

**Criminal recidivism of female offenders:
The importance of structured, community-based aftercare**

Kirk Heilbrun, Ph.D.

David DeMatteo, Ph.D.

Drexel University

Ralph Fretz, Ph.D.

Community Education Centers, Inc.

Jacey Erickson M.S.

Drexel University

Douglas Gerardi, Ph.D.

Catherine Halper, Ph.D.

New Jersey Department of Corrections

The number of women under the jurisdiction of state and federal correctional authorities has increased dramatically in the past several decades. From 1980 to 1998, the population of females under correctional supervision increased over 500% (General Accounting Office, 1999). From 1986 to 1991, the number of incarcerated females increased by 75%, compared to a 53% increase in the number of incarcerated males during the same 5-year span (Snell, 1994). More recent figures indicate that the total number of incarcerated female offenders has increased by 57% since 1995, compared with a 34% increase in the number of male offenders who have been incarcerated, with an annual growth rate of 4.6% among female inmates (Harrison & Beck, 2006). By 1998, more than 950,000 women were under correctional supervision. During 2005, the most recent year for which the U.S. Department of Justice has compiled statistics on correctional populations, the number of females under the jurisdiction of state and federal prison authorities increased by 4.5% (versus 2.6% for males) (Sobol, Couture, & Harrison, 200). Finally, at year-end 2006, females accounted for 7.2% of all prison inmates, up from 6.1% in 1995 and 5.7% in 1990 (Sobol, Couture, & Harrison, 2006)

This increase in female offenders and inmates is being accompanied by a correspondingly large increase in the number of females being released into the community from incarceration. In 1999, females accounted for 9.9% of entries into state parole systems, an increase from 7.9% in 1990, and females comprised 20% of all probationers by year-end 2002 (Glaze, 2003). Unfortunately, recidivism rates among females released into the community from incarceration are not encouraging. In a 2002 report on prisoners

released from incarceration across 15 states, the U.S. Department of Justice reported that within 3 years of being released, 57.6% of females were re-arrested, 39.9% were re-convicted, and 17.3% were re-sentenced to prison for a new offense (Langan & Levin, 2002). Although these percentages are somewhat lower than those for males, they are nonetheless alarming. According to more recent analyses of the same dataset, the recidivism rate among female offenders was 23.3% after 6 months and 34.5% after 1 year (Deschenes, Owen, & Crow, 2007); after 3 years, the rate was 46.3% (Bonta, Pang, & Wallace-Capretta, 1995).

Given the increasing numbers of females in the correctional system, researchers have begun examining whether male and female offenders present with different treatment/rehabilitation needs. In 1998, the National Institute of Justice issued a comprehensive report in which it concluded that female offenders differ considerably from male offenders and present unique treatment needs. More recent research has attempted to identify specific differences in treatment needs among female offenders. This research suggests that when compared to incarcerated males, women in prison are more likely to have suffered sexual and physical abuse (Covington & Bloom, 2007; Ditton, 1999) and more likely to be addicted to illicit drugs (Houck & Loper, 2002). Moreover, a recent report found that female inmates have higher rates of documented mental illness than male inmates, with 73% of female inmates in state prison (vs. 55% of male inmates) reporting symptoms of mental illness either currently or during the previous 12 months (James & Glaze, 2006). Furthermore, research suggests that incarcerated females are more likely to be primary caretakers of minor children prior to incarceration (Greenfeld & Snell, 1999)

and more likely to engage in criminal behavior for economic reasons (Covington & Bloom, 2006).

Gender-specific programs are responsive to the unique needs of female offenders. These programs recognize that the services provided to female offenders should be supportive, particularly during the early stages of treatment when female offenders are most vulnerable. Gender-specific programming is also more likely to focus on relationships. These include relationships with family members, significant others, staff, and with one another. Supportive and relationship-focused services are delivered with the recognition that female offenders' pathways to crime are often different than their male counterparts. For example, female offenders are more likely to commit an offense within the context of a relationship than male offenders.

The identification of distinctive treatment needs among female offenders is increasingly recognized as important in contemporary corrections. It has led some researchers, commentators, and policy-makers to call for the development and implementation of gender-specific programming in correctional contexts (General Accounting Office, 1999). Targeting the distinctive treatment needs of female offenders should yield a more effective approach to reducing criminal recidivism and related problem behaviors, such as substance abuse. One of the first such efforts took place within the U.S. Federal Bureau of Prisons (BOP). In August 1997, the BOP issued a formal policy on the management of female offenders that required all BOP policies, programs, and services to consider and address the unique treatment needs of female offenders (General Accounting Office, 1999). In a 1999 report examining the three largest correctional

systems in the U.S. for female offenders – the Federal BOP, California Department of Corrections, and Texas Department of Criminal Justice – the General Accounting Office noted that only the BOP had a policy requiring the consideration of gender-specific treatment needs.

Despite the call for gender-specific programming in correctional contexts, there has been remarkably little empirical attention to the effectiveness of such programming (see, e.g., Dowden & Andrews, 1999). Although some research (e.g., Grella, 1999) has found that gender-specific programming is more effective than standard interventions in reducing drug use among female offenders, relatively little research has focused on the effectiveness of gender-specific programming for reducing criminal recidivism. Indeed, a meta-analysis focusing on risk-reducing interventions (Dowden & Andrews, 1999) led the authors to conclude that the principles of risk, need, and responsivity apply comparably to males and females, underscoring the present absence of strong empirical support for gender-specific interventions (at least considered on a broad level). Consequently, although gender-specific programming may be theoretically important in correctional contexts, it requires additional study if a strong empirical foundation is to be established. The present article describes an empirical effort to compare the criminal recidivism of female offenders who have received gender-specific interventions following release from prison with female offenders who have not received such interventions.

Sample Description and Assessment Procedures

Data were obtained on two groups of individuals. The first group (N=176) was composed of all women who were released from prison in New Jersey and referred for

assessment and rehabilitative placement planning in a community-based center operated by a privately-run company (Community Education Centers, Inc., or CEC). Women in this group subsequently completed a gender-specific program at this facility (Bo Robinson Assessment and Treatment Center) between December of 2004 and August of 2006; program duration is typically 60-90 days. The female offender program houses approximately 80 offenders who are assessed and treated for a period of sixty to ninety days prior to their release into the community. The program is highly structured, with a primary focus on assisting the women as they reenter their communities. It involves a collaboration between Community Education Centers, a private correctional treatment company, and the New Jersey Department of Corrections.

The treatment of women at the CEC Bo Robinson Assessment and Treatment Center is designed and implemented following the current theories on gender-specific programming. The program targets the treatment of trauma, parent-child reunification, housing, employment, domestic violence, substance abuse, and mental and physical health needs. The program staff anticipate that female offenders are more likely to need treatment for childhood and adult trauma, have more significant mental health problems, and have substance abuse problems with a different etiology and level of severity than their male counterparts. The groups are all-female and promote a safe environment for the women to express and learn to cope with their problems. Self-help groups are comprised of only women in order to develop and maintain a therapeutic culture that encourages participation and empowerment. The women's program is housed in a separate section of the facility, with no conjoint programming with the male population. The curriculum for

the groups and individual sessions are guided by Cognitive-Behavioral Therapy theory, specifically Rational Emotive Behavioral Therapy. Didactic groups disseminate the information about how to change dysfunctional thinking process, while small groups are used to process the information presented in the didactic groups. Family sessions are also provided to assist with family reunification concerns.

The second group (N=241; termed the DOC group) was composed of randomly-selected women released from prison in New Jersey during the same period (between December 2004 and August 2006) who did not participate in a structured program of gender-specific assessment and treatment but were released directly into the community. Participants were followed in the community for 6 months to determine whether they had been rearrested for a criminal offense. This 6-month period involved time following the completion of all structured, residential programming for the CEC group, and began immediately upon release from prison for the DOC group. Both groups were released between 12-04 and 8-06, so the 6-month outcome period for each inmate began upon date of release. Records of rearrest were obtained through the New Jersey Department of Corrections. “Rearrest” did not include technical violations of parole.

The CEC group was composed of individuals who had attained full-minimum status in order to be considered for a community release program. The DOC group was comprised of randomly selected female offenders who had been released under a number of conditions, including completion of sentence, parole, or being eligible for community release programming but not having enough time on their sentence to participate in a

program. As may be seen in Table 1, the DOC group had a longer mean sentence, but this difference was not statistically

Insert Table 1 About Here

significant at the conventional .05 level ($F(1)=3.86, p=.05$). Those in the CEC group were released from prison at a younger age, but this difference was also not statistically significant ($F(1)=2.65, p=.11$). However, there was a significant difference in the mean number of prior arrests and mean age at first release for these two groups. The CEC group's mean number of prior arrests was significantly higher than that of the DOC group (12.40 vs. 8.95; $t = 3.55, p < .001$). In addition, the mean age at first arrest for the CEC women was significantly lower than that for the DOC women (22.58 vs. 24.63; $F(1) = 8.50, p = .01$). Given the relationship between these variables and risk for subsequent offending, the only statistically significant differences between these two groups would suggest that the CEC group presented an apparently higher risk for reoffending.

There was no significant difference in the racial/ethnic composition of these groups ($\chi^2(2) = .26, p = .88$), as may be seen in Table 2. Both groups were predominantly African American, about 25% of each group was Caucasian, and around 10% were Hispanic. The chi-square analysis did not include the Asian and Native American women because only one woman of each race/ethnicity was in each of these groups, and it was clear that these four women would not affect the statistical difference between the CEC and DOC groups in racial/ethnic distribution.

Insert Table 2 About Here

Results

The proportion of women rearrested during the 6-month outcome period was lower in the CEC group than among the DOC women ($\chi^2(1) = 4.41, p = .04$). As may be seen in Table 3, a

Insert Table 3 About Here

total of 11 women (6.3%) in the CEC group were arrested in the first 6 months following their release to the community, while 30 women (12.4%) in the DOC group were arrested during this period. The mean numbers of rearrests during the first 6 months in the community also differed significantly between these groups ($t = -2.03, p = .04$), with the DOC women having a higher number of mean arrests. Finally, a rearrest rate was calculated for each group by using the number of arrests divided by the number of days between the date of release and the date of last arrest, to control for potential differences in the period for which women in each group were at risk for rearrest (that is, not incarcerated). The CEC rearrest rate was significantly lower than that of the DOC group ($t = -3.32, p = .001$), indicating that the CEC women were arrested at a lower rate than were the women in the comparison group.

Discussion

Female offenders have been incarcerated at a growing rate during the last decade. This has important implications for the development and delivery of treatment and rehabilitative interventions. Given the evidence that women have treatment needs in some areas that are distinct from those of male offenders (Covington & Bloom, 2007; Ditton, 1999; Houck & Loper, 2002), it is important to provide services that address these needs – a policy that has already been implemented by the Federal Bureau of Prisons (General Accounting Office, 1999). However, it is also important to assess the impact of such interventions. Gender-specific programming is theoretically important and has been implemented under the policy of some jurisdictions, but there is little empirical evidence available to judge its impact on criminal recidivism risk.

The results of the present study provide some basis for gauging the impact of programming that is structured, gender-specific, and delivered following release from prison and prior to return to the community under standard parole conditions. It is important to have a reasonable comparison group in order to control the possible influence of “alternative explanations” for criminal offending. Since true experimental designs with random assignment are virtually impossible in real-world correctional contexts, the alternative – a quasi-experimental design in which group differences that might account for offending are ruled out – represents a balance between the ideal and the practical.

The present study compared two sizeable groups of women, released from prison at approximately the same time, who did not differ on variables that have been empirically related to offense risk (age at release) or are potentially related to rearrest risk (e.g., length

of sentence). They did differ, however, on number of prior arrests and age at first arrest. On both of these variables, the women in the group that received gender-specific programming were higher risk, with significantly more prior arrests and being arrested for the first time at a significantly younger age. Given this, it is reasonable to conclude that the risk-reducing impact of programming is even greater if those receiving it are subsequently rearrested at a lower rate.

This is what was observed in the present study. Since rearrest was less frequent, both in number and rate, for women who received structured and gender-specific programming, these results are promising for the risk reduction value of this kind of intervention. This comparison was made over an outcome period of 6 months in the community. As this study continues, we will be able to make this comparison over longer periods as well. However, the first 6 months following release from incarceration or residential placement are important, as some individuals are at particular risk for immediate reoffending when released from prison (Travis, 2003; Travis, Solomon, & Waul, 2001) or violence immediately following release from hospitalization (Monahan et al., 2001).

There are a number of good reasons to consider implementing gender-specific programming with female inmates following their release from incarceration. The importance of such programming, based on distinctive rehabilitative needs, has been emphasized repeatedly during the last decade. Some correctional systems have apparently adopted such a policy with female inmates. But the period between release from prison and full return to the community may be a critical one for women, particularly if some of

their rehabilitative needs have not been fully addressed while they were incarcerated. Such interventions and planning in a community-based setting may be helpful, for instance, for women with children or for the delivery of specific services in a family context.

Comparing criminal recidivism between a group of women receiving a specialized intervention (gender-based programming in a community setting) and a second group released from under usual conditions of parole does not allow precision in such comparisons. However, it is reasonable to assume that the conditions under which the present DOC group was released are representative of a large number of female inmates returning to the community following release from prison. As such, the findings of the present study may be viewed as fairly generalizable to other correctional systems. It will be useful, of course, for other investigators to consider the relationship between gender-specific services delivered to women following release from prison in other states, in other settings, and for different durations. It is possible that the observed differences between the groups in this study were not affected by gender-specific aspects of the CEC group; the present design does not support a conclusion about the causal relationship between any specific component of the CEC program and the lower post-release arrest rate. Future studies that focus on particular aspects of gender-specific programming, such as the social contexts of and financial motivations for offending, will promote a better understanding of the risk-reducing impact of such programming. But it is also useful to observe that the pattern of empirical findings seen in this study is consistent with existing theory and policy that support the provision of specific services to women in the correctional system.

REFERENCES

- Bonta, J., B. Pang and S. Wallace-Capretta. 1995. Predictors of recidivism among incarcerated female offenders. *The Prison Journal*, 75(3): 277-295.
- Covington, S. S. and B. E. Bloom. 2006. Gender responsive treatment and services in correctional settings. *Women and Therapy*, 29 (3/4): 9-33.
- Deschenes, E. P., B. Owen and J. Crow. 2007. *Recidivism among female prisoners: Secondary analysis of the 1994 BJS data set*. Retrieved on June 1, 2007, from www.ncjrs.gov/App/Publications/abstract.aspx?ID=238573.
- Ditton, P. M. 1999. *Mental health and treatment of inmates and probationers*. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- Dowden, C. and D. A. Andrews. 1999. What works for female offenders: A meta-analytic review. *Crime and Delinquency*, 45(4): 438-452.
- General Accounting Office. 1999. *Women in prison: Issues and challenges confronting U.S. correctional systems*. Washington, D.C.: U.S. Government Accounting Office.
- Glaze, L. E. 2003. *Probation and parole in the United States, 2002*. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- Greenfeld, L. A. and T. L. Snell. 1999. *Women offenders*. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- Grella, C. 1999. Women in residential drug treatment: Differences by program type and pregnancy. *Journal of Health Care for the Poor and Underserved*, 10(2): 216-229.
- Harrison, P. M. and A. J. Beck. 2006. *Prisoners in 2005*. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- Houck, K. D. F. and A. B. Loper. 2002. The relationship of parenting stress to adjustment among mothers in prison. *American Journal of Orthopsychiatry*, 72 (4) : 548-558.
- James, D. J. and L. E. Glaze. 2006. *Mental health problems of prison and jail inmates*. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- Langan, P. A. and D. J. Levin. 2002. *Recidivism of prisoners released in 1994*. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- Monahan, J., H. J. Steadman, E. Silver, P. S. Appelbaum, P. C. Robbins, E. Mulvey, L. Roth, T. Grisso and S. Banks. 2001. *Rethinking risk assessment: The MacArthur Study of Mental Disorder and Violence*. New York: Oxford University Press.

National Institute of Justice. 1998. *Women offenders: Programming needs and promising approaches*. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs.

Snell, T. L. 1994. *Survey of state prison inmates, 1991*. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

Sabol, W.J., Couture, H. and Harrison, P.M. (2007). *Prisoners in 2006*. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics

Travis, J. (2003). *In thinking about what works, what works best?* Margaret Mead Address. Washington D.C.: Urban Institute, Justice Policy Center.

Travis, J., A. Solomon, and M. Waul, (2001). *From prison to home: The dimensions and consequences of prisoner reentry*. Washington, D.C.: The Urban Institute.

Biographical information regarding the authors:

- 1. Kirk Heilbrun, Ph.D., is Professor and Head, Department of Psychology, Drexel University**
- 2. David DeMatteo, Ph.D., is Assistant Professor, Department of Psychology, Drexel University, and Co-Director, Law-Psychology Program at Drexel University**
- 3. Ralph Fretz, Ph.D., is the Corporate Director of Research and Forensic Assessment for Community Education Centers**
- 4. Jacey Erickson, M.S., is a fifth year student in the Law-Psychology Program, Drexel University**
- 5. Douglas Gerardi, Ph.D., is the Director of Policy, Planning, and Research for the New Jersey Department of Corrections**
- 6. Catherine Halper, Ph.D., is a Researcher in the Policy, Planning, and Research Department of the New Jersey Department of Corrections**

Table 1. Mean Sentence Length, Number of Prior Arrests, Age at First Arrest, and Age at Release of CEC (N=176) and DOC (N=241) Groups

GROUP	CEC (N=176)		DOC (N=241)	
	Mean	SD	Mean	SD
Sentence length (months)	49.21	26.50	56.60	39.38
Prior Arrests ²	12.40	61.90	8.95	9.23
Age at First Arrest ³	22.58	6.97	24.63	7.14
Age at Release ⁴	32.59	9.55	37.29	7.10

¹ $F(1)=3.86, p=.05$

² $t = 3.55, p < .001$

³ $F(1) = 8.50, p = .01$

⁴ $F(1)=2.65, p=.11$

Table 2. Racial/Ethnic Distribution of CEC (N=176) and DOC (N=241) Groups

GROUP ¹	CEC (N=176)		DOC (N=241)	
	N	% of Group	N	% of Group
Caucasian	45	35.6	62	27.5
Black	109	61.9	153	63.5
Asian	0	0.0	1	0.4
Hispanic	21	11.9	25	10.4
Native American	1	0.6	0	0.0

¹ $\chi^2(2) = .26, p = .88$

Table 3. Rearrests During Six Months Following Release for CEC (N=176) and DOC (N=241) Groups

GROUP	CEC (N=176)		DOC (N=241)	
	N	% of Group	N	% of Group
Rearrested in First 6 Months ¹	11	6.3	30	12.4
	Mean	SD	Mean	SD
Rearrests ²	.07	0.27	.13	.38
Rearrest Rate ³	.08	0.29	.19	0.52

¹ $\chi^2(1) = 4.41, p = .04$

² $t = -2.03, p = .04$

³ $t = -3.32, p = .001$

