



UNIVERSITY OF  
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**Trauma, Harm and Offending Behaviour: What works to address social injury and criminogenic need with criminal justice involved women?**

**INITIAL FINDINGS**

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## **Introduction: Rationale, scope and aims**

The launch of the Corston Report in 2007 is seen by many as a policy landmark, shifting the ways that we think and treat criminal justice involved women in the UK. The report clearly stated the ways that women differed from men in terms of the reasons that they commit crime and the 'vulnerabilities' that characterise their home lives (domestic violence, childcare), personal circumstances (mental health, substance misuse, eating disorders) and socio economic position (poverty, isolation, and unemployment). Moreover, the report challenged the use of prison for these women as a means to deal with their offending, and recommended a series of community interventions that were holistic and women centred, including the championing of Women's Community Centres as key to a radical shift in approach. Despite the significance of the Corston Report, and a number of critical initiatives that stemmed from it, the imprisonment rates for women have not been impacted in the following decade. Fast forward to 2018, the Female Offenders Strategy announced by the Ministry of Justice, which again accepts the 'vulnerabilities' articulated by Corston and the principal that prison should be the exception rather the rule for female offenders and a series of community based initiatives, including liaison and diversion should replace custodial sentences, particularly for those less than 12 months. Policy progress has been slow and despite key political commitments across this time, the status quo for criminal justice involved women largely remains in the UK today.

This literature review evaluates the existing evidence base relating to female offending and the success of interventions into this offending, since the publication of the Corston report. In doing so we wish to highlight 'what we know' about the issues raised in these policy debates that might support, clarify or debunk the precepts on which they are built, but ultimately our aim is to inform these debates with evidence from recent peer reviewed academic studies. Perhaps, as importantly, we will also reflect on 'what we do not know', where there are gaps in the literature, so that this might inform future research, as well as the project that this review forms part of.

Implicit in many of the political/policy debates as well as the academic literature is a lexicon of harm. Firstly, many female offenders are seen as 'low risk', in so far as the 'harms' resulting from their offences, rarely result in serious physical violence/injury and are often acquisitive or victimless crimes, linked to financial necessity. Secondly, the harms/pains of imprisonment are often viewed to be disproportionate to the harms resulting from the original offences that the women have committed. Thirdly, the literature and policy debates, again implicitly rather than explicitly, frame a host of harmful and injurious experiences/states as criminogenic needs that are related to offending. This literature review adopts a social harm approach, which views harm not as distinct phenomena (i.e. criminal/non criminal), but seeks to illuminate the interconnections between the full range of harms that people experience across the lifecourse, which are particularly acute for criminal justice involved women. Moreover, the social harm approach, seeks to pose the question of policy approaches and interventions, whether they do 'more harm than good', in terms of the harms that are done to the service user/offender, as well as the 'collateral harms' to families and the wider community. Therefore when we consider the success of interventions, we frame this in terms of 'harm reduction', not only to encompass desistance and criminal harms, but broader outcomes for the women in relation to their needs and flourishing.

The literature review is therefore guided by three overarching research questions:

1. To what extent do women offend and what is the nature of their offending, with specific consideration given to the form these criminal harms take?
2. What factors determine female offending, with specific consideration of critical life events and harms that criminal justice involved women experience across the lifecourse?
3. How do interventions impact women's desistance from crime? To what extent do interventions reduce/produce criminal harms, as well as collateral harm?

The report is divided into four main parts. The first details the methodology which underpins the literature review. We detail the search strategies, the exclusion/inclusion criteria used to select the literature, data extraction process and thematic analysis through which the findings are presented. The second, presents our findings relating to the differences between male and female offending and then moves onto highlight three critical pathways that influence female offending behaviour: (i) violence, trauma and mental distress; (ii) substance use and self medication; (iii) social exclusion, economic marginalisation and homelessness. In doing so we reveal a host of interrelated interpersonal and socio economic harms that influence criminal behaviour. In the third part, we begin by outlining the evidence base in relation to the use of imprisonment for criminal justice involved women. In doing so we evaluate imprisonment in its own terms, as an intervention designed to reduce future criminal harms, as well assessing the collateral harms it causes. We then turn to consider specific interventions into female offending, in particular programmes in relation to housing, substance use, employment and technologies of self – in doing so evaluating them in terms of reduction of criminal harm and as wider forms of harm reduction. Finally, we conclude the review with assessment of the state of the current evidence base, identifying gaps in current knowledge and how we might begin to address these through future research.

# Literature Review Methodology

This section details the methods used to identify studies and extract data relevant to this review. The section is divided into 6 parts. First we outline the process undertaken to develop search terms and strings that were used in our bibliographic database searches, as well as the ‘hand searches’ of the literature. Second, we detail the method deployed to ‘sift’ the studies identified through these searches and identify relevant studies to the literature review. Third, we describe the approach taken to assessing the quality of the studies identified from the initial searches, which ultimately determined inclusion within the review. In this part we also explain, the method of data extraction used to identify key findings from each study. Finally we describe the process that underpinned the thematic analysis on which our findings are based and that shaped the narrative review we present in this document.

## *Stage 1: Search strategies and key search terms*

The search terms and themes for this literature review were informed by key terms identified in the Corston Report (2007). In addition, the Rapid Evidence Assessment searches undertaken in 2006 by Lart et al (2008) are updated here, by utilizing those original search terms in a new search including publications from June 2006 - March 2018. These searches were saved to enable citation alerts, the relevant results of which are used for the annual updates of the review. In addition, hand searches of relevant work of some of the key studies in the field of women offenders and feminist criminology were made, even though many of these predated 2007.

Literature searches for publications from 2007-2018 were conducted in February - March 2017 and again in February 2018 to update the evidence base with tracked citations from the previous year; the aim is to repeat this process throughout the project. The initial key word stage (see table below) was carried out to inform the search strings needed for an extensive, sensitive search into the available literature published in peer reviewed journals and various academic sources.

Table 1: Key word searches

MICRO labels	offender, crime, conviction, prison, detainee, jail, incarcerated, remand, secure, forensic, psychiatric, ex-offender, desistance, recidivism, post-release, felon, parole, probation.
MICRO (characteristics)	woman, female, adult, 18+, gender, ethnicity
Search publication date restrictions	2007-2017 (+citation tracking for 2017-18)

The key terms were transposed into Boolean logic strings for consistency of search across different databases and to ‘Exclude irrelevant search results’ (Terre Blanche et al., 2006: 28). For example, a pilot search for <female> AND <crim\*> <offender> produced an array of search results of historical and literary analyses of women in jail in English literature fiction (e.g. the suffragettes and Louisa May Alcott characters) and a search of <recidivism> produced literature about people with frequent returns to emergency rooms, so including the Boolean logic of NOTfiction NOThospital NOTdermatitis (the latter of which appeared in results of a search about child contact), usefully excluded irrelevant sources.

The terms employed truncations using the Boolean wild card operator \*, which allows multiple characters to be replaced in the search, so offend\* identifies offender, offending, offended, offences by the search engines (without having to run each search term manually and separately). Similarly, the search operator % in wom %n allows the search to include woman and women.

### *Stage 2: Conducting literature searches*

These search terms were combined in various ways, depending on the parameters of the database/search engine, in order to maximise our ability to obtain all relevant evidence. Searches were run using the relevant Boolean search strings, within the principle bibliographic databases: British Library, Google Scholar (excluding patents), PloS ONE, Web of Knowledge (ZETOC, COPAC, Index of Theses), Psycinfo (Ovid), Medline (Ovid), ISI Web of Science (including the Social Science Citation Index), JSTOR (English only), SpringerLink (English only), Social Policy and Practice, EBSCO and OCLC Worldcat databases. In order to provide as comprehensive searches as possible, the Lart et al (2008) searches were repeated to find articles from 2006 (when the searches were originally undertaken), to 2017, using the following databases: National Criminal Justice Reference Service, ASSIA (Applied Social Science Index and Abstracts), Sociological Abstracts (Socio le) Criminal Justice Abstracts (CSA), Psycinfo (Ovid), Medline (Ovid).

An Excel spreadsheet was used to record details of searches undertaken (database searched, search terms used and number of hits) in order to provide information that would allow our searches to be further refined and results can be found in the appendix to this report. The members of the literature review team (SP, SB, JL) met periodically to review results of the initial (and subsequent) searches, in particular the number of hits obtained and samples of studies retrieved were scrutinised. Search term combinations were then subsequently amended to target literature most useful in meeting the review aims. Bibliographic information for materials retrieved as a result of the final revised searches were entered into an Endnote database in preparation for the screening and thematic analysis process. Search strings and results are appended to this review, so that they can be replicated and/or updated in the future.

### *Stage 3: Hand searches, Expert Review, and Citation Tracking*

In order to supplement the database searches detailed above and to identify studies not retrieved in the original database searches, a series of 'hand searches' were conducted of the core social science journals. These searches were intended to identify articles that fell outside of our search terms, yet were relevant for the review. From the hand searches, 134 further journal articles and books were found. Journals which had repeated and relevant references found from the search engines were examined in turn, through manual searches of each journal index online:

**Table 2: List of Journals Hand Searched**

Disciplines	Journals hand searched
Criminology	British Journal of Criminology, Feminist Criminology, Women and Criminal Justice, Criminology, Prison Journal, Probation Journal, Journal of Criminal Justice, Journal of Community Justice, International Journal Of Offender Therapy And Comparative Criminology, Criminal Justice and Behavior, Journal of Offender Rehabilitation
Social Policy	Journal of Social Policy, Social Policy & Administration, International Journal of Sociology and Social Policy, Critical Social Policy, Social Policy and Society, Global Social Policy
Social Work	British Journal of Social Work, International Journal of Social Welfare
Health and Public Health	Psychiatric Quarterly, Health and Justice, Substance Abuse Treatment, Prevention, and Policy

In addition to the hand searches, as part of stage 3 data extraction process, any works cited by studies subject to data extraction, that appeared prima facie to map onto the scope of the review were included. Whilst citation tracking served to identify studies that had fallen outside the parameters of our bibliographic and hand searches, it was also a further mechanism through which we were able to identify key studies published prior to 2006. Consequently 56 studies were added from citation tracking in February 2018.

Publications of leading researchers in the field, including those pre-dating 2007, were included in our expert review, to ensure the literature review accounted for foundational texts on which the field is built (cf. Carlen, 1989, Heidensohn, 1968, Smart, 1977, Daly & Chesney-Lind, 1988, Van Voorhis et al, 2007, Worrall & Gelsthorpe, 2009). These citations were identified based on SP, SB, JL's a priori knowledge of the field, as well as citation tracking subsequently conducted in the course of the review. These experts have conducted ground-breaking and much cited empirical work on the question of women who are criminal justice system involved; providing the necessary context to the studies included in this review.

#### *Stage 4: Initial review of materials*

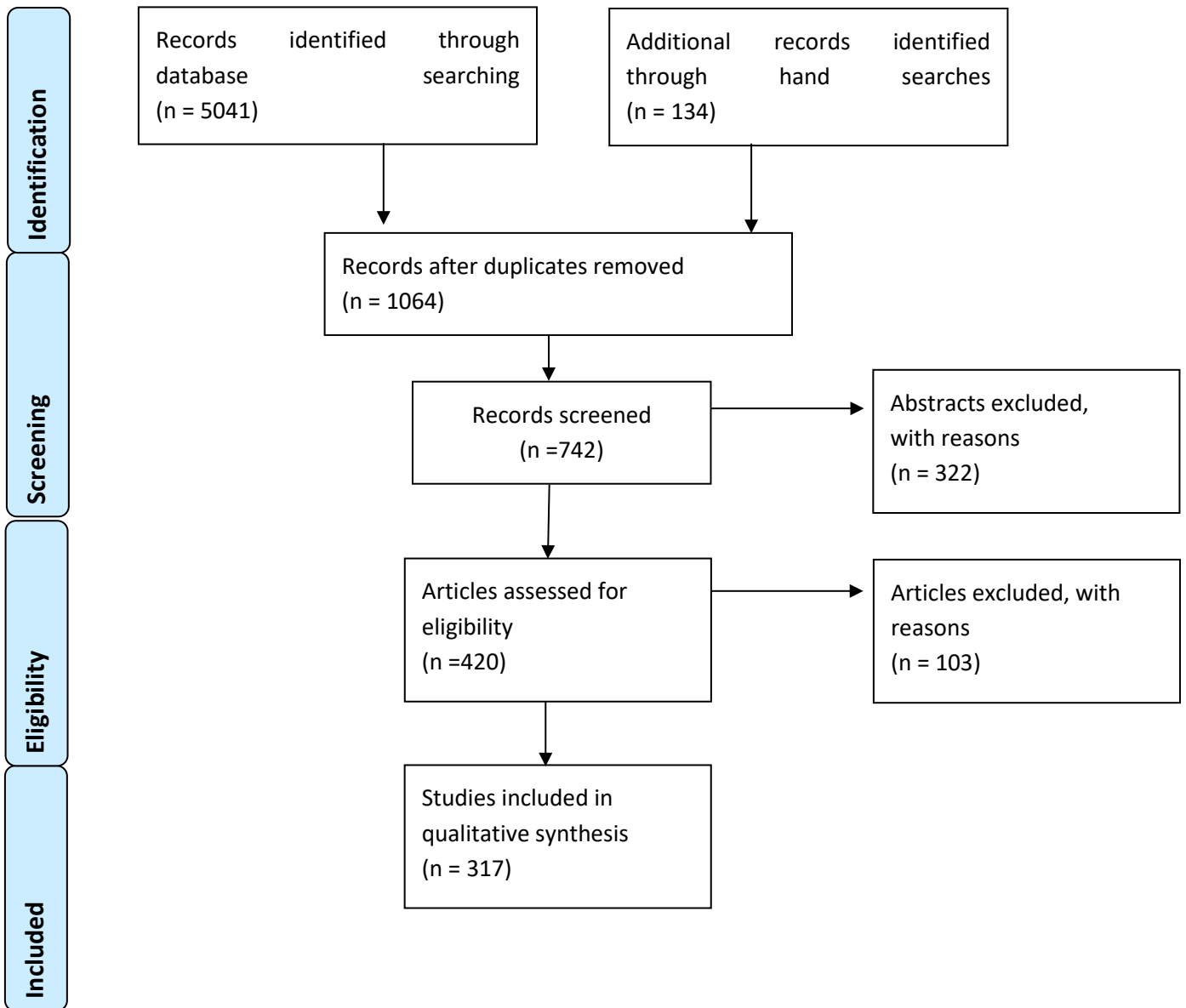
Following the initial identification of studies from the literature searches detailed in stage two, a screening process was undertaken to sift through this material to ensure only relevant studies were included for data extraction. The title and abstract details of all the studies in the Endnote database were screened as part of this process by two reviewers (JL, SB) from the team. In this initial review, 60 articles yielded duplicates from the searches and consequently 129 duplicate references were removed from Endnote. The screening process, sought to exclude principally the 'grey' literature (non peer reviewed publications) as well as studies that did not contain data for adult women / females over 18 years old with offending history / criminal justice contact. Given the review is based on both quantitative/qualitative research a range of designs were included in the review: meta analysis, systematic reviews, experimental and quasi experimental studies, observational studies, ethnographies, semi structured interviews and multiple case studies (with comparators). In terms of geographical coverage, international studies were included from a number of countries that have

comparable welfare and justice systems to the UK: Sweden, Norway, Denmark, Iceland, Canada, Wales, Scotland, Germany, Portugal, Netherlands, USA, North America, Australia, Eire. From the long list of 742 articles, theses and books, 322 were excluded from the initial review. From a long list of 248 sources, 203 were excluded in the 2018 update. Reasons for exclusion of specific articles and books were: Articles and books not relevant to female offenders or where no data were given separately for women (n=232); study methods not included (n=50); articles relevant to methodological development of tools to assess risk, not including women (n=31); articles relevant to children or juveniles without longitudinal data into adulthood (n=18); studies conducted in Taiwan, Japan, Israel and China, as these policy and welfare domains may differ substantially from England and Wales (n=11); full article unobtainable (n=8); articles only available in Portuguese, Japanese and French (n=4); and single offender / patient case studies (n=2).

A summary of the searches which resulted in final articles and books to be included in the narrative literature review is summarised in the PRISMA flow chart below:



**Table 3: PRISMA Flow Diagram (adapted from Moher et al, 2009)<sup>1</sup>**



<sup>1</sup> The PRISMA Flowchart (2009) includes another step for meta-analyses, which has been removed as it is not applicable to this review at this stage. The PRISMA Statement (2009) recommends that all full texts are assessed for eligibility, but constraints for this study meant only the title and abstract were assessed at the eligibility stage for this review.

### *Stage 5: Data Extraction*

The remaining 360 (317 from 2017 searches and 43 from 2018 updates) studies included in Endnote were subjected to systematic data extraction, with data extraction pro-forma adapted from the PRISMA Statement, Campbell Collaboration and the Cabinet Office REA Framework. For each study, a data extraction form was completed. This included bibliographic information (including title, year of publication and author list). The research questions, hypothesis and aims of the article were included if they were reported and information regarding the methods of data collection/analysis; analysis; sample size and key characteristics of participants were extracted to inform the summary table of interventions (see appendix three). Findings, recommendations and theoretical arguments were summarised, alongside reflections which emerged during the critical reading of each article. Finally, limitations for each study were recorded to inform the narrative review and the assessment of gaps in the literature, as well as non-significant findings reported from quantitative studies. In addition, a citation tracking field was added to facilitate further searches, as described above in stage 2.

Once data were extracted, the literature was subject to quality appraisal by two of the team (JL, SB). For this review, the quality requirement appraisal for the Randomised Control Trials and meta analyses was formed by scoring against the six common elements which were found from 86 quality tools reviewed by Sanderson et al (2007). Each of the following elements were awarded a maximum of one point, or 0.5 points for criteria partially met (so that the highest quality quantitative studies scored a maximum of six points), or no points for a criteria not met with regard to:

1. Appropriate methods for selecting study participants
2. Appropriate methods for measuring exposure and outcome variables
3. Appropriate design-specific sources of bias (excluding confounding) *n*;
4. Appropriate methods to control confounding *n*;
5. Appropriate statistical methods (primary analysis of effect but excluding confounding)
6. Conflict of interest

However, the PRISMA quality assessment tool, which comprises 27 variables, is not suited to assess other forms of study design. Thus, two different quality assessment tools were used - one with which to appraise quantitative studies and one to use for qualitative studies - this was the system also utilised by Lart et al, 2008. Scoring of each qualitative study awarded one point for fully meeting each of the following criteria, 0.5 for partially meeting each criteria and 0 for criteria not met, producing a quality score for each paper from a possible of four:

1. Design (clearly focused research questions, appropriate methods selected to answer questions, appropriate sample design and ethical recruitment);
2. Data collection (data collection strategy detailed and rationale provided);
3. Analysis (analysis detailed and rationale provided);
4. Reflexivity (awareness of the limitations of study design/methods and implications for findings).

For this review, an initial sample of 20 papers (10 qualitative and 10 quantitative) was graded by two of the research team to test inter-rater concordance between the reviewers (cf. Pemberton et al, 2013). Where there were queries as to the score relating to a paper, another member of the research team reviewed the score awarded. Any further discussion was informed by the elements set out by Pettigrew & Roberts (2008:136), for example, to critically appraise the paper again, exploring further whether the characteristics of the study participant demographics, intervention being assessed and

research methods were adequately described and whether the methods used had relevance to the research question. Studies were only excluded from the review if they scored under 2 points in this system of rating qualitative papers and if they scored under 3 points for quantitative papers. This is a much lower threshold than is used for quantitative systematic reviews and/or meta-analysis, which score largely on methodological / statistical rigour only. A lower threshold was designed to capture as many studies as possible given the dearth of literature that draws on a sample including female offenders.

Reasons for rejection of the literature at this stage were recorded, the most common reasons included a lack of detail provided on the study's sample/data collection, or lack of relevance to the research questions for the review. Studies subsequently identified through citation tracking and expert review, were all subjected to the same quality appraisal framework. Papers scored under 2 were excluded from the intervention table, as were theoretical papers, grey literature or policy reviews. Some of these are discussed in the narrative literature review, particularly where they contain important recommendations for future study or cautionary tales of problems in research in this field, but they are not summarised in the tables as their unstable conclusions may contribute little to the design or efficacy of intervention evaluation or reliable findings.

#### *Stage 6: Thematic Review and Analysis*

The 317 (plus then 43 from 2018 updates) sources of literature were sorted iteratively into groups in Endnote, in order that each in turn may be 'subject to a critical appraisal, ideally to lead to a new or interesting perspective' (Holbrook et al. 2007: 348) and so that gaps could be identified in the field and significant bodies of evidence could be compared and analysed. This method of integrative reviewing (cf. Whittemore & Knafl, 2005), may be particularly well suited to reviews which include studies from very different methods. Whilst some studies found for this review cut across conceptual areas (particularly those locating female offenders at the nexus of mental health service need and/or substance use), pragmatic decisions were taken concerning the groupings into which papers were categorised, informed initially from the search terms that were derived in the previous step of the review. As the integrated analysis of the literature continued, wider initial groups were segmented to more accurately reflect the emerging themes of the review, or groups were iteratively collapsed together when findings of the papers highlighted emerging congruent concepts. However, an early list of search terms and divergent concepts did not bring a logical or scientific structure or form for this review, so the concepts and subthemes were grouped, which were then iteratively reviewed again. During the analysis, sub-themes were aggregated into a relevant framework, through which to analyse the literature in the review. The following sections reflect the outcomes of this process.

## Gendered Differences in Offending

Before we examine the reasons that lie behind female offending, it is important to first consider what is known from peer-reviewed research regarding the pattern and extent of women's offending and how it differs from that of male offenders. As we will demonstrate the latest evidence suggests, that the arguments which informed the Corston Report, continue to hold true, not just in terms of the UK, but internationally as well; insofar as, women's offences tend to be non violent and related to trauma and socio economic status, when compared to male offending. Relatively speaking female offending is less harmful or 'victimless' criminal harm, yet as we will demonstrate women appear to be punished more severely for criminal transgressions than their male counterparts.

Overall, the evidence here demonstrates internationally that women and girls commit substantially fewer and less serious crimes overall than men and boys (Elonheimo et al, 2014, Rettinger & Andrews, 2010, Byrne & Trew, 2008), but particularly less homicide, sex crime and fewer repeated offences in adulthood (Walsh et al, 2008, Estrada & Nilsson, 2012). Women's offences are more likely to begin earlier in life, often as an escape from trauma and victimisation, then later to be property or financial crimes and non-violent serious crimes, compared to their male counterparts. This may be partially explained by women being more likely to live in poverty and less likely to have access to financial independence, thus committing crimes such as shoplifting and selling sex for financial necessity (Elonheimo et al, 2014, Byrne & Trew, 2008) and as single parents, having primary responsibility for meeting the care needs of children. The finding that women are more likely to commit property and drug crime than men, is supported by results from Deschenes et al (2012), Huebner et al (2010) and Caputo (2009). The latter study ascertained from their interviews with 38 female shoplifters and sex workers who were substance abusers in the USA, that the women financed their drug addictions and other needs through crime (Caputo, 2009).

Elonheimo et al (2014) used police register data in a sample of 10% of the population born in 1981 (total n=6017, with women offenders n=678), to consider the crimes committed by women. This robust research found, in a random sample of 10% of the Finnish population born in 1981 (n=6017), that women's crimes were classified into drug (2.4%), violent (3.4%), property (8.5%), traffic (14.6%), drunk driving (2%) and sexual offences (0.0%; n=1). However, these data are still likely to be underestimated as there is no data for crimes before the age of 15 and this will not include any unreported offending. Women made up approximately half of the offenders involved in prostitution and shoplifting, and more than one third of offenders involved in fraud.

This finding is substantiated in Canada and Australia in two indicative studies. In the former, examination of risk/need was taken using LSI-R data from 1991-2 and recidivism data obtained from Ontario's police records over a period of 57 months (Rettinger and Andrews, 2010). The 411 women registered a total of 1431 new offences, Only 13% of women's offences were for violent recidivism and women were more likely to commit minor offences such as property, fraud, theft and deception. In the latter study in Australia, the lowest female offender crime rates were for robbery, homicide (less than 2% per 100,000) and sexual assault (fewer than 1 per 100,000) (AIC, 2009).

A secondary analysis of the Stockholm birth cohort (n=14,294) dataset to carry out a life course study of men and women with different levels of criminal involvement (Estrada and Nilsson, 2012). They found that 7% of women and 33% of men were registered for offending by age 31. The research classified offenders into categories (desisters - no crime after age 20), late onset offenders (crime after

age 19) and persisters (crime during youth and adulthood) and found that most female offenders were registered for their first offence subsequent to their teenage years. However, for female offenders who offended in their teenage years, two thirds then did not appear again in the criminal register as adults.

Although juvenile offending falls outside the remit this review, given the likelihood of a first offence being in teenage years for girls, a mention of the foundations of some offending in young women is warranted. Women frequently have their first encounters with the law as juveniles who turn to crime in order to escape violence and physical or sexual abuse. Research suggests that as a result of this poor start, prostitution, property crime, and drug use then become ways of life (Bloom & Covington, 2008). The crimes of girls are much less violent than those of boys, mirroring the pattern in adults (Walsh et al, 2008).

Whilst women are less likely to be involved in serious offences, a systematic review of 59 papers found that repeat or serious female offenders in the later stages of court processing tend to receive harsher sentences, and this may be because they represent greater deviance from the gender norms (Javdani et al (2011). This suggests that gender stereotypes are embedded and affect functioning of the justice system response in regard to outcomes for both men and women. As women typically engage in less violent and serious types of drug crimes compared to men, the harsher sentencing aimed at reducing possession and distribution of illegal substances had prolonged female's involvement with the justice system, implying that issue is inherently gendered.

## **Why do women offend? Three pathways into offending**

The literature in this review demonstrates that pathways to women's offending are complex, often entrenched in multiple disadvantage and should be viewed as distinct to those experienced by male offenders (Solinas-Saunders & Stacer, 2017; Salisbury & van Voorhis, 2009). Whilst this review presents distinct themes with regard to women's offending, it is important to note that these often overlap and compound one another; in other words, they are not experienced in isolation and subsequent interventions must be minded to these complexities. To underline this point, Bloom & Covington (2008) found that substance abuse, trauma, post-traumatic stress, and mental health problems were highly significant factors for female offenders, which are often treated separately even though they are therapeutically linked (see also Adams, 2013). Reading studies in isolation can fragment and skew the powerful and recurring empirical picture provided by an overview of the evidence base, as well as omit the inter connected nature of the harms that many criminal justice involved women experience throughout their lives. This section shows a group of women who disproportionately have experiences of childhood sexual abuse and later violence from partners and criminogenic peers, who consequently self-medicate as a result of these life experiences and who also find themselves at society's margins in terms of accommodation and employment. Below, we summarise the evidence that emerge from the studies identified; this picture maps onto the 'big five' criminogenic risks for women that are recurring themes in the literature. However, we avoid framing our discussion via criminogenic risk/need, as this often serves to deny the inter connected nature of harms that criminal justice involved women face across the life course. Through three overarching themes, we seek to connect a number of different harms together, mental health, interpersonal and socio economic, to provide a more holistic view of these women's lives.

### *Violence, trauma and mental distress*

Violence and trauma are significant features of the lives of criminal justice involved women and the experience of this harm delineates them from other social groups. Several studies identify that women offenders are disproportionately more likely to have experienced violence or abuse, compared to both men and women in the community and men in prison. Consequently studies in the literature when connected together demonstrate life histories punctuated by physical and sexual harms.

Particularly high rates of women who report being a victim of child sexual abuse appear to be found in prison populations. Rates provided by self-complete survey in the USA, using samples greater than 500 respondents range from 28% (Aday et al, 2014) and 37% (Herbst et al, 2016), to 47% (Wolff et al, 2009) of female inmates reporting child sexual abuse. In the systematic literature review conducted by Karlsson & Zielinski (2018) women in prison reported rates of sexual violence victimization that ranged from 50-66%. Similarly, Wijkman et al (2010) found that 31% of their sample of 672 female sex offenders in the Netherlands had been sexually abused as children and 16% had been physically or psychologically abused. Moreover, it appears that whilst child maltreatment predicts increased likelihood of arrest for juvenile boys and young men, the impact of maltreatment lasts well into adulthood for women and may be actually predictive of adult arrest (Topitzes et al, 2011). However, it should be noted that different definitions of child sexual abuse are used in different studies and that much higher rates are found in smaller prison samples (65% in Fournier et al (2011), maximum security prisons (up to 65% by Harner et al, 2015) and where interviews (47% found by Nowotny et al, 2014), rather than self-complete modules or surveys are used. Other childhood trauma and psychological injuries, not only child sexual abuse, impacts on women's offending in adulthood. Klinteberg et al (2011) examined the influences of family psychosocial characteristics on the child's subsequent criminal behaviour and mortality, using robust longitudinal data from the Stockholm Birth Cohort study. They established that for women, having a father abusing alcohol had a larger effect on their subsequent criminal behavior, greater than even the father's criminality or either of the parents having mental health problems (see also, Kendler et al, 2015).

The experience of violence and sexual abuse mark the lives of criminal justice involved women into adulthood (Broidy et al, 2018). Returning to the systematic literature review conducted by Karlsson & Zielinski (2018), women in prison reported rates of lifetime sexual abuse between 56-80%. Moreover when Leigey & Reed (2010) compared the traumatic experiences prior to life incarceration in male life-sentenced inmates (n=768), female non-life sentenced inmates (n=2,831) and female lifers (n=99), they found that female life-sentenced inmates had more extensive histories of physical and sexual abuse as adults (see also Rizo et al, 2018). Similarly, Solinas-Saunders & Stacer (2017) compellingly established that over 42% of female inmates but fewer than 7% of male inmates reported being a victim of sexual abuse across their lifetime.

A number of studies demonstrate the ways in which the harms in childhood identified above, beget further related mental health harms in adulthood. Thus, associated to the experience of trauma are a series of resulting or co-occurring mental health conditions, some of which are symptomatic of post-traumatic stress disorder (Salisbury & van Voorhis, 2009; Goff et al, 2007). Whilst Ardino et al (2013) had only a small cohort of 25 females who had experienced childhood trauma, they also

demonstrated an indirect effect from PTSD to re-offending risk, through worry and a negative perception of other people's support. In another study, 115 life history calendar interviews demonstrated SMI has significant effects or trends for women, in risk for onset substance abuse, drug dealing/charges, property crime, fighting/assault and running away (DeHart et al, 2014).

Two studies have comparatively examined the mental health needs of male and female prisoners. Derkzen et al (2013) conducted a review on the mental health needs of federal female offenders and found that the most commonly reported disorders in a sample of 88 women were PTSD (52%), MDD (69%) and APD (83%). Further, around 80% of the sample had experience alcohol or drug dependence, with only 5% of the sample with no history of mental health disorder. In regard to Bipolar Disorder, Black et al (2007) found that, of 220 prisoners (22 women), nearly 30% of the male and female sample met criteria for BPD. Wolff et al (2011) in a US correctional setting, found that mental disorder was reported by 19.8% of male and 46.1% of female participants, with 6.6% of males and 19.4% of females reporting a serious mental disorder, indicating that mental disorder is higher in women, compared to men.

Mental health diagnoses have been indicated as an important factor in relation to women's offending. Gray & Snowden (2016) report that identifying psychopathy, measured by the PCL:SV, was a good predictor of offending target events in both a UK and USA sample, which provides a controversial evidence-base for considering future community behaviour and reoffending. However, despite large sample sizes from both countries, there were no significant gender differences found for the PCL:SVs predictive efficacy of criminality; this is a common problem with tools which appear neutral, but which often make gender invisible. This is reflected in other studies, however, studies which show difference may be due to the type of setting and the various offences of participants involved. For example, a maximum security prison vs psychiatric hospital or use of post-dictive designs. After release, too, female prisoners with symptoms of anxiety and depression were found to be more likely to be reconvicted in the year after release, than were prisoners without symptoms (Light et al, 2013).

## **Substance use and self-medication**

Substance use is commonly referred to as one of the 'big five' criminogenic factors for women and offending by substance users is heavily gendered (Andrews et al, 2012). It is important to note, that whilst drugs have held substantial research interest at the intersection of psychiatry and criminology in the last decade, with Google Scholar search for the period returning about 47,800 for a search of 'drugs and crime', only 25 studies of the research literature utilised for this review (from 2007-2017) had a focus on the incidence or prevalence of drug and/or alcohol use with women who have offended. Regrettably, a further 26 studies were explicitly excluded from the long list for this review as they reported results only focussed on male or juvenile offenders and drug use - despite the promise of populations or offending more generally - rendering the experience of women or girls entirely invisible (cf. Hochstetler et al, 2010) or enjoying an odd cursory mention, as if we are expected to assume that the pharmacological effects and social impacts of substance use in men and women are identical, excluding at the very least substance use effects in terms of sex differences of pregnancy/ foetal impact and the outcomes for children. Despite this, a fairly consistent picture emerges from the relatively fewer studies that have produced gender disaggregated analysis. In this section then, we explore the link made within the literature between substance use and gendered

forms of offending; with an explicit focus on the link between specific offences and different forms of substance use. We then consider the connection between harmful co-morbidities: trauma/mental health harms, substance use and offending. Finally we explore substance use as a form of self medication and the relationship to female offending.

### *The link between substance use and female offending*

There are a number of studies that illuminate the relationship between substance use and gendered forms of offending. In Fazel et al's (2017) systematic review of 24 studies that compared alcohol and drug use disorders in prisoners, they found that a pooled rate for drug disorders for men at 30% and 51% in female prisoners. These findings appear to be replicated across a range of studies. In one of the most robust studies identified, Matheson (2011) established that in Canada that drug use was closely correlated to offending for women; 87% of 361 women from 6 federal prisons were under the influence of alcohol or drugs with most recent offences. 80% had drug problems (58.9% cocaine) (44.3% crack cocaine) while 40% had an alcohol problem and 28% had an alcohol and drug problem.

Similarly in England, Pierce et al (2015) found a significant association between drug use and prior offending that was stronger for women than men - women positive for opiates and cocaine committed offences at a rate 3.5 times that of dually negative women (men were 1.8 times higher). For women in the cohort, 14% reported cocaine use, 22% tested positive for opiates and 24% were positive for both cocaine and opiates. Women testing positive for opiates or cocaine was associated with higher prior offending rate for all subcategories of serious acquisitive crime. The strongest association was prostitution with dually-positive women - the age adjusted rate was 25x higher than for negative testing (aRR 24.9), followed by shop-lifting (men aRR 4.1, women aRR 6.2). Other gender differences were in testing positive for opiates (aRR 1.9) being associated with higher rate of prior offending amongst women (but not men). Positive association between drug use and violent offending for women (in 8.2% of women) but not for men. This study found no link between testing positive for cocaine and acquisitive offending.

Bennett et al (2008) found the odds of offending were three to four times greater for drug users than non-drug users; highest among crack users (6x greater than non-crack users), then 3-3.5x greater for heroin users than non-heroin users, 2.5 times more likely for cocaine users than non-cocaine users and 1.9 times more likely for amphetamine users to offend. Odds of offending were lowest among recreational drug users (about 1.5x greater for marijuana users). The weighted mean concludes that, taken together, the 30 studies show that the odds of offending are about 2.8 to 3.8 times greater for users of the drug types shown compared with non-users. Similarly to Pierce et al (2015), odds of prostitution among were almost three times greater than among non-drug users, a finding which clearly applies significantly to women. The analysis included six studies of the relationship between drug use and crime with female samples. Three studies had positive and significant relationship and three with no significant relationship. The mean ORs for female offending were 6.69 using a Fixed Effect model and 2.24 using a Random Effects model. The findings from Bennett et al (2008) differs from Pierce et al (2015); the latter included only sanctioned offenders, where as the former study included all arrestees.

In Norway, Kjelsberg & Friestad (2009) examined factors predicting future criminality in adolescent psychiatric inpatients and found that substance use was correlated with criminality for young women, to a greater degree than for men. The team followed up 1095 adolescents (46% females) 15-33 years following admission to a psychiatry unit in Norway. At follow up, 63% of the males and 39% of the



females had a criminal record. Most convictions were for property crimes (84% of men's and 77% of women's convictions, respectively), with women slightly more likely to be convicted of drug offences (39% and 41%, respectively), and men to be much more likely to be convicted of violent crimes (51%), compared with females (18%). For women (but not for men), psychoactive substance use disorder in adolescence seemed to be very common with later registered criminality, with intravenous drug use a potent risk factor for life-course-persistent criminality.

Fewer studies include hazardously drinking women, though in Sweden, (Bergman & Andershed, 2009), research found that for women, aggression and having had an unstable upbringing have some predictive power (0.11) of adult offending and drug use, with older age female persistent offender group showed more alcohol and mental health problems than males. However, this finding should be approached with some caution, whilst reporting the persistent offender (female) group was characterised by higher alcohol consumption, being socially marginalised and being registered for psychiatric care from 20-24 yrs old, this was only in 3 women, so the authors warn that this is only useful for future research hypothesis-building. Similarly, fewer studies look at the issue of polysubstance use and gendered offending, however Vaughn et al (2014) found that polysubstance users were more likely to be depressed and anxious, white and female than the other groups. These users self-reported higher prevalence of nicotine dependence, cocaine, stimulant, tranquiliser, methamphetamine, heroin and oxycotin use than the other classes. In Gizzi & Gerkin's (2010) study in Colorado, USA, found that the average lifetime was 3.5 drugs per person (incl. meth, marijuana, cocaine, heroin), but that meth users were more likely to be drunk or high at time of arrest and claim their crimes were related to drug use in other ways; gender was the only static risk factor that was statistically significant between their groups; ethnicity and education were not.

The gendered link between substance use and female offending has been disputed in a few studies. Studies by Kendler et al and Vaughn et al (Kendler et al, 2013; Vaughn et al, 2014) which used gender-neutral methods, contest the purported relationship between offending and substances. Both studies produced Latent Class Analyses, the former with data about 192,501 drug users from Sweden and the latter with data from 5,373 drug sellers from 18-25 years old in the USA. In the Kendler et al (2013) study offending across different categories of substance use was overwhelmingly male, however, women were mostly represented as 55% of problematic prescription medication use class (which was only 4.2% of the whole sample) and 51% of the low frequency, pure medical class, which was the second lowest of the live groups for criminal behaviour (37%). These findings may be a function of the potential gender stereotyping of some of the DSM IV personality disorder classifications that are vibrantly debated in the literature (cf. Jane et al, 2007) and which were used as measures in the study. Other researchers report that substance use is not a significant factor in relation to recidivism for women, though it is to men, but this could be a function of sample sizes which are too small (cf. Collins, 2010) or gender-neutral approaches used to assess offending patterns (Andrews et al., 2012; Hakansson et al., 2008; Vitopoulos et al, 2012).

### *Trauma, Substance Use and Self Medication*

Given the trauma, violence and harms experienced by many criminal justice involved women, it is unsurprising that research has uncovered that substances may be used to cope with psychiatric distress - utilised to numb depression, hypomania or distress (Jackson et al, 2011; see also Fazel et al, 2014). Similarly, a study by Farrell & Marsden (2008) found that 29% of all prisoners (and 52% of

female prisoners) who reported recent drug use had anxiety and depression, compared with 20% of those who did not report recent drug use (43% for women).

Several studies demonstrate that co-occurring, trauma and mental health symptoms are often complex and also inextricably linked to substance use in women who offend. As Caputo et al. (2015) study highlights women told them that in late adolescence and early adulthood that women turned from conventional work to crime to support their ongoing use of drugs. Several of the women had spent time homeless on the streets, nearly all had been incarcerated multiple times and drug use for the group spanned 14-35 years. The authors report that most of the women in the study were daily users of heroin, cocaine, crack, wet weed (marijuana with angel dust or phencyclidine), and other drugs. Women's lives before drug addiction /shoplifting had abuse and trauma, often during adulthood but often also stemming from childhood. They were all raised with alcohol abuse and most exposed to violence at home and were direct victims of multiple harms including physical and emotional abuse in the childhood home. Similar influences and offending pathways were discovered in Broidy et al's (2018) recent study. Broidy et al (2018) sought to understand how abuse in childhood, exposure to violence and mental health problems manifest in different forms of female offending. They discovered that for those women who had offending careers that began prior to 13, early abuse (tending to be physical) and related mental health symptoms, as well as drug use were common and tended to result in property and violent crime. For those with later onset of criminal behaviour, this group tended to have been victims of sexual abuse at some point in their childhoods.

A robust interview study, conducted with women from multiple geographic regions, demonstrates the complexity of traumatic experiences, mental health service use and substance use symptoms for women offenders. 20% of their participants reported a current co-occurring disorder, 32% had current SMI and 53% a current SUD. Participants also reported high levels of victimisation. For example, 75% reported physical abuse by a family member, 70% experienced intimate partner violence and 62% experienced sexual assault/rape. Those with a co-occurring disorder were more likely to report all three types of victimisation.

Another sample of 491 females were examined and found that 43% met lifetime serious mental illness (SMI), and 32% had SMI criteria for the previous 12 months, while 82% of participants had substance use disorders (DeHart et al, 2014; findings also reported in Lynch et al, 2013). Of those with SMI, PTSD or SUD, 30-45% of the sample reported severely impaired functioning due to these factors. Further, women with SMI reported greater levels of victimisation and more extensive offending histories. When these factors were added to SEM, childhood victimisation, adult trauma and service utilisation they correlated with offending. These findings were substantiated by two other studies in Australia (Stathopoulos et al, 2012; Liddel & Martinovic, 2013). The former study explored female offenders who were also victims of sexual violence. They found that this population experienced higher levels of victimisation, poor mental health, SMI, substance misuse, unemployment and low education. The latter review examined trends in women's offending and concluded that women who commit offences tend to be victims of physical and sexual abuse, and have higher levels of substance abuse and drug related offending, compared to males (Liddel & Martinovic (2013).

Although not immediately generalizable outside Brazil, given the dearth of literature available which considers women's offending and drug use, the study by Baltieri (2014) is interesting and some of his measures may be transferable to future research. From a randomised sample of 353 substance-using female inmates in a San Paulo penitentiary, he found that the age of first alcohol and drug use significantly preceded the age of onset of criminal activities with women convicted of homicide.

However, more women convicted of robbery than homicide were included in the group with the earliest onset of alcohol and drug use and they also reported more depressive symptoms and trauma. He suggests that this may indicate a need for different interventions for women who have committed crime and used substances in early and late onset patterns. Unfortunately, the cross-sectional study design did not allow the study to establish a causal link between age of onset of substance use and offending behaviour in this instance.

In slight contrast to the weight of evidence presented that highlights the link between trauma and substance use that are linked to female offending. One longitudinal study by Zweig et al (2012) concluded, from multilevel structural equation modelling in a sample which included 1429 women, that neither victims who were physically abused nor sexually abused, compared to non-victims, differed significantly on the likelihood of having participated in drug court versus comparison courts (approximately 62% of all respondents had participated in drug court). They did, however, find that physical victimization experiences—but not sexual victimizations—were associated with increased criminal activity 18 months after their Court appearance. Victimization experiences were only measured at baseline and only asked about victimisation in the 12 months prior to the interview; therefore the effects of victimisation from childhood to early adulthood may not be included. This is only a sample of known offenders so we cannot say whether victimisation is the outcome of the offending or vice versa.

Another study of substance use found that gender and race (not offence types or criminal history) were the only predictive factors for psychotropic medication use (Jackson, et al, 2011). The study surveyed 1845 people who met the criteria for substance use disorder, 1876 who did not have substance use disorder and 1874 in a comparison sample. Participants who used substances and psychotropic medicines were more likely to be white, female and unemployed, with health insurance. Black females were more likely to be substance users with psychotropic medication, unemployed and have histories of abuse and suicidal behaviour. One hypothesis explicitly supported by two qualitative studies in this review (Caputo & King, 2015, Jackson et al, 2011), is that female Substance Users taking Psychotropic Medication (SUPMs) are more likely to meet abuse/ dependence criteria for opiates and cocaine - these may be used to mask or cope with psychiatric distress - this is known as the self-medication hypothesis (cf. Khantzian, 1985 and updated in 1997). This theory is also consistent with the findings of Stalans (2009), who concluded that women are more likely than men to start using drugs because of life crises and trauma, and that women differ from men in their primary contributory factors for substance abuse, despite similar frequency of use and severity of substance abuse. Whilst opiates numb feelings of rage and guilt while cocaine can help women block out depression, hypomania or hyperactivity, both may be used to mask or cope with psychiatric distress consistent with childhood abuse, commensurate with the self-medication hypothesis, although the cross-sectional design of the work by Jackson et al (2011) prevents findings of causality.

Other studies add further layers to our understanding of the self-medication thesis. Cobbina's (2010) study examined female offenders (n=50) pathways into crime using a multimethod research strategy: interviews and examination of various official records. She found that exposure to drugs by family members, seeking approval from peers/boyfriends and using drugs as a coping mechanism were three main pathways the offenders cited as pathways into drug activity. The social rejection and the lack of self-esteem from not having a home and broader forms of social exclusion, can also lead to women to self-medicate with drugs or alcohol to deal with anxiety and escape depression and shame (Aidala & Sumartojo, 2007).

## **Social Exclusion: Poverty, Homelessness and Marginalisation**

Many criminal justice involved women exist on the social and economic margins of our societies; in doing so they disproportionately experience a host of socio economic harms, such as poverty, debt, unemployment and homelessness. As Ropes Berry et al (2018) reveal, criminal justice involved women (particularly from ethnic minorities) exhibit a greater level of exclusion when compared to men: they are less likely to have completed education, have lower rates of employment (past and present), are less likely to be financially independent and are more likely to have had a history of drug addiction. Whilst social exclusion, is implicit as a factor in much of the literature it is rarely explicitly stated, rather the literature refers to economic necessity and marginalisation. Cobbina (2010) and Liddel & Martinovic (2013) both cite economic marginalisation and the desire for money as key pathways into crime for women, in the USA and Australia respectively. Here we explore the links made between 'economic necessity and female offending'; after which we explore broader harmful states of exclusion, particularly in relation to unemployment and homelessness.

Crimes of 'economic necessity' or 'crimes of survival' are consistent themes within the literature on female offending. As Moloney et al (2009) demonstrate the majority of offences committed by women in England and Wales, were non-violent or property related, and the crimes were often directly related to family poverty and the need to care for children. Moreover, Wright et al's (2012) work argued that women offenders are typically socially and economically marginalised, leading to crime as a means to survive. It should be noted that Basto-Perreira et al (2015), found low income in childhood not to be a predictor for female adult offending, which points towards economic necessity in adulthood for women arising alongside caring responsibilities. In a small scale qualitative study, Shdaimah and Wiechelt (2013) conducted interviews and focus groups with women engaged in prostitution on their motivations for criminality and experiences of victimisation. Participants explained that they were compelled to sell sex to survive, either through exploitation, often via family or partners, or sex work to get money, housing or food.

Women's offences are more likely to begin earlier in life, often as an escape from trauma and victimisation, then later to be property or financial crimes and non-violent serious crimes, when compared to their male counterparts. This may be partially explained by women being more likely to live in poverty and less likely to have access to financial independence, thus committing crimes such as shoplifting and selling sex for financial necessity (Elonheimo et al, 2014, Byrne & Trew, 2008) and as single parents, having primary responsibility for meeting the care needs of children. In an in depth small scale study (n=18) of men and women who were attending offending behaviour programmes, Byrne & Trew (2008) have highlighted the importance of 'economic necessity/survival crimes' to explain female offending. They suggested that men's accounts perceive offending as a social action through which men 'achieve' valued aspects of masculinity, such as economic independence, control, aggressiveness and capacity for violence. On the other hand, women described crime as a pragmatic activity, often carried out due to financial need (e.g. after becoming a single mother), emotional/mental health problems and alcohol abuse (Byrne & Trew, 2008).

Homelessness is a key feature of the social exclusion and marginalisation that criminal justice involved women experience. Women who offend and re-offend, disproportionately experience housing issues with many lacking stable accommodation pre and post prison. Freudenberg et al (2007) found that women were significantly more likely than men to be on the streets (11.2% vs. 3.2%) and had an

increased likelihood of having spent time in a homeless shelter in the last twelve months (35.7% v. 25.7%). Similarly a study by Mayock et al (2015) found that women were reported to be more likely to be hidden homeless, staying with friends, trading sex with men for accommodation and cycling through a number of institutions, being less visible on the streets than men. This instability has a significant impact on female offending and recidivism. Weiser et al (2009) found that the unadjusted odds of recent reincarceration were 5x higher for women reporting long term street stays than for men, or people reporting short-term homelessness. Women were significantly less likely than men to be in supportive housing (0.9% vs. 2.7%), in their own home, or to be staying with friends and family. Makarios et al (2010) examined a sample of 1965 adult parole records in Ohio (female n=355, male=1388), and found that for every change in residence, there was at least a 70% increase in the odds of recidivism occurring - the likelihood of re-arrest was greater for women than men, due the housing issues that disproportionately impact female offenders.

This view is supported by Mayock et al (2015), who examined lengthy and repeated homelessness with in-depth interviewing to create biographies with 60 single women who did not have children or were living apart from their children, supplemented with observations in homeless hostels and food centres in Dublin, Cork and Galway. This ethnographic research found that women had enduring patterns of unresolved and repeat homelessness and housing instability. As Aidala & Sumartojo (2007) explain the implications of insecure housing, as stable housing provides ontological security - a sense of home, meaning to life and a place to build social capital and networks and a place from which to access appropriate healthcare and medication adherence. In other words, housing provides a means to maintain vital access to services and relationships, but ultimately ensures social inclusion.

A further aspect of social exclusion, unemployment appears also to play a key role in female offending. In Dennis' (2008) study women reported that unemployment and being forced to rely on crime as their main source of income at the time of arrest, was the key reason they continued to commit crime. This point is further underlined in the study by Opsal (2012), who interviewed women around the time of leaving prison and 3 months follow up post prison. Economic marginalisation was a recurring theme amongst the women interviewed; working out how to meet economic and material needs for living, but also the expenses incurred whilst on supervision parole, such as travel, fee, counselling and urinary analyses. Work was seen as necessary means to 'make it on the outside' (Opsal & Foley 2013: 265). However on leaving prison, whilst some women maintained a hopeful connection between employment and change, many experienced barriers and unstable working conditions, and therefore began to quickly view their efforts as a fruitless act.

Being unable to maintain pro-social relationships and access social networks are defining aspects of the lives of criminal justice involved women and the social exclusion that they experience. Whilst for men, family and intimate partnerships are often critical pro social factors in desistance, for women these relationships are often dysfunctional and abusive and can have the reverse effect (Radcliffe & Hunter, 2016). In Radcliffe & Hunter's (2016) study, criminal justice involved women reported intense feelings of shame which can reconfigure their wider social relationships and result in enforced forms of social isolation, as they attempt to avoid the stigma that poverty and offender identities can engender.

Finally, evidence is emerging that work with veterans returning from war and being terminated from military service, is needed to prevent homelessness, suicide, substance use and violence. Women who serve are not immune from the ill-effects of war and a loss of housing, profession and social capital when they return from active service, but also have additional gender-specific needs (Vogt,

2011). One recent study in the USA engaged 126 women veterans (16% of the participants) and found they were more likely to use mental health services in the year after return than their male counterparts (Graziano & Elbogen, 2017). However, researchers in the UK report that the participants in these pilot services with ex-veterans in the UK for services are overwhelmingly male and older, so a gap exists for evidencing interventions which may work to safely reintegrate younger female veterans (cf. Albertson et al, 2016). Whilst this is a small population, they may be at heightened risk of violence, homelessness and the co-occurrence of mental health and substance use, given their experiences at war and social isolation on return when they are terminated from service.

## **Interventions with Criminal Justice Involved Women**

### **Doing More Harm than Good: Does prison work for women?**

In this section, we explore the success of imprisonment as a response to female offending. In doing so we counter pose the future criminal harms that imprisonment seeks to address; with the injuries that are related to imprisonment. Firstly, we judge the success of imprisonment in its own terms: namely recidivism, the rates at which women re-offend after a period of imprisonment. As part of this discussion we consider the drivers that lie behind gendered forms of recidivism. Second, we detail the harms that result from imprisonment and in particular the traumas associated with imprisonment that often serve to compound those identified earlier in the review. Ironically, as we suggest these harms of imprisonment appear to undermine the chances that future criminal harms will be reduced.

#### *Gendered Differences in Recidivism*

The systematic reviews and meta analyses found during our searches present mixed findings in relation to recidivism in women. The lack of high quality studies including women and the type of crimes committed is a problem; studies that include violent multiple homicides and predatory sexual offending are less useful as these are rarely committed by female offenders. However, women appear to tend to have lower recidivism rates than men (Alm et al, 2010; Ardino et al, 2013; Becker et al, 2011). A larger study conducted Huebner et al (2010) examined the recidivism patterns of 506 women released from prison. They used data drawn primarily from official Department of Corrections records and found that 244 (47%) of women recidivated during the 8 year study period. These offences were predominantly property (78%) or drug (14%) related crimes. Deschenes et al (2012) also sought to describe patterns of female recidivism using secondary analysis of data collected by the Bureau of Justice Statistics from prisoners released in 1994. They found that 60% of women, compared to 70% of the total sample, were rearrested and 40% of women had a new conviction, compared to 48% of the total sample. Women were also more likely to have lower rates of recidivism across all 4 measures (rearrest, reconviction, re-sentence to prison and return to prison), compared to the total sample. A meta-analysis examined the effect of gender on violent and non-violent recidivism. The results showed that in both men and women extensive criminal history predicted violent recidivism (Collins, 2010). Drug use was also found to be a significant predictor of violent recidivism. However, this was only found for men, which may be a function of the sample size. When examining women, those with longer sentences were at greater risk of violent recidivism and those with a more violent history recidivate with non-violent crimes.

The sex-offending literature falls outside of this review, given the mis-categorisation of many women's offences in the area (for example, prostitution being categorised as a sex offence) and the lack of specific interventions to address women's sexual offending. However, three studies are worthy of brief discussion here, with regard to recidivism. McCoy (2016) used the LSI-R to determine if and how female sex offenders recidivated over a period of 21 months. They found that 52 (21.3%) of the n=244 sample recidivated, with the majority (48 (19.7%)) of the original sample being rearrested with a general offence. A lower age, more total arrests and charges were significantly associated with higher recidivism. These results indicate that young age, a larger history of offending and a higher score on

the PCL-R (measuring psychopathy) is associated with more re-offending. Sex offenders were also used in the participant sample by Freeman & Sandler (2008), who looked at the differences and similarities between 315 male and 315 female sex offenders in regard to recidivism. They found that females had less previous offence arrests, were more likely to victimise children under the age of 12 and were significantly less likely than men to be rearrested for both sexual and non sexual offences. Another meta analysis looked at female sexual offenders recidivism rates (Cortoni et al, 2010). Ten studies were found, and on average reported recidivism of female sexual offender rates as 1.8% for sexual recidivism, 5.2% violent recidivism and 19-24% for all recidivism. This may be in fact lower, as risk assessment tools for men may overestimate the recidivism risk for female offenders; this paper did not comment on appropriate options on how to address this and the studies involved in this meta-analysis also contained a large range of offence types.

A clear picture emerges from the literature that establishes gender specific drivers that underlie female recidivism. These are in many respects issues that are present in the initial offending behaviour which are then exacerbated or compounded through imprisonment. The recurring harms of trauma, substance use and social exclusion are inextricably intertwined with reoffending.

The literature points towards an interplay between economic and social marginalisation and dysfunctional relationships that characterise the recidivism of criminal justice involved women. Kreis et al (2014) conducted a systematic review which evaluated the quantitative evidence between dysfunctional relationships with family and intimate partners and recidivism, including the psychological processes involved. Their searches found 8 studies, with a range of 8-1691 participants and 8-96 month follow up, of which they only considered statistically significant ( $p < .05$ ). They found that relationship factors (co-dependency) were predicted in prison but not in the community and that these may be explained by the environment, rather than nature of these relationships. They note that while women can be mandated to stay away from criminogenic peers through criminal justice sanctions, the overall risk factors for recidivism are more likely to be structural; linked to poverty, lack of housing and unemployment for women, which is a very different pattern to that with men. Some evidence has indicated that dysfunctional relationships, especially with intimate partners who may also be co-offenders, pimps or physically and sexually violent, are reported to be highly correlated with a heightened risk of reoffending, but perhaps for gender-specific reasons, for women (cf. Blanchette & Brown, 2006; Cobbina, 2010). Du et al (2013) found that women had larger problem severity than men in family relationships, health, psychological health, and sexual and physical abuse history. On the other hand, men demonstrated a greater criminal history and higher rates of attention disorder and psychotic disorder. Alongside the significance of substance use, as ascertained by van de Knaap et al (2012) in their assessment of 2 year recidivism rates for men and women, women had more difficulties related to education, work, difficult relationships with family and emotional problems. Arguably the highest quality study examined within this thematic section of the review did find an indirect association between low family (emotional and practical) support and recidivism, through employment and financial difficulties (Salisbury & van Voorhis, 2009). In a later study, van Voorhis et al. (2010) conducted a large-scale ( $n=1,626$ ) community and prison study, using the Women's Risk Need Assessment tool, which included factors such as relationship dysfunction, parental stress, family support, and adult physical abuse (which are not part of the LSI). They found that recidivism was associated with poor quality family/marital relationships ( $r_s .13$  to  $.21$ ), adult physical abuse ( $r_s .22$  to  $.24$ ), lack of family support ( $r_s = 0.11$  to  $.20$ ).



Numerous studies highlight the link between substance use and recidivism for criminal justice involved women (see Estrada & Nilsson, 2012; Daggett, 2015). Andrews et al, (2012) conducted the first meta-analysis of the productive validity of the risk tools component scores, with five studies which included men (M=2069) and women (F=354) and two female only studies (n=3243), whilst they found that recidivism rates of lower risk females were substantially lower than recidivism rates of lower risk males, they concluded that substance use was exceptionally and significantly predictive (of recidivism) in all seven samples of female offenders. Estrada & Nilsson (2012) found in Stockholm (n=14,294) that women who continued to commit offences were primarily drug users and, in particular, had significantly poorer childhood conditions, compared to the males. Two studies in England and Wales also found poor outcomes for substance using women after custody. Light et al (2013) analysed the results of surveys with 1303 male and 132 female prisoners in England and them tracked them for a one and two year reconviction analysis. They found that the rates of drug use amongst women had increased (from 55% reporting they had ever used heroin in 2004 compared to 34% in 1997 and 1% of the general population). 29% of all prisoners (52% for women) who reported recent drug use had anxiety and depression, compared with 20% of those who did not report recent drug use (43% for women). The authors conclude that treatment of substance misuse (particularly Class A drug use) cannot tackle female prisoner offending, without also addressing issues in relationships (offending to support others' drug use as well), binge drinking and mental health / self-harm service need.

Finally, sentence length is something which Stathopoulos et al (2012) argue should be considered as a factor in female recidivism. From their study, they concluded that women tend to spend shorter, but more frequent periods in Australian prisons than men; whilst deprivation of liberty for longer cannot be justified in order to have time to have interventions which work for women, the 'revolving door' of short sentences is a gendered pattern which may prevent effective treatment leading to desistance.

### *The Collateral Harms of Prison*

Whilst criminal justice involved women appear not to have as higher rates of recidivism than when compared to their male counterparts, there are still high rates of recidivism and in that sense the system appears to fail on its own terms. Given the poor track record of prison in preventing future criminal harms (recidivism rates range from 40-60% in the literature identified), in this section we explore the collateral harms that result from imprisonment for female offenders. Here we advance four arguments from the available empirical studies that highlight the damaging consequences of prison for women. In some respects these should not be surprising given the complex needs and trauma detailed in the previous part of the report, that prisons designed to inflict pain and exclusion are ill equipped to deal with these issues. In fact if we were to design policies to address poverty, substance use, trauma and mental health issues, it is rational to assume that we would turn to social or health policy to alleviate these harms.

First, the available evidence suggests that even where there are successful forms of intervention within prison, the therapeutic benefits may not be realised within an environment where concerns for security and control dominate the ethic of care. For example there are examples of successful forms of substance use intervention within prison, in particular therapeutic communities that are 'community led, living-learning environments' that seek to promote behavioural change (see Aslan, 2018; Sacks et al, 2012; Yang et al., 2015). Whilst Lloyd et al (2017) found some positive aspects to Drug Recovery Wings in UK prisons, which offered prisoners a more trusting and pro social

environment in which to recover, tensions and boundaries between a system of control and rehabilitation still existed and frustrated this work. Similarly Grace et al, (2016) conducted a qualitative study of new Drug Recovery Wings, found several barriers to a successfully therapeutic environment being achieved in prison, and which recommended that a pathway out of the prison gates was necessary for women, to prevent relapse (see also Page et al, 2016). Therapeutic Communities and a Gender Responsive Treatment programme in prisons, a similar model to those based on Covington's trauma-informed programmes, had a larger probability to reduce re-incarceration than case management and cognitive skills programmes (RR 0.42 vs. RR 0.63 95% CI), but neither gender responsive treatment or case management and cognitive programmes significantly reduced re-arrests or self-reported drug use (Messina et al, 2010), so it may be that prison itself is inherently damaging and ineffective, even with more gender-responsive programmes delivered within it.

Second, there is evidence to suggest that the experience of prison serves to exacerbate existing trauma for women. As identified above, many criminal justice involved women will have experienced some form of trauma in their lives. Yet violence and disciplinary regimens in prison can serve to compound or worsen this trauma. Segrave & Carlton (2010) conducted an exploratory analysis using 25 women's accounts from the 'Surviving Outside' study, highlighted how the imprisonment of women can lead to recurring trauma, such as strip searches, thus contributing to this repeating cycle of criminalisation and imprisonment. Booth's (2017) study highlights the anxiety that can result for women from the separation from their children whilst in prison. The difficulties in achieving a normalcy to these relationships (to play and physically interact with their children) and the inability to maintain communication is a source of considerable trauma. Further, trauma exposure following release also significantly predicted recidivism. This demonstrates that factors which occur after release from prison also have a significant impact on whether offenders return to crime following prison. Women can be in a much worse situation than before their sentence (Barry & McIvor, 2010) and have often been separated from their children (Calhoun et al, 2010). Again this separation can serve to act as a further trauma. Without suitable accommodation, their ability to maintain or re-establish contact with their children is limited. Scott et al (2016) found that women who lived with their children had reduced odds of recidivism, similarly as Bachman et al (2016) note, when women were able to be given help to desist from both drug use and crime, re-establishing their role as a mother to their children was one of the main motivating factors for solidifying a new, crime-free identity.

Third, prison is a physically and mentally harmful place; and this disproportionately case for women. Prison can serve to worsen existing physical health conditions that last beyond the prison gate determining a series of post release outcomes. Zlodre & Fazel's (2012: e67) systematic review examined mortality rates related to suicide, homicide and drug related deaths, following release from prison; 'male all-cause standardized mortality ratios ranged from 1.0 to 9.4 and female standardized mortality ratios from 2.6 to 41.3'. Critical in these rates and in particular for women, is the role of drug toxicity (see also Skardhamar & Skirbekk, 2013) and mental illness. In England and Wales, 'Male prisoners were 29 times more likely to die in the week following release, while female prisoners were 69 times more likely to die during this period,' with the excess deaths mostly attributed to opioid toxicity (Farrell & Marsden, 2008:254). Moreover, as Sheeley & Kneipp (2015) highlight in their systematic review, 67-77% of women leaving US prisons are diagnosed with a chronic health or mental health condition, which can have significant implications for their ability to access employment

opportunities, and in turn this appeared to increase the chance of future incidents of poor physical and mental health amongst these women later in life.

Finally, prison disrupts access to relationships, services and resources that otherwise are critical to meet the complex needs of criminal justice involved women, as well as desistance. In one study, cash/medical benefits were the most frequently reported needs during the 1-month (67%) and 6-month follow-up interviews (74%). This was followed closely by jobs/job training at the 1-month follow-up and 6-month follow-up (66% and 65%, respectively), and by substance abuse treatment (61% and 62%, respectively). Most importantly, 79% of respondents had the same or a higher number of needs after 6 months within the community (Salina et al, 2011). As consistent with the complexity of pathways into offending for women, so a multiplicity of interventions – of different doses and timings – are important in rebuilding women's lives, after Court or custody (cf Cobbina, 2010). Women offenders most commonly identified substance treatment (26.6%) and housing (24.6%) as needs and, overall, women had a significantly higher number of needs, compared to men (Fedock et al, 2013). As Cobbina (2010) identifies there are 5 main challenges to reintegration for female offenders. The participants in the study cited housing, employment, family and children reunion, medical needs and substance use services as significant factors relating to desistance (see also Dong et al, 2018). Salem et al (2013) examined re-entry needs for homeless female ex-offenders and conducted focus groups with 14 women. They found healthcare challenges (such as access problems and being unable to make appointments), not being able to pursue a career (no formal identification, social security etc) and difficulty preventing relapse (aftercare programs and important and desire to stay clean).

### **Community Interventions: Reducing Harms Successfully?**

Given the mortality, self-harm, high cost and persistent barriers to desistance and reintegration found from custodial sentences with women who have offended, focus logically turns to the efficacy and outcomes of community interventions for this population. For this reason, their needs may best be served by diversion from the criminal justice system into a bespoke and planned mix of suitable interventions, rather than short and repeated use of custodial sentences. At least three research groups, recently (Vigesaa et al, 2016; Palmer et al, 2015; van Voorhis et al, 2010; have built on classics in the field (cf. Gelsthorpe 1989, Carlen, 1983, Bloom & Covington, 2008 and Heidensohn, 1968) and demonstrated the validity and efficacy of gender-specific, trauma informed community services for women who have offended; work here is notable in promoting social alternatives to custody, delivered to address problems at the root of the social inequalities and victimisation experienced by women who use substances and have convictions. Woodson et al (2010), for example, proposed a holistic harm reduction model through their review, which demonstrates a number of domains which impact successful re-entry processes for African American adolescent females: housing, social support, role model, education, mental health, vocational training, health care and spirituality.

As we have suggested elsewhere in the review, the available evidence finds that imprisonment may be counter-productive for women. In Michigan, USA, a recent study concluded that there was a statistically significant difference in effective treatment and punishment between high and low risk women. It found that adding correctional sanctions for high risk female offenders increased reoffending by 222%. For the group of women with a high risk of recidivism, a one unit increase in treatment responses (to non-drug violations), related to a reduction in recidivism by a factor of .685 (68.5%). For low-risk women, the effect for every increase in drug-related violations given treatment response, reduced new arrests by factor of .234, or 23.4% ( $p=0.62$ ). The study included 385 women

77% on probation with an average 4.77 arrests and average 11.85 months in prison (Morash et al, 2017). Moreover, Villettaz et al (2015) carried out a systematic review with the aim of assessing the relative effects of custodial and non-custodial sanctions on reoffending, which was an update and extension of their Campbell review in 2006; they found 14 studies: 8 propensity score matching studies and 4 randomised controlled trials (RCT), 1 natural experiment and one study was an 11 year follow up from one of the RCTs. Their findings were in line with those of the 2006 meta-analysis where they found zero effect of imprisonment over non-custodial conditions. One major limitation of this meta-analysis was that no discussion or analysis was carried out looking at gender differences. Intuitively given the trauma that many female offenders have experienced in their lives, prison serves to inflict further injury rather than addressing the deep seated issues that many face. Female inmates are more likely than male inmates to suffer from a number of strains associated with unemployment, parental responsibilities, mental health problems, experiences of abuse, drug abuse, family disorganization, and homelessness (Solinas-Saunders & Stacer, 2017).

In the last thirty years, there has been a significant increase in the rate of women becoming criminal justice involved and so community programmes to address these problems are proliferating. One of the first peer-reviewed evaluations of a halfway house for women was conducted by Dowell et al (1985) in California. This section of the review considers the evidence of effectiveness for community interventions found from 2007-2017, with women who are criminal justice involved. The available evidence is largely focused on diversion via mental health courts and substance use diversion schemes – we also consider an example of diversion projects involved with sex working women.

Here we review evidence in relation to mental health courts first, Kothari et al (2014) found that men and women who completed mental health recovery court (MHRC) WRAP Program had fewer number of jail days, compared to people who had withdrawn. When examining ER visits post MHRC, women showed the biggest decreases from an annualised average of 6.7 to 1.3 visits, whereas women who withdrew decreased from 3.8 to 2.9 visits. In contrast, men who had failed MHRC had the highest number of visits, despite improvement, going from 9.2 visits to 6.6. However, sample numbers were low (30 women vs 63 men), and the study took a range of proxy measures from databases from county jail and hospitals, rather than using a coherent measurement framework. This study also demonstrates that measuring other variables, in addition to recidivism, can capture the distinct value of diversion programmes for communities and offenders. Moreover, Ray (2014) followed mental health court (MHC) defendants for up to 5 years to examine long term recidivism and the effect of MHC completion. During the 5 to 10 year follow up period 242 (53.9%) of the sample recidivated, with the majority (33.4%) recidivating in year one. They also found that those who completed the MHC process were less likely to and spent a longer time before they recidivated, compared to those who did not complete the program. However, this study failed to measure participants' psychosocial characteristics, such as employment, housing status, mental health, substance abuse and social support, which could have mediated the path to recidivism.

Turning to drug diversion schemes, Matheson et al (2011) examined a community relapse prevention and maintenance program (CRPM) in female offenders and found that those who were not involved in CRPM (n=305) were 10 times more likely to be returned to prison after one year of release. Although a small population were in the treatment group, this gives some evidence towards the use of a drug rehabilitation program as beneficial for reducing recidivism. In a robust study of female offenders (n=361), in 6 federal institutions in Canada from 1998-2007, women violating condition of abstinence were 1.9 x more likely to return to custody than non-violators of abstinence condition. Divergence in

survival curves between groups emerged at approximately 6 weeks. The authors concluded that, “Women not exposed to [the CRPM intervention] were 10 times more likely to be returned to prison within one year after release” (Matheson et al, 2011:1129).

Likewise Matheson et al’s (2011) study of the Community Relapse and Prevention Maintenance Program (CRPM), a community based substance misuse interventions highlights a further successful instance of diversion. In this study, the no CRPM group had a hazard ratio of 10.90 (95% CI) for returning to prison after controlling for other covariates. Divergence in survival curves between CRPM group and non-CRPM began to emerge at approximately 6 weeks after release and by six months a third of the latter group had been returned to custody. Matheson et al (2011), found that return to prison (either for parole violation or a new offence within six months) was only 5% for the CRPM program group and nearly one third of non-CRPM group served custodial further sentence. This study found that, “Women not exposed to the [CRPM] intervention were 10 times more likely to be returned to prison within one year after release” (Matheson et al, 2011:1129).

The MERIT program in Australia is a pre-plea diversion program which also aims to reduce drug use and drug related crime (Larney & Martire, 2010). However, in the 644 offenders who reoffended, the only factors which were protective against recidivism were older age, with each additional year associated with a 2% reduction in risk of re-offending, and program completion, which was associated with a 30% reduction in risk of re-offending. This study was relatively well powered (n=1160), however, the sample was 79% male and no separate gender analyses were carried out. De Wree et al (2009), researched alternative sanctions in Belgium. They showed that more of the conditionally/provisionally released offenders received a new criminal charge (81.9%), compared to those on alternative charge at sentencing level (70%). Less drug use and progress in personal lives was also associated with a reduction in recidivism. However, although this sample was large (n=565) it was 88% male, which indicated that results are likely not representative of female offenders.

Finally, the study by Roe-Sepowitz et al (2014) examined a diversion project for sex working women. Project ROSE is an intervention study that examined a number of services identified in research as critical to the exiting process to women who were arrested and involved in sex trafficking/prostitution. Roe-Sepowitz et al (2014) compared 43 clients in project ROSE to 42 who followed the traditional arrest process. They found that project ROSE showed no differences between groups on prostitution diversion, program completion and recidivism. However, this was a short pilot study with small numbers, and it did not examine other pertinent factors, such as trauma, mental health or substance abuse. The project ROSE intervention was also very individualised:17 received medical professional help, 14 went to a drug/alcohol service agency, 2 went directly to detoxification, 11 went to mental health services and all had access on how to find help and services in future. It may be that the interventions were so different between participants that in such small numbers, no effects on recidivism were found. It may also be the case that for these women with complex requirements and pervasive histories of trauma, homelessness and substance use, exit from offending is a long pathway, rather than a short-term possibility.

Surprisingly, only thirty three peer-reviewed articles and books were found for this section of the review. The literature is characterised by a lack of reporting on the gender of participants with regards to outcome, even if women are included in the study cohort (cf. Clayton et al, 2013). Other studies have short follow-up periods of under 12 or 24 months and few opportunities for longitudinal or meta analysis, a lack of transparent methodological rigour and scant peer-reviewed reporting of evaluations, which largely rest in the ‘grey literature.’ Typically, there are high drop-out rates

(particularly for mentoring programmes), low graduation rates, poor reporting of the dose, a lack of statutory dataset linkage in the USA and UK and no theory of change explicitly described the interventions, as well as few data sets which disaggregate effects of different interventions over time. The literature outside of drug court analysis is characterised by short follow-up periods and few opportunities for longitudinal or meta-analysis, a lack of transparent methodological rigour and scant peer-reviewed reporting of evaluations, which largely rest in the 'grey literature.' There are generally low numbers in samples and no statutory data sets with agreed measures for gender-specific interventions in England and Wales, so meta-analysis or longitudinal evidence are difficult to conduct.

### **Post release Accommodation: The importance of housing need interventions**

Research over previous decades consistently highlights the importance of making housing and accommodation provisions for females who have offended (cf. Gelsthorpe, 1989, Carlen, 1989, Baldry et al, 2002). It is over a decade since Carlen (2003) explained that women, particularly women with children, needed a home to be resettled to and therefore without stable accommodation, resettlement after prison could not occur successfully. This section of the literature review will therefore illuminate the current state of knowledge concerning gender-specific need for, and barriers to, safe and stable accommodation for women who have offended, before and after sentencing and incarceration. This section considers the importance of stable and safe accommodation for women offenders with regard to improved health (though the concurrent health and substance rehabilitation needs of women in custody are evaluated elsewhere in this review), their role as mothers, reduction in offending and protection from the harms of substance use and risky behaviours. It analyses the cycle and impact of homelessness and housing instability that is entrenched in the lives of many socially excluded women who have offended.

#### *Housing Need, Recidivism and Harms*

Here we evaluate the evidence about the effectiveness of accommodation and housing provision in tackling recidivism and improving women's reintegration into the community after prison, in particular from evaluations of Housing First, Forever Free and Oxford Housing models of provision. Whilst there is a paucity of evidence in this area, two relatively recent studies in Canada (Somers et al, 2013, Ahmed et al, 2016), offer relevant quantitative and qualitative evidence respectively which indicates that, for female offenders after prison, "Transition back into the community represented a crossroad that was dependent on the stability of housing status," (Ahmed et al, 2016: 62).

There are a number of studies that establish a significant correlation between homelessness/unstable housing and recidivism for offenders, establishing a gender-responsive risk / need with regard to housing (see Weiser, et al, 2009). One of the most robust quantitative surveys of the gendered needs of offenders leaving jail was conducted in New York City from 1997-2004 (Freudenberg et al, 2007). It achieved a reliable sample size (n=1946) which, unlike other studies, was not underpowered for women respondents (n=704) compared to men (n=536) or adolescent males (n=706). The study analysed bi-variate comparisons of housing, substance use and health needs by gender, age and ethnicity (for black, Hispanic and Latino respondents). For living situation, Freudenberg et al (2007) found that women were significantly more likely than men to be on the streets (11.2% vs. 3.2%) and had significantly more likelihood of having been in a homeless shelter in the last twelve months (35.7% v. 25.7%). Women were significantly less likely than men to be in supportive housing (0.9% vs. 2.7%), in their own home, or to be staying with friends and family. Women were also more likely than men

to use illicit drugs, report drug charges at index arrest, have health problems, and be parents. The findings led the authors to conclude that given the significant variations in outcomes and needs on release, interventions should be tailored for different groups of incarcerated people by gender, age and ethnicity differences.

In contrast the small convenience sample by the study (Davidson, 2013) warrant mention because of the possible utility of the measure employed to assess the gender differences in housing stability, both before and after prison. In Davidson's (2013:167) study, women typically had more than 3 addresses in the year before their incarceration or after their release from jail; when compared to men some of these women were also homeless in high crime areas and several reported leaving accommodation to flee from abusive partners. Housing uncertainty was a constant feature of the lives of Alemango's (2001) participants; more than one quarter of the treatment-seeking group of offenders indicated that they did not know where they would go on being released from jail (vs. 11% in the comparison group). Similarly, Makarios et al (2010) examined a sample of 1965 adult parole records in Ohio (female n=355, male=1388), with a one year follow-up. They found that for every change in residence, there was at least a 70% increase in the odds of recidivism occurring - for women through logistic regression models this was 0.45\*\* for re-arrest compared to 0.27\* for men. 30% of the sample lived in three or more places during the study timeframe, though the gender differences in this were not reported in the paper. They did not find a correlation in Ohio over the study period between halfway houses or vocational courses and recidivism or desistance, but they postulate that this could be possibly due to the weak integrity of some programmes. They conclude that "Stable housing is an important aspect of inmate re-entry... but it does not indicate the causal mechanism that links residential mobility to criminal behaviour" (Markarios, 2010: 1387). This picture is reinforced by Weiser et al (2009), who systematically sampled 919 men and 256 women in San Francisco at several sites (e.g. free food programmes, homeless shelters, low income hotels) and conducted a multi-variate logistic regression with the data. For men, short term (under 90 days) on the street were associated with incarceration but for women, long-term street stays were most correlated with incarceration. Compared with persons with no street stays, the unadjusted odds of recent incarceration were 5 times higher for women reporting long-term street stays (adjusted OR for long-term street stays = 3.1; 95% CI =1.2, 7.9), (2x higher for men). The pattern was reversed for men; incarceration was linked to short-term street stays. Notably, the association for short-term street stays changed direction only after the analysis was adjusted for single-room occupancy hotel stays; associations between incarceration and homeless shelter stays did not reach a level of significance in this study. Finally van Voorhis et al (2010) found unsafe housing to be a gender-responsive risk/need factor for probation samples and established a significant correlation between unsafe housing and recidivism for women in Maui (n=198) and Missouri (n=272), though this part of their sample was relatively small.

In terms of leaving prison or substance rehabilitation, safe shelter may prevent women returning home into a situation with a high risk of physical or sexual violence from a partner or ex-partner (Sen & Kelly, 2008), traffickers (Kulu-Glasgow et al, 2012), criminogenic contacts such as pimps, co-offenders, drug suppliers, other substance users and can improve their physical and mental health (Plugge et al, 2006). One study found that longer term homelessness for women in San Francisco, was associated with higher odds of incarceration and increased sex-exchange work (Weiser et al., 2009). As one participant incarcerated in Canada explained,

"So what ends up happening for most of us is that we end up going back to your ways, you know, you don't have a home, you don't have a job, so what are you going to do? You are

going to go back to work the streets our ways. You are going to do—you are going to do something you need to do something to get that money, right, to survive? Even if you don't want to" (Ahmed, 2016: 68).

Not only does housing need in criminal justice involved women impact recidivism it generates a host of further harms. Aidala & Sumartojo (2007: s1) analyse the ways in which housing is a social 'vector,' an intermediary factor through which 'vulnerable' people cannot avoid inequality or compromise to their health, for example through exposure to unsafe sex or dangerous substance use, leading to HIV exposure. Lim et al (2015) demonstrated through a robust study in New York City, that men and women with HIV and AIDs, who experience periods of homelessness and decreasing shelter use have a lower prevalence of viral suppression - even than people with long periods of incarceration - and greater prevalence of serious mental ill health. Lim et al (2015) and Ahmed et al (2016) therefore both recommend that stable housing policy can reduce and prevent adverse health risks:

"Without stable housing, women are not able to maintain any health gains made during incarceration and live for survival instead. Thus, increased supportive and safe housing resources for women leaving incarceration are critical for improved health outcomes among individuals with chronic medical, psychiatric, and substance- dependence disorders." (Ahmed et al, 2016: 71).

### *Accommodation Interventions*

Perhaps the most compelling intervention trial found for this section of the literature review, regarding accommodation provision for both men and women with a high need for support, was provided from the parallel three-arm randomised trial by Somers et al (2013) in Vancouver. As the most robust study with control groups found with regard to accommodation, it warrants analysis in some detail here. The study recruited 297 participants over 19 years old - of which 82 were women - assigned randomly to 40 community-based partners, including homeless shelters, outreach teams, mental health and addiction service providers, hospitals, police and justice diversion programs and followed up participants over two years, between 2009 and 2011. This 24-month follow-up is useful, as it captures participant trajectory beyond the initial desistance period bounce, before criminological needs and entrenched social exclusion resurface in their lives and whilst hope of rehabilitation is still high. Several less rigorous or under-powered studies perhaps over-claim their success by strategically (or unintentionally) shortening follow-up periods, which can also reduce drop-out from the sample.

Tenancy within Housing First models is not contingent on compliance with addiction treatment; it prefers a public health, safety and harm reduction approach rather than punitive, abstinence interventions and authors posit that this design may be crucial to its success. The Congregate Housing First site (CHF) in Vancouver (Somers et al, 2013) was a mixed gender site, with reception, front desk, 24x7 support, 100 occupants in independent suites, central kitchen and meal area, medical room and formulary, recreation (yoga, basketball, road hockey, lounge). Part-time work (meal prep, laundry in building) and community payback tasks (e.g. graffiti removal) were offered to participants, but not compulsory, unless part of their sentence. The study measured the total number of days in 24 months in which the participants were stably housed. SHF and CHF were markedly superior for housing stability compared to TAU over the follow-up period. 26.3% of the Treatment As Usual (TAU) group (n=100 including 30 women) were in stable housing over 24 months, compared to 74.3% of the CHF residents with Assertive Community Treatment (n=107 which included 18 women) and 74.5% of the residents in Scattered Housing First (SHF) market-rented apartments with ACT (n=90 including 34



women). Mean change from baseline to 24 months was significantly greater in CHF compared to TAU for severity of disability, psychological community integration (belonging and participation) and recovery, on self-reported subjective and interviewer assessed functioning. Scattered Housing First participants reported difficulties transitioning, but in Congregated Housing First, Somers et al (2013) report that the shared backgrounds and experiences contributed to positive sense of community.

The key characteristics of successful interventions here appear to be the safety and length of the accommodation, not only a roof and a bed. Ahmed et al (2016) conducted qualitative focus groups with 21 women in a large remand facility in Canada, of whom only four had stable and secure housing before their incarceration. The factors that they found to be required for successful transition into safe and secure housing, were transitional programs with immediate supportive living post-release, with female mentors and support groups, a long-term “halfway house” model, help with money management and located away from neighbourhoods which may trigger addictions (essentially the participants are describing a model with Housing First principles and transitional housing provision). Gordon et al (2011) explored whether those who re-entered community through transitional centres reoffend less often than those who come directly from prison. Archival records were examined from 717 female inmates and discovered that a higher percentage of women were rearrested following halfway house release vs direct release. However, this was not an RCT and a number of factors in the research process may have contributed to this result; there was no measure of rehabilitation with participants. Recovery for the 100 participants from the Oxford Housing in the Jason et al (2016) study was also correlated with the length of time they stayed in the residential housing, with the key time for success being over six months. In the USA, the Oxford House model is a popular housing and support intervention for substance users; (there are reported to be over 1700 of these centres in the USA). Like the Forever Free programme, Oxford Housing provide accommodation, treatment and support for abstinence for substance users. The Oxford model differs from Housing First and Forever Free programmes in that it does not employ professional staff - houses are self-run, with democratic structures and peer support. Those who stay for about 6 months were reported as being less likely to relapse (Jason et al, 2016).

### *Summary: Gaps in Evidence and Recommendations*

This section of the review has outlined the most substantive and relevant gender-specific harms of homelessness and housing instability for women, their children and wider society. If society is to create the social conditions which insulates women from harmful health inequalities, poverty, substance use, protects against re-victimisation, builds positive social relationships and allows people to have a stable family life, addressing the accommodation problems of women who offend (and preventing their homelessness initially) is an important cornerstone. The literature points towards a the phenomena of the cycling of women who have offended between homelessness, housing instability, recidivism and incarceration for women, but no one source has yet compellingly established a cause/effect relationship between the two variables, or definitively unpacked the circumstances which mediate the complex concurrence of homelessness and recidivism with health inequalities, substance use, survival sex and mental health service need in different circumstances over time.

Moreover, evidence concerning effective gender-specific provision for the housing of women offenders still remains scant. The literature search sourced only 23 references (of which ten were

noteworthy and relevant enough to be analysed in this section) from 361 relevant sources found for this review. The literature discussed in this section had findings substantively relevant to the theme of accommodation, including shelter, emergency accommodation (e.g. hostels) and housing for women who have offended. Some of the more robust studies in this field disaggregate and report mixed population findings by gender. However, many more studies not discussed here only refer to 'offenders' by which they implicitly mean men, or report the number of women and men in a study but then do not disaggregate the results for different interventions (e.g. housing, support and advice) by gender. Others do analyse the results of their research by gender, but do not report the offender data separately, where their cohort is from a 'vulnerable' population of victims of violence, substance users, care leavers and homeless people.

Unfortunately, most studies of housing instability after incarceration with women have a follow-up period of only 6, 12 or at most 24 months; more longitudinal studies are needed to establish whether stable housing insulates against longer term recidivism in crime, mental health service use and substance use. Prendergast et al (2004) note that other studies found treatment effects (at least of in-prison programmes) decline by 3 years post release and thus longer follow up time to 36 months is therefore indicated for future research. Ethnographic interviewing also allows research to trace points of transition and biographies of homelessness and offending over time; one study found that women cycled frequently between official and hidden sites of homelessness, which makes them invisible in much homelessness research (Mayock et al, 2015) and telling the story of participants lives and transitions, rather than simply taking one period of time or situation in isolation, can be valuable. Regrettably, no studies were found that explored the resettlement needs of women after they have been supervised in Approved Premises, though a promising pilot for men, with joint working between health and criminal justice agencies (Stevens et al, 2011). Further gender-specific research is indicated in the future, to address this gap in the knowledge base for desistance.

## **Substance use rehabilitation with women who have offended**

Compared to literature concerned with charting the scale and shape of the substance use problem correlated with offending in women, research exploring 'what works' with women is still emerging; there is a small but growing literature outlining reliable results for gender-responsive community programmes with criminal justice involved women who use drugs and alcohol (cf. MacSwain et al, 2014; Gobeil et al, 2016). This is a significant gap that can be addressed in Europe, giving potentially very positive results; Tripodi et al (2011) found that addressing substance use in women's prisons and jails could produce from 45% to 79% lower odds of reoffending after release and improve other wellbeing outcomes. Gobeil et al's (2016) meta-analysis found a 22% to 35% greater odds of community success for women engaged with a range of interventions, including probation and alternatives. However, gender-informed interventions, including those working between prison and the community, demonstrated 68% effect, as opposed to 19% for gender-neutral ones (Gobeil et al, 2016: 316). This is supported by the findings of Saxena et al (2014), who found in a randomized controlled trial that gender-sensitive and trauma-informed interventions were more beneficial for women in reducing substance use and depression in the 12 months after release from custody. McPhail et al's (2012) approach may be supported by the later findings above, in that they proposed

a rehabilitation model for gender specific treatment to aid women through the 3 phases of rehabilitation. They suggested:

- Phase 1: initial assessment by psychologist and assigned to treatment team trained in gender responsive programming
- Phase 2: Transition from prison to community beginning 8 months prior to release to ensure women get access to education, treatment and other relevant services at this time
- Phase 3: In community, once women have completed transition to ensure she is receiving community based services

Although they did not discuss the practical issues regarding application of this model, it would be very interesting to see results if a pilot study were to use these methods to examine various criminogenic outcomes. Moreover and importantly, only van Olphen et al (2009) explicitly consider the role of stigma in limiting the prospects and outcomes for substance using women after prison, so more research is needed in this area to understand the ways that services can be effectively designed to counter this issue.

In contrast to the poor outcomes from prisons, Perry et al (2015) found that the seven community interventions they chose for their review showed statistically significant reductions in self-reported drug use, with a reduced risk ratio from 158 per 1000 for the treatment as usual group, to 103 per 1000 for any psycho-social intervention, though the quality of the data overall was low. In Matheson et al, (2011), return to prison (either for parole violation or a new offence within six months) was only 5% for the Community-Based Aftercare Community Relapse Prevention and Maintenance (CRPM) program group and nearly one third of non-CRPM group women. One of the early statistical analyses to consider whether risk principles for male offenders are similar for women offenders, included 1,340 female offenders in residential services or community with supervision (Lovins et al, 2007). Women in the residential treatment group had lower rates of re-arrest after 2 years, with higher risk women benefiting more than lower risk women. However, lower risk women were more likely to be arrested after intensive services, than the low-risk women receiving supervision only; it is therefore crucial that women are assessed accurately to ensure they receive the correct level of treatment for their needs. Similarly, Jason et al (2016) found that Oxford House Recovery interventions in Chicago and North Illinois, from 2008-2011, with 200 African American women who had been released from jail improved abstinence and reduced rearrest. 4 of the usual aftercare women in this trial died, but there were no deaths in the Oxford Housing Group, although the groups were not randomly assigned. The study held 86% (at 12 months) and 84% (24 months) retention of Oxford Housing participants and they used less alcohol over time. Residents with 180 days in Oxford Housing had less than half the relapses over time and significantly higher odds of being employed over time, though there was no significant difference in criminal charges or arrests between groups. No difference in employment levels of two groups, but residents with 180 days in OH had significantly higher odds (76.1% vs. 48.6%) of being employed over time. Residents with longer stays over at least six months in Oxford Housing were more likely to be employed, less likely to be waiting criminal charges, engaged in criminal activity and had more abstinence self-advocacy than those who stayed less than six months. Successful residents were role models and advocates for abstinence by newer residents

That said other studies have found that non-residential services are also effective. Krebs et al (2009) findings suggest that (using propensity score matching in the USA) offenders receiving non-residential substance use treatment was more effective than receiving no treatment and that receiving non-

residential treatment was more effective than receiving residential treatment in terms of delaying the mean expected time until failure or recidivism, they unfortunately did not report their findings by gender for substance using participants. McGregor et al (2016) studied Day Reporting Centers (DRCs) in Georgia, USA, to examine the differences in client indicators and programme success between substance users and people with dual diagnosis. The DRCs consist of a three phase, stepped-care programme (Intensive detoxification, drug testing and family, community involvement for 30 to 45 days, then a sober, mandatory full time employment phase with classes in the evening for 2-6 months and aftercare of six months, which includes community and abuse services with counselling and a curfew, CBT and drug testing for compliance surveillance) Graduation was classed as participants completing phase two. From 258 participants who completed baseline measures, only 40 (15%) graduated, with differences between the three sites (7%, 16% and 23% respectively). Chi-square test results indicated that completers were significantly more likely to be employed and non-completers were more likely to be unemployed, ( $p = .0001$ ) and women were more likely to graduate than men ( $p = .033$ ). Both groups demonstrated, in paired sample t-tests, that for graduates self-efficacy improved from baseline to post-Phase 2 for the SAO group ( $p = 0.009$ ) and the DD group ( $p = .04$ ). In addition, the DD group demonstrated a significant increase in social support from baseline to post-Phase 1 ( $p = .03$ ) and in appraisal support from baseline to post-Phase 1 ( $p = .01$ ). In this study, the statistical power and representativeness of the sample were low, the study follow-up period was short and the program suffered significant attrition, as well as longer times to graduation than were intended. There were other differences in participants coming into the program at orientation; some were sanctioned to the program as a community supervision condition, though some were not and some participants had been in the DRC programme previously. Nevertheless, this is an interesting study, given the rigorous indicator tools used, the small number of graduates and the significant differences between the substance abuse only group and the dual diagnosis groups, which warrants further investigation.

Gifford et al (2015) investigated the relationship between Drug Treatment Courts (DTC) in North Carolina for criminal justice involved women and the potential effectiveness in reducing collateral harms for their children. They explored, firstly, the overlap between parents who were convicted of a substance abuse related offence and their child's involvement with child protection services (CPS) and second, whether participation in a drug treatment program (DTC) reduces the children's risk for CPS involvement. They matched children of parents convicted of a substance related offence to a) children of parents convicted of a non-substance related offence and b) those not convicted of any offence. Another paper from the same study (Gifford et al, 2015), looked at the relationship of children's school performance and found that children with parents convicted of a substance related offence had lower maths and reading scores than those whose parents were not convicted of any charge. This remained the case when controlling for child gender, grade and convicted parents gender; however only 24.7% (mean, SD) of substance related convictions were of mothers compared to 66.9% of fathers' convictions. Lower maths scores of children of convicted mothers were not statistically significant when controlled for socio-economic status, but completing the DTC programme led to a most statistically significant improvement in maths scores. When controlling for child and parents' genders, children of parents convicted of a substance-related offence performed 39.2% of a standard deviation lower than other children. Reading scores (when controlled for child's gender, grade, and parental conviction for substance related offence), were higher for children of convicted fathers relative to mothers. These studies suggest that having a parent with a substance abuse conviction has an increased risk of CJS involvement and also has a detrimental effect on their children's school

performance. However, although this study had a large sample size (138,680 parents with a substance/other conviction and 94,453 parents with no convictions/DTC), there are several limitations. The study used Propensity Score Matching (PSM), did not explore school drop-outs nor did it have information about whether the child was living with the parents during DTC participation. In addition the study was unable to track those who moved outside of the State, nor could they measure treatment motivation or compliance.

There is an important debate emerging in the literature concerning whether abstinence (the overwhelmingly major requirement of many residential and accommodation provisions in England and Wales for both male and female offenders) is the most effective programme to follow for all substance using offenders, or whether a public health, harm reduction approach (for example, low use stable drug use) might be safer and more valuable, at least as a stage towards abstinence, or even as a treatment goal in itself? In terms of the efficacy of the setting and modality for treatment, Caudy et al (2014) found that in the USA, with 251 offenders (25% were female) who had prior arrests, over one year of follow-up, outpatient treatment produced fewer drug-use days than self-help or in-patient treatment, for all groups except those with low rate, stable drug use (which included 35.2% women - more women than other groups). However, the low rate stable group also had lower addiction severity scores and less severe criminal histories than abstainers in the study, though Caudy et al (2014) did not assess whether treatment was mandatory through sentencing or voluntary. They posited that the differences in outcomes could also be effects of the number of hours provided by the intervention, so further work is needed in this area. In three cities in the Netherlands, however, Oteo Pérez et al, (2015), used a capture-recapture model with data from 2009 to 2011, for crack dependent users in low threshold substitution treatment (n = 1,764), user rooms (n = 546), and a respondent-driven sample (n = 549). They found that females (23.0% of total estimate) and younger crack users (12.8% aged <35 years) might be under-represented in drug user treatment services. Overall, 20.6% were female, ranging from 22.3% in substitution to 12.6% in user rooms and concluded that harm reduction drug user treatment services might have less success in reaching female and younger crack users.

When examining return to custody in three methadone maintenance treatment groups (those who continued MMT post release, those who terminated post release and those who were not on MMT), Farrell-MacDonald et al (2014) found that those who continued MMT had a 65% lower risk of recidivism compared to those who terminated post release. Overall, these studies indicate that drug rehabilitation has a positive effect on offenders, but this is often only when adherence to the treatment is high. A fundamental question remains despite this focus - how can a social problem of substance use be effectively tackled with a chemical replacement intervention such as methadone, when it was tested and researched mostly with male samples, be so widely used and unquestioned?

### *Summary: Gaps in Evidence and Recommendations*

Unfortunately, a number of the studies in the field of drugs and crime included women in their samples, but did not then disaggregate or report their substance user outcomes or study results by gender (Krebs et al, 2009; Friedmann, 2011; Marel et al, 2013; Dietze et al, 2013; Vaughn et al, 2014).

With studies which do include women, there is a general problem of power, given the usually small sample sizes of women in studies (cf. Bergman & Andershed, 2009, Caudy et al, 2014; Gizzi & Gerkin, 2010). The valuable meta-analysis from Bennett et al (2008), Cochrane Review from Perry et al (2015) and Latent Class Analysis from Vaughn et al (2014) are welcome, because by combining data, they have arguably reduced the bias from small sample sizes (Bergman & Andershed, 2009). Nevertheless, the methods used prevent any causal conclusions to be drawn, namely the elements or setting of the intervention that reduced incarceration for the substance using women, or why the women were using substances and offending. Thus, including comparison groups and qualitative, ethnographic elements in future research is indicated to help address the important gap in the literature with regard to women, drugs and crime. More research is also needed in efficacy of treatment/interventions for hazardously drinking women where their alcohol use is linked to offending (cf. LaPlante, 2008, Chatav Schonbrun et al, 2016). In addition, a problem of quality with the available literature is caused by insufficient follow-up periods. Whilst this is the case for much of the offending literature (with follow-ups from 6 to 12 months), it is a particular problem for research with substance using offenders, who may cycle through several periods of treatment, recovery and relapse, before abstaining from substance use (Scott et al, 2005), so longer follow-up periods are particularly important in this field. Another problem is that many studies only include complete cases (for example, respondents completing all interviews at all time points), which may introduce bias towards those who are better functioning or at a lower level of drug use who are less likely to die during a study (Binswanger et al, 2007).

There is a dearth of literature focussing on socio-demographic inequalities with regard to women, substance use and crime. Whilst the drug literature demonstrates that substance use does not respect class or income boundaries (cf. O’Riordan & O’Connell, 2014), there are clearly disproportionate implications for women living in poverty; trading survival sex on the streets and being prostituted is much more dangerous than hotel or residence based sex work (cf. Ditmore, 2013) and it is likely to be more difficult to access high quality, successful rehabilitation for women who rely on court sanctioned or health service rationed services. Research which compares outcomes by income and social group/class of the participants, including for men and women, controlling for other factors, would be valuable. The impact of sociological differences in where, when and with whom women criminogenically use substances is a significantly neglected area, if we are to understand how society can successfully prevent and tackle gendered substance use and offending patterns. In terms of drug rehabilitation, however, the papers in this review are also dominated by individualistic ‘treatment’ interventions, focussing on pharmacological substance replacement for illegal drugs (n=16).

## **Employment interventions: Supporting criminal justice involved women into work?**

As already identified in this review employment is a critical issue for criminal justice involved women. In a study by Formon et al (2017), female offenders when compared to men took longer to find work and gender predicted starting salary – with men earning more. As Sheeley & Kneipp (2015), found in their review that when formerly incarcerated women could not find employment, their families were less likely than those of men to provide financial or other forms of support. Transition into the labour market can demonstrate the move from a chaotic into a more stable life stage and serves to reduce the likelihood of social exclusion. Paid work is a key way in which we gain autonomy and reduce dependence on others. Moreover it is critical to our sense of self-worth and status within society, as well as being recognised as a means to establish pro-social networks and behaviour – key also to desistance.

Evans et al (2010) carried out a cross sectional study investigating offender employment utilisation following California's proposition-36 drug treatment initiative, with follow up interviews at 3 and 12 months. They found that, of the 1465 participants who completed the follow up interviews, 13% sought employment services, and those who sought out these services tended to have more severe employment and family/social problems, compared to those who did not seek out these services. However, at 12 months post intervention, there were little differences between groups regarding employment, although the participants who had received employment services showed a 28% increase in employment, compared to 16% in those who did not seek employment services. The predictors of being employed at 12 months post intervention were treatment completion or retention of treatment for 90 days, or being of Hispanic race/ethnicity. Further, older age, a greater severity score on the ASI employment scale and being in receipt of other income-related services significantly predicted a poorer likelihood of being employed at 12 months. Unfortunately, findings from this study are limited as they only examined a small number of offenders who actually engaged with employment services, and those who did engage tended to have more severe employment and family/social problems. The study also did not examine offender's long term motivation following the intervention, which may explain why so few engaged with employment services. Despite this, those who completed or spent 90 days in treatment were more likely to be employed after one year. Therefore, it may be that compliance with the intervention helped to encourage and motivate more participants to seek out employment services and opportunities.

Another study examined data from federal probationers enrolled on a workforce development program (WFD), which aimed to help re-entry of probationers (McNichols, 2012). The study included 225 male and female (split not given) probationers from 2008 and 2010 datasets, and also examined 75 probationers who did not enrol on a program. The authors found that 12.7% of probationers who were employed recidivated, compared to 26.4% of those who were unemployed, which indicated that those who took part in the WFD had a more successful re-entry, in terms of not recidivating. However, there were no differences between WFD groups in terms of recidivism and no specific factors predicted recidivism. Therefore, although the study showed that employment was associated with reduced recidivism, the WFD was not predictive of successful re-entry.

The final study examined employment, school attendance and antisocial behaviour in juvenile offenders, who were tracked for five years (Monahan et al, 2013). This study consisted of young adults who were signed up to the 'Pathway to Desistance' study and interviewed at baseline, post baseline,

every 6 months for 3 years and annually thereafter regarding employment, school attendance and antisocial behaviour. Results showed that the juvenile offenders who were in high intensity employment reported less antisocial behaviour and income related anti-social behaviour, compared to those who were low intensity employed or unemployed. Furthermore, those who attended school regularly reported less aggressive and income related anti-social behaviour at age 15, compared to those attending school irregularly. They also reported a significant interaction between employment and school attendance, whereby those who were employed at high intensity but attending school irregularly had the most anti-social behaviour, followed by those unemployed and attending school irregularly and then those unemployed and not enrolled in school. However, as the participants increased in age throughout the course of the study, this interaction disappeared. This would suggest that being employed at high intensity acts as a deterrent towards anti-social behaviour, but only when school attendance is also high (and for those of a younger age). It may be that young people who are busier with school and employment, do not have the motivation nor time for engaging in antisocial behaviour.

#### *Summary: Gaps in Evidence and Recommendations*

Three of these studies concerning employment neglected to examine the effect of females separately to males, so it is difficult to conclude whether the results found in the studies above would be replicated or different in a female-only larger sample. For example, McNichols (2012) used a dataset which the authors reported having a number of missing variables and lack of measurement of confounding variables. The study designs used were primarily cross sectional or longitudinal. A randomised controlled trial examining the effect of an intervention on employment of offenders following prison may be a more effective method to measure employment and its effects on desistance. Clearly, adherence to the intervention used is also important, and studies often neglect to measure this, as well as participants' motivations. Future studies should aim to include these measurements, as well as focussing on gender differences in employment, in order to gain a broader perspective and provide a stronger study design. The studies analysed here show positive effects of engaging in employment services/workforce development program on both likelihood of employment and desistance and recidivism. Further, having good school attendance and being involved in regular employment also appears to be an important factor in desistance. However, the lack of separate analyses for women in these studies needs to be addressed to find out what the effect of employment is for women offenders.

## **Technologies of the Self: Mentoring, Religion and Readiness to Change**

To this point we have identified a series of interventions that seek to provide resources or services to criminal justice involved women. In this section we look at interventions that seek to initiate change within an individual women that is primarily located within the actions of the women herself. We look at three different techniques that can be found in the literature: mentoring, religion and readiness to change.



First we consider the evidence base in relation to mentoring schemes. Hucklesby & Wincup (2014) found disappointing results when they evaluated three mentoring schemes; only 22 offenders (fewer than 1% enrolled on the scheme) met with a mentor on more than three occasions. For some participants, the scheme was valuable; a mentee said, "She does everything to help. She's gone out of her way to help. She's looking into volunteering work for me . . . She's just helped me with everyday problems. She's just a good lass to talk to." (2014:382). However, the authors recommend that there may be more value in peer mentorship (for example, mentoring by ex-offenders who previously used the service) rather than paid, supervising staff where the participant is mandated to take part, being termed 'mentors'. Hucklesby & Wincup (2014) add that mentors and mentees should meet before the mentee leaves custody, to aid motivation to continue and although they recommend the good lives model to be added to mentoring, it is unclear how this is grounded from their data; additionally, Andrews et al (2011) had tested adding good lives onto RNR and had dismissed it as not adding value, however Ward et al (2011) critiqued this position. Whilst mentoring has received a great deal of attention for offenders, with the aim of improving levels of desistance, the evidence from these studies do not support its further use with paid staff. Some researchers assert that mentoring is able to support the enhancement of both human and social capital and offenders' links with 'conventional' society, thus reducing social isolation (Brown, 2010), but this has not been evidenced a successful in evaluations when the 'mentoring' is by paid staff, rather than by peer mentors with a lived experience of crime and recovery themselves; more research is needed. Brown (2010) identify that women are more likely to engage with mentoring if they understand it, are in a stable place and time in their lives to sustain a mentoring relationship and understand that they do not have enough pro-social support to successfully transition from prison. In stark contrast to mentoring are studies in relation to casework. Morash et al (2018) study that highlight the successful characteristics of casework that deliver better rates of desistance and meet complex needs for criminal justice involved women. Such casework provided: supportive relationships based on conversational rather than conformity communication that sought to identify needs defined by the women themselves; conversational communication aligns to relationships based on caring and trust, without toughness; for clients with multiple needs identifying and prioritising needs sequentially appears to be more successful (Morash et al, 2018).

There is a small literature related to religion, spirituality and criminal behaviour. Bakken et al (2014) used data from a longitudinal dataset to investigate the role of spirituality in the desistance process from alcohol, marijuana and cocaine among re-entering offenders. They found that spirituality was a significant predictor of desistance for both alcohol and cocaine, although spirituality did not predict desistance for marijuana, in this model, they found that female and Black participants were less likely to desist and older participants were more likely to succeed in desisting from marijuana use. Despite the findings with spirituality, religious affiliation was not significant in any of the alcohol or cocaine models, which suggested there was a difference between membership to a religious group, and the influence of one's spirituality in refraining from drug use. Spirituality was also examined by Brooks (2012), who studied whether participation in religious/spiritual activities increased the experiences of pathological dissociative states and whether this was linked to recidivism. There were 153 participants from a variety of sources (86% were female and 53% reported committing a crime) and the research found that those with a higher Involvement in Spirituality questionnaire (ISQ) score tended to have a higher Dissociative Experiences Scale (DES) score. Further, there were no differences in DES score between those who had committed a crime and those who had not. However, 86% of those who scored the highest, with scores indicating dissociative identity disorder (DID), reported committing a

crime. Therefore, these results suggest that spirituality is associated with more dissociative experiences and the majority of those with scores indicating DID were more likely to have committed a crime. In addition, Giordano et al (2008) reported that those who indicated having a closeness to god and higher church attendance were associated with fewer self-reported crimes, which appears to be similar across genders but may warrant more investigation.

Given the importance of psychological distress correlated with criminal justice involved, it is unsurprising that some of the literature concerns a woman's individual motivation to desist from crime, often referred to as 'readiness to change'. Herrschaft et al (2009) in their qualitative study examined gender differences in the transformation narrative with a variety of participants who had experienced a positive transformation in their lives. They found that women begin with a shift in perceived identity, which received positive reinforcement through social support, which may possibly lead to employment, education, housing etc. This may be a different pattern than the standard male pathway to desistance. However, this study involved only a few (18.5%, n=8/9) female offenders, so more research with women to show the efficacy of narrative transformation is needed. A study by Forkner (2010) looked at self-control and social connection in a subsample of prisoners both prior to and after they were released from prison. The study found that both pre- and post- release self-control was a reliable indicator of recidivism. However, sample size was small (n=95) and only 30% (n=29) were female, indicating that the relationship between self-control and recidivism may be underpowered. Killian et al (2018) note that 'readiness to change' might be patterned by severity of trauma experience; where trauma was significantly debilitating in terms of 'defensive avoidance' in relation to specific life situations or places, women may then need an considerable impasse in their lives triggers the motivation towards change.

Despite some evidence that desistance narratives of hope and motivation are compelling to therapists, the empirical evidence supports the view that tackling the concurrent and pervasively gendered inequalities experienced by women offenders, are crucial in preventing reoffending. These include the lack of mental health service provision, a need for substance use treatment to address victimisation and trauma and addressing poverty and lack of housing, which are structural and social policy concerns which no amount of positive attitude or will-power can change for women experiencing multiple and complex needs, inequalities and discrimination. Similarly, there is significant pressure to achieve abstinence in individualised judgements, framed as if it relies on the strong will power and determination of women, the considerable social pressures, exclusion and harms in which the substance using woman exists (homelessness, having children removed, selling survival sex, a history of abuse, etc). Recovery capital is therefore defined as, "the quantity and quality of internal and external resources that one can bring to bear to initiate and sustain recovery from addiction" (White & Cloud, 2008:29), but is a very challenging concept, as this review demonstrates.

## Conclusion

We began the literature review with a series of research questions that guided our analysis. Here we return to these and summarise the key points from our discussion, before discussing the gaps that we have identified in the literature.

First, we reviewed a number of studies that use diverse methods across a range of societies, yet a consistent picture emerges from the empirical research that identifies the gendered differences between offenders. Female offenders are likely to have experienced significant trauma, substance use and unstable housing, but overall, the evidence from the review demonstrates that they commit substantially fewer, less serious crimes overall than men and boys (Deschenes et al, 2012; Rettinger & Andrews, 2010). Nevertheless, women are reported to receive longer sentences for serious offences than their male counterparts and poorer mental/physical health outcomes following prison than men (Skardhamar & Skirbekk, 2013). In this sense, the literature appears to support the underlying principals established by the Corston Report and that have recently guided the Ministry of Justice Female Offender's Strategy (2018).

Second, much of the literature that we have reviewed deals with the impact of a specific criminogenic need on female offending and the causal inferences that might be drawn from these. However, as we have endeavoured to articulate at various points in the review, when the literature is pieced together these fragments, point towards the inter-related and cumulative nature of the harms that characterise the lives of criminal justice involved women. In other words, there are complex realities that are omitted from many studies. In particular, much of the literature focusses on substance use, and individual level interpersonal harms (violence and sexual abuse), but ignores or partially details the interplay of these with socio economic harms such as poverty, unemployment and homelessness that feature in the women's lives. We require more studies, based on gender sensitive tools (such as the WRNA), that are able to capture these complexities and map the way that harms accumulate across the life course. Moreover, without a broader picture of exclusion and marginalisation, it is difficult to understand individual level responses to such trauma. Involvement in seemingly destructive forms of autonomy, such as substance use and criminal acts, might be mistakenly viewed as a choice and assume levels of autonomy that simply do not exist when you live on the socio-economic margins of our society.

Third, there appears to be clear evidence that prison as an intervention into criminal justice involved women fails even on its own terms; with high rates of recidivism. As we suggest, there is also a case to be made that imprisonment results in a host of collateral harms; often serving to exacerbate previous trauma, disrupt relationships and access to services critical to supporting criminal justice involved women's complex needs. Whilst it appears that prison does more harm than good and that prima facie gender specific trauma informed services are more effective and humane means to address these issues, the evidence base for these interventions remains frustratingly partial. There are clear gaps in evidence with regard to successful interventions, particularly due to studies which exclude women or fail to disaggregate or report their results by gender, even when their cohorts or studies being reviewed include women (cf. Nijhof et al, 2008; Krebs et al, 2009; Larney & Martire, 2010; Friedmann et al, 2011; Castillo & Alarid, 2011; Marel et al, 2013; Clayton et al, 2013; Vaughn et al, 2014). Some studies regarding interventions with women offenders are characterised by wide

confidence intervals and under-described methods, without direct comparisons of male and female offender outcomes and with underpowered sample groups of women (cf. Gizzi & Gerkin, 2010, Chambers et al, 2011). Where women are included within study samples; they are often used as a homogenous comparator group. Therefore, the fact that one intervention may work for a particular group of women and not another, is rarely explored within the literature. In future trials, treatment modalities should be consistently described (Perry et al, 2015; Werb et al, 2016) and details should be given about the length of time spent by participants in the treatment interventions themselves (McGregor et al, 2016).

Fourth, much of the intervention literature is concerned with reducing recidivism and risk assessment and some considers the outcomes measurement of effectiveness, either self-reported or in terms of subsequent employment, health service use and women's ability to maintain contact with children. Less attention is paid to the production of an evidence based, coherent outcome evaluation and output monitoring framework for assessing the efficacy of community interventions, so that comparability of different interventions and meta-analysis are often impossible. A coherent measurement framework for assessing the community interventions with women offenders is therefore necessary. That said, what does emerge from the intervention literature, is the importance of time and the length of intervention for women with complex needs. Thus, interventions that are able to demonstrate effectiveness are long term, usually beyond 6 months. Given the complexity of the interrelated harms that we have identified for criminal justice involved women, it is surprising that the literature and interventions it studies, tend to be fairly myopic, in that they examine interventions into specific needs but these are rarely multi-faceted interventions. The point is that if a robust evidence base is to be established in relation to the impact of Women's Centres; then methodologies must be designed to capture the holistic nature of trauma informed interventions and in so doing, seek to measure the fulfilment of complex needs (and not just recidivism).

Finally, we have situated our literature review within the social harm approach, and in so doing articulated the gendered nature of harms endured by criminal justice involved women. We would argue that it is important to reframe these debates and the policy language that surrounds criminal justice involved women in this way for several reasons. The literature often uncritically adopts the language of the criminal justice system and in particular the binary of victim/offender. This is an erroneous basis for discussion; when many criminal justice involved women as our review demonstrates, simultaneously fall in to both categories yet we continue to treat these categories as distinct and warranting differential treatment. Once we step outside the lexicon of the criminal justice system, we can begin to more clearly articulate the injuries and exclusion that characterise these women's lives, as well as to be clear about the ways that the criminal justice system compounds and exacerbates the harms that they have experienced. Rather than punishment, different principles of harm reduction/prevention might more effectively and humanely reform our policy approach to criminal justice involved women. Harm reduction in this context, provokes policy makers to consider the harmful unintended consequences of policies; in so doing this demands that policy is sensitive to existing trauma and injury. Yet ultimately for so many criminal justice involved women, as we have demonstrated the criminal justice system causes collateral harms that far outweigh the criminal harms it seeks to address, and as the evidence base demonstrates, the most effective means to deal with the harms that lie behind female offending, are beyond the criminal system and are complex multi-agency trauma informed interventions. The point is that harm prevention in this context compels us to consider the ways that we dismantle the criminal justice system, if we are to prevent further harm.

## Bibliography

- Adams, L.M., Kendall, S., Smith, A., Quigley, E., Stuewig, J.B., Tangney, J.P. (2013) HIV risk behaviors of male and female jail inmates prior to incarceration and one year post-release. *AIDS & Behavior*, 17(8): 2685-2694.
- Aday, R.H., Dye, M.H., Kaiser, A.K. (2014) Examining the Traumatic Effects of Sexual Victimization on the Health of Incarcerated Women. *Women & Criminal Justice*, 24(4): 341-361.
- Ahmed, R. A., Angel, C., Martell, R., Pyne, D., Keenan, L. (2016) The Impact of Homelessness and Incarceration on Women's Health. *Journal of Correctional Health Care*, 22(1): 62-74.
- Aidala, A., Sumartojo, E. (2007) Why housing? *AIDS Behavior*, 11(2):1-6.
- Albertson, K., Best, D., Irving, J., Murphy, T., Buckingham, S., Morton, G., Chaggar, A. (2016) *Right Turn Veteran-Specific Recovery Service: 5 site evaluation pilot: Interim report*. Sheffield: Helena Kennedy Centre for International Justice, Sheffield Hallam University.
- Alemagno, S. A. (2001) Women in Jail: Is Substance Abuse Treatment Enough? *American Journal of Public Health*, 91(5): 798-800.
- Alm, C., Berman, A.H., Kristiansson, M.L., Palmstierna, P., Gumpert, T., Hellner, C. (2010) Gender differences in re-offending among psychiatrically examined Swedish offenders. *Criminal Behaviour and Mental Health*, 20(5): 323-334.
- Andrews, D. A., Guzzo, L., Raynor, P., Rowe, R. C., Rettinger, L. J., Brews, A., Wormith, J. S. (2012) Are the Major Risk/Need Factors Predictive of Both Female and Male Reoffending?: A Test With the Eight Domains of the Level of Service/Case Management Inventory. *International Journal of Offender Therapy and Comparative Criminology*, 56 (1): 113-133.
- Andrews, D. A., Bonta, J., Wormith, J. S. (2011) The Risk-Need-Responsivity (RNR) Model: Does Adding the Good Lives Model Contribute to Effective Crime Prevention? *Criminal Justice and Behavior*, 38 (7): 735-755.
- Ardino, V., Milani, L., Di Blasio, P. (2013) PTSD and re-offending risk: the mediating role of worry and a negative perception of other people's support. *European Journal of Psychotraumatology*, 4: 1-12.
- Aslan, L. (2018) Doing time on a TC: how effective are drug-free therapeutic communities in prison? A review of the literature. *International Journal of Therapeutic Communities*, 39(1): 26-34.
- Bachman, R.K., Kerrison, E.M., Paternoster, R., Smith, L., O'Connell, D. (2016) The Complex Relationship Between Motherhood and Desistance. *Women & Criminal Justice*, 26(3): 212-231.
- Bakken, N. W., DeCamp, W., Visher, C. A. (2014) Spirituality and desistance from substance use among re-entering offenders. *International Journal of Offender Therapy & Comparative Criminology*, 58(11): 1321-1339.
- Baldry, E., McDonnell, D., Maplestone, P., Peeters, M. (2002) *Ex-Prisoners and Accommodation: What bearing do different forms of housing have on social reintegration for ex-prisoners?* Melbourne: The Australian Housing and Urban Research Institute, University of New South Wales.
- Baltieri, D. A. (2014) Order of Onset of Drug Use and Criminal Activities in a Sample of Drug-Abusing Women Convicted of Violent Crimes. *Drug Alcohol Review*, 33(2): 202-210.
- Barry, M., McIvor, G. (2010) Professional Decision Making and Women Offenders: Containing the Chaos? *Probation Journal*, 57(1): 27-41.
- Basto-Pereira, M., Começanha, R., Ribeiro, S., Maia, N. (2015). Long-term predictors of crime desistance in juvenile delinquents: A systematic review of longitudinal studies. *Aggression and Violent Behavior*, 25: 332-342.
- Becker, M. A. P., Andel, R. P., Boaz, T. P., Constantine, R. P. (2011) Gender Differences and Risk of Arrest Among Offenders with Serious Mental Illness. *Journal of Behavioral Health Services & Research*, 38(1): 16-28.

- Bennett, T., Holloway, K., Farrington, D. (2008) The statistical association between drug misuse and crime: A meta-analysis. *Aggression and Violent Behavior*, 13(2): 107-118.
- Bergman, L. R., Andershed, A.K. (2009) Predictors and Outcomes of Persistent or Age-Limited Registered Criminal Behavior: A 30-year longitudinal study of a Swedish urban population. *Aggressive Behavior*, 35(2):164-178.
- Binswanger, I. A., Stern, M. F., Deyo, R. A., Heagerty, P. J., Cheadle, A., et al. (2007) Release from Prison - A High Risk of Death for Former Inmates. *New England Journal of Medicine* 356: 157-165.
- Black, D. W., Gunter, T., Allen, J., Blum, N., Arndt, S., Wenman, G., Sieleni, B. (2007) Borderline personality disorder in male and female offenders newly committed to prison. *Comprehensive Psychiatry*, 48(5): 400-405.
- Blanchette, K., Brown, S.L. (2006) *The Assessment and Treatment of Women Offenders: An Integrative Perspective*. Hoboken, N.J.: John Wiley & Sons.
- Bloom, B. E., Covington, S. S. (2008) Addressing the Mental Health Needs of Women Offenders (pp.160-186). In Gido, R., Dalley, L. (Eds.) *Women's Mental Health Issues Across the Criminal Justice System*. Columbus: Prentice Hall.
- Bontrager R.S. (2013) Gender as social threat: A study of offender sex, situational factors, gender dynamics and social control. *Journal of Criminal Justice*, 41(6): 426-37.
- Booth, N. (2017) Maternal Imprisonment: A Family Sentence. *Social Policy Review*, 29: 105-126.
- Broidy, L., Payne, J., Piquero, A.R. (2018) Making Sense of Heterogeneity in the Influence of Childhood Abuse, Mental Health, and Drug Use on Women's Offending Pathways. *Criminal Justice and Behavior*, 45(10): 1565-1587.
- Brooks, B. (2012) Correlations between spiritual/religious practices, dissociative experiences, and conviction recidivism. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 73(6-B): 3944.
- Brown, R.T. (2010) Systematic review of the impact of adult drug-treatment courts. *Translational Research: The Journal Of Laboratory & Clinical Medicine*, 155 (6): 263-274.
- Byrne, F.C.J., Trew, K. (2008) Pathways through crime: the development of crime and desistance in the accounts of men and women offenders. *Howard Journal of Criminal Justice*, 47(3): 238-258.
- Calhoun, S., Messina, N., Cartier, J., Torres, S. (2010) Implementing Gender-Responsive Treatment for Women in Prison: Client and staff perspectives. *Federal Probation*, 74 (3): 27-37.
- Caputo, G.A., King, A., Jacques, S. (2015) Shoplifting by Male and Female Drug Users. *Criminal Justice Review*, 40(1): 47-66.
- Caputo, G.A. (2009) Early Life Trauma Among Women Shoplifters and Sex Workers. *Journal of Child & Adolescent Trauma*, 2(1): 15-27.
- Carlen, P. (1989) *Alternatives to Women's Imprisonment*. Buckingham: Open University Press.
- Carlen, P. (1983) *Women's Imprisonment: A Study in Social Control*. Abingdon: Routledge & Kegan Paul.
- Castillo, E.D., Alarid, L.F. (2011) Factors associated with recidivism among offenders with mental illness. *International Journal Offender Therapy and Comparative Criminology*, 55(1): 98-117.
- Caudy, M. S., Tang, L., Wooditch, A., Taxman, F. S. (2014) Short-Term Trajectories of Substance Use in a Sample of Drug-Involved Probationers. *Journal of Substance Abuse Treatment*, 46(2): 202-213.
- Chambers, J.C., Ward, T., Eccleston, L., Brown, M. (2011) Representation of female offender types within the pathways model of assault. *International Journal of Offender Therapy and Comparative Criminology*, 55(6): 925-948.
- Chatav Schonbrun, Y., Johnson J. E. Bradley J., Anderson, Celeste B.J., Caviness, Stein M. D. (2016) Hazardously Drinking Jailed Women Post-Release Perceived Needs and Risk of Reincarceration. *International Journal of Offender Therapy and Comparative Criminology [online]*, 1-14.
- Clayton, A., O'Connell, M.J., Bellamy, C., Benedict, P., Rowe, M. (2013) The Citizenship Project Part II: Impact of a citizenship intervention on clinical and community outcomes for persons with mental illness and criminal justice involvement. *American Journal of Community Psychology*, 51: 114-22.
- Cobbina, J.E. (2010) From prison to home: Women's pathways in and out of crime. *Dissertation Abstracts International Section A: Humanities and Social Sciences*, 70(7-A): 2740.

- Collins, R.E. (2010) The Effect of Gender on Violent and Nonviolent Recidivism: A meta-analysis. *Journal of Criminal Justice*, 38(4): 675-684.
- Corston, J. (2007) *The Corston Report: The need for a distinct, radically different, visibly-led, strategic, proportionate, holistic, woman-centered, integrated approach*. London: Home Office.
- Cortoni, F., Hanson, R., Coache, M.E. (2010) The recidivism rates of female sexual offenders are low: A meta-analysis. *Sexual Abuse: Journal of Research and Treatment*, 22(4), 387-401.
- Daggett, D. M. (2015) Pathways to prison and subsequent effects on misconduct and recidivism: Gendered reality? *Dissertation Abstracts International Section A: Humanities and Social Sciences*, 75(10): a-e.
- Daly, K., Chesney-Lind, M. (1988) Feminism and Criminology. *Justice Quarterly*, 5(4): 497-538.
- Davidson, J.T. (2013) Female Offenders, Community Supervision and Evidence-Based Practices (pp. 153-181). In Chesney-Lind, M., Pasko, L. (Eds.) *Female Offenders: Women, Girls and Crime (3rd Edition)*. Los Angeles: Sage.
- De Wree, E., De Ruyver, B., Pauwels, L. (2009) Criminal justice responses to drug offences: Recidivism following the application of alternative sanctions in Belgium. *Drugs-Education Prevention and Policy*, 16(6), 550-560.
- DeHart, D., Lynch, S., Belknap, J., Dass-Brailsford, P., Green, B. (2014) Life History Models of Female Offending The Roles of Serious Mental Illness and Trauma in Women's Pathways to Jail. *Psychology of Women Quarterly*, 38(1): 138-151.
- Dennis, C. B. (2008) A study to examine the influence of economic marginalization on adult female recidivism. *Dissertation Abstracts International Section A: Humanities and Social Sciences*, 68(11-A): 4869.
- Derkzen, D., Booth, L., Taylor, K., McConnell, A. (2013) Mental Health Needs of Federal Female Offenders. *Psychological Services*, 10(1): 24-36.
- Deschenes, E. P., Owen, B., Crow, J. (2012) *Recidivism among female prisoners: Secondary analysis of the 1994 BJS recidivism data set* (unpublished). Washington, DC: National Criminal Justice Reference Service.
- Dietze, P., Jenkinson, R., Aitken, C., Stooze, M., Jolley, D., Hickman, M., Kerr, T. (2013) The Relationship Between Alcohol Use and Injecting Drug Use: impacts on health, crime and wellbeing. *Drug & Alcohol Dependence*, 128 (1-2): 111-115.
- Ditmore, M.H. (2013) *When Sex Work and Drug Use Overlap: Considerations for Advocacy and Practice*. London: Harm Reduction International.
- Dong, K. R., Must, A., Tang, A. Beckwith, C.G., Stopka, T.J. (2018) Competing priorities that rival health in adults on probation in Rhode Island: substance use recovery, employment, housing, and food intake. *BMC Public Health*, 18(1): 289-299.
- Dowell, D. A., Klein, C., Krichmar, C. (1985) Evaluation of a halfway house for women. *Journal of Criminal Justice*, 13(3): 217-226.
- Du, J., Huang, D., Zhao, M., & Hser, Y. I. (2013) Drug-abusing offenders with co-morbid mental disorders: gender differences in problem severity, treatment participation, and recidivism. *Biomedical & Environmental Sciences*, 26(1): 32-39.
- Elonheimo, H., Gyllenberg, D., Huttunen, J., Ristkari, T., Sillanmaki, L., Sourander, A. (2014) Criminal offending among males and females between ages 15 and 30 in a population-based nationwide 1981 birth cohort: results from the FinnCrime Study. *Journal of Adolescence*, 37(8): 1269-79.
- Estrada, F., Nilsson, A. (2012) Does It Cost More to Be a Female Offender? A Life-Course Study of Childhood Circumstances, Crime, Drug Abuse, and Living Conditions. *Feminist Criminology*, 7(3): 196-219.
- Evans, E., Hser, Y.I., Huang, D. (2010) Employment services utilization and outcomes among substance abusing offenders participating in California's proposition 36 drug treatment initiative. *Journal of Behavioral Health Services & Research*, 37(4): 461-476.
- Farrell, M., Marsden, J. (2008) Acute risk of drug-related death among newly released prisoners in England and Wales. *Addiction*, 103(2): 251 - 255.
- Farrell-MacDonald, S., MacSwain, M.A., Cheverie, M.T., Fischer, B. (2014) Impact of methadone maintenance treatment on women offenders' post-release recidivism. *European Addiction Research*, 20(4):192-9.

- Fazel, S., Yoon, I. A., Hayes, A. J. (2017) Substance use disorders in prisoners: an updated systematic review and meta-regression analysis in recently incarcerated men and women. *Addiction [online]*: 1-15.
- Fazel, S., Johan Zetterqvist, J., Larsson, H., Långström, N., Lichtenstein, P. (2014) Antipsychotics, mood stabilisers, and risk of violent crime. *Lancet*, 384 (9949): 1206-1214.
- Fedock, G., Fries, L., Kubiak, S.P. (2013) Service Needs for Incarcerated Adults: Exploring Gender Differences. *Journal of Offender Rehabilitation*, 52(7): 493-508.
- Forkner, R. D. (2010) The effects of self-control and social connection on recidivism. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 71(4B): 2683.
- Formon, D. L., Schmidt, A. T., & Henderson, C. (2017) Examining Employment Outcomes of Offender and Nonoffender Vocational Program Graduates. *International Journal of Offender Therapy and Comparative Criminology [online]*, 1-20.
- Fournier, A.K., Hughes, M.E., Hurford, D.P., Sainio, C. (2011) Investigating Trauma History and Related Psychosocial Deficits of Women in Prison: Implications for Treatment and Rehabilitation. *Women & Criminal Justice*, 21(2): 83-99.
- Freeman N.J., Sandler, J.C. (2008) Female and male sex offenders: a comparison of recidivism patterns and risk factors. *Journal of Interpersonal Violence*, 23(10): 1394-413.
- Friedmann, P.D., Green, T.C., Taxman, F.S., Harrington, M., Rhodes, A.G., Katz, E., O'Connell, D., Martin, S.S., Frisman, L.K., Litt, M., Burdon, W., Clarke, J.G., Fletcher, B.W. (2011) Collaborative behavioral management among parolees: drug use, crime and re-arrest in the Step'n Out randomized trial. *Addiction*, 107(6): 1099-1108.
- Freudenberg, N., Moseley, J., Labriola, M., Daniels, J., Murrill, C. (2007) Comparison of Health and Social Characteristics of People Leaving New York City Jails by Age, Gender and Race/Ethnicity: Implications for public health interventions. *Public Health Reports*, 122: 733-743.
- Gelsthorpe, L. (1989) *Sexism and the Female Offender: an organizational analysis*. Aldershot: Gower.
- Gifford, E.J. Eldred, L.M., Sloan, F.A., Evans, K.E. (2016) Parental Criminal Justice Involvement and Children's Involvement With Child Protective Services: Do Adult Drug Treatment Courts Prevent Child Maltreatment? *Substance Use & Misuse*, 51(2): 179-92.
- Gifford, E.J., Sloan, F.A., Eldred, L.M., Evans, K.E. (2015) Intergenerational effects of parental substance-related convictions and adult drug treatment court participation on children's school performance. *American Journal of Orthopsychiatry*, 85(5): 452-68.
- Giordano, P.C. Longmore, M.A., Schroeder, R.D., Seffrin, P.M. (2008) Life-Course Perspective on Spirituality and Desistance From Crime. *Criminology*, 46(1): 99-132.
- Gizzi, M. C., Gerkin, P. (2010) Methamphetamine use and criminal behavior. *International Journal of Offender Therapy & Comparative Criminology*, 54(6): 915-936.
- Gobeil, R., Blanchette, K., Stewart, L. (2016) A Meta-Analytic Review of Correctional Interventions for Women Offenders Gender-Neutral Versus Gender-Informed Approaches. *Criminal Justice and Behavior*, 43(3): 301-322.
- Goff, A., Rose, E., Rose, S., Purves, D. (2007) Does PTSD occur in sentenced prison populations? A systematic literature review. *Criminal Behaviour and Mental Health*, 17(3): 152-162.
- Gordon, M.S., Kinlock, T.W., Miller, P.M. (2011) Medication-assisted treatment research with criminal justice populations: challenges of implementation. *Behavioral Sciences & the Law*, 29(6): 829-845.
- Grace, S., Page, G., Lloyd, C., Templeton, L., Koukali, Z., McKeganey, N., Russell, C. E. (2016) Establishing a 'Corstonian' continuous care pathway for drug using female prisoners: Linking Drug Recovery Wings and Women's Community Services. *Criminology and Criminal Justice*, 16(5):602-621.
- Gray, N. S., Snowden, R. J. (2016) Psychopathy in women: Prediction of criminality and violence in UK and USA psychiatric patients resident in the community. *Psychiatry Research*, 237: 339-343.
- Graziano, R., Elbogen, E.B. (2017) Improving Mental Health Treatment Utilization in Military Veterans: Examining the Effects of Perceived Need for Care and Social Support. *Military Psychology*, 29(5): 359-369.
- Hackett, C. (2013) Transformative Visions: Governing Through Alternative Practices and Therapeutic Interventions at a Women's Reentry Center. *Feminist Criminology*, 8(3) 221-242.



- Hakansson, A., Schlyter, F., Berglund, M. (2008) Factors associated with history of non-fatal overdose among opioid users in the Swedish criminal justice system. *Drug & Alcohol Dependence*, 94(1-3): 48-55.
- Harner, H.M., Budescu M., Gillihan S.J., Riley S., Foa, E.B. (2015) Posttraumatic stress disorder in incarcerated women: A call for evidence-based treatment. *Psychological Trauma*, 7(1): 58-66.
- Heidensohn, F. (1968) The Deviance of Women: A Critique and an Enquiry, *British Journal of Sociology*, 19(2):160-175.
- Herbst, J. H., Branscomb-Burgess, O., Gelaude, D.J., Seth, P., Parker, S., Fogel, C.I. (2016) Risk Profiles of Women Experiencing Initial And Repeat Incarcerations: Implications for Prevention Programs. *Aids Education and Prevention*, 28(4): 299-311.
- Herrschaft, B.A., Veysey, B.M., Tubman-Carbone, H.R., Christian, J. (2009) Gender differences in the transformation narrative: Implications for revised re-entry strategies for female offenders. *Journal of Offender Rehabilitation*, 48(6): 463-482.
- Hochstetler, A., Copes, H., Williams, J.P. (2010) "That's Not Who I Am:" How Offenders Commit Violent Acts and Reject Authentically Violent Selves. *Justice Quarterly*, 27(4):492-516.
- Holbrook, A., Bourke, S., Fairbairn, H., Lovat, T. (2007) Examiner Comment on the Literature Review in Ph.D. Theses. *Studies in Higher Education*, 32(3): 337-356.
- Hucklesby, A., Wincup, E. (2014) Assistance, Support and Monitoring? The Paradoxes of Mentoring Adults in the Criminal Justice System. *Journal of Social Policy*, 43(2): 373-390.
- Huebner, B. M., DeJong, C., Cobbina, J. (2010) Women coming home: Long-term patterns of recidivism. *Justice Quarterly*, 27(2): 225-254.
- Jackson, D. O., Mrug, S., Cook, F., Beidleman, W., & Cropsey, K. L. (2011) Factors predicting substance dependence and psychotropic medication use among offenders in community corrections. *Addictive Behaviors*, 36(7): 755-758.
- Jane, J. S., Oltmanns, T. F., South, S. C., Turkheimer, E. (2007) Gender Bias in Diagnostic Criteria for Personality Disorders: An Item Response Theory Analysis. *Journal of Abnormal Psychology*, 116(1): 166–175.
- Jason, L. A., Salina, D., Ram, D. (2016) Oxford Recovery Housing: Length of stay correlated with improved outcomes for women previously involved with the criminal justice system. *Substance Abuse*, 37(1): 248-254.
- Javdani, S., Sadeh, N., Verona, E. (2011) Gendered social forces: A review of the impact of institutionalized factors on women and girls' criminal justice trajectories. *Psychology, Public Policy, and Law*, 17(2): 161-211.
- Karlsson, M. E., Zielinski, M.J. (2018) Sexual Victimization and Mental Illness Prevalence Rates Among Incarcerated Women: A Literature Review. *Trauma, Violence & Abuse [online]*: 1-24.
- Kendler, K. S., Ohlsson, H., Sundquist, J., Sundquist, K. (2015) Triparental families: a new genetic-epidemiological design applied to drug abuse, alcohol use disorders, and criminal behavior in a Swedish national sample. *American Journal of Psychiatry*, 172(6): 553-560.
- Kendler, K. S., Ohlsson, H., Sundquist, K., & Sundquist, J. (2013) A latent class analysis of drug abuse in a national Swedish sample. *Psychological Medicine*, 43 (10): 2169-2178.
- Khantzian, E. J. (1985) The Self-Medication Hypothesis of Addictive Disorders: Focus on Heroin and Cocaine Dependence. *American Journal of Psychiatry*, 142: 1259–1264.
- Khantzian, E. J. (1997) The Self-Medication Hypothesis of Substance Use Disorders: A Reconsideration and Recent Applications. *Harvard Review of Psychiatry*, 4: 231–244.
- Killian, M., Cimino, A.N., Mendoza, N.S., Shively, R., Kunz, K. (2018) Examining Trauma and Readiness to Change among Women in a Community Re-Entry Program. *Substance Use & Misuse*, 53(4): 648-653.
- Kjelsberg, E., Friestad, C. (2009) Exploring gender issues in the development from conduct disorder in adolescence to criminal behaviour in adulthood. *International Journal of Law & Psychiatry*, 32(1): 18-22.
- Klinteberg, B., Almquist, Y., Beijer, U., Rydelius, P.A. (2011) Family psychosocial characteristics influencing criminal behaviour and mortality--possible mediating factors: a longitudinal study of male and female subjects in the Stockholm Birth Cohort. *BMC Public Health*, 11: 756-770.
- Kothari, C.L., Butkiewicz, R., Williams, E.R., Jacobson, C., Morse, D., Cerulli, C. (2014) Does gender matter? Exploring mental health recovery court legal and health outcomes. *Health & Justice*: 2-12.

- Krebs, C.P., Strom, K.J., Koetse, W.H., Lattimore, P.K. (2009) The Impact of Residential and Non-Residential Drug Treatment on Recidivism Among Drug-Involved Probationers: A Survival Analysis. *Crime & Delinquency*, 55: 442–471.
- Kreis, M.K. F. Schwannauer, M., Gillings, K. (2014) Relational Risk Factors for Reoffending in Women: A Systematic Review. *International Journal of Forensic Mental Health* 13(4): 381-393.
- Kulu-Glasgow, I.A.M., Galloway, E.A., M.T., Beenackers, E. M. T., Smit, M., Zwenk, F. (2012) *Categorical Accommodation and Assistance for Victims of Trafficking in Human Beings: A Study of Four European Countries*. The Hague: Ministry of Justice, Netherlands.
- LaPlante, D.A., Nelson, S.E., Odegaard, S.S., LaBrie, R.A., Shaffer, H.J. (2008) Substance and Psychiatric Disorders Among Men and Women Repeat Driving Under the Influence Offenders Who Accept a Treatment-Sentencing Option. *Journal of Studies on Alcohol and Drugs*, 69(2): 209-217.
- Larney S., Martire, K.A. (2010) Factors affecting criminal recidivism among participants in the Magistrates Early Referral Into Treatment (MERIT) program in New South Wales, Australia. *Drug Alcohol Review*, 29(6):684-688.
- Lart, R., Pantazis, C., Pemberton, S., Turner, W., Almeida, C. (2008) *Interventions aimed at reducing re-offending in female offenders: A rapid evidence assessment (REA)*. Ministry of Justice Series 8/08. London: Ministry of Justice. Available at: [webarhive.nationalarchives.gov.uk/20110201125714/http://www.justice.gov.uk/publications/docs/intervention-reduce-female-reoffending.pdf](http://webarhive.nationalarchives.gov.uk/20110201125714/http://www.justice.gov.uk/publications/docs/intervention-reduce-female-reoffending.pdf)
- Leigey, M.E., Reed, K.L. (2010) A Woman's Life Before Serving Life: Examining the Negative Pre-Incarceration Life Events of Female Life-Sentenced Inmates. *Women & Criminal Justice*, 20(4): 302-322.
- Liddell, M., Martinovic, M. (2013) Women's offending: trends, issues and theoretical explanations. *International Journal of Social Inquiry*, 6(1): 127-142.
- Light, M., Grant, E., Hopkins, K. (2013) *Gender differences in substance misuse and mental health amongst prisoners: Results from the surveying prisoner crime reduction (SPCR) longitudinal cohort study of prisoners*. London: Ministry of Justice. Available at: [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/220060/gender-substance-misuse-mental-health-prisoners.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/220060/gender-substance-misuse-mental-health-prisoners.pdf)
- Lim, S., Nash, D., Hollod, L., Harris, T.G., Lennon, M.C., Thorpe, L.E. (2015) Influence of Jail Incarceration and Homelessness Patterns on Engagement in HIV Care and HIV Viral Suppression among New York City Adults Living with HIV/AIDS. *PLoS ONE*, 10(11): e0141912.
- Lloyd, C., Page, G., McKeganey, N., Russell, C., Liebling, A. (2017) The Evaluation of the Drug Recovery Wing Pilots: Final Report. York: University of York. Available at: [www.york.ac.uk/media/healthsciences/documents/research/mentalhealthresearch/DRWFinalPublishedReport.pdf](http://www.york.ac.uk/media/healthsciences/documents/research/mentalhealthresearch/DRWFinalPublishedReport.pdf)
- Lovins, L. B., Lowenkamp, C. T., Latessa, E. J., Smith, P. (2007) Application of the risk principle to female offenders. *Journal of Contemporary Criminal Justice*, 23: 383-398.
- Lynch, S. M., DeHart, D. D., Belknap, J., Green, B. L. (2013) Women's pathways to jail: The roles & intersections of serious mental illness & trauma. Bureau of Justice Assistance. Town: U.S. Department of Justice.
- MacSwain, M., Cheverie, M., Farrell MacDonald, S., Johnson, S. (2014) *Characteristics of women participants in the Methadone Maintenance Treatment Program (MMTP)*. Research Report R307. Ottawa, ON: Correctional Service of Canada.
- Makarios, M., Steiner, B., Travis, L. F. (2010) Examining the Predictors of Recidivism Among Men and Women Released From Prison in Ohio. *Criminal Justice and Behaviour*, 37: 1337-1377.
- Marel, C., Mills, K. L., Darke, S., Ross, J., Slade, T., Burns, L., Teesson, M. (2013) Static and dynamic predictors of criminal involvement among people with heroin dependence: findings from a 3-year longitudinal study. *Drug & Alcohol Dependence*, 133(2): 600-606.
- Matheson, F. I., Doherty, S., Grant, B.A. (2011) Community-Based Aftercare and Return to Custody in a National Sample of Substance-Abusing Women Offenders. *American Journal of Public Health*, 101(6): 1126-1133.

- Mayock, P., Sheridan, S., Parker, S. (2015) 'It's just like we're going around in circles and going back to the same thing...': The Dynamics of Women's Unresolved Homelessness. *Housing Studies*, 30(6): 877-900.
- McCoy, L.A. (2016) Risk, psychopathy, and predicting recidivism in female sexual offenders. *Dissertation Abstracts International Section A: Humanities and Social Sciences*, 76(10-A).
- McGregor, B., Brown, E., Yan, F., Mitchell, C., Robinson, C., DeGroot, J., Braithwaite, R. (2016) Program Success of Mental Health Clients in Day Reporting Centers. *Journal of Health Care for the Poor and Underserved*, 27(2): 194-213.
- McNichols, K. B. (2012) Reentry Initiatives: A Study of the Federal Workforce Development Program. *Federal Probation*, 76(3): 37-42.
- McPhail, M.E., Falvo, D.R., Burker, E.J. (2012) Psychiatric Disorders in Incarcerated Women: Treatment and Rehabilitation Needs for Successful Community Reentry. *Journal of Applied Rehabilitation Counseling*, 43(1): 19-26.
- Messina, N., Grella, C. E., Cartier, J., Torres, S. (2010) A Randomized Experimental Study of Gender-Responsive Substance Abuse Treatment for Women in Prison. *Journal of Substance Abuse Treatment*, 38(2): 97-107.
- Ministry of Justice (2018) *Female Offender Strategy*. London: Ministry of Justice. Available at: [assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/719819/female-offender-strategy.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/719819/female-offender-strategy.pdf)
- Moher, D., Liberati, A., Tetzlaff, J., Altman, D. G. (2009) The PRISMA Group Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. *PLoS Med* 6(7): e1000097.
- Moloney, K., van den Bergh, B., Moller, L. (2009) Women in Prison: the Central Issues of Gender Characteristics and Trauma History, *Public Health*, 123: 426-30.
- Monahan, K.C., Steinberg, L., Cauffman, E. (2013) Age Differences in the Impact of Employment on Antisocial Behavior. *Child Development*, 84(3): 791-801.
- Morash, M., Kashy, D.A., Smith, S.W., Cobbina, J.E. (2018) Is the Nature of Communication Relevant to the Supportiveness of Women's Relationships With Probation and Parole Agents? *International Journal of Offender Therapy and Comparative Criminology*, 62(6): 1629 – 1647.
- Morash, M., Kashy, D.A., Smith, S.W., Cobbina, J. (2017) Technical Violations, Treatment and Punishment Responses, and Recidivism of Women on Probation and Parole. *Criminal Justice Policy Review*, 1–23.
- Nijhof, K.S., de Kemp, R.A.T., Engels, R.C.M.E., Wientjes, J.A.M. (2008) Short-term criminal pathways: type and seriousness of offense and recidivism. *Journal of Genetic Psychology*, 169(4): 345-359.
- Nowotny, K. M., Belknap, J., Lynch, S., DeHart, D. (2014) Risk Profile and Treatment Needs of Women in Jail with Co-Occurring Serious Mental Illness and Substance Use Disorders. *Women & Health*, 54(8): 781-795.
- O'Riordan, C., O'Connell, M. (2014) Predicting adult involvement in crime: Personality measures are significant, socio-economic measures are not. *Personality and Individual Differences*, 68: 98-101.
- Opsal, T., Foley, A. (2013) Making it on the Outside: Understanding Barriers to Women's Post-Incarceration Reintegration. *Sociology Compass*, 7(4): 265-277. 1
- Opsal, T. (2012) 'Livin' on the Straights': Identity, Desistance, and Work among Women Post-Incarceration. *Sociological Inquiry*, 82(3): 378-403.
- Oteo Pérez, A., Benschop, A., Blanken, P., Korf, D.J. (2015) Criminal involvement and crime specialization among crack users in the Netherlands. *European Addiction Research*, 21(2): 53-62.
- Page, G., Templeton, L., Grace, S., Roberts, P., McKeganey, N., Russell, C., Liebling, A., Kougiali, Z., Lloyd, C. (2016) Conspicuous by their abstinence: The limited engagement of heroin users in English and Welsh Drug Recovery Wings. *International Journal of Drug Policy*, 29: 49-56.
- Pemberton, S., Sutton, E., Fahmy, E. (2013) *Working Paper- Methods Series No. 22: A review of the qualitative evidence relating to the experience of poverty and exclusion*. Bristol: PSE UK. Available at: [http://www.poverty.ac.uk/sites/default/files/attachments/WP%20Methods%20No.22 qualitative literature review PSEUK%20%28Pemberton%20et%20al%29.pdf](http://www.poverty.ac.uk/sites/default/files/attachments/WP%20Methods%20No.22%20qualitative%20literature%20review%20PSEUK%20%28Pemberton%20et%20al%29.pdf)
- Perry, A.E., Neilson, M., Martyn-St James, M., Glanville, J.M., Woodhouse, R., Hewitt, C. (2015) Interventions for female drug-using offenders. *Cochrane Database of Systematic Reviews [online]*, 6: 1-86.

- Perry, A. E., Neilson, M., Martyn-St James, M., Glanville, J.M., Woodhouse, R., Godfrey, C., Hewitt, C. (2015) Interventions for drug-using offenders with co-occurring mental illness. *Cochrane Database of Systematic Reviews*, 22(6): 358-444.
- Pettigrew, M., Roberts, H. (2008) *Systematic Reviews in the Social Sciences: A Practical Guide*. Oxford: John Wiley & Sons.
- Pierce, M., Bird, S.M., Hickman, M., Millar, T. (2015) National record linkage study of mortality for a large cohort of opioid users ascertained by drug treatment or criminal justice sources in England, 2005-2009. *Drug & Alcohol Dependence*, 146: 17-23.
- Plugge, E., Douglas, N., Fitzpatrick, R. (2006) *The Health of Women in Prison Study Findings*. Oxford: University of Oxford Press.
- Prendergast, M. L., Hall, E. A., Wexler, H. K., Melnick, G., Cao, Y. (2004) Amity Prison- Based Therapeutic Community: Five-Year Outcomes. *Prison Journal*, 84(1): 36-60.
- PRISMA (2009) PRISMA Systematic Review Statement. Ottawa: PRISMA Protocol Group. Available at: [prisma-statement.org/Extensions/Default.aspx](http://prisma-statement.org/Extensions/Default.aspx)
- Radcliffe, P., Hunter, G. (2016) 'It Was A Safe Place For Me To Be': Accounts of Attending Women's Community Services and Moving Beyond The Offender Identity. *British Journal Criminology* 56: 976–994.
- Ray, B. (2014) Long-term recidivism of mental health court defendants. *International Journal of Law & Psychiatry*, 37(5): 448-54.
- Rettinger, L. J., Andrews, D. A. (2010) General Risk and Need, Gender Specificity, and the Recidivism of Female Offenders. *Criminal Justice and Behavior*, 37(1): 29-46.
- Rizo, C. F., O'Brien, J., Wretman, C., Givens, A., Kainz, K., Chesworth, B. (2018) Investigating the Complex Relationship Between Intimate Partner Violence Victimization and Perpetration Among System-Involved Women in Heterosexual Relationships: An Exploratory Analysis. *Journal of Interpersonal Violence*, [online]:1-27.
- Roe-Sepowitz, D.E. Gallagher, J., Hickie, K.E., Perez Loubert, M., Tutelman, J. (2014) Project ROSE: An Arrest Alternative for Victims of Sex Trafficking and Prostitution. *Journal of Offender Rehabilitation*, 53(1): 57-74.
- Ropes Berry, K., Kennedy, S.C., Lloyd, M., Veeh, C.A., Tripodi, S.J. (2018) The Intersectional Effects of Race and Gender on Time to Reincarceration. *Justice Quarterly* [online]:1-30.
- Sacks, J.Y., McKendrick, K., Hamilton, Z. (2012) A Randomized Clinical Trial of a Therapeutic Community Treatment for Female Inmates: Outcomes at 6 and 12 Months After Prison Release. *Journal of Addictive Diseases*, 31(3): 258-269.
- Salem, B. E., Nyamathi, A., Idemudia, F., Slaughter, R., Ames, M. (2013) At a crossroads: reentry challenges and healthcare needs among homeless female ex-offenders. *Journal of Forensic Nursing*, 9(1): 14–22.
- Salina, D.D., Lesondak, L.M., Razzano, L.A., Parenti, B.M. (2011) Addressing Unmet Needs in Incarcerated Women With Co-occurring Disorders. *Journal of Social Service Research*, 37(4): 365-378.
- Salisbury, E. J., van Voorhis, P. (2009) Gendered Pathways: A Quantitative Investigation of Women Probationers' Path to Incarceration. *Criminal Justice and Behavior*, 36(6): 541-566.
- Sanderson, S., Tatt, I.D., Higgins, J.P.T. (2007) Tools for assessing quality and susceptibility to bias in observational studies in epidemiology: a systematic review and annotated bibliography. *International Journal of Epidemiology*, 36(3): 666-676.
- Saxena, P., Messina, N., Grella, C.E. (2014) Who Benefits From Gender-Responsive Treatment? Accounting for Abuse History on Longitudinal Outcomes for Women in Prison. *Criminal Justice and Behavior*, 41(4): 417-432.
- Scott, C.K., Grella, C.E., Dennis, M.L., Funk, R.R. (2016) A time-varying model of risk for predicting recidivism among women offenders over 3 years following their release from jail. *Criminal Justice and Behavior*, 43(9): 1137-1158.
- Scott, C.K., Foss, M.A., Dennis, M.L. (2005) Pathways in the relapse, treatment, and recovery cycle over three years. *Journal of Substance Abuse Treatment*, 28: S63–S72.
- Segrave, M., Carlton, B. (2010) Women, Trauma, Criminalisation and Imprisonment. *Current Issues in Criminal Justice*, 22(2): 287-306.

- Sen, P., Kelly, L. (2008) *CEDAW Thematic Shadow Report: Violence Against Women in the UK*. London: End Violence Against Women.
- Shdaimah, C.S., Wiechelt, S.A. (2013) Crime and compassion: Women in prostitution at the intersection of criminality and victimization. *International Review of Victimology*, 19(1): 23-35.
- Sheely, A., Kneipp, S. M. (2015) The Effects of Collateral Consequences of Criminal Involvement on Employment, Use of Temporary Assistance for Needy Families, and Health. *Women & Health*, 55(5): 548-565.
- Skardhamar, T., Skirbekk, V. (2013) Relative Mortality Among Criminals in Norway and the Relation to Drug and Alcohol Related Offenses. *PLoS ONE*, 8(11): e78893 [online].
- Smart, C. (1977) Criminological Theory: Its Ideology and Implications Concerning Women. *British Journal of Sociology*, 28(1): 89-100.
- Solinas-Saunders, M., Stacer, M.J. (2017) A Retrospective Analysis of Repeated Incarceration Using a National Sample: What Makes Female Inmates Different From Male Inmates? *Victims & Offenders*, 12(1): 138-173.
- Somers, J.M., Rezansoff, S.N., Moniruzzaman, A., Palepu, A., Patterson, M (2013) Housing First Reduces Re-offending among Formerly Homeless Adults with Mental Disorders: Results of a Randomized Controlled Trial. *PLoS ONE*, 8(9) [online].
- Stalans, L.J. (2009) Women's offending behavior: evidence-based review of gender differences and gender responsive programs. *Victims and Offenders*, 4(4): 405-411.
- Stathopoulos, M., Quadara, A., Fileborn, B., Clark, H. (2012) *Addressing women's victimisation histories in custodial settings*. Melbourne: Australian Institute of Family Studies.
- Stevens, P., Bali, K., Chatfield, J. (2011) Resettlement of residents from approved premises: Results of a London Probation-NHS collaborative pilot project. *Probation Journal*, 58(2): 155-166.
- Terre Blanche, M., Durrheim, K., Painter, D. (2006) *Research in Practice: Applied Methods for the Social Sciences*. Cape Town: University Press.
- Topitzes, J., Mersky, J.P., Reynolds, A.J. (2011) Child Maltreatment and Offending Behavior: Gender-Specific Effects and Pathways. *Criminal Justice Behavior*, 38(5): 492-510.
- Tripodi, S.J., Bledsoe, S.E., Kim, J.S., Bender, K. (2011) Effects of Correctional-Based Programs for Female Inmates: A Systematic Review. *Research on Social Work Practice*, 21(1): 15-31.
- van der Knaap, L.M., Alberda, D., Oosterveld, L., Born, P., Marise P. (2012) The predictive validity of criminogenic needs for male and female offenders: comparing the relative impact of needs in predicting recidivism. *Law & Human Behavior*, 36(5): 413-22.
- van Olphen, J., Eliason, M. J., Freudenberg, N., Barnes, M. (2009) Nowhere to go: How stigma limits the options of female drug users after release from jail. *Substance Abuse Treatment, Prevention, and Policy*, 4(1): 4-10.
- van Voorhis, P., Salisbury, E. J., Wright, E. M. (2007) Predicting the Prison Misconducts of Women Offenders. *Journal of Contemporary Criminal Justice*, 23(4):310-340.
- van Voorhis, P., Wright, E.M., Salisbury, E.J., Bauman, A. (2010) Women's Risk Factors and Their Contributions to Existing Risk/Needs Assessment: The Current Status of a Gender-Responsive Supplement. *Criminal Justice and Behavior*, 37(3): 261-288.
- Vaughn, M.G., Salas-Wright, C.P., DeLisi, M., Shook, J.J., Terzis, L. (2014) A Typology of Drug Selling Among Young Adults in the United States. *Substance Use & Misuse*, 50 (3): 403-413.
- Vigesaa, L. E., Bergseth, K. J., Richardson Jens, K. (2016) Who participates in reentry programming? An examination of women offenders in a midwestern state. *Journal of Offender Rehabilitation*, 55(5): 308-328.
- Villetta, P.G., Gillieron, G., Killias, M. (2015) The effects on re-offending of custodial vs. non-custodial sanctions: An updated systematic review of the state of knowledge. *Campbell Systematic Reviews* 11(1): 1-92.
- Vitopoulos, N.A., Peterson-Badali, M., Skilling, T.A. (2012) The relationship between matching service to criminogenic need and recidivism in male and female youth examining the RNR principles in practice. *Criminal Justice and Behavior*, 39(8): 1025-1041.

- Vogt, D. (2011) Mental health-related beliefs as a barrier to service use for military personnel and veterans: A Review. *Psychiatric Services*, 62(2): 135-42.
- Walsh, J.A., Krienert, J.L., Crowder, D. (2008) Innocence lost: A gender-based study of parricide offender, victim, and incident characteristics in a national sample, 1976–2003. *Journal of Aggression, Maltreatment & Trauma*, 16(2): 202-227.
- Ward, T., Yates, P.M., Willis, G. (2011) The Good Lives Model and the Risk Need Responsivity Model: A Critical Response to Andrews, Bonta, and Wormith. *Criminal Justice and Behavior*, 39(1):94-110.
- Weiser, S. D., Neilands, T.B., Comfort, M. L., Dilworth, S. E., Cohen, J., Tulsy, J. P., Riley, E.D. (2009) Gender-Specific Correlates of Incarceration Among Marginally Housed Individuals in San Francisco. *Journal of Urban Health*, 83: 736-740.
- Werb, D., Kamarulzaman, A., Meacham, M.C., Rafful, C., Fischer, B., Strathdee, S. A., Wood, E. (2016) The effectiveness of compulsory drug treatment: A systematic review. *International Journal of Drug Policy*, 28: 1-9.
- White, W., Cloud, W. (2008) Recovery capital: A primer for addictions professionals. *Counselor*, 9(5): 22-27.
- Whittemore, R., Knafl, K. (2005) *Methodological Issues In Nursing Research The Integrative Review: Updated Methodology*. *Journal of Advanced Nursing* 52(5): 546 – 553.
- Wijkman, M., Bijleveld, C., Hendriks, J. (2010) Women Don't Do Such Things! Characteristics of Female Sex Offenders and Offender Types. *Sexual Abuse*, 22(2): 135–156.
- Wolff, N., Morgan, R.D., Shi, J., Huening, J., Fisher, W.H. (2011) Thinking styles and emotional states of male and female prison inmates by mental disorder status. *Psychiatric Services*, 62(12): 1485-1493.
- Wolff, N., Shi, J., Siegel, J. A. (2009) Patterns of victimization among male and female inmates: evidence of an enduring legacy. *Violence and Victims*, 24(4): 469–484.
- Woodson, K. M., Hives, C., & Sanders-Phillips, K. (2010) Violence exposure and health related risk among African American adolescent female detainees: A strategy for reducing recidivism. *Journal Offender Rehabilitation*, 49(8): 571-584.
- Worrall, A., Gelsthorpe, L. (2009) 'What works' with women offenders: The past 30 years. *Probation Journal*, 56(4): 329–345.
- Wright, E.M., van Voorhis, P., Salisbury, E.J., Bauman, A. (2012) Gender-Responsive Lessons Learned and Policy Implications for Women in Prison: A Review. *Criminal Justice and Behavior*, 39(12): 1612-32.
- Yang, Y., Knight, K., Joe, G. W., Rowan, G. A., Lehman, W. E., Flynn, P. M. (2015) Gender as a Moderator in Predicting Re-Arrest Among Treated Drug-Involved Offenders. *Journal of Substance Abuse Treatment*, 49: 65-70.
- Zlodre, J. & Fazel, S. (2012) All-Cause and External Mortality in Released Prisoners: Systematic Review and Meta-Analysis. *American Journal of Public Health*, 102 (12): e67-e75.
- Zweig, J. M., Yahner, J., & Rossman, S. B. (2012) Recent victimization experiences and continued criminal behaviors: what are the links for adult drug-involved offenders? *Violence & Victims*, 27(5): 674-688.