Issues and Findings

Discussed in this Brief: Results of an NIJ-sponsored survey of State-level correctional administrators, prison and jail administrators, and program administrators to determine the special needs of incarcerated women in the areas of management, screening, assessment, and programming. The survey also sought information on innovative correctional programming for women and specific program elements conducive to success.

Key issues: Women offenders have needs different from those of men, stemming in part from their disproportionate victimization from sexual or physical abuse and their responsibility for children. They are also more likely to be addicted to drugs and to have mental illnesses. Many States and jail jurisdictions, particularly those with small female offender populations, have little special provision, either in management or programming, for meeting the needs of women.

Key findings: Survey respondents identified the following needs:

- Classification and screening for women prisoners for needs related to children, spouse abuse, and childhood sexual abuse, according to one in four administrators.
- Management styles different from those for men. Managerial

continued...

Women Offenders: Programming Needs and Promising Approaches

by Merry Morash, Timothy S. Bynum, and Barbara A. Koons

The last decade has seen a surge in both the number and proportion of incarcerated women in the United States. Even though the rate of incarceration for women continues to be far lower than for men (51 out of 100,000 women versus 819 out of 100,000 men), the number of women in prisons and jails is growing at a faster rate than the number of men. During the decade between 1985 and 1995, the number of men doubled, from 691,800 to 1,437,600, but the number of women tripled, from 40,500 to 113,100. At midyear 1997 women accounted for 6.4 percent of all prisoners nationwide, up from 4.1 percent in 1980 and 5.7 percent in 1990.

Women in prison have some needs that are quite different from men’s, resulting in part from women’s disproportionate victimization from sexual or physical abuse and in part from their responsibility for children. Women offenders are also more likely than men to have become addicted to drugs, to have mental illnesses, and to have been unemployed before incarceration. The U.S. Bureau of Justice Statistics survey of State prison inmates reported that in 1991:

- More than 43 percent of women inmates (but only 12 percent of men) said they had been physically or sexually abused before their admission to prison.
- Women serving a sentence for a violent offense were about twice as likely as their male counterparts to have committed their offense against someone close to them.
- More than two-thirds of all women in prison had children under the age of 18, and among them only 25 percent (versus 90 percent for the men) said their children were living with the other parent.
- Women in prison used more drugs and used those drugs more frequently than men. About 54 percent used drugs in the month before their current offense, compared with 50 percent for the men.

These different circumstances, together with the general rise in the number of women in prison and jail, point to the need for different management approaches as well as different programming to ensure parity and to provide interventions that reduce recidivism. To achieve gender parity in correctional programming, women must have the same range of opportunities as men, and their needs must be met to the same extent that men’s are. This standard is difficult to
Issues and Findings  continued...

characteristics deemed desirable are capacity to respond to expressions of emotions and ability to communicate openly with offenders.

- Use of alternatives to incarceration for more women, although 9 out of 10 State administrators reported current use of some alternatives, primarily work release.

Survey respondents were asked to name women’s programs in their jurisdictions that were effective, innovative, or promising.

- They cited 242 programs, although correctional administrators in 17 States could name no such programs. The programs cited included substance abuse programs, work training programs, child visitation and parent education programs, and a variety of transition, aftercare, education, and health programs.

- Elements deemed conducive to success in these programs included many that were gender specific: staff who provided strong female role models, the opportunity to form supportive peer networks, and attention to women’s particular experiences as victims of abuse, as parents of children, and in negative relationships with men.

- Survey respondents also cited the need for more programs providing drug treatment and mental health services.

Target audience: State and local legislators, correctional officials, prison and jail administrators, and administrators of correctional programs in prisons, jails, and the community.

Achieve because women make up just a fraction of the total inmate population. Their needs can easily be overlooked when programs are designed and resources allocated.7

Previous research has shed light on this problem, citing inadequacies in the areas of medical services, education, vocational training, prison industry, law libraries, and parenting as well as a lack of objective knowledge about what works.8

There is need for documentation of the types of programming available for women offenders, the characteristics of these interventions, and the perceived nature of effective programs for this offender population. There has also been little documentation of the best management approaches to classification, housing, staff selection, and staff training in institutions housing women.

To fill this information gap, the National Institute of Justice sponsored a national survey, conducted during 1993 and 1994, among State-level correctional administrators, administrators of State and local correctional institutions, and administrators of correctional programs that include women. The survey was designed to explore the needs of women offenders as perceived by administrators, program staff, and program participants. It also explored various issues related to prison and jail administration, such as classification and screening procedures, the use of alternatives to incarceration, the extent of contracting for programs, and the extent of coordination to acquire services from other State agencies. The survey also elicited information on institutional and community-based approaches considered to be effective with female offenders. Responses to the survey are summarized in this Research in Brief.

Collecting the data

Data were collected by means of mail and telephone surveys, site visits, and focus groups. All State correctional departments and at least 1 prison for each State were surveyed, in addition to jail administrators from 50 city/county jurisdictions. The correctional institutions selected for study represented facilities differing in size and region of the country. The vast majority of correctional institutions surveyed by mail were for women only. See “Methodology” for details of the samples and methods of gathering and analyzing the data.

Findings on management of prisons and jails

One important aspect of the study involved a comparison of the perspectives of State-level administrators—who were responsible for planning and coordination—and prison administrators—who were responsible for day-to-day operations. They were separately surveyed because data from multiple sources make it possible to verify information and to obtain information that is not known by all people in the correctional system. There were both similarities and differences in the perspectives of these two groups on managing women offenders. For instance, State-level administrators were much less likely than prison administrators to cite problems in processing an increasing number of women offenders. Nineteen of the State-level administrators surveyed (but only two prison administrators) said there are few, if any, problems in processing a larger number of women offenders. This difference of opinion may be because many of the State-level administrators also deal with male offenders who represent an overwhelming proportion of
the prison population and pose greater difficulties in the system.

Similarly, in 40 percent of the jail jurisdictions, jail administrators indicated no need for new models or approaches to holding women in jail, whereas administrators of women’s prisons noted a number of management problems resulting from crowding, lack of programming, and difficulties with classification and intake systems. Women’s prison administrators also pointed to high staff turnover and the need for better qualified staff, lack of parity in programming, and high numbers of women prisoners.

Classification, screening, and assessment. The most commonly mentioned management problem, noted in 11 States, was in the area of classification and screening. Administrators at all levels said that classification and screening procedures did not provide needed information, were not adapted to women, and were not useful in matching women’s needs for programming.

About one in four administrators said that current techniques of classification and assessment are problematic with respect to women. Despite women’s different needs, circumstances, and risk profiles, the same classification instrument was used for women and men in 39 States; in 7 States the instrument for men was adapted for the women, and in 3 States a special instrument was used. One State had no instrument. In 50 of the 54 jails surveyed, the same classification instrument was used for both male and female offenders.

Exhibit 1 shows the proportion of State prisons and local jails that screen women for various problems and needs.
In light of the number of women inmates who have parental responsibilities or who have a history of being abused, there is a notable lack of screening for needs related to children, spouse abuse, and childhood sexual abuse. This is most pronounced in jails. Jail administrators said they rarely used classification and assessment to match women to appropriate programs or services.

Screening and assessment ideally relate to placement in appropriate housing and programs within institutions. Except for States with female inmate populations of 1,000 or more, classification and assessment are often unrelated to where women are housed or to what programs they are referred. States with larger female inmate populations have more flexibility with respect to housing, and their programming benefits from economies of scale. Yet in only half the States with 500 or more women inmates do program needs influence the placement of women. The proportion is about one-third for States with smaller female inmate populations.

Effects of crowding. Lack of space and constant movement of high numbers of women in and out of the institutions were also cited as problems. Said one administrator, “Currently the 53 beds intended for maximum security women are also used for HIV-positive women, women with mental health problems, and those on disciplinary detention. . . . We must downgrade some women who should be in close confinement because of the need for beds.”

Crowding was frequently tied to other problems in managing facilities. One State began housing women and men in the same facilities as the number of women prisoners rose over the last decade. This situation led to security problems and inattention to the women inmates. “Women are treated as minorities. There is an insufficient focus on their needs because they are outnumbered by the men. The prison is run as a men’s prison,” one respondent said. In another State, crowding led to double-bunking, restrictions on the availability of employment, and a tense, threatening climate.

Need for different management style. Survey respondents generally described women prisoners as more concerned with interpersonal relationships and likely to express emotion differently from men. With this in mind, 7 in 10 State-level and prison administrators believed that a different style of management was needed for women. Different management styles would involve a capacity to respond to expressions of emotions and a willingness and ability to communicate openly with offenders. A less authoritarian manner and recognition that women had needs different from men were also cited as desirable characteristics of women’s prison management. Skills such as active listening, patience in explaining rules and expectations, awareness of emotional dynamics, and the capacity to respond firmly, fairly, and consistently were cited as important attributes of those who would manage women in prisons.

A smaller proportion of jail administrators (fewer than half), however, saw the need for differentiation in
management style between men and women, but they cited knowledge of the special needs of women as an important attribute for managing women in jail.

**Innovation in management.**

Respondents were asked to mention particularly effective or innovative management practices used in their States. Although many jail and prison administrators said they knew of effective management practices, particularly for jails, these were based on fairly commonsense notions of being fair and strict. Exceptions were comments identifying training or other practices that promoted greater staff sensitivity to women, the hiring of additional female staff, and the use of approaches that decentralized management decisions and involved offenders in carrying out selected responsibilities. Respondents also commended classification methods that addressed gender-specific needs and circumstances, together with processes for reassessing needs over time.

**Use of contracting and interagency coordination for program delivery**

Survey respondents were also asked the extent to which they used two means of providing programming: contracting out to the private sector and coordinating with other State agencies.

Nearly all States contract out to the private sector for at least some services for women offenders, and some States use departments other than the corrections department to provide some programming.

Both State-level departmental and institutional administrators (86 percent) and jail administrators (70 percent) reported contracting for program services such as mental health treatment, drug programming, and educational services. Contracts were viewed as improving programs, promoting new ideas, containing costs, and resolving problems with employees.

In about three-quarters of the States at least some services were provided to incarcerated women by other agencies, including hospitals and departments focused on education, vocational education, health, and mental health. The most typical arrangement, found in 17 States, was for the State department of education to provide programming. In 13 States vocational education was provided by a State agency. Despite administrators’ emphasis on the mental health needs of imprisoned women, survey answers showed State mental health agency involvement in only 12 States, and just 6 States had interagency provision of drug treatment services.

Survey respondents generally saw benefits in interagency provision of programming, primarily higher quality and more effective programs, increased administrative flexibility, and greater availability of professional staff resources.
Use of alternative sanctions

State correctional administrators said that lack of space in institutions was an impetus to finding alternatives to incarcerating women. Although some States divert women to alternative sanctions at or before the point of sentencing, the survey focused on the use of alternative sanctions after commitment to prison or jail. State-level administrators in 9 out of 10 States reported using some type of alternative to prison for women offenders after commitment. As shown in exhibit 2, the largest number of States use work release. Halfway houses, prerelease centers, and day supervision also provide an alternative for a high proportion of committed women in some States. Although boot camps are used by 15 States, they affect a very small percentage of the committed women. States vary greatly in the proportion of women they assign to incarceration alternatives. The alternative sanction considered to be most effective was community corrections.

With respect to jails, while there is some availability of alternatives such as community-based substance abuse treatment, electronic monitoring, and work-related programs, most alternatives are available to women in fewer than 1 out of 10 jail jurisdictions. More than half the jail jurisdictions, however, reported reducing populations by granting credit against sentence length, most commonly for community service.

Program administrators who worked most closely with offenders were asked whether their clients would be better served by more use of alternatives to incarceration. Regardless of whether their programs were in prison, jail, or the community, nearly half of the program administrators felt that the use of alternatives to incarceration should be expanded. There was by no means complete agreement on this issue, however. Said one program administrator, “The women tell me that many of them need prison in order to straighten out and that without it they would not have straightened out.” A number of offenders in the focus groups supported the statement, but another administrator said, “I think if 90 percent had some alternative, they would turn around and be made into worthwhile citizens and not be a drain on society as they are as incarcerated inmates.” In explaining why alternatives could and should be used more often, many program administrators noted that women offenders are generally neither violent nor dangerous.

A number of factors inhibit the use of alternative sanctions, however, according to both State- and institution-level administrators. They include the unavailability of alternatives, lack of money or other resources, and community resistance. The problem of lack of alternatives is particularly acute in States with the smallest female inmate populations.

Innovative programs for women offenders

Once respondents had identified the needs of women offenders for special management approaches, programming, and alternatives to incarceration, they were asked to identify programs in their jurisdictions that appeared to be especially effective, innovative, or promising in meeting these needs. A total of 242 programs were cited, but as exhibit 3 shows, few States reported high numbers of...
innovative programs, and 17 States could name no such programs.

The programs nominated by State- and institution-level administrators fell into the following categories:

• **Psychological programs.** These included substance abuse programs, mental health programs, and programs dealing with other forms of abuse, including domestic abuse. A total of 90 programs were identified in this category, with substance abuse programs constituting more than a third.

• **Work programs.** These included work training, in-prison industries, and other work-related programs. A total of 48 programs fell in this category, of which half were in work training.

• **Parenting programs.** Child visitation programs, parent education, and other parenting programs made up this group of 42 programs, with child visitation programs constituting one-half.

• **Other programs.** The range of 62 programs in this miscellaneous category included transition and aftercare programs, education programs, health programs (including HIV/AIDS education), and programs to build life skills.

Jail administrators nominated 49 programs, with substance abuse programs the most numerous followed by education, life skills, mental health, health, and multiple-focus programs.

See shaded boxes on the following pages for descriptions of three typical programs.

**Program initiation and staffing.**
The vast majority of the programs (63 percent) were initiated by correctional staff or administrators who designed and implemented the programs to address identified needs. Programs

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### Exhibit 4: Program Elements Related to Success

<table>
<thead>
<tr>
<th>Program Staff</th>
<th>Acquisition of Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Staff are dedicated/caring/qualified.</td>
<td>• Marketable job skills can be acquired.</td>
</tr>
<tr>
<td>• Ex-addicts or ex-offenders are on staff.</td>
<td>• Parenting and life skills are taught.</td>
</tr>
<tr>
<td>• Women staff members serve as role models.</td>
<td>• Education addresses thinking and reasoning.</td>
</tr>
<tr>
<td><strong>Meeting of Specific and Multiple Needs</strong></td>
<td>• Anger management is taught.</td>
</tr>
<tr>
<td>• Program has a comprehensive or multifaceted focus.</td>
<td><strong>Program Environment</strong></td>
</tr>
<tr>
<td>• Program addresses rudimentary or basic needs.</td>
<td>• Atmosphere is “homey”; climate is conducive to visits.</td>
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<tr>
<td>• Program establishes a continuum of care.</td>
<td>• Communications are open; confidentiality is kept.</td>
</tr>
<tr>
<td><strong>Program Participation</strong></td>
<td>• Rapport with other participants is good.</td>
</tr>
<tr>
<td>• Participants like the program.</td>
<td>• Participants are separated from the general population.</td>
</tr>
<tr>
<td>• Inmate participation is high or self-initiated.</td>
<td>• Program enrollment is small.</td>
</tr>
<tr>
<td>• Participants help run the program.</td>
<td><strong>Victimization Issues</strong></td>
</tr>
<tr>
<td><strong>Peer Influence</strong></td>
<td>• Program addresses self-esteem.</td>
</tr>
<tr>
<td>• Other participants provide positive peer influence.</td>
<td>• Women are treated like human beings.</td>
</tr>
<tr>
<td>• Other participants provide pressure (e.g., to be a good mother).</td>
<td>• Program addresses domestic violence.</td>
</tr>
<tr>
<td>• Other participants provide support.</td>
<td>• Program addresses empowerment and self-sufficiency.</td>
</tr>
<tr>
<td><strong>Individualized, Structured</strong></td>
<td><strong>Administrative and Staff Interaction</strong></td>
</tr>
<tr>
<td>• Clear, measurable goals are established.</td>
<td>• Administrative support and communication are good.</td>
</tr>
<tr>
<td>• Treatment plans and programming are individualized.</td>
<td>• Management style is nonaggressive.</td>
</tr>
<tr>
<td>• Program is intensive and of appropriate duration.</td>
<td>• Security staff are understanding and supportive.</td>
</tr>
<tr>
<td>• Appropriate screening and assessment are provided.</td>
<td><strong>Assistance From Outside the Facility</strong></td>
</tr>
<tr>
<td><strong>Technology, Resources</strong></td>
<td>• Outside private-public partnerships exist.</td>
</tr>
<tr>
<td>• Equipment, money, and other resources are available.</td>
<td>• Interagency coordination exists.</td>
</tr>
<tr>
<td>• Adequate space is available.</td>
<td>• Some staff come from outside the department of corrections.</td>
</tr>
</tbody>
</table>
initiated by correctional staff and administrators tended to involve mental health and parent-child visitation. Litigation against the State department of corrections, grants, and litigation in combination with grants were instrumental in starting a smaller proportion (32 percent) of the programs, primarily work and educational programs.

Programs were typically staffed by department of corrections employees (45 percent), contract staff (18 percent), or a combination of these (6 percent). Additionally volunteers, or some combination of volunteers and correctional, contract, mental health, or educational department staff, worked in small numbers of the programs.

Key program elements for success. Program administrators, staff, and participants identified a number of elements that contributed to successful outcomes. Staff characteristics, comprehensiveness of approach, and pertinence to women’s own interests were termed the three chief areas most important for success. Exhibit 4 lists examples of program elements that administrators of programs, correctional institutions, and State departments of correction, as well as program staff and participants, identified as related to successful outcomes.

Information on program elements related to successful outcomes was obtained in two ways:

- From State-level correctional administrators and institution-level administrators who had heard of or observed the programs in their jurisdiction or in their institutions. This information was obtained through the phase 1 telephone surveys, supplemented in some cases by site visits.
- From the experience of the administrators, staff, or program participants themselves. This information was obtained from telephone surveys among administrators of 62 of the programs, plus onsite interviews with staff and focus groups in which the inmates participated.

The qualitative data collected during the site visits reveal the gender-specific nature of many of these

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### The Children’s Center

Bedford Hills Correctional Facility houses a nursery, where babies of women involved in the prison programs are cared for until they are 1 year old. When there is certitude that mother and baby can leave together, an extension to 18 months is granted. The Children’s Center promotes parenting skills and serves the infants living at the institution and the inmates’ children living outside the prison. Approximately 75 mothers are involved with the Children’s Center at one time. Over the course of a year, it serves 700 women. Most women are involved in the program from 1 to 5 days each week.

The purpose of the program is to help inmates “learn to be mothers,” with a focus on meeting the women’s mental health needs. Other focus areas are relationships with family, transition to the community, and parenting. Sister Elaine Roulet, who initiated the program, is guided by a philosophy of inmates teaching other inmates. A case management approach is used to match women’s needs to particular activities and services. Programming is bilingual, and many activities are culturally specific.

The employment of inmates as coordinators, most of whom were previously in the program themselves, is a unique feature. Each program in the Children’s Center has an inmate coordinator and a volunteer coordinator from the outside who is responsible for doing what the inmate cannot do, such as make telephone calls and other contacts.

Among the Children’s Center activities (many of them initiated by inmates) are:

- Mother-child visits.
- Tape recording of mothers reading books.
- Summer camp (children housed with neighboring host families and participating in daytime activities with their mothers).
- A “sponsor baby” program to provide items to caregivers (e.g., clothing) when the babies leave the nursery.
- An overnight weekend visiting program.
- A structured activity program for children.

For more information, contact:
Sister Elaine Roulet
Children’s Center
Bedford Hills Correctional Facility
247 Harris Road
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914–241–3100
program elements. Ingredients considered essential for success were staff who acted as strong female role models and the opportunity for participants to form supportive networks with female peers—networks that often continued after release. Successful programs were individualized and structured to respond to multiple gender-specific experiences, including victimization, parenting, and negative relationships with men. A safe environment was considered critical for women with histories of being abused, both as children and as adults.

Not all the success factors were unique to programs for women—for instance, skill development, interactions between institutional or court administration and program staff, and assistance from the community. However, study respondents generally saw the need for programming to include at least some gender-specific elements if outcomes were to be successful.

The women participating in the programs were most likely to stress the importance of identifying with female staff. Some staff might be ex-offenders or recovering substance abusers with whom they could identify in a particular way.

Staff pointed to the importance of tailoring controls (such as urinalysis or the parole violation process) to individual women’s situations.

Unmet or insufficiently filled needs

Many respondents stated that some needs of incarcerated women were still unmet or were not met satisfactorily. They also suggested areas where programs existed but needed to be expanded.

Substance abuse treatment was widely identified as not being sufficiently provided, and it was linked to a set of other problems as well—violence and abuse, lack of job skills or training, and inability to form constructive relationships. Most respondents did not distinguish between men’s and women’s needs with respect to drug treatment, but a few did. They described higher rates of abuse and

Community Corrections Program Addressing Multiple Needs

The Women’s Opportunity Resource Center was developed in the 1980s by a women’s advocacy program concerned with high recidivism and the lack of programming for female offenders. The program’s primary focus is to help women offenders obtain jobs and stay off drugs. It does so by working in the areas of basic education, vocational development, parenting, substance abuse, and health and medical problems. The program also emphasizes life skills training and the use of community resources.

Participants are nonviolent felony and misdemeanor offenders, generally in jail at the time of referral and on local probation while in the program. About 95 percent have drug or alcohol problems. Women learn by word of mouth about the program and call collect from the jail to ask to enroll. Usually, the women accepted are conditionally released on probation. A critical component is the network of agencies that will accept referrals from the program.

Housed in a fairly new, attractively decorated suburban office building, the program seeks to provide a homelike environment and structure for participants. It uses case management techniques to match client needs to program activities and to make referrals. A consistent theme is preparing women to work, either in clerical positions or as health aides. Basic education and GED classes are offered. Participants are referred to alcohol and drug counseling programs located in the same building.

Participants attend from 9:30 a.m. until 4 p.m. daily and must stay at least 9 months to graduate. Within the first 30 days, the dropout rate is significant, but thereafter 75 percent of the remaining group of women stay in the program. About 30 to 35 women graduate each year, with graduation ceremonies held at a nearby hotel. For many women, the ceremony marks their first recognition of success. Parents, children, and even judges attend; the women wear caps and gowns and receive certificates and diplomas.

Judges have overcome their initial reluctance to place women in the program, and some insist that referrals be accepted even when the program is full.

For more information, contact:
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Project Director
Women’s Opportunity Resource Center
50 Clinton Street
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Hempstead, NY 11550
516–483–0336
mental health problems for women, and they thought the problems took different forms for women than for men. Said one administrator, “Women who are victims of abuse tend to continue on as victims of abuse. Men, on the other hand, tend to react to their own history of victimization by becoming abusers themselves.” The larger the State’s female population, the larger the State-level proportion of administrators who wanted substance abuse treatment expanded.

The program addresses the differences in the way women and men think and act. Women deal with more mental health, abuse, medical, and medication issues; they more often suffer grief, commonly over the loss of their children. The women and men are kept separated to focus on gender-specific issues without distractions from the opposite sex during treatment.

Participation in the program is related to the inherent privileges in its structure, such as work assignments outside the institution or earned time credit off their sentences. The women’s program builds on relationships among the inmates to instill accountability, peer pressure, and support. It uses a case management approach to match inmate needs with program services and to arrange aftercare. The program is designed to deal with women’s issues and to promote change. An increasing number of women receive treatment and medication for mental illness, including depression, schizophrenia, and bipolar disorder.

All inmates participate 7 days a week, with treatment aspects given priority over work, which can involve assignments outside the institution and prison chores. The program lasts a minimum of 9 months, but most women stay up to 12 months at the end of their sentence so they can focus on transitioning back to the community. Aftercare is integrated into the program and lasts 6 months, with a drug treatment slot guaranteed for 2 months; subsequently the offender pays for treatment.

For more information, contact: Kevin Hormann Alcohol and Drug Program Coordinator Turning Point Alcohol and Drug Program Columbia River Correctional Institution 9111 N.E. Sunderland Avenue Portland, OR 97211 503–280–6663 (ext. 240)

Conclusion

The findings of this study reflect the perceptions of correctional administrators, staff, and women offenders that many needs of incarcerated women are different from those of men and require approaches tailored to their specific characteristics and situations. In
addition to the development of more gender-specific programming, other issues were identified as requiring attention. For instance, in States experiencing rapidly growing female inmate populations, crowding leads to problems in screening, assessment, and adequate housing. And States and institutions with relatively few female inmates lack the economies of scale to provide the variety of programming needed.

However, progress is being made. In 30 States there was a clear indication of systematic recent planning to respond to increased numbers of women offenders. This type of formal planning was related to the level of innovation in women's programming. States that were able to cite several innovative programs were more likely to have planning efforts than States with little or no innovation. Most planning groups were described as special working groups or task forces designed to address issues related to the influx of women into prisons. In a few States, different sorts of groups engaged in planning, such as a State planning agency, an internal department of corrections group or, in one case, an interagency group.

Although corrections administrators could identify programs they considered innovative and program administrators could list program characteristics thought conducive to success, few outcome evaluations have been conducted so far. The review of both published and unpublished literature that preceded this study revealed written reports on the outcomes of just 68 programs, actual measurement of outcomes for 12, and measurement of recidivism for a mere 6 of these. The survey described in this report is but a first step in the direction of improving the understanding of what works in treating women offenders in prisons, jails, and community corrections to prevent recidivism.

Notes

Findings and conclusions of the research reported here are those of the authors and do not necessarily reflect the official position or policies of the U.S. Department of Justice.