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## Gender-Specific Programming Targets Females' Unique Needs

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# Gender-Specific Programming Targets Females' Unique Needs

by Sonya Khilnani, PhD, CCHP

*Gender-specific interventions recognize that female pathways to criminality may differ from those of males*

**W**hile the overall prison population may gradually be on the decline, the number of female inmates is on the rise. The popular television series “Orange Is the New Black” reflects this trend. However, few jurisdictions have been able to implement and sustain gender-responsive programs due to lack of funding.

Female inmates tend to be poor, undereducated women who receive public assistance. Most of the crimes that women are currently being charged with are economically driven and are motivated by substance use or poverty. Contrary to what the media portrays, women play no substantial role in the drug trafficking trade. These women are commonly entangled in prostitution and drug-dealing. Female criminal activities usually consist of nonviolent property offenses involving alcohol or other drugs (AOD). Women also typically have co-occurring substance use disorders. In addition to street drugs, the misuse of prescription medications is increasing.

Roughly half of female offenders are under the influence at the time they engage in criminal activity. When female offenders do commit violent crimes, those crimes are often against a spouse, former spouse or boyfriend due to physi-

cal or sexual abuse by the person they assaulted. More recently, however, we have noticed a slight shift with an increase in females facing charges of burglary of strangers.

Female offenders suffer from post-traumatic stress disorder up to 10 times more compared to their peers in the community. As children and adults, a noteworthy percentage of female offenders have been victims of incest and rape.

These same women are frequently single mothers who have two or three minor children. Being incarcerated during the prime of motherhood often brings up guilt and custody issues. Female inmates often feel helpless as a parent in terms of visitation, given the transportation challenges that their children face. Adding to this barrier is that most women's prisons are in isolated areas.

## **Lack of Treatment for AOD Disorders**

Only a fraction of female offenders receive treatment for their AOD problems, whereas males seem to consume the lion's share of addiction and recovery services. According to research conducted by Carla Green, PhD, women are more likely than men to face multiple barriers to accessing substance abuse treatment and are less likely to seek help for this, in part due to stigmatization. Green suggests that

women tend to seek care in mental health or primary care settings rather than specialized treatment programs. This may contribute to poorer treatment outcomes.

When women do develop substance use problems, the onset and progression are faster. For example, it takes smaller amounts of alcohol for women to get drunk, and women are at greater risk for developing lung cancer and heart attack when they smoke. Health-related problems related to AOD are more severe and affect more areas of a woman's life, particularly if she is a mother. Therefore, drug screening for women should be sensitive enough to detect these nuances in order to refer appropriately.

Moreover, it is not uncommon for male risk assessments to be used in response to female offenders. This may lead to a systematic misclassification of women and they may be placed in higher security facilities as a result.

### High Demand for Health Care

In light of the aforementioned risk factors, female inmates are extensive users of the health care system. However, mental health staffing patterns do not always take this into consideration. General trends show that incarcerated women are high utilizers of mental health services (when available). There seems to be less of a societal bias when women seek help for their problems. Female inmates participate in counseling and pharmacotherapy at higher rates than their male counterparts. Also, their counseling sessions may take longer as women tend to be more verbal.

Yet correctional programs and services geared toward women's unique needs are lacking. Perhaps in the past this oversight was justified due to the smaller representation of women in the incarcerated population. Now, however, it is incumbent on correctional systems to develop more diverse options to address gender-specific program needs.

How does a gender-specific approach differ from services in general? Implementing a "female-only" group that was originally designed for males does not necessarily equate to gender-specific treatment. Gender-specific interventions recognize that female pathways to criminality may differ from those of males. Given the types of disadvantages prevalent among female inmates, effective gender-specific programming involves comprehensive treatment for drugs and trauma recovery. Education, job training, self-care and parenting skills should also be incorporated in women's service planning.

Many female offenders who are mothers themselves have had less than optimal maternal role models. Offering parenting classes could help prevent the intergenerational cycle of abuse. Childhood maltreatment is associated with criminal behavior. An investment in strengthening families and children would be an immeasurable benefit to society.

### The Female 'Voice'

In her landmark book on gender differences in moral development, "In a Different Voice," Carol Gilligan postulated that males develop in relation to the world whereas females develop in relation to others. Gilligan suggested that, generally speaking, the feminine voice emphasizes a care perspective while the male voice is based on logic and individual-

ism. Therefore, an understanding of female biopsychosocial development, mutual caring and empowering relationships serve as useful tools to integrate into a gender-specific treatment approach. These differences should be viewed as strengths instead of weaknesses.

Enlisting the support of role models and mentors would also help create nurturing relationships and capitalize on the interdependent nature of women. Healthy female lifestyles are grounded in relationships, community and care. Attachment and affiliation affirm to women that they are connected and not separate. These needs are foundational to women's learning and relationship styles and harness their interpersonal skills.

According to the latest edition of the Diagnostic and Statistical Manual of Mental Disorders, reducing a sense of isolation may help offset depression, the most widespread female mental health concern and one that has significant ripple effects on well-being. The DSM-5 also states that women's risk of suicide attempts is higher than men's, although men have more completed suicides. It has been established that men tend to use more fatal methods to kill themselves, such as hanging or guns versus ingestion of pills.

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Despite claims to the contrary,  
masculinist epistemologies are  
built upon values that promote  
masculine needs and desires,  
making all others invisible.

– Ellyn Kaschak, 1992.

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Themes of power and authority are pervasive in most correctional systems and may unwittingly retraumatize those with histories of being battered and abused. Gender-specific programs foster a sense of physical and emotional safety for female inmates. In the medical arena, universal chlamydia screening at intake for female youth is highly recommended given the prevalence of chlamydia among incarcerated populations. Exploring the use of least restrictive safety measures may also prove helpful. For example, there has been ongoing discussion regarding the removal of restraints (especially around the belly) and shackles on pregnant women during prenatal visits and when they are about to give birth. In this vein, one cannot underestimate the degree of peri- and postpartum depression that may be exacerbated by delivering a baby while incarcerated. Gender-specificity encourages correctional staff to be sensitive to these uniquely female issues.

### Programs Targeted Toward Women

A promising evidence-based program observed in some correctional settings is Seeking Safety, a therapeutic pro-

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gram developed by Lisa Najavits, PhD. Seeking Safety is designed to treat both PTSD and substance use disorder. Primary goals include increasing safe coping in relationships, thinking, behavior and emotions, while reducing trauma and substance abuse symptoms.

In addition, the Systems Training for Emotional Predictability and Problem Solving program has been successfully implemented with incarcerated women, many of whom struggle with trauma and self-esteem/body image issues related to histories of sexual abuse and unhealthy relationships. STEPPS is a psychoeducational group format for those with borderline personality disorder (a common diagnosis among female offenders).

The STEPPS program aims to teach behavior management and emotional regulation strategies. Along with a qualified mental health professional facilitator, the group serves as the inmate member's "reinforcement team," which supports the application of newly learned skills. A certificate is typically provided upon completion of the 20-week program for those who participate in the entire series; however, individuals benefit from participation in even a few of these group sessions. Through this program, many women are able to feel a sense of accomplishment for the first time in their lives—and feel personally empowered.

A South Florida prison has experienced success with a self-betterment program designed to empower female inmates to make positive life changes through entrepre-

neurship training, education and mentorship. The Ladies Empowerment and Action Program is available to women who have a year or less left on their sentence and who have not committed a sexual offense. LEAP also has partnered with a local university to offer business classes to a select group. Participants have expressed that LEAP offers hope for life after incarceration.

The goal of LEAP is to provide opportunities for women upon release and eradicate recidivism. A long-term desire is to open a halfway house for the women to continue supporting each other as they transition out of prison, but funding is still needed for this expansion.

### A Holistic Approach

Regardless of the specific program, strength-based interventions that address trauma, mental illness, substance abuse, parenting and financial management are beneficial to incarcerated women and may help reduce recidivism. Concerns surrounding reproductive health also should be part of a holistic treatment plan. It is through these multimodal approaches that we can help improve the lives of incarcerated women by positively impacting their self-image, environment and social conduct.

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