Identifying the Special Needs of Female Offenders

Robert A. Shearer, Ph.D.
Sam Houston State University

RESEARCH AND PRACTICE suggest that female offenders have special needs not typically addressed by programs designed for male offenders. The focus on these special needs has been amplified by an increase in the number of female offenders. Even though the total number of female offenders is significantly smaller than that of males, the startling increase in female offenders has prompted the suggestion that programs need to be gender specific. However, this dramatic increase in female offenders does not coincide with an equivalent increase in female prison facilities or rehabilitation/treatment programs geared toward the needs of female offenders. On the other hand, the National Institute of Corrections produced a directory of community-based programs for women offenders that included 250 programs in 32 states (Harding & Clem, 2000). This may indicate some progress is being made in program development in community corrections. Miller (2002) indicates there is still a nationwide shortage of substance abuse facilities for women with young children. In addition, about 25 percent of all pregnant women in substance abuse treatment are referred by the criminal justice system (The DASIS Report, 2002).

The correctional system has historically been male-dominated. Not only are the structure of prison settings, the rules, the operating procedures, and the treatment programs largely based on the needs of males, but research studying the effectiveness of programs is also based on male subjects. Correctional systems frequently can assign male inmates to programs based on the individual rehabilitative or treatment needs of the offender, the severity of the crime the offender committed, and/or the security risk of the offender (Clement, 1997).

Female offenders are not afforded these same considerations. Prison facilities that house female offenders are few in number. Most states within the U.S. maintain only one facility to house female inmates (Clement, 1997). Thus, most female offenders are not assigned to facilities based on their individual rehabilitative or treatment needs, or on issues of security or the severity of the offence committed, but on the sole basis of gender. This is true, even though female offenders who abuse drugs are the fastest growing segment of the criminal justice system (Wellisch, Prendergast, & Anglin, 1994).

Treatment Needs of Female Offenders

Many correctional treatment programs do not assess the multiple problems of substance abusing female offenders (Covington, 2000; Peugh & Belenko, 1999). Female offenders with substance abuse problems are often placed in treatment programs that are based on male needs. However, the needs of female substance abusers differ greatly from those of their male counterparts (Peugh & Belenko, 1999). It is important that the needs of individuals with substance abuse problems be addressed in gender-appropriate ways (Peugh & Belenko, 1999).

Both male and female substance abusers experience compounding mental health problems (Alexander, Craig, MacDonald, & Haugland, 1994; Helzer & Pryzbeck, 1988; McCarty, Argeriou, Huebner, & Lubran, 1991; Regier, Farmer, Rae, Locke, Keith, Judd, & Goodwin, 1990; Teplin, Abram, & McClelland, 1996; Wilcox & Yates, 1993). However, female substance abusers experience different types of mental health problems than do males. Females in correctional facilities have a history of experiencing physical, sexual and psychological abuse at higher rates than males (Cosden & Cortez-Ison, 1998; Gomberth & Hirenberg, 1993; Wellisch, Anglin, & Prendergast, 1993; Institute of Medicine, 1990). They also are more likely than men to use drugs and alcohol as a coping mechanism for traumatic events and stress (Peugh & Belenko, 1999; Falkin, Wellisch, Prendergast, Killian, Hawke, Natarajan, Kowalewski, & Owens, 1994; Griffin, Weiss, Mirin, & Lang, 1989; Hser, Anglin & Booth, 1987; McClellan, Farabee, & Crouch, 1997). The differences in the mental health problems of males and females, and the circumstances that precipitate drug and alcohol use need to be confronted in substance abuse treatment using different interventions and auxiliary services.

Hartel (1994) discussed that women who are intravenous drug users are more likely than male injection drug users (IDUs) to engage in high-risk sex with multiple partners, to exchange sex for money or drugs, to share needles, and to engage in unprotected sex with other IDUs. These behaviors lead to an increased risk of contracting a sexually transmitted disease (STD). Untreated STDs in women are likely to lead to serious health complications such as pelvic inflammatory disease, cervical cancer, and infertility. Furthermore, untreated STDs are associated with increased rates of HIV transmission (Eng & Butler, 1996; McCoy, Miles & Inciardi, 1995).

HIV and AIDS are crucial issues for substance involved female inmates. The number of HIV positive female state inmates increased 88 percent between 1991 and 1995. In contrast, the number of HIV-positive male state inmates increased by 28 percent during the same time frame (Maruschak, 1997). HIV infection rates among females are predominantly related to injecting drugs, engaging in sexual activities with IDUs, the use of crack cocaine, and unsafe sexual practices such as unprotected sex and prostitution for drugs (Center for Disease Control and Prevention, 1996; Inciardi, Lockwood, & Pottieger, 1993; McCoy, Miles, & Inciardi, 1995). Thus, female substance users have a great need for safe sex education.

For female inmates, HIV education and prevention skills are an essential part of substance abuse treatment, because knowing the consequences of drug use and the skills necessary to protect themselves against the transmission of HIV is vital. These skills include negotiating with partners to use condoms and asking partners about their sexual and injection drug use histories (Peugh & Belenko, 1999).

Langan & Pelissier (2001) provide additional empirical support for gender differences among prisoners in drug treatment. They found that women prisoners in treatment had more serious patterns of drug use, were more likely to have grown up in homes where drug use was present, were more likely to have experienced physical and sexual abuse as children, and more likely to have co-existing mental disorders. In addition, they suggest that further investigations need to look at increasing self-esteem, decreasing depression, and increasing skills in establishing positive interpersonal relationships with men.

Treatment Techniques and Program Designs

The use of confrontational techniques and group settings, typically used in treatment models for men, are routinely not effective for women (Kelly, Kropp, Manhal-Baugas, 1995; Ramsey, 1980). Confrontational treatment models tend to be threatening to many women and often inhibit the ability of female substance abusers to address the underlying factors of their addiction (Peugh & Belenko, 1999). Some of these facturs include physical and sexual abuse, feelings of worthlessness, and extreme desires to please others.

Programs for men also often include anger management training to promote appropriate means of expressing anger. Women, however, are more likely to have trouble expressing anger in any form (Inciardi, Lockwood, & Pottieger, 1993) and would be much better served with alternative skills training. Women tend to respond more positively to treatment that includes techniques that reduce feelings of guilt and self-blame, and that improve self-esteem and self-awareness (Covington, 1998; Wells & Jackson, 1992).

Male treatment programs rarely address issues involving parenting training. Females are more receptive to parenting skills training within the treatment process than are men and thus this type of programming is essential for female inmates (Peugh & Belenko, 1999). Correctional Care (1994) reported that 50 to 70 percent of incarcerated females had one or more children living with them at the time of their imprisonment. Females tend to be the primary caregivers of children. Alcohol and drug abuse have been cited as causative factors in up to 80 percent of substantiated causes of child abuse and neglect (Azzi-Lessing & Olsen, 1996). Parenting groups have been shown to be highly successful with recovering addicts (Plasse, 1995). A majority of these women claimed that parenting skills classes was "very important" to their treatment program.

Male substance abusers often come from families who abuse drugs and alcohol; however, family issues are rarely brought forth in counseling sessions. Female substance users are even more likely than males to come from drug and alcohol abusive families (Marsh & Miller, 1985). Increasing evidence suggests that women with substance abuse problems frequently have a childhood trauma that may be an important contributing factor to their addictive behavior (Janikowski and Glover, 1994). Family interventions, which are rarely used in correctional facilities (Liddle & Dakof, 1995), have been shown to be effective even when the entire family does not participate (Barber & Gilbertson, 1997; Szapocznik, Kurtines, Foote, Perez-Vidal, & Hervis, 1983).

Vocational and educational programs are readily available to men in substance abuse treatment. They support traditional male roles in society and allow male substance abusers to learn a trade that pays a living wage when they re-enter society, if they so choose. However, female substance abusers receive very little vocational and educational training (Gray, Mays, & Stoher, 1995). The training that they do receive typically is for low-paying jobs with little opportunity for advancement. Most mothers who are also female offenders expect to return to their children after release from the correctional facility. Many of these women do not expect to receive financial or emotional support from their children's father (Prendergast, Wellisch, & Falkin, 1995). Without a marketable skill and the ability to use socially acceptable interpersonal skills, a large majority of female inmates will re-offend (Shearer & Baletka, 1999). Vocational and educational training for incarcerated women enable them to obtain jobs that provide a living wage, thus allowing them to be actively involving in raising their children.

Critical Intervention Issues

Several sources in correctional literature have identified the critical issues that should serve as the foundation for curriculum areas in community and institutional correctional programs. Most of the identified critical issues have arisen from practice and few are empirically supported. In any case, they present some areas of commonality and some unique suggestions for curriculum design.

The Center for Substance Abuse Treatment (1994) identified 17 issues that needed to be addressed in a comprehensive treatment program for women. These issues ranged from gender-specific addiction issues to childcare and custody, including interpersonal violence, relationships with family members, and low self-esteem.

Crowe and Reeves (1994) suggested the areas of co-dependency, incest, abuse, victimization, sexuality, and conflicts with family members. Vigdal (1995) mentioned housing needs, education, vocational training, domestic violence, abuse, victimization, and medical services as critical issues in treatment programs for women.

Drabble (1996) presented an extensive overview of elements of effective services for women in substance abuse treatment. She identified several areas of services, including medical health care issues, emotional/psychological issues, life skills, partner and parenting issues, and cultural/population specific services.

In 1997, Sanders, McNeil, Rienzi, and DeLouth identified the program needs of incarcerated female felons through the use of a survey designed by inmates. The survey consisted of 36 services that residents were asked to rate in degree of importance. These 36 areas ranged from self-esteem to alcohol dependency issues. Their survey produced a level of importance ranking for the 36 curriculum issues suggested by the inmates. The reliability and validity of the survey was not established or reported in their survey.

Covington (1999) reviewed the 17 issues in the center for Substance Abuse report and concluded that professionals and recovering women agreed on the issues most central to recovery. These issues fell into four categories: self, relationships, sexuality, and spirituality. These four issues serve as the foundation for her four treatment modules in a comprehensive program for the use in the Criminal Justice System. Her treatment program is widely accepted and professionally constructed, but it is not clear how a program assesses needs using her treatment modules.

Bloom and McDiarmid (2000) identified specific women's issues to support an empowerment model of treatment leading to personal independence. Their issues consisted of substance abuse, domestic violence, sexual abuse, pregnancy, parenting, relationships, and gender bias.

Shearer and Baletka (2000) developed a curriculum for female offenders in substance abuse treatment programs that contains modules similar to the previously mentioned resources. Their curriculum design was driven by one of the instruments in the project designed to assess program needs of female offenders.

At least two primary program and treatment issues remain, without agreement as to how important they should be. First, Welle, Falkin, and Janchill (1998) indicate that there is not agreement about the role of victimization as a treatment topic. Should victimization be a primary or secondary treatment topic in substance abuse programs for women? The authors suggest that the answer depends on whether women identified themselves as recovering substance abusers or survivors of violent abusive relationships. In any case, they suggest that programs need to include ways to interrupt and recover from cycles of violence, drug use, and criminal activity. Second, Byrne and Howells (2002) have identified the role of low self-esteem in programs for women offenders. It has been suggested that self-esteem is not a criminogenic need in male offenders, but for female offenders, low self-esteem may be a product of earlier victimization and, therefore a priority for treatment programming. The authors conclude that self-esteem difficulties should be a priority for correctional programming.

What seems clear from reviewing these studies is that we currently lack both a method to assess the needs of women offenders and an empirical assessment tool to conduct assessments. This study attempted to fill this void by building on past research efforts to determine the critical special needs issues of female offenders.

Female Offender Critical Intervention (FOCI) Inventory

In order to measure program specific needs in specific areas, the *Female Offender Critical Intervention Inventory* (FOCI) was developed by drawing on the accepted issue areas in the field and testing the internal reliability and validity of the instrument. Consequently, the purpose of the study was to construct and empirically test a needs assessment instrument, the FOCI Inventory. If this testing could produce a valid and reliable instrument, the correctional administrators could conduct a needs assessment that had some degree of empirical support. The instrument would be more efficient than extensive cumbersome surveys with redundant, overlapping, or irrelevant items. The effective assessment of needs is one of the key aspects of community corrections requiring the implementation of gender-responsive approaches for women under community supervision (Bloom & McDiarmid, 2000).

The FOCI inventory construction drew heavily on the previously mentioned work of Sanders, McNeill, Rienzi, and DeLouth. In fact, the inventory was an empirical extension of their survey. With minor modifications, the 18 items in their survey that were rated with the highest level of importance were selected for reliability and validity testing in the current study. The 18 items with the highest ratings were arbitrarily selected because of the need for brevity when each item was read to the subjects in the present study. Most correctional administrators and clinicians are also quite reluctant to attempt surveys containing a large number of items because of the time constraints and reading difficulties. Consequently, the original instrument included 18 items that were scored on a three-point scale (never, sometimes, frequently). A high score on the scale indicates a greater sensitivity to intervention. A low score indicates a lesser sensitivity to intervention on a specific issue.

The FOCI was administered to four groups of female felony offenders in four units of a prison system in the southwestern United States. All participants were selected by directors of the substance programs based on availability at the time of testing. Participants were instructed prior to the survey that participation was voluntary and anonymous. The survey was read aloud to all groups. Group 1 consisted of 52 female offenders in a state jail. The state jail contained 900 offenders with 100 offenders in substance abuse treatment units (2 pods of 50 each). Twelve of the 52 female offenders did not have children. Group 2 consisted of 52 adult female offenders in a substance abuse felony facility. The treatment program contained 270 female offenders. Fourteen of the women did not have children. Group 3 consisted of 52 adult female offenders in a privately contacted therapeutic community (TC). There were 460 women in the facility, all of whom were members of the TC. Eight of the women did not have children. Group 4 consisted of 32 female offenders in a therapeutic community. The prison unit contained 2144 females and 216 were enrolled in TC. Nine of the participants did not have children.

The number of female offenders who did and didn't have children was counted because of the frequent emphasis on childcare and parenting issues in the literature of female offenders who abuse substances. The survey sample contained 72 to 85 percent of subjects indicating that they had children.

The data indicate large differences between Group 4 and Groups 1, 2, and 3. The group means for groups 1, 2, 3, and 4 were 23, 25, 29, and 11 respectively. On the FOCI, the higher the number, the greater the reported sensitivity to women's issues in the program. Significances were not tested to determine if these observed differences were statistically different, because group 4 was selected with an obvious bias prior to the FOCI survey. It was not the original intent of the research design to have respondents selected based on their resistance to treatment. It could be that the generally resistant attitudes had an overriding effect on the responses to the FOCI even though these issues may have been adequately addressed in the program. Furthermore, Shearer, Myers, and Ogan (2001) found that treatment resistance was consistent across several treatment groups, but elevated resistance scores were observed for Black and Hispanic female offenders. The FOCI scores were not analyzed or compared based on ethnicity, so the observed score differences could be due to ethnicity not being randomly represented in the four groups, which may have led to lower scores in group 4. It is noteworthy that Group 4 was noticeably different during the survey process also. Group 4 participants were verbally aggressive and voiced many individual and collective criticisms about their treatment program. The survey author later learned that program counselors in Group 4 considered the

participants to have negative attitudes and to be "resistant" to treatment.

A factor analysis was performed on the data and a coefficient of reliability was derived. The 18 items on the scale factored into three separate factors with two items not identifying with any of the three. The three factors are labeled: substance abuse/lifestyle risk, personal abuse, and personal attributes. The item with the highest loading (.82) in the first factor was "my counselor or group has talked with me about dependency problems." The internal reliability coefficient for the first factor was .68. The item with the highest loading (.83) in the second factor, labeled "personal abuse," was "my counselor or group has talked to me about physical abuse of a child." This factor included items on personal and child abuse, physical, emotional, and sexual. A coefficient of internal reliability of .85 was obtained on this factor. The item with the highest loading (.96) in the third factor, labeled "personal attributes," was "anger management has been discussed with me by my counselor or group." This factor also included items concerning self-esteem, personal skills, treatment programs, and vocational opportunities. The coefficient of internal reliability for this factor was .72. The magnitude of the internal reliability levels may be partially due to the three-point scale (agree-not sure-disagree) and may not have been this high if the response form was a five- to six-point scale with more agree-disagree options.

Using the data produced in the studies mentioned above, the 15 items were divided between the three factors, so that each factor was converted to a five-item scale. Item 9 was excluded, because it had the lowest loading of items in the first factor, it seemed to lack obvious conceptual link, and its exclusion resulted in a more symmetrical design of five items for each scale. Consequently, the revised FOCI was re-labeled as the FOCI-R. The new scale consists of 15 items that produce three sub-scale scores and a total score.

Consequently, the results indicated, in this study, the special needs of female offenders can be grouped into three critical areas. These three areas are similar to the four areas identified by Covington (1999), but they do not include spirituality.

Conclusion

The number of female substance-abuse-related offenders entering federal and state prison systems is escalating dramatically. Gender-specific programming, space, and qualified treatment personnel are not keeping pace with the number of female inmates in need of treatment. To deal with this phenomenon, more numerous and more effective substance abuse treatment programs are needed.

The major conclusions of this study are first that the FOCI-R appears to be a reliable and valid instrument that can be used for assessing the critical needs of female offenders. Although the results are not definitive, the instrument has shown initial promise as a psychometric tool. Additional work on an experimental instrument of this nature is always recommended. Second, the critical needs of female offenders seem to group into three main areas of curriculum concern. Third, the FOCI-R seems to possess a sufficient degree of sensitivity to affect situations where critical special needs of female offenders are not being met in a substance abuse treatment program. The instrument would therefore seem to be able to differentiate between gender-sensitive and gender-insensitive programs. On the other hand, the low FOCI inventory scores in one of the groups may reflect general program discontent rather than specific discontent with gender issues. It may also reflect a combination of both. Additional research is needed on this question.

For treatment programs to be effective, reliable assessment tools are needed. The FOCI-R is a 15-item instrument for assessing participant and program needs. Several possible uses can be suggested at this point. First, the FOCI-R can be used to conduct a needs assessment from the client viewpoint by surveying offenders on curriculum areas that are being included or excluded in a program. This is an important element. It is not enough for program administrators and counselors to assume that a specific module or section of a curriculum deals with abuse issues if the clients do not concur that abuse issues have been adequately addressed. The FOCI-R will identify both areas lacking within a curriculum and those being successfully implemented from the client's viewpoint.

Addressing the unique needs of different populations has been identified as one of the principles of effective prison-based drug treatment (Means, Moore, Travis, & Winterfield, 2003). This instrument was designed to identify these unique needs.

Second, the FOCI-R can also be used to survey substance abuse counselors on curriculum needs. Counselors will be able to gauge effectiveness of programming by using the FOCI-R to monitor and adjust therapeutic activities.

Third, the FOCI-R can be a useful instrument to assess an individual client's needs by identifying critical areas she may not want to discuss in a group or therapeutic setting. It is often difficult to ascertain the topics that will identify the wants and needs of clients for group or individual counseling discussions. By simple word changes (Example: I would like my counselor to talk to me about my childhood sexual abuse), the FOCI-R can be a non-threatening and time-saving way for counselors to obtain information about critical topic areas of concern for the client.

Fourth, the FOCI-R has the ability to guide curriculum development by identifying critical areas to be included in a new program. Fifth, the FOCI-R could provide administrators with a guide for program implementation and/or emphasis when allocating valuable financial or personal resources. The major areas of curriculum development are specified by the general factors of the FOCI-R and the individual items will help guide program content and activities. Finally, with a few slight modifications, the FOCI-R can be used in community correctional settings. Issues of childcare, transportation, and housing could be added to the instrument to make it more responsive to assessing the needs of women under community supervision. In any case the instrument shows promise in identifying the critical supervision and programming needs of women offenders in community and institutional settings.

Comprehensive approaches are needed for effective treatment strategies for female offenders. These approaches include individual counseling, group counseling, vocational training, parenting training, long-term refusal and residence skills training, and education on safe sex and domestic violence (Peugh & Belenko, 1999; Baletka & Shearer, 2001). The FOCI-R is an example of an assessment tool that can help improve the effectiveness of treatment programs by viewing curriculums through the eyes of the client, thus helping program administrators provide more comprehensive services. The results of correctional-based substance abuse treatment research suggest that well-designed, gender-specific programs of sufficient length that are linked to aftercare services in the community can reduce post-release criminal activity, relapse, and recidivism.

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