



***Policy Developments Regarding the
Treatment of Women Offenders in the
U.S.: The Slow Pace of Change***

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Acknowledgements

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Changing Correctional Programs and Services for Women in the U.S.

- Government-funded research and development has produced new treatment models for women.
 1. Women's Risk Needs Assessment (WRNA)
 2. Guidelines for Prisons
 3. Gender-responsive Programs:
 - Substance abuse
 - Parenting
 - Empowerment
 - Healthy relationships
 - Abuse and trauma.

Changing Correctional Programs and Services for Women in the U.S.

- Gender-Responsive: Programs and services designed to be responsive to womens' needs.
- New Programs are evidence-based: supported by research, especially experimental research.
- Although the new programs and services are available they are very slow to be adopted. The pace of actual change is very slow.
- Why is this the case?



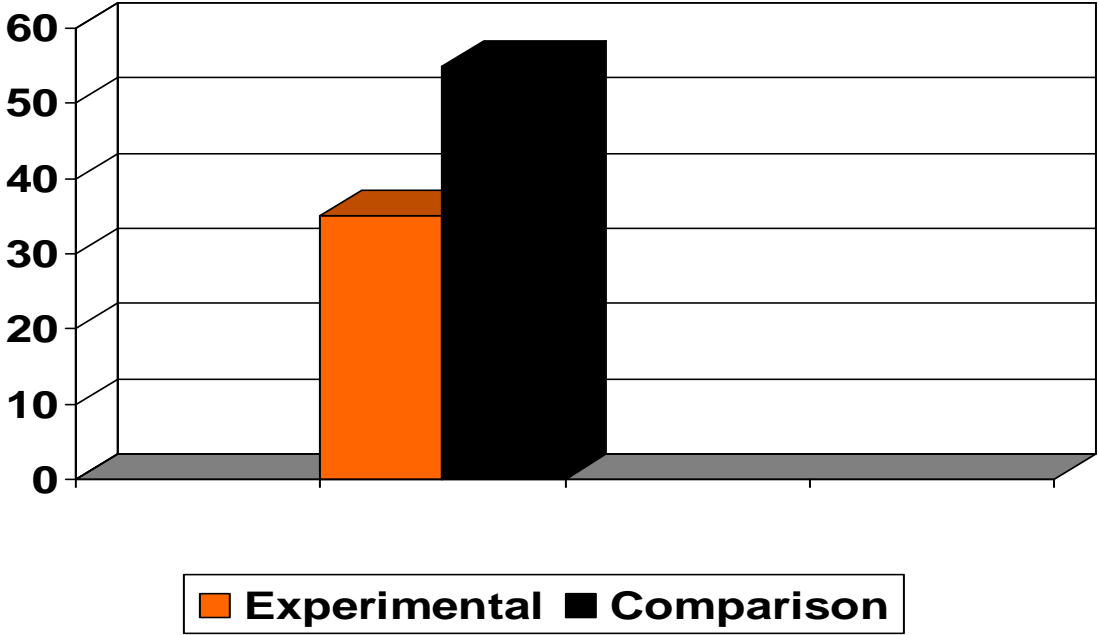
Current State of Correctional Treatment in the U.S.



Correctional Treatment in the U.S.

- Gender-Neutral: Programs and services are similar for men and women.
- They are evidence-based: based on research. Most of the research was conducted on male offenders.
- Programs and services developed for males and applied to women with little thought or research.

Evidence-based..this works



The Most Important Evidence Comes From Meta-Analyses

- Meta analyses: Study of the studies. Creation of summary “effect size”

Examples:

- Lipsey, 1992: 443 studies----2.4% studies of girls
- Andrews et al., 1990: 154 studies: -- >4% females

Andrews et al., 1990

Principles of Effective Intervention

- Risk principle: Programs work better for high risk individuals than low risk. Low risk individuals can be harmed by intensive correctional programs;
- Need principle: Must treat risk factors for future offending;
- Use Cognitive-Behavioral or Behavioral Programs
- Programs following these principles can reduce recidivism by 15-30%

Dynamic Risk/Needs Assessment

Criminal history
Education/employment
Financial
Family/marital
Accommodation
Leisure/recreation
Companions
Alcohol/drug problems
Emotional/personal
Attitude/orientation



Identify high, med., low risk
Identify treatment needs

Dynamic Risk/Needs Assessment: Two Purposes:

I. Identify High, Med, & Low Risk

II. Identify Risk Factors Associated with Risk:

- Criminal history
- Education/employment
- Financial
- Family/marital
- Accommodation
- Leisure/recreation
- Companions
- Alcohol/drug problems
- Emotional/personal
- Attitude/orientation

Big 4

- Criminal History (not a treatment target)
- Antisocial attitudes
- Antisocial personality
- Antisocial associates

Objections from Gender-Responsive Scholars



Gender-Responsive Scholars

- Most of the research supporting the “Principles” was conducted on men;
- Correctional practices were designed for men and applied to women with little thought or research.
- Women are very different from men in terms of risk factors and programmatic needs.

Women's Risk/Needs Assessment

- **Criminal history**
- **Criminal thinking (sample variations)**
- **Antisocial associates**
- **Vocational/educational**
- **Financial problems**
- **Low family support**
- **Housing problems**
- **Substance abuse**

- **Mental health history**
- **Depression/anxiety (symptoms)**
- **Psychosis/suicidal (symptoms)**
- **Child abuse (institutions)**
- **Adult victimizations (community)**
- **Relationship dysfunction**
- **Parental stress (community)**
- **Housing safety (community)**

- **And strengths (self-efficacy, family support, parental involvement, and educational assets)**

Gender-Responsive Programs

- Substance abuse is related to mental health and trauma. Substance abuse should also address trauma and depression;
- Programs should also address trauma, parenting, poverty, healthy relationships, community support;
- Programs should be relational;
- Use other program models besides cognitive-behavioral, e.g., guided imagery, relaxation, art therapy, etc.:
- Corrections should not re-traumatize.

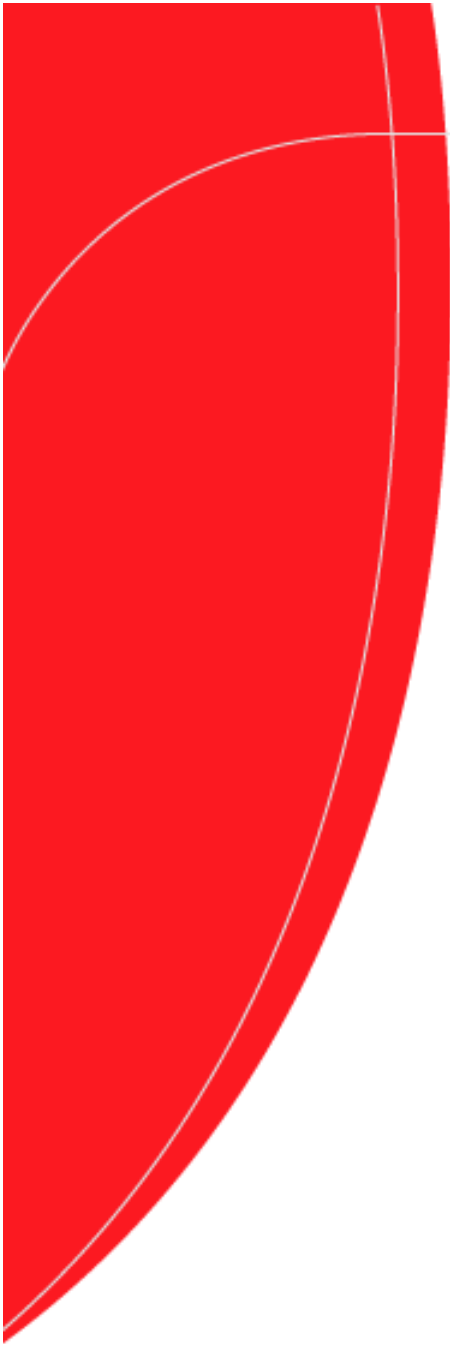


Objections to Gender-Responsive Programs, Services and Policies



Response to Gender-Responsive Models

- There is not enough evidence to support gender-responsive;
- The Principles are supported by massive amounts of evidence...hundreds of program evaluations;
- Mental health, abuse, trauma, relationships, parental issues, and low self-efficacy do not cause criminal behavior and therefore their treatment should not be a priority.



Analysis



1. Women are Under-Studied in Many Areas

- A fact of science;
- For example, women are under-studied in:
 - Medicine
 - Education:
 - Mental health

Women are Under-Studied in Medicine

- Historical absence from medical trials

Costs:

- Limited understanding of heart disease in women;
- Problems with drug dosages;
- Absence from longitudinal studies cannot be corrected quickly.

Women are Under-Studied in Medicine

- Historical absence from medical trials

Reasons

- Risks to pregnant women
- Assumption that findings for men can be generalized to women.
- National Institute of Health Revitalization Act of 1993;

Exams for College Entrance and Merit Scholarships

- Scholastic Aptitude Test (SAT)
 - Graduate Record Examination (GRE).
 - National Merit Examination
- Tests over predicted the performance of men;
-Tests under predicted the performance of women.
- Resolved after decades, through legal actions and changes to the structure of the tests.

Mental Health Assessments and Psychotherapy

- MMPI-2 (Lewin & Wild, 1991)
- Psychopathy Checklist (Baker & Mason, 2010)
- Intelligence tests (Hyde, 1990)
- Worker satisfaction (Hesse-Biber et al., 2004)

- Evaluations of psychotherapy (APA Div 17 & 35)

- Specialty areas: school psychology, mental retardation, psychopharmacology; organizational psychology.

Correctional Research on Women

- Nearly non-existent until the late 1980s.
- Tests of male models and designs found later to work with women (late 1990s):
 - Not designed specifically for women;
 - Too late to include gender-responsive components.
- Test of gender-responsive models underfunded but some experimental and prediction studies conducted after 2005.

2. Evidence-Based Mandates

- A good policy
- Experimental evidence required for funding
- Performance-based budgeting,
- U.S. Health Care Law (“Obamacare”)

Problems with Meta Analysis

- Meta analyses allowed to override other studies, e.g., single experiments;
- Meta analysis requires many studies;
- Worked against under-studied groups;
- Worked against the study of innovations;
- The evidence-based mandate became a numbers game.
- Gender-responsive research is available, replicated studies, but fails the number game.

Problems with “best available evidence”

- U.S. Surgeon General (2001)
- When evidence is not available, use “best available evidence”
- “best available evidence” can prevent uniformed guessing;
- “best available evidence” can minimize the importance of conducting more appropriate research.
- In the case of U.S. corrections, “best available evidence” is research on males.

4. Ignoring Evidence on Gender-Responsive Programs

- Comparative studies: risk factors for males and females;
- Validation studies of the WRNA;
- Experimental studies of gender responsive programs.

Gender-Responsive Risk/Needs Instrument

- **Criminal history**
- **Criminal thinking**
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- **Vocational/educational**
- **Financial problems**
- **Low family support**
- **Substance abuse**

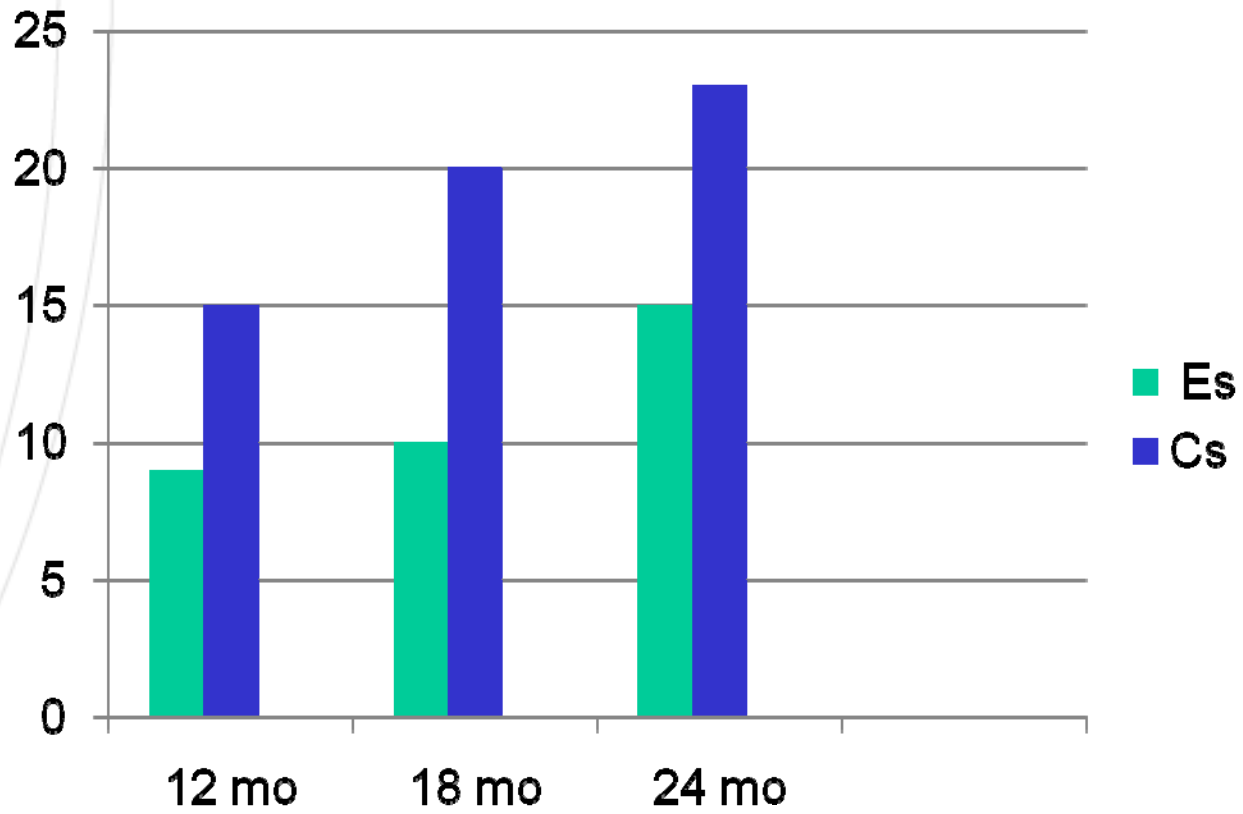
- **Housing safety**
- **Mental health history**
- **Depression/anxiety (symptoms)**
- **Psychosis (symptoms)**
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- **Adult victimizations (sample variations)**
- **Unhealthy relationships**
- **Parental stress (community)**

And strengths (self-efficacy, family support, parental involvement, and educational assets)

Women Offenders	Institutions		Probation	
	CO	MN	MN	Maui
Traditional (male model)	.16	.23***	.31***	.36***
Gender Responsive (alone)	.32***	.24***	.34***	.29***
*Traditional+Gender Responsive	.21***	.33***	.35***	.38***
*Gender responsive part.	.31***	.17***	.25***	.15*

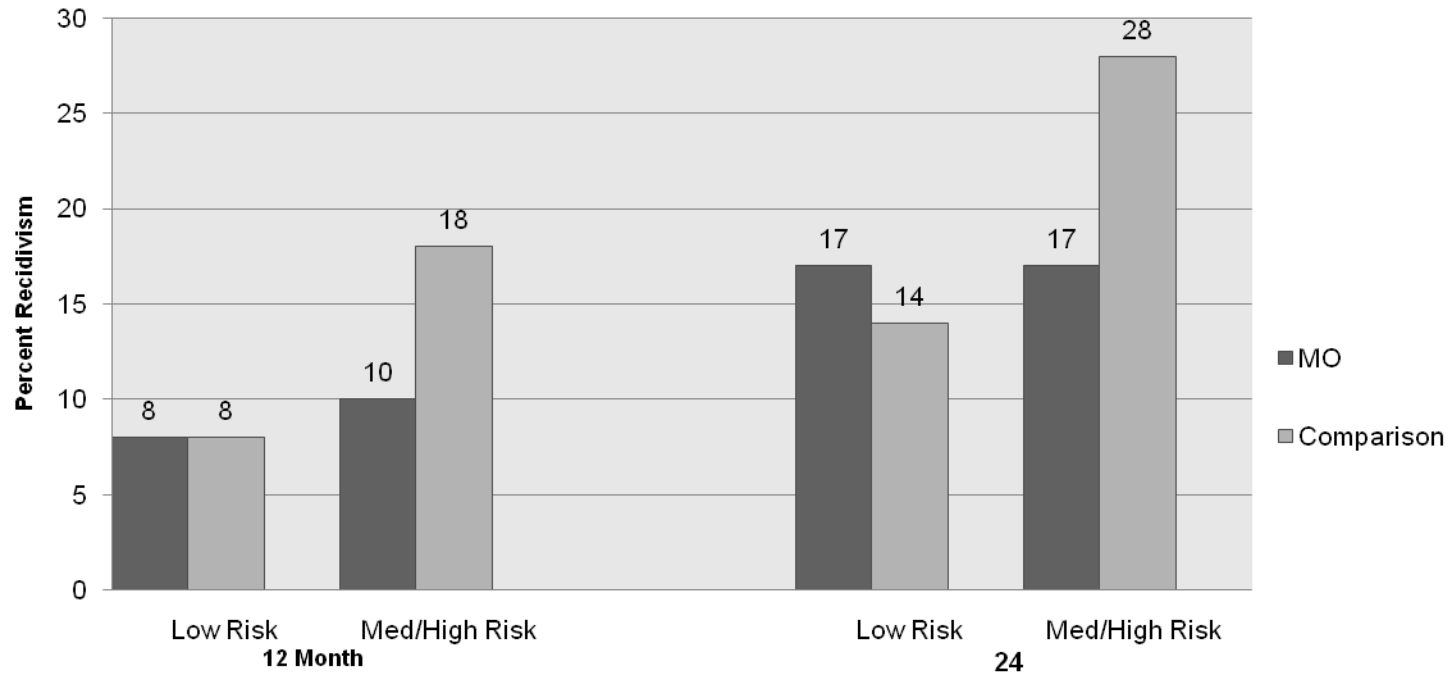


Gender Responsive Models: Moving On



Gehring, 2007

Does it matter that low risk offenders were admitted? Evaluation of Moving On, Gehring & Van Voorhis, 2009



Evidence, continued:

- Van Voorhis et al., 2010, Criminal Justice and Behavior (Assessments). www.uc.edu/womenoffenders.
- Gehring & Van Voorhis, 2011, Women, Girls and Criminal Justice (Moving On). www.uc.edu/womenoffenders.
- Najavits, (Seeking Safety) (www.seekingsafety.org)
- Messina et al., 2010. Journal of Substance abuse Treatment (Helping Women Recover & Beyond Trauma). See also SAMSHA National Registry of Evidence Based Programs (www.nrepp.samha.gov).
- Millson, Robinson, & Vandieten (2010). WOCMM: The Connecticut Project. See www.cjinvolvedwomen.org.

Important Websites:

- **Assessments:** www.uc.edu/womenoffenders.
- **Many Resources:** www.cjinvolvedwomen.org.
- **Individual Program Evals:** www.nrepp.samha.gov.
- **Individual Program Evals:** www.crimesolutions.gov.