

Gender-Responsive Treatment for Women Parolees

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Prepared by: Nena Messina, Ph.D.

UCLA Integrated Substance Abuse Programs
1640 S. Sepulveda Blvd., Suite 200
Los Angeles, California 90025
Phone: (310) 267-5509
Fax: (310) 312-0559
Email: nmessina@ucla.edu; rrowson@mednet.ucla.edu
<http://www.uclaisap.org>

Background

The number of women under criminal justice supervision has increased dramatically in recent years:

- 8.1% annual increase between 1990 and 2000, outpacing the rate of increase for men (6.2% annually) (Bureau of Justice Statistics, 2000).
- By 1999, 22% of all probationers (up from 18% in 1990) and 12% of all parolees (up from 8% in 1990) were women.
- An additional 285,000 women were added to community supervision caseloads between 1995 and 2003, bringing the total number of women on parole and probation to over one million (BJS, 2004).
- Drug offenses were the primary source of growth (38% compared with 17% for men) during this period (BJS, 2000).

Research shows that men and women have different *pathways & patterns* to crime and addiction:

- Women are frequently initiated to crime and addiction from their male partners (Pollock, 2002; Wasilow-Mueller & Erickson, 2001).
- Women often continue drug use to sustain or endure abusive relationships (Covington & Surrey, 1997; Owen, 1998).
- Women tend to cite family as the primary reason for treatment entry (Grella & Joshi, 1999).

Women's *patterns of drug abuse* are more socially embedded than men's and revolve around interpersonal relationships:

- Histories of sexual/physical abuse are major pre-existing conditions in subsequent delinquency, addiction, and criminality (Blume, 1992).
- Early victimization increases the risk of interpersonal violence in women's future relationships (Bloom et al., 2004).

The different pathways and patterns of drug abuse for women and men are considered to be directly related to the likelihood of treatment entry and recovery.

Treatment Needs of Women Offenders

Medical Issues. Compared with men, women offenders:

- More often report poly-drug use, earlier use of hard drugs, and use by injection (Messina et al., 2003).
- Suffer from anemia, hepatitis, hypertension, anorexia nervosa, diabetes, and/or sexually transmitted diseases, including HIV (Anderson et al., 2002).
- Need additional specialized treatment due to pregnancy (Welle, Falkin, & Jainchill, 1998).

Psychological Issues. Compared with men, women offenders:

- Are more likely to have depression, Post Traumatic Stress Disorder, panic disorders, eating disorders, and to be taking psychotropics (Bloom, 1999; Messina et al., 2003; Messina & Grella, 2006).

Sexual and Physical Abuse Issues. Compared with men, women offenders:

- More often report incest/molestation as children (19% to 55%) prior to drug abuse (Grella et al., 2005; Langan & Pelissier, 2001; Messina et al., 2003).

Employment/Educational Issues. Compared with men, women offenders:

- Are more likely to be financially dependent on family and public assistance, and to report illegal activities as their primary source of income (Messina et al., 2003).
- Have not completed high school, have inadequate vocational skills (Prendergast et al., 1995).

Parenting Issues.

- Most women offenders have children under the age of 18 and are typically the primary childcare provider (Grella et al., 2000).
- Criminogenic influences experienced by women offenders are replicated in the lives of their children (Greene et al., 2000).
- Many women offenders are faced with the loss of, or the threat of the loss of, custody of their children and are in need of legal advice (Grella et al., 2000; Prendergast et al., 1995).

Theoretical Developments: The Relational Model

Relational Model: Originally proposed by Jean Baker Miller (1976) and developed more recently by Jordan and colleagues (1991) and by Covington (1998; 2002) in her work on treatment for women offenders.

- This model has also been used to conceptualize innovations in psychotherapy and HIV prevention among women (Amaro, 1995; Amaro et al., 1995; Nelson, 1996; Riggs & Bright, 1997).
- This model recognizes the different ways in which women and men develop psychologically (Miller, 1976).
- Healthy connections with other people are fundamental to women's psychological well-being.

Woman-Focused Curricula: Several models of gender-responsive trauma based treatment exist, which are appropriate for women offenders.

- *Helping Women Recover: A Program for Treating Substance Abuse* (Covington, 1998)
- *Beyond Trauma: A Healing Journey for Women* (Covington, 2002)
- *Seeking Safety: Psychotherapy for Trauma/PTSD and Substance Abuse* (Najavits, 2002)
- *Trauma Recovery and Empowerment Model (TREM): An intervention program designed for women survivors of trauma* <http://www.ncstac.org/content/projects/trem.htm>

Women offenders participating in programs that address their patterns of crime, drug abuse, and psychological recovery through appropriate programming):

- *Will be less likely than those in standard programs to continue their past patterns of drug abuse and crime,*
 - *Will be more likely to exhibit increased psychological well-being and functioning.*

Significance

- **Clinicians, researchers, and criminal justice officials have advocated for women-focused treatment as women offenders are not getting what they need in standard treatment programs;**
- **New woman-focused programs will receive national and international attention;**
- **Findings from program evaluations could revolutionize treatment for women offenders;**

Findings from the proposed program evaluation could substantially advance the knowledge base regarding drug abuse treatment for women offenders by providing valuable information on the types of services and approaches that should be emphasized when treating women offenders in prison- and community-based treatment programs.

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