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Contact info:
National.Research@noms.gsi.gov.uk

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Effective interventions for Women offenders: A Rapid Evidence Assessment

Lynn Stewart, Correctional Services Accreditation and Advice Panel
Renee Gobeil, consultant

This summary presents the findings of a review of the evidence of what interventions, and targets for intervention, reduce women's reoffending. The review also examines evidence of factors that promote desistance from crime. The review was commissioned to assist the National Offender Management Service (NOMS) in designing an evidence-based commissioning strategy by summarising the evidence base into 'what works' to address key areas.

Key findings

- Evidence suggests that the following reduces women's offending: (1) substance abuse treatment, in particular in-custody or hierarchical therapeutic community programmes that apply a cognitive-behavioural intervention focusing on skill development; (2) a gender-responsive cognitive-behavioural programme that emphasises existing strengths and competencies, as well as skills acquisition; (3) community opioid maintenance, which may reduce offending rates while the women are in treatment; (4) booster programmes that assist in maintaining treatment effects through community follow-up, which appear to contribute to improved outcomes; (5) gender-responsive approaches, which show promise relative to gender-neutral programmes.
- Appropriate treatment targets for women offenders overlap with those of male offenders. Factors found to be consistently related to women's recidivism are: antisocial personality (problems with impulse control, emotion regulation and hostility), antisocial peers, antisocial attitudes and substance abuse. Targeting offenders with the most serious levels of substance abuse for treatment should be part of any strategy to reduce women's criminality.
- Women's violent crime, including partner assault, is associated with alcohol abuse; acquisitive crime and soliciting are related to serious drug abuse. Very little research examines the effectiveness of programmes in reducing women's violence.
- Serious mental health issues are associated with violent offending among some women offender samples. For these women, mental health needs must be stabilised prior to participation in programmes that address criminogenic need.
- A prosocial personal identity may permit women to take advantage of potential opportunities to establish desistance from crime. This suggests that interventions that use motivational, solution-focused techniques, encouraging women to seek their own meaningful 'hooks' for lifestyle change, could promote desistance.
- Programmes for women offenders may be particularly effective if they focus on higher-risk offenders.
- Single-target programmes focusing only on reducing the effects of trauma do not appear to contribute to reductions in women's reoffending.

Context

A Rapid Evidence Assessment (REA)¹ was commissioned by the NOMS Commissioning Strategies Group to review the recent evidence base for what interventions, services or approaches effectively reduce reoffending, particularly violent reoffending, in women offenders.

Implementing and researching correctional interventions for women is more challenging than doing so for men, given women's generally low involvement in crime, lower base rates of reoffending, and shorter sentences (Ministry of Justice, 2012, 2013). Since the completion of the last Ministry of Justice (MoJ) REA (Lart *et al.*, 2008), however, the number of higher-quality research studies examining correctional outcomes for women offenders has grown considerably.

While most of these studies are not from the UK, there is evidence that the approach to women's corrections in the UK has improved since the publication of Baroness Corston's report (Home Office, 2007, which called for a new approach to working with women in the UK's criminal justice system. The UK government has since adopted many of the Report's recommendations (e.g. Ministry of Justice, 2008a, 2008b). In a recent presentation, the Inspectorate of Prisons acknowledged the "real improvements" that had been made since the publication of the Corston Report (Hardwick, 2012).

Approach

We used a number of electronic data bases in order to identify relevant studies. Search terms identifying the population and intervention were combined and entered into search engines within the electronic databases. Wherever possible, the procedure we followed paralleled that used by Lart and colleagues in the previous MoJ review (Lart *et al.*, 2008).

For the purposes of this REA, the selected studies of outcomes in correctional programmes used recidivism as an outcome measure. The studies identified either used a population of offenders over the age of 18, that included women; or broke down results by gender. All of the studies were published after 2006, recognising that the previous REA on women offenders had reviewed the earlier literature.

Although priority was placed on studies conducted in the UK, only one study originated from this country. Most studies were conducted with samples from Canada and the U.S, and one study was from Norway. Studies were then assessed for methodological design quality using the Maryland Scientific Methods Scale (Sherman *et al.*, 1997). Studies tended to be of higher quality than those found in the earlier review (Lart *et al.*, 2008).

There was concern that very few studies providing outcome data on interventions to reduce women's reoffending had been published since the last REA. The literature search was thus expanded to include studies that established evidence for what the intermediate treatment targets to reduce offending should be, and that suggested effective interventions to promote desistance. Studies that established a significant statistical correlation between women's offending and a risk factor that was amenable to change were also included. The review of research on women's desistance from crime was restricted to studies involving narrative accounts from women.

Results

In total, one meta-analysis (Tripodi *et al.*, 2011) and 22 articles or reports, detailing 18 unique studies, were found. Seven of these were rated at the highest level of scientific rigour. The majority of the programmes examined (15 out of 18), as well as all of the studies reflected in the meta-analysis, were delivered in the U.S. Of the remaining three programmes, one was specific to Canada (Matheson *et al.*, 2009, 2011), one to Norway (Bukten *et al.*, 2012), and only one was specific to the UK (Jolliffe *et al.*, 2011). This may reduce the relevance of the results to the UK population.

Eight of the studies examined custodial programmes, nine focused on community-based programmes, and one was on an intervention with both custody and community components.

Custodial programmes. Seven of the eight unique studies of in-custody interventions focused on substance abuse programmes. All but one of these were conducted in the U.S; none of the studies were conducted in the UK. The hierarchical therapeutic community approach was common in those focused on substance abuse with five of the eight interventions using this approach.

¹ The full report is available on request from national.research@noms.gsi.gov.uk

Overall, results related to in-custody programmes targeting substance abuse were promising, although not entirely consistent. Five of the seven unique studies reviewed found that programme participation resulted in reductions in at least one measure of recidivism relative to a comparison group (Messina *et al.*, 2010; Mosher and Phillips, 2006; Robbins *et al.*, 2009; Sacks *et al.*, 2012; Watson *et al.*, 2010). Some of these studies highlighted that those who participated in gender-responsive programmes were less likely to recidivate than their counterparts who participated in gender-neutral programmes (Sacks *et al.*, 2012).

The cautious conclusion, that participation in in-custody substance abuse treatment results in lower rates of recidivism, is consistent with the findings of other studies. In the meta-analytic study identified in this review, Tripodi *et al.* (2011) examined six studies assessing substance abuse interventions used with incarcerated women in the U.S. The meta-analytic study represented a cumulative sample of 1,588 women. Tripodi *et al.* concluded that programme participants had significantly lower rates of recidivism.

The only study reporting on participation in an in-custody parenting programme found no reductions in recidivism. However, many comprehensive parenting programmes are in place outside of custodial settings and have some empirical support. These programmes are specifically designed to improve parenting skills or the later behaviour of children, rather than reduce reoffending. The issue may, therefore, be that prison-based parenting interventions for women with children need to be supplemented with features of successful parenting programmes, such as home visits and efforts to increase social support. More research is needed in this area before reaching any firm conclusions.

Community-based programmes. Of the ten unique studies that reported on community interventions (including a study that examined both a custody programme and its community component, separately), four were substance abuse programmes. In addition, two of the interventions categorised as alternative case management also included a substance abuse focus. Compared to in-custody interventions, there was more variety in the treatment targets in published examinations of community interventions for female offenders.

Results were mixed. Only four of the ten studies reviewed in this section resulted in positive recidivism-related findings. One of the two that examined alternative case management strategies was associated with reduced rates of recidivism.

One study (Bukten *et al.*, 2012) evaluating a community-based programme was included in this review, although it received a Maryland Scale rating of only two out of five. Its strength is the inclusion of a large seven-year national cohort. The study looked at changes in criminal involvement among 3,221 patients (1,045 women) in opioid maintenance treatment over a seven-year period prior to, during and after treatment. They found that, for both men and women, criminal convictions were reduced relative to their waiting-list pre-treatment levels. Women's rates of criminal convictions were lower than the corresponding rates for men. This result is consistent with a previous study by Lind *et al.* (2005), which found that women (particularly women under 30), experienced benefit from methadone treatment, reducing their levels of substance use and reoffending.

The two other community-based interventions that demonstrated an impact were a strengths-based cognitive-behavioural programme called 'Moving On', which resulted in reductions in re-arrest and reconviction at 18- and 24-month follow-ups (Gehring *et al.*, 2009); and a community-based aftercare component (the Community Relapse Prevention and Maintenance intervention) of a prison substance misuse programme. Participants who completed the aftercare component were less likely to return to custody in the year following release from prison (Matheson *et al.*, 2011).

More research evaluating community-based correctional programmes for female offenders is required before drawing strong conclusions on their efficacy.

Evidence for differential effects

Hierarchical therapeutic community.² The results of this review suggest that hierarchical therapeutic communities may be beneficial to programme delivery. All six of the evaluations of hierarchical therapeutic community programmes demonstrated reductions in recidivism. (Notably, no evaluations of democratic therapeutic communities³ were found). Of the four in-custody programmes that did not use a hierarchical therapeutic community approach, only one was found to lead to reductions in recidivism. This result is consistent with the findings of the meta-analytic review of in-custody substance abuse programmes (Tripodi *et al.*, 2011).

Gender responsivity. Of the identified programmes, eleven were gender-responsive and three contained some gender-responsive components. Relative to the gender-neutral programmes, more of the gender-responsive programmes led to reductions in recidivism. Seven of the eleven studies reporting on gender-responsive interventions noted falls in recidivism, compared to two of the five reporting on gender-neutral interventions. There was insufficient information on one of the interventions to determine its approach. The pattern of findings is particularly striking when only community programmes are considered.

Risk factors

Recent research has reaffirmed the early work of Dowden and Andrews (1999), which found that risk factors related to offending in women overlap with those of men. Consistent with this finding, a meta-analysis on the predictive ability of the Level of Service Inventory (LSI) for women concluded that antisocial attitudes, antisocial peers, antisocial personality and past criminal involvement are the strongest predictors of recidivism (Lowenkamp *et al.*, 2007; Smith *et al.*, 2009). The most recent research by Andrews *et al.* (2012), aggregating across many

independent LSI research databases, noted the primacy of substance abuse as a predictor of reoffending for women offenders.

The multivariate analysis by Rettinger and Andrews (2010) found that the gender-neutral risk factors performed well in the prediction of both general and violent recidivism. In combination, the following risk factors together accounted for 97% of the total explained variance in reoffending: criminal history, antisocial pattern, procriminal attitude, procriminal companions, family or marital problems, education or employment problems, alcohol/drug misuse and lack of positive leisure/recreation activities. Another piece of research, however, suggests that adding gender-specific items to a measure like the LSI could add predictive power to the assessment of risk for recidivism (Van Voorhis *et al.*, 2010).

Some measures of disadvantage, including mental disorder (Johansson and Kempt-Leonard, 2009), unemployment, and a history of trauma, have been found to be independently related to both general and violent offending. Assisting women in remediating their effects thus appears to be a viable goal of interventions to reduce recidivism (Van Voorhis *et al.*, 2010) as their impact may interfere with interventions that target more robust risk factors.

Desistance factors

Gender differences in pathways to crime suggest that women may require a different approach to support desistance (Blanchette and Brown, 2006; Bloom *et al.*, 2002). Most of the work conducted in this field has involved interviews with women who have had a period of desistance from or reduction of criminal activity, comparing their narratives to women still immersed in a criminal lifestyle.

Giordano *et al.* (2002) have posited a theory of cognitive transformation, noting the cognitive shifts that frequently occur as an integral part of the desistance process in women. While not denying the power of stable intimate relationships and meaningful employment as desistance factors for women as well as for men, these researchers emphasise the 'up front' work completed by the women themselves. This allows women to "select [appropriate] elements in the environment (we will refer to these elements as 'hooks for change'), including, but not limited to, such positive influences as a spouse" (*ibid.*, p. 992). The conclusions of

² Hierarchical therapeutic communities are based on a US model in which the community itself is the key agent of change. Treatment stages reflect increasing levels of personal and social responsibility and include incentives, structured activities and work hierarchy, as well as peer modelling, confrontation support and friendship.

³ Democratic therapeutic communities are based on a UK model that uses a community-based approach, including participative democratic group-based therapy in both small and large group settings with additional opportunities for residents to take part in wider therapeutic interventions. Offence paralleling behaviour forms the basis of the DTC therapeutic approach.

Giordano *et al.* make an argument for staff to focus their counselling on helping women to examine aspects of their lives that they wish to change, identifying and choosing the 'hooks' that will help maintain the motivation for these prosocial choices.

Other catalysts for change identified by Giordano *et al.* include religious transformation (at least among American women) and having children. While intimate relationships and children may promote desistance in younger offenders without a long criminal history, it is not as clear that this is true of chronic offenders coping with multiple disadvantages (Leverentz, 2006).

Generally, though, the work of Giordano *et al.* supports the recommendation of solution-focused approaches that encourage women to develop their own narratives of identity transformation (Maruna, 2001). As Giordano and her colleagues point out, this is consistent with MacKenzie's (2006) systematic review: MacKenzie's work acknowledged the effectiveness of targeting proximate (closely linked) factors, as identified by Andrews and colleagues, for intervention, but added that escaping from crime must first involve "a cognitive transformation [...] within the individual" (2006, p. 337).

Implications

While the evidence base for 'what works' in reducing reoffending is improving in quantity and quality, significant gaps remain in the research. Most studies examine substance abuse interventions, and little is known about what works in addressing the criminogenic needs of violent women, or in reducing acquisitive offending among female offenders.

The extant literature suggests that multi-target cognitive-behavioural correctional programmes and substance abuse programmes applying gender-responsive approaches generally show promise in reducing women's reoffending. Interventions for women with serious mental health problems need to be provided prior to, or concurrent with, correctional interventions. Until more research is completed specifically on programmes that address women's violence, we cautiously recommend that the programmes cited here that were effective in reducing general offending may also reduce violent offending.

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