncsl.org/programs/cyf/ASFA97.htm>.
- ❑ A summary of the law's provisions by the Children's Defense Fund can be found at [http://www.childrensdefense.org/childwelfare/adoption/asfa\\_basics.aspx](http://www.childrensdefense.org/childwelfare/adoption/asfa_basics.aspx).
- ❑ Advocacy activity by the Child Welfare League of America on ASFA is described at <http://www.cwla.org/advocacy/asfa.htm>.
- ❑ ASFA and geographical barriers to adoption can be found at <http://www.childrensrights.org/PDF/policy/safefamilies.pdf>.

### **Substance Abuse and Mental Illness:**

- ❑ National Institute of Correction's Webpage on Mentally Ill Persons in Corrections Settings can be found at [http://www.nicic.org/WebPage\\_62.htm](http://www.nicic.org/WebPage_62.htm). This page includes a link (<http://www.nicic.org/Library/018604>) to the following document:
  - Hills, Holly, Christine Siegfried, and Alan Ickowitz (2004). *Effective Prison Mental Health Services: Guidelines to Expand and Improve Treatment* (NIC Publication No. 018604). Washington, DC: National Institute of Corrections.
- ❑ Substance Abuse and Mental Health Services Administration's (SAMHSA) Mental Health Homepage is <http://mentalhealth.samhsa.gov/>.
- ❑ Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) Homepage is <http://csat.samhsa.gov/>.
- ❑ National Institute on Drug Abuse (NIDA) Women and Gender Differences Research Webpage is <http://www.drugabuse.gov/whgd/whgdhome.html>.

- ❑ The National GAINS Center has a series of publications on women posted at <http://www.gainsctr.com/html/resources/publications.asp>.
- ❑ Also available from The National GAINS Center: Massaro, Jackie (2005). *An Overview of the Mental Health Service System for Criminal Justice Professionals*. Delmar, NY: GAINS Technical Assistance and Policy Analysis Center for Jail Diversion. This publication is available online at [http://www.gainscenter.samhsa.gov/pdfs/jail\\_diversion/MassaroII.pdf](http://www.gainscenter.samhsa.gov/pdfs/jail_diversion/MassaroII.pdf).

#### **Violence Against Women and Children:**

- ❑ Bloom, Sandra. (2002). *The PVS Disaster: Poverty, Violence and Substance Abuse in the Lives of Women and Children*. Philadelphia, PA: Women's Law Project. Available online at <http://www.sanctuaryweb.com/Documents/Downloads/WLP%20&%20PVS/PVS%20Final.pdf>.
- ❑ Minnesota Center Against Violence and Abuse Homepage is <http://www.mincava.umn.edu/about/>.
- ❑ National Coalition Against Domestic Violence resource page can be found at [http://www.ncadv.org/resources/NCADVResources\\_70.html](http://www.ncadv.org/resources/NCADVResources_70.html).
- ❑ National Sexual Violence Resource Center Homepage is <http://www.nsvrc.org/>.
- ❑ National Clearinghouse on Child Abuse and Neglect Information Homepage is <http://nccanch.acf.hhs.gov/>.

#### **Incarcerated Mothers and Children:**

- ❑ Seymour, Cynthia (1998). Children with Parents in Prison: Child Welfare Policy, Program and Practice Issues. *Child Welfare Journal of Policy, Practice and Program*, 77(5) 469-493. Available online at <http://www.cwla.org/programs/incarcerated/so98journalintro.htm>.
- ❑ The Family and Corrections Network offers resources for families of prisoners and those providing services to families of prisoners on their Homepage at <http://www.fcnetwork.org>.
- ❑ Katz, L. (2002). Evaluation and Services for Children of Incarcerated Parents with Co-occurring Disorders. In Davidson, S. and Hills, H. (Eds.) *Series on Women with Mental Illness and Co-Occurring Disorders*, 6. Delmar, NY: National GAINS Center. This publication is available online at <http://www.gainsctr.com/pdfs/Women/series/ServicesforChildren.pdf>.
- ❑ Federal Resource Center for Children of Prisoners can be found at <http://www.cwla.org/programs/incarcerated/>.
- ❑ The Children of Incarcerated Mothers Project of the Centre for Children and Families in the Justice System Webpage is <http://www.lfcc.on.ca/cimp.html>.



### **Housing, Finances, and Legal Barriers:**

- ❑ The 2005 *Advocates Guide to Housing and Community Development Policy*, which describes federal initiatives and funding programs that have implications for housing, is posted at <http://www.nlihc.org/advocates/index.htm>.
- ❑ The National Housing Law Project maintains up-to-date information on federal housing policy and regulations on their Homepage [www.nhlp.org](http://www.nhlp.org).
- ❑ The National Endowment for Financial Education (2004). *Reuniting: Money, Family and You; A Guide for Women Leaving Prison*. Greenwood Village, CO: National Endowment for Financial Education. Contains information for women still in prison; advice regarding reentering the community, finding and keeping a job, locating affordable housing, accessing medical and legal benefits, and getting legal help; and a resource list. Available online from Child Welfare League of America at [www.cwla.org](http://www.cwla.org). This publication is free, however, you will be charged for shipping and handling of non-electronic copies based on your shipping address and the number of copies ordered. After placing your order, you will be contacted with the shipping charges.
- ❑ Legal Action Center (2004). *After Prison: Roadblocks to Reentry: A Report on State Legal Barriers Facing People with Criminal Records*. New York, NY: Legal Action Center.



<b>COMPONENTS OF THE TPC MODEL: KEY DECISION POINTS</b>
<b>SENTENCING</b>
<b>INTAKE, ASSESSMENT &amp; CLASSIFICATION</b>
<b>BEHAVIOR &amp; PROGRAMMING</b>
<b>RELEASE PREPARATION</b>

**TRANSITION ACCOUNTABILITY PLAN (TAP)**

<b>CRITICAL QUESTIONS IN FIVE BASIC LIFE AREAS AT KEY DECISION POINTS OF THE TPC*</b>					
	<b>Subsistence/Livelihood</b>	<b>Residence</b>	<b>Family/Relationships</b>	<b>Health/Sobriety</b>	<b>Criminal Justice Compliance</b>
How can sentencing support her successful transition and reentry?	Was her crime related to poverty, unemployment, economic conditions? Is employment programming an option?	How far is the residential placement from her family and home community? Will she have issues related to residence at the completion of the sentence?	What are her family obligations? How will children or others be cared for while she is incarcerated?	Will mental health, substance abuse and other assessment information be available to inform sentencing? Is treatment an option?	How can sanctions and rewards be crafted to assure accountability and support successful offender transition and reentry?
What are her goals in each of the five basic life areas?	What is her work/educational history? How has she survived up to now? Does she have any interests or skills that could translate into a livelihood?	Does she have a history of homelessness? If she was living with an intimate partner, was she safe? If she had a residence, what will happen to it while she is incarcerated?	Does she have children (or elders) for whom she is responsible? What arrangements have been made for their care? Does she have children with whom she plans to live upon release? Will she be able to maintain contact with family during incarceration?	Does she have any medical or mental health conditions that need attention? Is she pregnant? Is there a history of substance abuse and treatment? Is there a history of trauma and violence? What are her physical health needs?	Has the institution or program assessed itself based on gender responsive principles? Have risk and need assessment tools been validated for women? Are women being over-classified?
What will she need to live independently in the community upon release?	What education and training does she need to support herself (and her children)? What does she need to do in order to be able to earn a livable wage?	What does she need to accomplish in order to live independently? To qualify for subsidized housing in the community?	Are there obstacles to staying in contact with family or for family to visit? If Child Welfare is involved, what do they require?	What specific programming will she need while incarcerated – medical and health education, trauma and mental health treatment, parenting skills, job skills, substance abuse treatment, etc.?	Is she placed where she can participate in necessary programming? Does she have unaddressed needs that are contributing to potential misconduct? Does case management and monitoring reinforce positive behavior and compliance?
What funding might be available to address her issues (e.g., mental illness, HIV/AIDS, homelessness, disability)?	Is she eligible for work furlough/prerelease? What are childcare and transportation options? What is her mailing address, voice mail box, etc.?	What is her plan for transitional living (i.e., halfway house, short term housing)? What are safe and sober housing options? Is there a waiting list?	Is there a realistic plan for addressing family issues? Has she received counseling on family reunification? Is she connected with support networks in the community?	Has she completed an application for Medicaid/other public benefits? Has she received education about self-care? Has she located a treatment placement, if necessary?	Does she have a schedule of appointments for her first week? Has she had an opportunity to meet her parole officer? Does she know when/where her first appointment is with a parole officer?

<b>COMPONENTS OF THE TPC MODEL: KEY DECISION POINTS</b>
<b>RELEASE</b>
<b>SUPERVISION &amp; SERVICES, &amp; RESPONSES TO VIOLATIONS</b>
<b>DISCHARGE &amp; AFTERCARE</b>

**TRANSITION ACCOUNTABILITY PLAN (TAP)**

<b>INTEGRATING FIVE BASIC LIFE AREAS OF WOMEN OFFENDERS AND KEY DECISION POINTS OF THE TPC*</b>					
	<b>Subsistence/Livelihood</b>	<b>Residence</b>	<b>Family/Relationships</b>	<b>Health/Sobriety</b>	<b>Criminal Justice Compliance</b>
<b>WPA REENTRY PHASE:  SURVIVAL</b>	Does she have gate money? Is she receiving public assistance? Does she have a list of soup kitchens and pantries? Can she maintain basic hygiene?	Is she living with family or friends? Is she living in a shelter? Is she on the streets? What can be done to increase her safety and stability?	Is she looking for her children? Has she made contact?	Does she have necessary supplies to continue with previous medication regimens? What are her plans to avoid relapse? Is emergency room care her only health care option? Does she need medical attention?	Is she reporting to parole regularly? Is she receiving referrals and following up to receive essential services?
<b>STABILIZATION</b>	Is she receiving public assistance? Has she found workfare training/ education? Is she receiving low wages or in a subsidized job?	Does she have a transitional residence? Is she living with family or friends?	Is there supervised visitation? Is she getting familiarized with family and children? Are there any safety issues or other problems that need immediate attention?	Is she in drug treatment (if appropriate)? Is she receiving treatment for urgent physical and mental health issues? Is she receiving counseling?	Is she complying with requirements? What kind of rewards or positive reinforcement is she eligible for or receiving?
<b>SELF SUFFICIENCY</b>	Is she in a job that pays a living wage and provides benefits? Is she receiving training or education to improve her employability?	Has she located permanent housing (with public subsidy, if necessary)? Are there any additional obstacles that can be addressed through advocacy?	Is she reunifying with family? Receiving family counseling? Is she caring for herself and others?	Does she make regular physical/mental/dental health visits paid by health insurance? Does she have an ongoing support structure — 12 step, therapy, community activities, faith-based, other support networks?	Has she earned reduced supervision? If she has successfully completed parole, has she been connected with aftercare? Has her success been recognized and celebrated?

\* This diagram attempts to integrate the key decision points of the National Institute of Corrections' (NIC) Transition from Prison to Community (TPC) model with five basic areas of need identified by the WPA's *Reentry Needs and Discharge Planning Matrix* (available at <http://www.wpaonline.org>). The diagram highlights some of the critical areas and questions to consider when addressing women offender reentry needs and discharge planning.