

INCORPORATING GENDER-BASED ANALYSIS INTO CRIME PREVENTION

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We dedicate this report to the late Dr. Lynn Stewart—
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CHAPTER 1: INTRODUCTION

Historically, the study of delinquency and crime has focused predominately on male perpetrated crime for a variety of reasons—ranging from sexist scholarship to the simple fact that the vast majority of crime, particularly serious crime, is perpetrated by males (Blanchette & Brown, 2006; Hubbard & Matthews, 2008; Zahn et al., 2008). As such, explanatory models of delinquency and crime as well as assessment and intervention approaches have been grounded in gender-neutral paradigms that have been inherently cis male oriented¹. This is no longer the case.

Feminist scholarship coupled with steadily increasing female arrest and incarceration rates worldwide (Brown, Blanchette & Thapa, 2019) have irrevocably changed this trajectory. A new generation of scholars—predominately women- working from diverse disciplines now study exclusive samples of girls and/or women (sometimes with male comparison groups). Scholars are also now focusing on justice-involved² non-binary people, albeit at a much slower pace.

Unlike mainstream perspectives that underscore personality (e.g., Gottfredson & Hirschi, 1990), and social learning (Akers, 1991) as key determinants of crime and delinquency, scholars who study justice-involved girls and women emphasize factors such as interpersonal trauma, addictions, maladaptive relationships, and impoverished social capital (Bloom, Owen, & Covington, 2003; Chesney-Lind & Pasko, 2013; Salisbury, Boppre, & Kelly, 2016; Salisbury & Van Voorhis, 2009). Although early feminist-driven scholars focused on cis females, increasingly scholars have adopted a more inclusive approach recognizing that girls and women are also defined by multiple intersecting identities that encompass factors such as sexual identity, ethnicity, culture, religion, and age (Crenshaw, 1989; Irvine, Canfield & Roa, 2017).

Consequently, scholarship, policies, and practices for justice-involved girls and women (and to some extent for justice-involved non-binary girls and women) are steadily emerging around the globe. Scholars have increasingly begun to write about the nature and prevalence of female-perpetrated crime, specifically when and how it differs from male-perpetrated crime and whether or not females really have become increasingly more violent and more criminal in recent years. There has also been interest in identifying female-specific risk and protective factors associated with criminal conduct.

Numerous organizations have also created over-arching principles to be followed when dealing with justice-involved girls and women. Notably, Canada led the way in this regard with the publication of *Creating Choices* (Task Force on Federally Sentenced Women, 1990). Programs for justice-involved girls and women are also flourishing. In Canada alone, twenty years of research and development has ushered in home-grown evidence-based programs for at-risk girls (Stop Now and Plan, *SNAP*, Augimeri, Walsh, Levene, Sewell, & Rajca, 2014). Additionally, under the leadership of Dr. Marilyn Van Dietsen, Orbis Partners (a Canadian firm) has developed an impressive menu of program options for justice-involved girls and women (e.g. *Girls Moving On, Creating Regulation and Resilience, Living Safely and without Violence*, Orbis Partners, n.d.) as well as an assessment approach for women (*Service Planning Instrument for Women-*

¹ The term *cis* describes anyone whose gender identity matches their assigned sex at birth. Thus, a cis man is a man who identifies as male and was assigned a male sex at birth.

² The term *justice-involved* includes individuals who have had contact with the justice system (e.g., arrested, charged, convicted, in custody or in the community)

Spin-W, Orbis Partners, n.d.). It is clear that justice-involved girls, women and non-binary girls and women are no longer *correctional afterthoughts* as once famously described by Ross and Fabiano in 1985. As such, the goal of this report is to examine this literature base with the ultimate aim of translating this knowledge into the Canadian crime prevention landscape. Notably, Women and Gender Equality Canada (n.d.) defines *Gender-based Analysis+* (GBA+) as:

an analytical process used to assess how diverse groups of women, men and non-binary people may experience policies, programs and initiatives. The “plus” in GBA+ acknowledges that GBA goes beyond biological (sex) and socio-cultural (gender) differences. We all have multiple identity factors that intersect to make us who we are; GBA+ also considers many other identity factors, like race, ethnicity, religion, age, and mental or physical disability.

In contrast, *gender-responsive*³ scholarship and practice has historically focused on justice-involved girls and women and more recently, the multiple intersecting identities that define girls and women as well as non-binary girls and women. Although men and non-binary men are clearly encapsulated within the GBA definition, historically they have not been included within the gender-responsive literature base; gender-responsive has really meant *female* responsive. We acknowledge that males have gender and multiple intersecting identities. However, given that the crime prevention evidence base has been unequivocally male derived, our focus in this report lies with girls and women; equally important, when available we incorporate information germane to non-binary girls and women and the multiple intersecting identities that define them. Lastly, although this review starts from the standpoint of girls and women, we *do* incorporate evidence from the gender neutral (*What Works*⁴) knowledge base as much as possible whilst underscoring consistencies and points of divergence.

The report is organized as follows. Chapter 2 reviews the nature and prevalence of female-perpetrated crime, highlighting gender differences as well as similarities. Chapter 3 reviews the evidence associated with risk and protective factors hypothesized to be relevant for justice-involved girls and/or women; gender differences/similarities are also highlighted. Chapter 4 presents the results of a content analysis that identified 13 over-arching crime prevention gender-based principles; an existing gender-responsive checklist is also described. Chapter 5 presents the results of a systematic review of extant evaluations of gender-responsive programs delivered to at-risk girls, justice-involved girls, and justice-involved women. Chapter 6 identifies evidence-based gender-responsive programs whilst Chapter 7 describes three scenarios for how to inject gender-responsive principles into existing criminal prevention strategies⁵. Lastly, Chapter 8 provides recommendations and describes future challenges in this field.

³ Gender-responsive is the most commonly used term but additional terms exist (e.g., gender informed, gender specific, gender salient). While some scholars assign different meanings to these terms (e.g., Smith, 2017), they are often used interchangeably. Consequently, we use the term gender-responsive throughout this report to denote a focus on girls, women, non-binary girls and women and their accompanying intersecting identities (e.g. ethnicity, religion, age etc). Whereas we use the term gender-based in reference to both males and females, non-binary people (and their intersecting identities).

⁴ The term *Work Works* refers to the cumulative research base illustrating what reduces justice involvement typically among cis males

⁵ In this report, the term *crime prevention* encompasses primary prevention, secondary and tertiary intervention.

CHAPTER 2: THE NATURE AND PREVALENCE OF GENDER-BASED CRIME

Girls and women have perhaps been the most marginalized, the least studied, and the least understood of offending populations (Brennen, Breitenbach, Dieterich, Salisbury, & Van Voorhis, 2012; Dohrn, 2004). The small number of justice-involved female youth in particular has been overlooked in a system designed for young men (Chesney-Lind & Pasko, 2004).

A number of important controversies have been endemic to the study of girls, women and crime since the 1970s. The first is how traditional criminological and psychological perspectives attempted to explain female-perpetrated crime. The second is how to best understand differences in crime between males and females. The third is whether the gender gap in crime between males and females has narrowed and whether women and girls have become more criminal and/or more violent over time. Fourth, is the question of how best to explain the apparent increase in female offending (violence in particular) and/or the narrowing of the *gender gap* in crime. Lastly, is how best to understanding all of the aforementioned areas among sexual and gender minorities.⁶

Explaining Female Offending

Traditional criminology has been criticized for treating gender only as a variable, for using biology as an explanation for female offending, or for only seeing how women fit into male offending equations (Belknap, Holsinger & Dunn, 1997; Chesney-Lind & Eliason, 2006; Pasko, 2008). Feminist criminology, however, has developed a body of research that has moved gender to the foreground (Pasko, 2008). For many feminist scholars there is a generalizability question when trying to understand female versus male offending. That is whether general theoretical constructs can explain *both* male and female offending (Kruttschnitt, 2016).

Pathways theory was developed specifically to explain female criminal conduct (Belknap, et al., 1997; Blanchette & Brown, 2019; Giordano, Cernkovich & Rudolph, 2002; Kruttschnitt, 2016). It considers factors that influence the initiation and termination of male and female offending and the ways they may be gendered (Kruttschnitt, 2016). As a primary contribution of feminist criminology, this perspective examines the systemic links between patterns of marginalization, victimization, offending and criminal justice experiences (Chesney-Lind & Pasko, 2013; Pasko, 2008). Research findings suggest that female crime is grounded heavily in relationships and environments (Pasko, 2008). Pathways research has consistently and repeatedly indicated that childhood trauma is a defining feature in the lives of many female offenders (Pasko, 2008). Females' most common pathways to crime are based on survival of abuse, poverty and substance abuse (Belknap, 2001; Bloom, Owen and Covington, 2003).

The Nature of Female-perpetrated Crime

A universally accepted finding is that females commit much less crime than males for nearly every category of crime (Blanchette & Brown, 2019; Liddell & Martinovic, 2013; Mahony, Jacob & Hobson, 2017; Schwartz & Steffensmeier, 2012). This *gender gap* in crime has been

⁶ We use the terms LGBTQ2 (lesbian, gay, bisexual, trans, queer or questioning, 2 spirit), LGBTQ and sexual and gender minorities (SGMs) interchangeably throughout this report.

consistently reported across various countries and among diverse scholars who rely upon different methodologies and theoretical perspectives to advance their respective disciplines (Brown et al., 2019). In 2017, 25% of all police-reported criminal incidents in Canada involved a female accused; similarly, females only accounted for 1 in 5 adult criminal court cases (Savage, 2019). Notably, the rate of females accused of a crime in Canada peaked at approximately 16 years of age (3000 accused per 100,000) declining steadily with age thereafter (Savage, 2019).

The gender gap in crime is widest within serious and violent crime categories such as homicide and rape and narrowest within minor and non-violent crime categories such as shoplifting, minor frauds (e.g., welfare fraud, cheque forgery) and property crime (Brown et al., 2019; Chesney-Lind & Pasko, 2013). For example, in 2017, females in Canada accounted for 35% of all property-related crime incidents (Savage, 2019). Noteworthy, a corresponding 30% arrest rate was also recently reported in the United States (Capamiello & Gavrilova, 2018). In contrast, in 2017, females in Canada accounted for a lesser percentage (28%) of all violent-related crime incidents. Importantly, when females were accused of a violent crime, 70% of the time it was assault-related of which 76% of the time the assaults were designated level 1⁷ (Savage, 2019).

Researchers have also explored the nature of female-perpetrated violence in greater detail. Female involvement in violent crime is greater for violence offences that are less serious, involve less offender culpability, occur in private settings such as the home and are generally against known victims (Carrington, 2006; Chesney-Lind & Paramore, 2001; Greenfeld & Snell, 1999; Schwartz, 2013). Men's violence is far more likely to produce injury, to occur in public, and (relative to women), more likely to occur against strangers (Carrington, 2006; Chesney-Lind & Paramore, 2001; Greenfeld & Snell, 1999; Schwartz, 2013). Men are also more likely to be chronic or life course persistent offenders (Brown et al., 2019; Schwartz & Steffensmeier, 2012). This means that they are more likely to engage in serious antisocial behaviour (stealing, aggression and violence in school) that commences during childhood and not only persists into adulthood but increases in seriousness as well (Brown et al., 2019).

Although limited, there is some emerging interest in understanding why females eventually desist from crime. Having children, a bond to religion or higher education seems to explain desistance in some studies (Giordano et al., 2002; Gunnison, 2014; Uggen & Kruttschnitt, 1998). Marriage and having a job have shown mixed results (Cauffman, Fine, Thomas, & Monahan, 2017; Giordano et al., 2002) unlike studies with males that consistently support the role of marriage and employment in predicting desistance (Sampson & Laub, 1993). Similar to their male counterparts there is also evidence that having a non-criminal friend predicts desistance in females (Uggen & Kruttschnitt, 1998). Finally, changes in the ability to control one's impulses predicts desistance in both males and females (Cauffman et al., 2017).

Are Girls and Women Doing More Crime: Is the *Gender Gap* Narrowing?

Beginning in the 1970s questions arose regarding the possible burgeoning of female criminality. This idea of a boom in female criminality however clearly came into focus in the 1990s. Since

⁷ Level 1 assaults cause little or no physical harm to the victim(s).

that time, the popular press and some members of the scientific community have continually made the assertion that there has been an increase in female offending particularly in terms of violent crime (and particularly for girls) (Batchelor, 2005; Burman & Batchelor, 2009; Chesney-Lind & Eliason, 2006; Steffensmeier, Schwartz, Zhong & Ackerman, 2005). Although an analysis of Canadian data between 1986 and 2005 also supported these findings, particularly in regard to increases in serious violent crime among young women (Kong & AuCoin, 2008), the percentage of females accused of a crime in Canada actually decreased 15% between 2009 and 2017. Albeit, the corresponding decrease for males was substantially larger—22% (Savage, 2019).

In considering if there have been any real changes in the offending patterns of females, some cautionary observations must be made concerning official data. Changes in official statistics often say more about changes in public attitudes, changes in charging, sentencing, and policy changes than changes in behaviour (Batchelor, 2005; Burman & Batchelor, 2009). Additionally, official definitions of crime are elastic and subject to discretion of citizens, police and officials (Schwartz, 2013). Also, it is important to carefully tease out potential nuanced gender differences in changes in offending patterns. For example, if female offending patterns remain steady, but male offending decrease, females may appear to be committing more crime as a proportion of all crime when in fact there has been no change in their actual behaviour.

Explaining the Apparent Gender Gap in Crime

Given the inherent difficulties associated with reliance on official crime statistics, Steffensmeier, Schwartz and colleagues (see for example Schwartz, 2013; Schwartz & Steffensmeier, 2012; Schwartz, Steffensmeier, Zhong & Ackerman, 2009; Steffensmeier & Feldmeyer, 2006; Steffensmeier et al., 2005) have conducted research exploring whether or not there have been real changes in the offending patterns of girls and women. Their work has essentially tested two competing hypotheses: *the behavioural change hypothesis* which is based on the idea that there have been real changes in the criminal behaviour of women and girls due to increases in freedom and gender parity and the *policy change hypothesis* which suggests that shifts in policy have inadvertently escalated the arrest proneness of girls and women independent of changes in their behaviour (Chesney Lind & Paramore, 2001; Harmon & O'Brien, 2011; Schwartz, 2013). In short, the policy change hypothesis concludes that female offenders have become more visible to law enforcement and more vulnerable to arrest because of changes in social definitions of crime, particularly in terms of minor crimes that girls and women are more likely to be involved in (Schwartz, 2013).

Advocates of the policy change hypothesis posit that some policy changes are more likely to impact females in adverse ways (Schwartz, 2013). For example, the net widening or criminalization of less serious forms of crime will affect female offenders more adversely because of the less serious nature of their crimes (Carrington, 2006; Chesney-Lind & Paramore, 2001; Harmon & O'Brien, 2011; Schwartz, 2013; Lauritsen, Heimer, & Lynch, 2009). This is often referred to as *up-charging* (i.e., charging and treating something more seriously that was previously considered less serious). An example of up-charging involves the contemporary practice of charging girls with assault for fighting in school or fighting with parents (Chesney-Lind & Paramore, 2001; Stevens, Morash, Chesney-Lind, 2011).

Policy change hypothesis advocates also underscore how seemingly gender neutral policy changes may impact females more adversely than their male counterparts (Schwartz, 2013). One example of this is in regard to drinking and driving laws (Robertson, Liew & Gardner, 2011; Zhong & Schwartz, 2010). Females have lower levels of toxicity, drink less often, and less per occasion than males, so lowering the level for driving while impaired means that more women are likely to be charged (Robertson et al., 2011; Zhong & Schwartz, 2010). Thus, changes to the law may have erroneously been interpreted as an upswing in intoxicated driving by women when in fact there has been no real change in behaviour.

For over a decade, Steffensmeier and colleagues have tested the behavioural and policy change hypotheses largely by comparing trends in official crime data (e.g., American Uniform Crime Reports) with unofficial crime data (victimization surveys and self-report data). In short, their work concludes that the gender gap has not been closing between males and females particularly in terms of violent crime. Steffensmeier and colleagues have carefully observed that the increase in girls' violence for example is only apparent in official arrest data. An analysis of unofficial sources (i.e., victimization and self-report surveys) show little change in girls' assault levels or in the Violent Crime Index. These opposing findings support gender-specific effects of policy changes rather than genuine shifts in female violence.

LGBTQ Offending and Victimization

Two dichotomous models of the LGBTQ as offender or victim have dominated discussions about LGBTQ individuals and the criminal justice system (Dennis, 2014; Woods, 2017). Until the 1970's LGBTQ people were seen as deviant sex offenders (Dennis, 2014; Woods, 2017). By the 1980's and 1990's however, discussions about LGBTQ identity and crime turned away from viewing them as deviant criminals, to non-deviant hate crime victims (Dennis, 2014; Woods, 2017). The paradigm shift away from LGBTQ individuals as sex offender to LGBTQ individuals as innocent, non-deviant hate crime victims has a) obscured the relationship between LGBTQ identity and offending, b) fostered incomplete accounts of LGBTQ victimization and c) has neglected the dynamic interaction between LGBTQ victimizations and LGBTQ offending (Woods, 2017).

There is a scarcity of publicly available data on LGBTQ victims and offenders at all stages of the criminal justice process (Woods, 2017). However, some results do exist. The Canadian 2014 General Social Survey on victimization (must be 18+ years of age to participate) revealed that those who identified as lesbian, gay, or bisexual were twice as more likely as than their heterosexual counterparts to be the victim of a violent crime in 2014; the rate of sexual assault was particularly high among the LGB participants (9X higher in comparison to the heterosexual participants) (Simpson, 2018). Most research that has been carried out on LGBTQ offenders has been carried out on adolescent offenders (Dennis, 2014). One study (Palmer & Greytak, 2017) of 8, 215 LGBTQ youth found that those who were victimized at school, experienced greater school discipline, including detention, suspension and expulsion, as well as greater involvement in the criminal justice system as a result of school discipline. Studies also report the over representation of LGBTQ youth in the homeless and foster care populations. Homeless LGBTQ youth are also more likely than their heterosexual counterparts to have higher rates of mental health problems,

drug use, sexual health risk and victimization (Fredericks, 2014). In terms of incarceration, amongst adult prison populations, the incarceration rate of self-identified LGBTQ individuals in the U.S. is three times that of the general U.S. adult population. One recent study involving adolescent offenders, showed that LGBTQ youth accounted for one third of first time, court involved, non-incarcerated youth. This study also illustrated that they were in higher need of mental health, sexual health and substance abuse services (Hirschtritt, Dauria, Marshall & Tolou-Shams, 2018). However a systematic review of the prevalence of LGBTQ youth in the justice system (Jonsson, Bird, Li, & Viljoen, 2019) suggests that only sexual and gender minority (SGM) girls are disproportionately over-represented in the justice system (24.0 to 29.4% in justice settings vs. 15.5% in the community), while SGM boys are not (3.2% to 8% in justice settings vs. 6.9% in the community). Clearly, more research is needed that examines the intersection of SGM individuals and the justice system.

CHAPTER 3: GENDER-BASED ANALYSIS OF RISK AND PROTECTIVE FACTORS

Context

In this chapter we present the results of a systematic review of studies that have analyzed data on gender differences/similarities in regard to the hypothesized risk and/or protective factors that predict criminal conduct (primarily reoffending) in samples of youth and/or adults. Given the abundance of male-only studies and the dearth of female-only studies, our review focused on identifying female-specific risk and/or protective factors based on studies involving justice-involved females or studies that specifically compared male and female offenders⁸. When relevant, we situate our finding within the broader male-dominated evidence base. In brief, risk factors are factors that are measured before the outcome of interest and when present, increase the probability of future criminal conduct.

As an aside, the predominant offender rehabilitation framework: Risk-Need-Responsivity (RNR), directs the following: target higher risk individuals (the risk principle), prioritize criminogenic needs or crime causing needs (the need principle), and in general, use approaches that are structured and grounded in social learning (the general responsivity principle) whilst attending to individual characteristics that may either facilitate or impede rehabilitation efforts (the specific responsivity principle) (Bonta & Andrews, 2017). Historically, gender and protective factors have been viewed as specific responsivity factors. In our context, protective factors are factors that are measured before the outcome of interest and when present, decrease the probability of future criminal conduct. See Appendix A for a more-in depth discussion of risk and protective factors.

Method

We conducted a systematic literature search to include all potentially relevant articles, focusing on longitudinal designs (prospective or retrospective) that empirically examined risk or protective factors in justice-involved samples comprised entirely of females and samples that also included male comparison groups. The LGBTQ community was also represented in our search. A detailed accounting of the search process and final article selection is described in Appendix B and a summary of the search process is presented in Figure 1; 56 articles were included in the final set of papers. All 56 papers reported on risk factors while only 11 of the 56 papers also reported on protective factors.

⁸ No specific studies examining the risk factors among LGBTQ2 justice-involved individuals were identified.

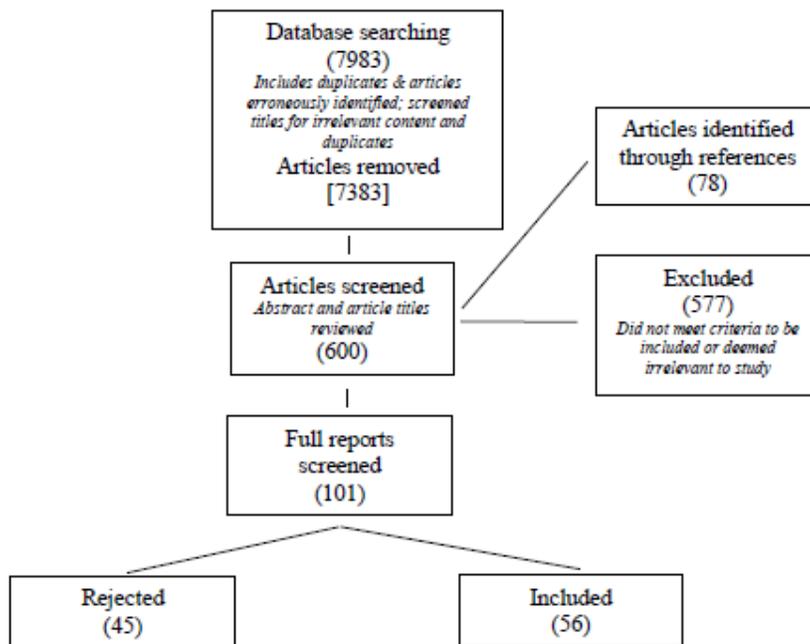


Figure 1. Article Search Process

Results

The literature on risk and protective factors for offending is overwhelmingly binary with respect to gender; all studies report on females or males and females. In addition, sexual orientation has not been considered in analyses of risk and protective factors in relation to offending. As such, results are presented based on the way researchers (to date) have studied these constructs. We present each construct in turn and identify if it is a risk factor, a protective factor, or a ‘mixed’ factor (i.e., where strength is associated with decreased offending and deficit is associated with increased offending; See Appendix A for further discussion). Results are synthesized to include an analysis of gender effects, commentary on the patterns observed, and consideration of diversity (where such analyses were done); implications are also discussed.

Demographic Predictors (risk)

Age (risk only). Fourteen studies (9 adult, 5 adolescent) examined age (at time of assessment) as a risk factor for reoffending. Results reflect the classic ‘age-crime curve’ (Farrington, 1986); for adults, risk decreases with age in all female-only samples, and in all but one of the samples where males and females were compared. For adolescents, the effect is in the opposite direction: risk increases with age consistently for males. However, the evidence is mixed for females, with 2 studies indicating age predicts equally among males and females and 3 reporting no relationship between age and offending for adolescent females. Given the mixed findings noted above, it should not be assumed that reoffending risk increases throughout adolescence for

females. Thus, treating mid-adolescent girls – as a group – as if they are at high risk to offend (relative to older individuals) is not warranted.

Race/ethnicity (risk only). This is a complex variable because researchers measure this construct in diverse ways. Twenty-seven studies examined race/ethnicity as a risk factor and again mostly in comparison to other variables (i.e., multivariate)⁹. The findings across studies (over 80% were non-significant) do not support that race/ethnicity is a risk factor on its own and, conceptually, race can only ever be a marker for other factors. Where race/ethnicity may come into play is as a responsivity factor – for example in the design of programs that recognize and reflect the backgrounds and experiences of particular groups.

Criminal Justice System Predictors (risk)

Criminal History (risk only). Of the 21 (mostly multivariate) studies reviewed, criminal history was a robust predictor of reoffending in males and females, with over 90% of studies reporting significant results. In most studies with male and female samples, criminal history was a significant gender-neutral predictor of reoffending, and several female-only studies also found that criminal history significantly predicted recidivism. Three studies indicated that criminal history was a gender-specific risk factor for males: there were non-significant findings for females where there had been a significant relationship for males. One study found the reverse, and in two studies it did not predict for males or females. In Schwalbe et al. (2006), criminal history was a gender-neutral predictor for Black youth but in White youth it predicted for males but not females. It is worth noting that in this study, the White female sample seemed somewhat unique in that this pattern of race by gender effect occurred across a number of risk factors.

Criminal history has been recognized as a strong predictor of reoffending for many years and, overall, this seems to be true for females as well as for males. Given that this is a static risk factor, it does not represent an intervention target. However, it is an important factor to consider in classification and program design (e.g., targeting individuals with significant criminal histories – who are generally likely to be higher risk – separately from those who do not).

Age at First Offence (risk only). Of the 8 (mostly multivariate) studies, most reported that this variable was not a significant predictor of reoffending. Of the 3 in which it did predict, 2 indicated a gender-specific effect for males while the third study was for a female-only sample.

⁹ In our context we use the term ‘univariate’ to describe statistical analyses involving two variables (e.g., a risk factor and criminal conduct); the term ‘multivariate’ is used to describe statistical analyses that allow two or more variables (e.g., age and offence type) to compete simultaneously in the prediction of criminal conduct. It is much more difficult for any given variable to predict criminal conduct when it is forced to compete with other potential variables; thus, variables that demonstrate predictive merit in a multivariate sense are considered relatively robust predictors.

Offence Type (risk only). Offence type is a complex variable because researchers measure it in different ways and comparisons vary widely because different offence categories are chosen as the ‘reference group’ in comparisons. Eleven studies, mostly multivariate, examined offence type as a potential risk factor. Results were mixed and *no* clear pattern emerged (e.g., violent offences being more predictive of reoffending than property or drug offences).

Cognitive Abilities (risk and protective)

Intelligence (mixed: examined as risk and protective). Intelligence has been proposed as both a risk and protective factor, thus fitting with Farrington, Ttofi, and Piquero’s, (2016) concept of a *mixed factor*. The evidence from the 4 studies reviewed suggests that this is indeed the case, and that intelligence may also operate in a gendered way. McCord and Ensminger (1997) found that for men (but not women) *not* having ‘high intelligence’ was a risk for criminal violence. In a sample of adults maltreated in childhood, higher IQ protected against arrests in adulthood (Nikulina & Widom, 2019) for males only. Conversely, White and Piquero (2004) found that higher verbal IQ was associated with less likelihood of adult conviction in females but not males; the effect was small, however. Archwamety and Katsiyannis (1998) found no relationship between intelligence and reoffending in a sample of justice system-involved adolescents. In sum, the evidence is mixed, though there is some evidence that higher intelligence is related to lower chance of reoffending.

Executive Functioning (mixed, examined as risk and protective). Executive functioning (EF) is multifaceted, capturing attention, self-regulation, cognitive flexibility, hyperactivity/impulsivity, and cognitive processes including planning and inhibitory control. Eight studies examined EF; 5 with significant univariate effects and 3 with multivariate effects. Some of these studies found relationships for females and not males and others reported the opposite. For example, in a normative sample followed into adulthood, Babinski, Hartsough and Lambert (1999) found that hyperactivity/impulsivity was related to arrest for males but not females (though the sample size for females was very small), and that inattention was *unrelated* to arrest for both males and females. In another study (Nikulina & Widom, 2019) various measures of EF were related to lower likelihood of violent crime for females but not males.

Interventions that focus on self-control and problem-solving tap into individuals’ executive functions. The fact that there are demonstrated relationships – even if the picture is complicated by mixed findings regarding gender – is consistent with the notion of supporting people to improve problem-solving skills connected to offending (e.g., giving oneself a ‘time out’ rather than reacting, ‘stop now and plan’, and other thinking-before-acting strategies).

Criminal Thinking (risk)

Nine studies examined the extent to which criminal thinking predicted criminal conduct. All 9 demonstrated at least one significant effect¹⁰, suggesting that this is an important intervention target for both males and females who hold antisocial/ procriminal attitudes. However, antisocial

¹⁰ Three also reported nonsignificant effects (due to inclusion of multiple samples within one study and/or multiple measures used within one study whereby not all measures had significant effects).

attitudes may also be more common in males than in females. Individual assessment is important so that people are properly identified and interventions targeted to those who need them. Grouping individuals who do not hold antisocial attitudes in programs with antisocial individuals may actually increase risk.

Stress (risk)

Two studies measured stress. Benda (2005) reported that stress was associated with increased odds of arrests or parole violations for men and women. Van Voorhis, Wright, Salisbury and Bauman (2010) found small but significant correlations between parenting stress and reoffence in probation samples of women; in addition, parental stress predicted reoffending over and above gender-neutral risk factor domains from the Level of Service Inventory.

There is evidence, albeit from a very small number of studies, that stress is a risk factor for reoffending. In addition, stress may be related to a number of mental health-related variables and processes, including substance use, that have been associated with offending.

Self-concept (risk and protective)

Three studies measured self-concept. In one, self-esteem was negatively related to reoffending for women but positively related for men, though in both cases the effects were very small (Yang et al., 2015); one study reported a positive relationship with reoffending in the women-only sample, while another reported a negative relationship between measures of self-esteem and self-efficacy for probation but not incarcerated samples of women (Van Voorhis et al., 2010).

Self-concept, including one's sense of self-esteem and self-efficacy, has been discussed as having a non-linear relationship with offending. Individuals with poor self-concept and those with an 'inflated' sense of self-concept can be at risk for offending. However, the overall lack of robust relationships (especially in studies where self-concept is examined alongside other risk factors) suggests that this is not a factor that is a strong contender as an intervention target on its own – in other words, without considering other personal and contextual factors.

Psychopathy/Antisocial personality (risk)

In the 8 (mostly univariate) studies that measured psychopathic traits and/or antisocial personality traits or disorder, results were mixed: two female-only studies reported significant relationships, in two studies the relationship was gender neutral, and in two studies the relationship was significant for males but not for females. However, 4 studies also reported non-significant relationships: two with female-only samples and the two gender-specific findings.

Psychopathy and Antisocial Personality Disorder are constructs with complex and contested conceptualizations and measurements (Cale & Lilienfeld, 2002), which may help explain the mixed findings. While there is some evidence that antisocial/psychopathic personality traits are risk factors for offending, it is far from consistently supported as a risk factor, particularly for females.

Mental Health (risk)

Externalizing problems. Studies conceptualized externalizing mental health broadly to include: conduct disorder, anger regulation, Oppositional Defiant Disorder (ODD), and aggression. Researchers also measured this variable in many different ways (e.g., self-report, interview-based, formal DSM diagnosis). Of the 12 (all multivariate) studies examining externalizing, 75% reported a significant relationship with criminal conduct. In 5 of the 6 studies that compared males and females, externalizing was a gender-specific risk factor for males, while in 1 study it was a gender-neutral risk factor. In 4 female-only samples, externalizing was a significant risk factor for criminal conduct.

The consistent association between externalizing and offending is not surprising. “Externalizing” behaviours overlap considerably with features captured within the Risk-Need-Responsivity “Big Four” *personality/behaviour* risk domain (e.g., physical and verbal aggression, poor frustration tolerance) (Bonta & Andrews, 2017). The additional overlaps between ‘externalizing’ and ‘offending’ (e.g., law breaking is one of the criteria used to diagnose Conduct Disorder) call into question examining ‘externalizing’ as a mental health ‘risk factor’ for offending (e.g., McCormick, Peterson-Badali & Skilling, 2015). Focusing instead on ‘criminogenic’ features as they are established in the RNR framework provides greater specificity and clarity when considering risk factors and, particularly, potential intervention targets for programs designed to prevent criminal conduct. For example, self-regulation and impulse control – treatment targets that are also features of externalizing disorders – have already been discussed under the concept of *executive functions*.

Internalizing Problems. Internalizing mental health problems, broadly defined, have been identified as risk factors for offending for girls and women in the gender-responsive literature. In contrast, RNR scholars (and supporting literature) have asserted that internalizing is weakly related, if at all, to reoffending. In the studies reviewed, internalizing included: depression, mood/anxiety, trauma, personal/emotional distress, suicide attempts. Only 2 of the 9 studies reviewed compared females and males. In one (Johansson & Kempf-Leonard, 2009), ‘mental health problems’ was a significant predictor of chronic offending for both adolescent males and females, while it predicted serious/violent offending for males but not for females. In the second, depression and suicidal thoughts predicted arrests for parole violations for adult females but not males. The female-only studies were evenly split in terms of significant/non-significant relationships between internalizing and reoffending.

There is *not* consistent evidence that internalizing mental health problems predict reoffending in females, particularly when they are assessed alongside established risk factors. One of the challenges of understanding mental health problems (whether externalizing or internalizing) in relation to offending is the diversity with which they are conceptualized and measured. The RNR framework – and the risk assessment tools based upon it – focus on specific behaviours that are features of broader mental health disorders, arguing that it is specific features of these disorders – rather than the diagnoses – that are criminogenic (McCormick et al., 2015). Understanding the relationship between mental health problems and offending likely requires assessment at the individual level – not simply of mental health but of the specific role that the mental health problems (and particular aspects of those problems) play in individuals’ offending.

Major Mental Illness (risk). In the one study identified that reported on major mental illness, presence of psychosis symptoms was predictive of reoffence in incarcerated but not probation samples of women (Van Voorhis et al., 2010). Major mental illness has been examined as a risk factor for offending – and often for violence – but either in male only samples or in samples where effects have not been compared for males and females. Skeem and colleagues (e.g., Skeem, Winter, Kennealy, Louden & Tatar II, 2014) demonstrate that justice system-involved individuals with serious mental illness also have non-mental illness-specific risk factors for reoffending. These RNR-based risk factors predict reoffending and mental-illness specific variables do not add predictive power.

The findings on the relationship between mental health variables and criminal conduct reviewed above strongly suggest that a traditional mental health focus (e.g., on diagnostic assessment and disorders) is *not* particularly helpful when the goal is identifying risk factors and intervention targets for the prevention of criminal conduct. From an RNR perspective, mental health is best understood as a responsivity factor (e.g., McCormick, Peterson-Badali & Skilling, 2017; McCormick et al., 2015) in that addressing individuals' mental health problems may enhance the effectiveness of intervention programs aimed at preventing (re)offending. Thinking about mental health as responsivity also has implications for program design. For example, crime prevention (or reoffence prevention) programs designed specifically for populations with mental illness might look different in particular ways from those designed for individuals without mental illness because of the characteristics and needs of this particular population. It may also be useful to incorporate 'crime prevention' elements into other programs designed for this population (e.g., interventions designed to reduce risk of victimization and enhance safety) and implemented in other contexts (health, community living, etc.).

Substance Use (risk)

Of the 22 studies examining the extent to which alcohol and/or drug use predicted outcomes, 63% (14) reported significant univariate effects. Within the studies of female-only samples, there were more significant than non-significant associations (5 vs. 2). In the studies that examined male and female samples, 4 reported male gender-specific relationships, 4 reported gender-neutral relationships, and 2 reported female gender-specific relationships. One study reported gender-neutral relationships for Black youth, while substance use predicted offending for White males but not females (Schwalbe et al., 2006). This diversity in results may in part result from diversity in measurement (e.g., drug use, drug problems, early onset of drug use, types of drugs used, combining alcohol and drug use into a single category, etc.).

Consistent with the above discussion of mental health/mental illness, the term substance use captures a complex array of issues and behaviours that cannot be effectively considered in general terms. To echo the above comment, understanding the relationship between drug and alcohol use and offending requires assessment at the individual level – and particularly of the specific role that substance use plays in individuals' offending (Kapoor, Peterson-Badali & Skilling, 2018). For some individuals, drug and/or alcohol use is a problem that interferes with various aspects of life (e.g., physical and mental health, education, employment, relationships with partners and others, and accessing/benefiting from services and supports) but it is not

criminogenic; that is, substance use is not directly related to offending – these individuals are not committing crimes while intoxicated or high, to get drugs/alcohol or money for drugs/alcohol. For these individuals, substance use issues may represent a responsivity factor in the sense that treatment of their substance issues will facilitate the effectiveness of interventions targeting the issues that are direct risk factors for (re)offending. For other individuals, substance use issues are directly related to their offending, which may lead to a different understanding of its role and a different emphasis in an intervention plan (Kapoor et al., 2018).

Childhood Adversity (risk)

Childhood Maltreatment. Maltreatment was defined in a variety of ways: including sexual abuse, physical abuse, neglect, poly-victimization, number of substantiated reports, and out of home placements. Twenty-nine studies examined childhood maltreatment of which 72% (21) reported significant univariate effects and 38% (11) significant multivariate effects.

Of the 21 studies reporting significant relationships between maltreatment and offending, 38% (8) were gender neutral, 29% (6) were female-specific, and 33% (7) were found in female-only samples. Studies reporting non-significant relationships between maltreatment and offending also included gender neutral (6 studies where there was no effect for males or females), female-only (4 studies), and male-specific (the 6 studies in which there were significant results, described above, for females but not males).

The relationship between childhood maltreatment and (re)offending has been of interest to researchers for some time but, until relatively recently, it has tended to be studied in female-only samples (as a proposed ‘gender-responsive’ risk factor) and/or examined on its own – in other words, outside the context of other robust predictors of offending. However, more recently, researchers have explored maltreatment comparatively in samples of males and females and in the context of other predictors of offending. As such, many of the studies included in this review had males and females in their sample and reported multivariate analyses. Overall, the results are mixed: 8 significant gender-neutral results v. 6 non-significant gender-neutral results; 7 female-only significant vs. 4 female-only non-significant; and 6 female-specific significant results.

However, the overall number of studies reporting significant relationships (as well as the ratio of significant to non-significant findings) – even when maltreatment is included alongside other risk factors – suggests that maltreatment is relevant to consider in designing and implementing interventions. The fact that maltreatment is a risk factor for males as well as for females in a non-trivial number of studies also suggests that maltreatment should not be ignored in interventions for males. Childhood maltreatment is typically a static risk factor – something assessed in the history of a youth or adult involved in the criminal justice system¹¹. As such, it is not a direct intervention target. However, working with individuals with maltreatment histories suggests that a trauma-informed approach is appropriate (Vitopoulos, Peterson-Badali, Brown & Skilling, 2019) and indeed necessary to effectively address criminogenic needs. Within the RNR framework, it would be addressed in the context of specific responsivity – the idea of being

¹¹ ‘Crossover youth’ – those who are concurrently involved in the youth criminal justice and child welfare systems – are the exception to this. No studies of crossover youth were identified that met the criteria for inclusion in the current review. However, this group has been identified as having unique experiences and needs (Gordeyko, 2017).

sensitive to the impact of individuals' experiences and histories on their current functioning and relating and adjusting interventions accordingly.

Out of Home Placement. Seven studies examined foster care and group home placements. While 2 studies found no effect of out-of-home placement on reoffending, the remaining 5 reported a significant relationship: two gender-neutral, two male-specific, and two female-specific.

Similar to the maltreatment experience itself, placement in out of home care typically represents a historical adverse childhood experience that is important to understand and consider in relating to clients and designing, implementing and adapting interventions.

Runaway. In the three studies that examined a history of running away, one found that male runaways were more likely to reoffend than female runaways, one study found the opposite, and a third found that for both males and females, running away was associated with chronic offending but not with serious/violent offending.

Like maltreatment and out of home placement, running away can be understood as a historical adverse childhood experience that is important to understand and consider in relating to clients and designing, implementing and adapting interventions.

Teen Parenthood. Only one study included in the review examined teen parenthood as a predictor of adult criminal justice contact, with no significant relationship found.

Parental Monitoring/parent-child relationship quality. This construct captured parent-child relationship (including conflict, support) and parental monitoring/supervision. Six studies examined this construct.

In two of the studies with significant results, various aspects of family functioning were captured. Farrington and Painter (2004) compared brothers and sisters from the Cambridge longitudinal study from childhood into adulthood on a host of predictors and found that low paternal interest in children, low praise and harsh discipline predicted lifetime convictions for sisters but not brothers, while parental supervision was a significant gender-neutral risk factor for offending, as was conflict between parents.

Schmidt, Campbell and Houlding (2011) examined the predictive validity of the criminogenic need domains of a widely used risk assessment tool (the Youth Level of Service/Case Management Inventory). The Family domain, which includes items capturing parent-child relationships as well as parental monitoring, was a moderate predictor of non-violent reoffending for male but a poor predictor for female youth; it was a moderate predictor of violent offending for both males and females. Schwalbe, Fraser, Day and Cooley (2006) found that parental supervision was negatively associated with reoffending in Black and White males, Black females, but not White females. The three studies that reported no significant relationship between family functioning and outcomes all used predictors that focused on relationships: family relationship, poor parent-child relationship, and change in family relationship.

The results from this small number of studies are consistent with regard to the association between poor parental supervision/monitoring and reoffending in male youth, with evidence (though somewhat less consistent) for the association in female youth. Less consistent are findings related to the parent-child relationship, perhaps due to the diversity in what is captured under this construct. It may be that the specific nature or aspects of parent-child relationships that are relevant for (re)offending vary from one youth to the next, which suggests the need for individual assessment of aspects of the relationship. However, the consistency of findings around parental monitoring suggests that having someone in the family (whether a parent or other family/kin) who knows what a youth is doing (where they are, who they are with) – and that the youth *knows* that someone is keeping track – is important to encourage in the context of interventions aimed at preventing (re)offending.

Criminal/Substance Using Family Members. Six studies examined this construct. The 2 studies with significant results reported that having criminal justice system-involved family members (including parents and siblings) was associated with arrests. Three studies found no significant relationship between parental criminality and offending. The 2 studies that examined substance-using family members as a risk factor for offending found no significant relationship.

Given that family criminality and substance use are ‘static’ risk factors – in that they are often not viable targets of direct intervention – the fact that there are no consistent relationships to youth offending has no clear implications for programming. Talking to youth directly about these issues in the broader context of family functioning, which is consistent with the above discussion of the individualized nature of family relationships, may be helpful in understanding the role of family criminality and substance use in youths’ lives and in their own offending.

Adult Family-Related (protective and risk)

Familial ‘status’ variables (mixed). Included constructs are as follows: having a partner, having children, having a criminal partner, living with a partner, living with family, victim of adult abuse, and family/intimate partner relationship. Eight studies were located.

Five studies examined the relationship of being married/partnered with criminal conduct. In 2 studies of female-only samples the relationship was non-significant. In the other 3, being partnered decreased the odds of offending in males but not females (Olson, Stalans & Escobar, 2016), in females but not males (Cobbina, Huebner & Berg, 2012), and in both males and females in a third (Allwood & Widom, 2013). Benda (2005) found that having a criminal partner was a strong risk factor for women (though not men). Huebner and Pleggenkuhle (2015) found that returning to live with an intimate partner post-release from jail was associated with reduced reoffending in men but not women; returning to live with family (e.g., parents, siblings) was associated with reduced time to recidivism for both men and women.

Results are mixed with respect to the relationship between having children and offending. Huebner and Pleggenkuhle (2015) found that having children decreased reoffending in previously incarcerated women but increased reoffending in men. Benda (2005) reported a negative relationship between number of children and offending in women (but not men) and in

two studies of women there was no significant relationship between having children and reoffending.

In terms of partner relationships (e.g., satisfaction), Rettinger and Andrews (2010) found that the Family/Marital domain of the LSI-R was not significantly correlated with multiple measures of reoffending; in the Van Voorhis et al. (2010) study of multiple samples of women (incarcerated and on probation), correlations were also small in magnitude but were significant. Benda (2005) found that poorer partner relations were associated with reoffending in both women and men.

Two studies found a positive relationship between recent physical and/or sexual abuse and reoffending (Benda, 2005; Bonta, Pang & Wallace-Capretta, 1995), though it is not clear that the abuser was an intimate partner. Van Voorhis et al., (2010) reported small (some significant) correlations between adult abuse and reoffending in their samples of women. Anumba, Dematteo and Heilbrun (2012) did not find a relationship between ‘victimization history’ and reoffending in a sample of women.

The results of these studies reflect the complexity of the role these factors play in the lives of women and men involved in the criminal justice system. Having (and living with) a partner, support of family, and having children may be associated with decreased likelihood of reoffending, increased likelihood – in some cases – or not associated at all, likely because these factors are intertwined with others (e.g., prosociality vs. antisociality of partners and family members, relationship quality, substance use/mental health issues, employment and economic factors, etc.) in a nuanced way that defies generalization. Understanding how these factors operate and interact with one another for individuals is likely necessary to identifying which do or can serve as supports and strengths for promoting desistance and which are operating as risks.

Familial support for women. Three studies examined the role of familial support for women. Family support was negatively associated with reoffending in all three studies that examined this construct. In VanVoorhis et al. (2010) it was modestly but significantly predictive in some, but not all, samples; but it was also one of several variables that predicted reoffending over and above the standard RNR risk factors – and was part of the ‘optimal’ set of predictors in two of the study’s samples. In Barrick, Lattimore and Visher’s (2014) study of high risk incarcerated women, family emotional support and contact (visit and phone) while women were incarcerated, and family support – emotional and instrumental – post-release, were all significantly predictive of reoffending. In Benda’s (2005) study, family relations and friendships decreased recidivism risk in women but not men, while partner relations was associated with decreased subsequent arrests and/or parole violations in both men and women. Yang et al. (2015) found that peer support reduced risk of reoffending in men but not women, though the effect was very small; their ‘social support’ variable was not significant for men or women.

Though very few studies have examined support, they do suggest that supportive relationships and practical supports reduce reoffending, perhaps particularly for women – though only one study had men as well as women in their sample. This assumes the presence of prosocial family and peers, and these results need to be considered alongside the findings, discussed above, regarding the increased risk associated with having criminal partners, family members, and peers.

Antisocial Peers (risk)

Nineteen studies measured antisocial peers in some way (gang affiliation, antisocial peers, criminal peers); 84% (16) reported a significant effect.

Three studies (2 adolescent, 1 adult) reported on gang affiliation. Two studies found significance for gang affiliation and two were not significant, with significant findings split between female and gender neutral. Johansson and Kempf-Leonard (2009) found that the influence of gang affiliation was significant among youth charged with violent crimes versus chronic offenders only. Antisocial/criminal peers were primarily gender neutral or male salient; all six non-significant findings were for females. Studies were almost equally split between adults and youth.

While the results are quite mixed with respect to gang affiliation as a risk factor, having antisocial peers/associates is more consistently associated with offending – and more *particularly for males*. Studies with significant results reported a mixture of gender-neutral and male-specific findings, with several studies of female-only samples also reporting significant effects. Studies with non-significant effects were all female-specific or female only.

Peer Support (protective)

Two studies examined this construct. In Benda's (2005) study, friendships decreased recidivism risk in women but not men, while partner relations was associated with decreased subsequent arrests and/or parole violations in both men and women. Yang et al. (2015) found that peer support reduced risk of reoffending in men but not women, though the effect was very small; their 'social support' variable was not significant for men or women.

Though very few studies have examined support, they do suggest that supportive relationships and practical supports reduce reoffending, perhaps particularly for women – though only one study had men as well as women in their sample. This assumes the presence of prosocial family and peers, and these results need to be considered alongside the findings, discussed above, regarding the increased risk associated with having criminal partners, family members, and peers.

Education/Employment (risk and protective)

Twenty studies examined education, while 12 examined employment. The construct was measured in various ways—as risk: weak ties to school, poor academic performance, special education, drop out, unemployed, employment instability, employment problems; and as protective: completed high school, held down a job. Overall, studies were evenly split between males/females and youth/adults and a mix of univariate and multivariate.

Education and employment have been treated as mixed factors, in that problems are associated with increased odds of offending or quicker time to reoffend, and better functioning (e.g.,

completion of high school, having and holding a job) is negatively associated with offending. Of the 20 studies examining aspects of school (e.g., high school completion, academic skills), 65% (13) reported significant relationships, 69% (9) of which were either gender neutral or male-specific effects. In contrast, 71% (10) of the 14 non-significant relationships involved female-only samples or female-specific non-significant findings. This pattern suggests that aspects of school/education may be more predictive for males than for females. Special education status was not associated with offending in any of the five studies that examined this risk factor.

Employment was more consistently associated with offending than education, with a number of significant findings in female-only samples as well as several gender-neutral findings.

Studies examining aspects of the education experience use diverse measures of educational problems or attainment, which may account for the mixed results. However, it does appear that education is a somewhat more male-specific factor, with difficulties positively related, and progress negatively associated, with reoffending. Measures of employment typically center around having and keeping a job, which may account for the greater consistency of findings with respect to this mixed factor – one of the clearest patterns of all of the variables examined.

Leisure/free time (risk and protective)

Leisure time (risk). Of the 6 studies examining leisure, more studies reported significant results for girls/women than boys/men. One study found that leisure was the only risk factor that predicted time to recidivism for girls, but was not predictive for boys (Cuevas, Wolff, & Baglivio, 2019). Two studies reported significant results for violent recidivism and incarcerated women, but not for general recidivism or women on probation, which may indicate women at higher risk are more likely to have leisure time as a factor in recidivism (Rettinger & Andrews, 2010; Van Voorhis, et al., 2010). Schmidt et al., (2011) found small effects for boys, but none for girls. Risk tools (LS/CMI) have indicated moderate effect sizes for both genders (Andrews, et al., 2012) in the Leisure risk domain.

The small number of studies and mix of results makes it difficult to draw conclusions about the role of leisure time in offending but it does seem to be relevant for both males and females.

Religiosity (protective). Only one study examining religiosity was included in the studies reviewed. Anumba, Dematteo and Heilbrun (2012) found no significant relationship between their measure of religious participation and recidivism in a sample of justice-involved adults.

Community-related (risk)

Victimization. Despite the fact that research indicates that offenders are more likely to be victims of crime than non-offenders (e.g., Deadman & MacDonald, 2004), drilling down more specifically into studies that include or focus specifically *on females* and that focus on *victimization in the community* (excluding victimization by partners and other family members), there is little research and what there is does not indicate the same association. In the current review, the 2 studies that examined community victimization were both conducted with female only samples; in neither case did victimization predict offending.

Housing security, urban vs. rural residence, poverty. Housing security, including availability, was a significant predictor of reoffending for incarcerated females but not significant for a probation sample; no studies were found that were gender neutral or significant for males. Farrington and Painter (2004) found that poor housing significantly predicted convictions for both boys alone as well as sisters (but not brothers) in a sibling study. Being in an urban versus rural environment was significant for 2 studies (1 female only, 1 gender neutral) and non-significant for 1 study (gender neutral). Benda (2005) found that urban residence was more predictive of recidivism for women than for men. Poverty appeared significant for both males and females in 7 studies; all 3 non-significant findings were female only.

Community-level factors have been recognized as important for understanding offending (including reoffending). Indeed, RNR-based research has been criticized for its emphasis on individual-level factors which, it is argued, “responsibilize” individuals for systemic problems (e.g., Hannah-Moffat, 2016) such as poverty, racism, and other forms of social disadvantage. However, again because these constructs are defined and measured in such diverse ways, the picture is unclear with respect to the relationship of these factors to offending. The significant findings summarized above do suggest that these factors are not exclusive to females.

Integrating Findings and Drawing Conclusions

The studies reviewed in this systematized literature review captured a wide range of potential risk and protective factors that have been examined as predictors of criminal conduct (principally reoffending) in adolescent and adult females and males. The literature has not yet caught up with more inclusive definitions and representations of gender and sexuality that would include LGBTQ2 identities; no studies were found that included these variables in relation to the outcomes examined.

Predictors of criminal conduct were coded into 16 overarching categories, some of which had many specific variables captured within. Overall, results were complex, with few variables unequivocally supported as predictors of (re)offending. Of those that are consistently related, a number are static or historical, which means they are not suitable direct targets for intervention programs. However, these factors can help to inform level of program intensity and may be important responsivity considerations with implications for program design and implementation.

Table 1 represents an attempt to summarize the research findings on each variable in terms of key elements of, and potential implications for, program development and implementation. Variables are characterized in terms of:

Nature. This captures whether the variable is static or dynamic: changeable in the context of an intervention program. Some variables may be dynamic in the larger context (e.g., family or peer support, parental supervision) but not necessarily changeable in the context of a particular intervention program.

Strength of Risk Factor Evidence. This column attempts to draw an overall conclusion regarding the research evidence regarding the relationship between the factor and criminal conduct.

Because – as noted above – the overall picture is so complex, this assessment must be taken with a number of caveats, including the small number of studies examining some of the variables, the variability in how constructs were defined and measured, and the fact that the systematic review was limited to studies that included female samples and/or compared female and male samples (such that the many studies that have examined these variables in male-only samples or that have not directly compared results for males and females were not included in the review).

Potential Protective Factor. This column attempts to identify whether a dynamic variable – if present as a ‘strength’ – might be associated with reduced offending.

Gendered Predictor. This column attempts to capture whether the variable is more strongly related to offending in females or males, or whether the relationship holds for both.

Promising Intervention Target. This identifies variables that are dynamic (therefore able to be changed as a result of intervention) and have consistent support in terms of relationship to outcomes. These variables are shaded in grey.

Responsivity Consideration. This identifies variables that are not (for the most part) good candidates for direct intervention but are important to consider in terms of how programs are developed and delivered. This includes the traditional RNR definition of responsivity – both general and specific (e.g., Bonta & Andrews, 2017) – but also Taxman’s (2014) broader definition of systemic responsivity (e.g., the extent to which program availability in a given jurisdiction matches the risk/need profile of the individual offenders).

Table 1 Summary of Evidence Regarding Potential Risk and Protective Factors

Risk Factor Examined	Nature	Strength of Risk Factor Evidence	Potential Protective Factor	Gendered Predictor	Promising Intervention Target	Responsivity Consideration
Age (youth)	Static	Mixed	No	Yes, stronger for M than F	No	Yes
Age (adult)	Static	Consistent	No	F&M	No	Maybe
Race/ethnicity	Static	Poor	No	No	No	Maybe
Criminal History	Static	Consistent	No	F&M	No	Yes, risk proxy
Age at 1 st Offence	Static	Poor	No	Stronger for M than F	No	No
Offence type	Static	Poor	No	No	No	Maybe, risk proxy

Table continued

Risk Factor Examined	Nature	Strength of Risk Factor Evidence	Potential Protective Factor	Gendered Predictor	Promising Intervention Target	Responsivity Consideration
Age (adolescent)	Static	Mixed	No	Yes, stronger for M than F	No	Yes
Age (adult)	Static	Consistent	No	F&M ^a	No	Maybe
Race/ethnicity	Static	Poor	No	No	No	Maybe
Criminal History	Static	Consistent	No	F&M	No	Yes (risk proxy)
Age at 1 st Offence	Static	Poor	No	Stronger for M than F	No	No
Offence type	Static	Poor	No	No	No	Maybe (risk proxy)
Intelligence	Static	Mixed	No	Unclear	No	Yes
Executive Functioning	Dynamic	Mixed	Maybe	Unclear	Yes	No
Criminal Thinking	Dynamic	Consistent	No	F&M	Yes	No
Stress	Dynamic	Mixed	No	F&M	Maybe	Yes
Self-concept	Dynamic	Poor	No	No	No	No
Antisocial personality	Dynamic	Mixed	No	Unclear	No	Maybe
Externalizing	Dynamic	Consistent	No	F&M	Yes	No
Internalizing	Dynamic	Mixed	No	F&M	No	Yes
Major mental illness	Dynamic	Poor	No	No	No	Yes
Substance use	Dynamic	Mixed	No	F&M	Yes	Yes
Childhood maltreatment	Static	Mixed	No	F&M	No	Yes
Out of home placement	Static	Mixed	No	F&M	No	Yes
Runaway	Static	Mixed	No	F&M	No	Yes
Parental supervision	Dynamic	Consistent	No	F&M	Maybe	No
Parent-child relationship	Dynamic	Mixed	No	Unclear	No	Maybe
Family criminality	Static	Poor	No	Unclear	No	Maybe
Living with partner	Dynamic	Mixed	Mixed	Mixed	No	Maybe

Table continued

Risk Factor Examined	Nature	Strength Risk Factor Evidence	Potential Protective Factor	Gendered Predictor	Promising Intervention Target	Responsivity Consideration
Relationship quality	Dynamic	Mixed	No	Mixed	No	Maybe
Recent abuse	Dynamic	Mixed	No	Unclear	No	Yes
Family support	Dynamic	Consistent	Yes	Unclear	Maybe	Yes
Antisocial peers	Dynamic	Consistent	No	Yes – stronger for M than F	Yes	No
Peer support	Dynamic	Mixed	Maybe	Unclear	Maybe	No
Education	Dynamic	Mixed	Unclear	Yes – stronger for M than F	Unclear	No
Employment	Dynamic	Consistent	Yes	M&F	Yes	No
Use of Leisure Time	Dynamic	Mixed	No	M&F	Maybe	No
Community-level factors	Static/ Dynamic	Mixed	No	M&F	No	Yes

Note. ^aF&M = not gendered, same predictive effect for males and females; M = male, F = female; Variables shaded in grey are arguably the best candidates for individual-level interventions given that they are dynamic and are associated with the most evidence.

The complexities of the research notwithstanding, there are a number of take ways messages from this table relevant for program design and delivery:

- A very small proportion of the variables examined in the research literature emerge as suitable targets for intervention (25% of the 32 variables listed in Table 1).
- This is due both to the fact that relatively few variables can be considered– in other words, changeable within the context of *person-focused* interventions.
- Of the 8 variables identified as good candidates for intervention targets, almost all can be categorized as falling within the RNR Central Eight domains.
- The corollary of this observation is that variables that were examined as potential risk factors but that fall outside RNR criminogenic need taxonomies are better conceptualized as *responsivity* considerations in relation to program design and implementation.
- Very few variables can be confidently conceptualized as ‘protective factors’.

Broader or more general takeaways from our analysis of the literature include the importance of:

- Considering factors *in relation to one another* and not in isolation.
- Understanding *whether and how* a factor is at play for a particular individual. This implies that providers need to have the knowledge and skills to assess clients in terms of the risk and responsivity variables outlined in Table 1.
- Distinguishing between the prevalence of an issue and its relationship to offending. Certain factors may be much more common in females than males (or vice versa) but *when they are present*, they are similarly predictive of offending (and therefore relevant to intervention). For example, maltreatment histories implicate the importance of trauma-informed intervention approaches for males and females alike (e.g., Vitopoulos et al., 2019) even though females are more likely to have histories of abuse than males.
- Thinking about crime prevention *beyond programs that focus on individuals*. Reducing crime and enhancing life-chances also require whole-systems approaches (e.g., education, employment, and community-level factors should also be addressed at a systems-level).
- The review did not identify a clear pattern of gender differences among risk predictors; gender similarities were the norm. Notably, major mental illness and self-concept did not predict for either gender. Family support and employment were consistently identified as protective factors for both genders. Mixed evidence emerged for the protective effects of peer support, education, executive functioning, and living with a partner; gender differences in protective factors were not identified. Future research may identify potentially nuanced gender differences however.

CHAPTER 4: GENDER-BASED CRIME PREVENTION PRINCIPLES

There has been no shortage in the number of gender-responsive (GR) principles to emerge globally since Correctional Service of Canada and the Canadian Association of Elizabeth Fry Societies jointly produced five overarching GR principles to govern federally sentenced women in Canada (Task Force on Federally Sentenced Women, 1990). For example, Cusworth Walker, Munro, and Sullivan-Colglazier (2015) identified 35 unique GR principles based on a non-systematic review of academic and policy documents generated within the United States. As the researchers aptly stated, “...*the sheer number of “gender-responsive” principles being advocated in policy and research venues can make it difficult to know where to begin and what to prioritize in the process*” (p. 743). Further, the field has been slow to link global GR principles to specific practices and policies in a consistent fashion (Cusworth Walker et al., 2015; Smith, 2017).

Adding to the complexity is that extant GR principles have generally been created without an explicit attempt to reconcile GR principles with pre-existing *What Works* or gender neutral principles commonly known as core correctional practices and/or overarching or core risk-need-responsivity principles (Andrews & Kiessling, 1980; Bonta & Andrews, 2017; Gendreau, 1996). See Blanchette and Brown (2006) and Hubbard and Matthews (2008) for exceptions.

General principles of effective corrections are well established in the gender neutral/*What Works* literature base. They have been summarized and synthesized in various sources (e.g., Andrews & Kiessling, 1980; Bonta & Andrews, 2017; McGuire, 2002; Serin, 2005) and for the most part, well validated (Dowden & Andrews, 2004; Palmer, 1975). In sum, they include: (1) program-related factors (e.g., Risk-Need-Responsivity model is followed, multimodal approaches used, human service vs. punitive/control-oriented strategies, skills based, strengths based, individual differences recognized), and (2) non-program related factors such as staff characteristics and training, program implementation/fidelity issues, setting characteristics, and management related factors.

Some of the best researched non-programmatic factors are known as the core correctional practices (CCP). The top five staff characteristics: effective use of authority, displays anti-criminal modeling and reinforcement, problem solving, use of community resources, and the ability to develop an interpersonal relationship with clients are well supported. Relational staff traits such as being empathetic, having a sense of humour and being warm-hearted have been linked to motivating clients (Dowden & Andrews, 2004).

Consequently, the goal of this chapter is to systematically identify vis-à-vis content analysis a parsimonious list of overarching gender-based principles (i.e., inclusive of both gender-responsive and the well-established *What Works* principles) that should be considered when designing and implementing crime prevention programs. Specific examples of what these overarching principles might look like in practice are also provided.

Method

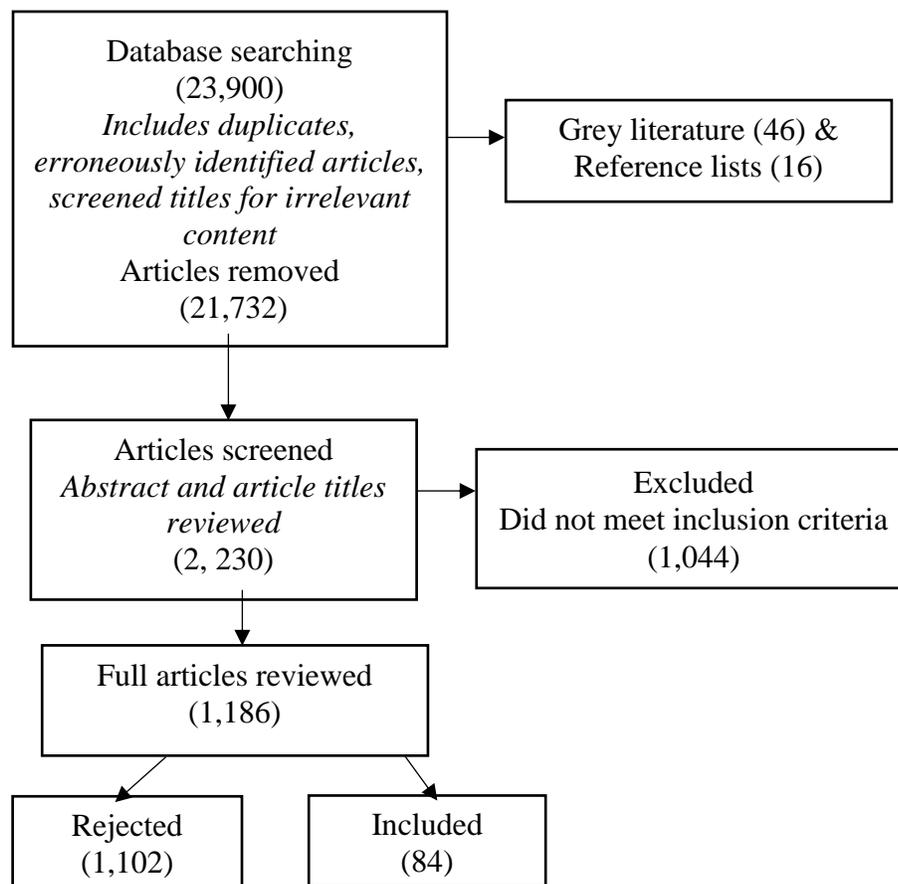
We used five well accepted sources to identify What Works principles (i.e., Andrews & Kiessling, 1980; Bonta & Andrews, 2017; McGuire, 2002; Gendreau, 1996; Serin, 2005). In contrast, the lack of consensus and diverse nature of gender-responsive (GR) principles necessitated a comprehensive search of the scholarly and grey literature (e.g., google searches, reference lists) to identify as many relevant sources as possible (See Appendix B for a detailed description). The PI identified a final list of GR articles for inclusion based on these criteria:

- The spirit/ideas of one researcher/group of researchers were not double counted. For example, Drs. Covington and Bloom are prolific champions of gender-responsive principles and practices. Consequently, these authors have published extensively in the field targeting various audiences and hence duplicating many of their core principles. As a result, the PI continued reading their works until saturation had been reached (i.e., no new content/themes identified). Articles retained for final coding are denoted with one asterisk (*) in the reference section.
- If authors simply referenced or repeated the works of other scholars, they were not given further consideration; all coded articles had to generate a list of gender-responsive principles through their own independent process.
- In order for a principle to be included in our finalized list, it had to have been identified independently at least three times. Ideally, we would require the inclusion of a given principle to be based in evidence, but this was not always possible.
- Programs with positive outcomes (see Chapter 5) were also included in the initial screening process but they may have been deemed redundant if core principles had been previously counted because they were already reflected in a policy document (e.g., Covington's programs).

Ultimately the goal was to generate a minimum number of meaningful categories to enhance translation into practice. Consequently, we avoided jargon, merged constructs when possible and provided concrete examples of what each given principle might look like in practice.

Following these guidelines, the PI reviewed the five *What Works* articles (i.e., Andrews & Kiessling, 1980; Bonta & Andrews, 2017; McGuire, 2002; Gendreau, 1996; Serin, 2005) and the GR articles inductively, generating categories, iteratively refined the categories, and finalizing the gender-based principles (Patton, 2002; see Appendix B for more detail regarding the gender-responsive article selection process). Co-investigator Carla Cesaroni independently reviewed approximately half of the final set of articles and generated an independent list of gender-based principles. The PI incorporated Dr. Cesaroni's list into the final set of principles. The final set of gender-based principles was reviewed by content expert Marilyn Van Dietsen and co-investigator Michele Peterson-Badali. Any ambiguity or disagreements were resolved through consensus. In sum, 84 GR articles and 5 *What Works* articles were used to generate the overarching gender-based principles. Figure 2 displays the search process.

Figure 2: Article Search and Selection Process (Gender-based Principles Study)



Results: Over Arching Gender-based Principles

Overall, the results of the content analysis generated 13 overarching gender-based principles:

1. Create Environments Characterized by Safety, Respect and Dignity
2. Conduct Comprehensive, Individualized Assessments
3. Target Multiple Needs
4. Target Needs Using a Holistic Framework
5. Utilize Community-based Wrap-around Services Emphasizing Continuum of Care
6. Be Trauma Responsive
7. Be Strength Based
8. Be Relational

9. Implement Structured, Skills-based Treatment to Reduce Needs
10. Implement Diversity Responsive Approaches
11. Train and Use Staff Appropriately
12. Embrace Research and Evaluation
13. Implement Sustainable Programs with High Fidelity

1. Create Environments Characterized by Safety, Respect and Dignity

Although this principle could have easily been encapsulated within other principles (e.g., trauma-informed), we believe it is imperative it stands as its own separate principle. All justice-involved peoples are entitled to basic human rights. For girls and women this means many things: access to requisite menstrual products, and perhaps extra toiletries and makeup; it means not having to undress in front of a male officer, having a physically clean and hygienic place to sleep, not being at risk for rape within a custodial setting. For LGBTQ2 people it means being housed in a facility that best fits their identity (without security risks). For custodial and community-based locations alike, it means addressing people by their name, rather than their identification number, it means giving people the option of where they wish to sit during a meeting. In the community it means ensuring safe and affordable housing, adequate financial assistance, and transportation to and from programming locations. Again, this basic ideal is consistent with how boys and men should be treated as well.

2. Conduct Comprehensive, Individualized Assessments

Scholars and government agencies frequently underscored how assessment should guide treatment and case management planning. Within this principle, the following specific practices were identified:

- Use standardized and validated tools
- Include actuarial risk assessment measures that provide recidivism estimates
- Use screening and triage assessment methods
- Adopt multi-method assessment approaches (e.g., interviews, collateral sources, self-report questionnaires) that also include specialized objective assessments
- Conduct in-depth intake interviews to ensure the assessment process is fully individualized (“one size fits” all is never appropriate)
- Conduct strength-based assessments
- Institute continuum care practices in terms of assessment and re-assessments from intake to discharge
- Ensure there is a clear mechanism to link assessment results to treatment planning and level of supervision

3. Target Multiple Needs

A key underlying theme within both the gender-responsive and What Works paradigm is the need to address core treatment targets that are either directly or indirectly related to criminal conduct or are required to maximize treatment responsiveness. While a number of these needs transcend gender, explicit as well as more nuanced gender differences were identified and are highlighted accordingly¹².

- *Relational competencies.* For youth, this included strengthening family relationships particularly mother/daughter relationships. For youth and adults, this means learning how to foster healthy relationships with other prosocial girls/women, female role models, and how to avoid gang involvement. It also means recognizing and fostering healthy prosocial intimate partner relationships and having access to domestic violence education (for victims and perpetrators). Parenting was frequently raised as a core relational competency for both adolescents and adults, albeit more so for females than males. Parenting-related targets varied as a function of location and age. In custodial settings, the need to provide bonding opportunities in the form of mother/child programs was emphasized. The need to provide childcare for community-based women (and teens) was also identified; rarely was childcare recognized for community-based men. Programming that teaches parenting skills and managing parenting related stress and teen pregnancy avoidance were also prominent.
- *Social Competencies.* Social competencies captures a broad range of person-centered skills for males and females: emotional regulation deficits, anger/aggression issues including relational aggression (more so for females), learning how to create new and mobilize existing resources (both personal and external), developing healthy prosocial thinking patterns, developing problem solving and assertiveness skills and impulse control strategies (learning to ‘think’ before you ‘act’).
- *Substance Abuse and Misuse.* GR and What Works proponents recognize that substance abuse is a core criminogenic treatment target for males and females alike. However, gender-responsive approaches to the treatment of substance misuse emphasize the need to treat not only the substance misuse but co-occurring mental health disorders. Gender-responsive conceptualizations of substance misuse also recognize the gendered nature of starting substance misuse (my boyfriend got me into it vs. peer pressure from friends) and maintaining substance misuse (a coping mechanism to lifelong adversity). GR scholars emphasize that once substance misuse is managed, women can focus on establishing financial stability and meaningful relationships with children and family.
- *Mental Health.* Anxiety, depression, post-traumatic stress disorder (PTSD), self-harm and suicide ideation figure prominently in the GR literature as well as the What Works literature as important treatment targets. However, while the What Works literature views

¹² See Chapter 3 for empirical evidence examining the extent to which various need factors have been identified in the literature as predictors of criminal conduct.

mental health as a non-criminogenic, responsivity factor, GR advocates simply recognizes mental health as a high priority intervention target in and of itself.

- *Victimization and Trauma.* Despite considerable variability in maltreatment prevalence rates, without a doubt a significant portion of justice-involved girls and women have experienced some form, if not multiple forms of maltreatment either during childhood or within the context of adult intimate partner relationships (Salisbury et al., 2016). However, males in justice-setting also experience significant levels of victimization that far exceed the general population (Wanamaker, Brown & Czerwinsky, 2019). Further, in some cases, maltreatment experiences invariably result in trauma—when an event exceeds an individual’s ability to cope evoking feelings of fear, terror, hopelessness, and despair (Randall & Haskell, 2013). Although GR proponents have repeatedly prioritized the importance of victimization experiences in the rehabilitative process—both as a direct treatment target in and of itself but also as a responsivity factor, What Works proponents have afforded little attention to this construct with perhaps one exception in the context of youth—as many youth-based programs emphasize the importance improving parental practices in general.
- *Education/Employment.* Gender-responsive and What Work proponents both recognize the importance of education and steady employment as important treatment targets. However, GR proponents make it clear that females need financial independence but due to childcare commitments, financial independence cannot and should not be equated solely with employment.
- *Financial and Accommodation Stability.* Females and males need financial independence; this will usually mean completion of requisite educational and employment training programs in meaningful and sustainable fields. However, this need cannot be addressed without simultaneously considering childcare needs (more relevant for women), emotional regulation deficits and substance misuse. It also means access to safe and affordable housing and allowing girls and women (boys and men) to concentrate on interpersonal needs such as building meaningful and healthy relationships with their children (if applicable), families, and extended support systems.
- *Healthy Prosocial Leisure Activities.* Although this construct has historically been associated more so with the What Works vs. the GR literature bases, it nonetheless matters to GR proponents. The nature of what constitutes healthy and prosocial will be gendered and individualized.
- *Healthy Sexuality/Female-specific Health Matters.* A variety of issues are captured within this domain (e.g., body image and eating disorders, the impact of early onset puberty in girls, physical health problems, HIV, sexually transmitted diseases, adequate gynecological pregnancy related health care [e.g., not shackled during childbirth]). Notably, this is one domain that is clearly female specific and corresponding male specific health/sexuality matters has received little attention from What Works scholars.

4. Target Needs Using a Holistic Framework

This principle is most closely aligned with the Risk-Need-Responsivity principles. However, gender-responsive scholars and policy makers consistently emphasize the need to consider risk, need and responsivity issues simultaneously in a holistic fashion, hence why these three factors are combined into one principle as opposed to three.

- Follow the risk principle—assign more programming and supervision resources to clients who are in the moderate to high risk range to re-offend; avoid mixing low risk clients with high risk clients
- Prioritize crime causing factors (criminogenic needs)
- Recognize that certain treatment needs require holistic approaches; for example, substance abuse, trauma, and mental health disorders co-occur more often than not because of a direct causal relationship—e.g., trauma results in self-medication which evolves into serious substance misuse. Thus, creating treatment silos is incompatible with this principle. Rather, substance abuse programs for example must address trauma and mental health issues simultaneously. Similarly, one cannot address employment issues until substance abuse problems have been addressed, all of which cannot be addressed until safe, affordable housing is made available.
- For youth, treat the care giver(s) as well. Another element of holistic approaches concerns service delivery for adolescents. While adult-based treatment typically focuses solely on the adult, adolescent-based programs must be holistic and treat the environment in which they live. This could include parent management curriculum as well as individualized family counseling. It is impossible to treat emotional regulations issues in a youth without providing training for parents. It should also extend to peers, schools, and communities.

5. Utilize Community-based Wrap Around Services Emphasizing Continuum of Care

A consistent theme to emerge throughout both the GR and What Works literature is the need to first and foremost provide services in the community whenever possible. Specific practices within this domain included:

- Provide wrap-around outreach services that actively engage the client’s environment; mobilize cross-sectoral collaboration to realize positive outcomes (correctional services/justice agencies can’t go it alone)
- Create and mobilize community-based supports
- Use school-based interventions (for youth), diversion programs and victim restitution when possible and appropriate
- Maintain a continuum of care with re-entry as the focus (for those who are initially placed in custody)
- Make services accessible for clients to attend (e.g., provide transportation and childcare options)

6. Be Trauma Responsive

One of the most consistently endorsed themes is the need to ensure all programs and service delivery models are trauma responsive (whether they are delivered in the community or in institutional settings) given the high prevalence of victimization among justice-involved populations. There is considerable literature and training modules in terms of what it means to be trauma responsive but key elements raised in the GR literature were as follows:

- the need to feel physically and emotionally safe
 - be non-confrontational
 - avoid double-bunking
 - use non-invasive security procedures
 - conduct assessments in private (relevant in custody and community settings—in-depth sessions in coffee houses are not acceptable)
 - ensure safe housing in the community (and in custody)
 - Same sex bunking only (challenging re: LGBTQ2 community)
 - Same sex programming (challenging re: LGBTQ2 community)
 - Provide access to both female and male doctors (give client the choice)
 - Male correctional officers do not participate in invasive security procedures
 - Mixed opinion re: whether change agents should only be female or whether or not having both female and male as role models is advantageous
- Do not make things worse by re-victimizing clients (e.g., asking for a detailed account of past trauma and abuse)
- Educate staff on what trauma is and how it manifests in clients (e.g., flight/fight/freeze responses, attachment related problems)

Notably, the provision of trauma responsive services is generally not supported within the mainstream What Works literature however increasingly there is recognition for that men and boys in justice settings need trauma responsive services (Miller & Najavits, 2012). It should also be noted that various non-justice settings such as schools (Kataoka, Langley, Wong, Baweja, & Stein, 2012) and the child welfare system (Strand & Sprang, 2018) have begun to implement trauma responsive approaches within their respective environments with demonstrated positive outcomes.

7. Be Strength Based

Empowerment and strength based themes permeated virtually every GR article reviewed but to a much lesser extent within the What Works literature. It became evident however that sometimes the terms—empowerment and strength- are used interchangeably, whilst other times they mean entirely different things. We have nonetheless chosen to encapsulate empowerment based models within a strength based framework. Strength based practice (for males and females alike, in custody and community settings) approaches are as follows:

- Build confidence (enhance self-esteem, self-efficacy, internal locus of control) and competencies
- Help clients make meaningful and responsible choices

- Recognize the pre-existing position of powerlessness that most clients are coming from because of their gender (particularly females and sexual and gender minorities) and intersecting identities that place them at the margins of society.
- Specific strength-based practices include:
 - Reframing and being non-judgemental
 - Recognizing and mobilizing existing strengths
 - Using motivational interviewing
 - Working collaboratively with the client as they are the expert re: self-knowledge

8. Be Relational

Being relational with clients is a core correctional practice recognized by What Works and GR proponents, albeit perhaps this principle is afforded greater weight among GR proponents. Importantly, since inception, the What Work's general responsivity principle has also stated that programming should be delivered in an empathic, yet firm but fair manner.

Specific practices within this principle include:

- Being kind, caring, warm hearted
- Empathic
- Having a sense of humour
- Allowing extra time for rapport building (e.g., allowing clients to talk about their children, their day, make small talk, making room to go 'off script')
- Having peer-led programming

9. Implement Structured, Skills-based Treatment to Reduce Needs

In essence, like the What Works advocates, the gender-responsive community largely advocates for structured interventions designed to enhance skills that reduce the aforementioned needs. In large part this means implementing cognitive behavioural approaches (could include dialectical behavioural therapy) that are age appropriate and gender-responsive. Gender-responsive cognitive behavioural approaches contain the following elements:

- Disclosures of victimization are acknowledged
- Programming conducted in non-confrontational safe environments
- Content is adapted to address gendered cognitive thinking errors (more research is needed in this regard re: gender differences and similarities)
- Vignettes and role plays are adapted so girls/women/non-binary women can actually see themselves in these scenarios
- Although the program uses a manualized curriculum, more flexibility is built in to allow for relational/therapeutic alliance building. Some have argued that at least ½ of treatment time be allocated for relationship building/engagement, however there is no empirical basis for what ratio of time should be devoted to relational building.

10. Implement Diversity Responsive Approaches

The GR and What Works literatures both recognize the vast individuality within girls, women, boys, men and the LGBTQ2 community. Although concrete examples for how to ensure services address the vast individuality among justice-involved peoples are not fully articulated within the general GR or What Works literature. Both literatures nonetheless recognize that factors such as age, ethnicity, culture, sexual identity, and disability must be addressed. For example, adolescent offenders and older adults (60+) will require different approaches. Given that adolescence in general is a period focused inwardly on one's own feelings and needs, it may be best for change agents to start with these internalizing factors rather than externalizing problems deemed important by others (the system) but not necessarily to the youth themselves. Similarly, individualized assessment and treatment plans are essential to ensure individual needs are appropriately matched.

11. Train and use Staff Appropriately

Once again, gender-responsive writers like their What Work counterparts advocate strongly and consistently for staff selection and training. Some examples include:

- Some training examples include:
 - Crisis prevention training
 - Build in relational approaches into basic staff training curriculum
 - Train staff on gendered theories of crime such as the pathways models as well as traditional male pathways theories
 - Provide trauma-informed training (focus on gender differences and similarities)
 - Guarding against stereotypes (girls/women are needy, harder to work with, boys/men aren't emotional/don't need to work through their emotions)
- Use staff as change agents whenever possible and not just in a 'treatment context'. Use staff to model appropriate behaviour
- Use staff to build a therapeutic (helping) alliance (the What Works community is increasingly referring to this as a coaching model) (Lovins, Cullen, Latessa, & Jonson, 2018)
- Hire staff with lived experiences and who are ethnically representative of the population being served
- Carefully consider gender of staff; there is mixed opinion re: whether only women should work therapeutically with girls/women or whether men can also play a role; notably the What Works Literature does not place much emphasis on this point.
- With youth try to use small staff-to-youth ratios
- Provide continuity of care with staffing when possible

12. Embrace Research and Evaluation

What Works is practically synonymous with implementing programs that are grounded in research evidence. GR proponents are equally invested in evidence. However, while What Works proponents are heavily committed to the extent to which programs reduce criminal conduct, GR proponents often utilize multiple indicators of success including: evidence of

pre/post changes in treatment targets (e.g., substance misuse decreased, relationships with children improved), reduced system-involvement in general not just justice systems, reduced risky behaviours, and improved health outcomes (e.g., less HIV cases, fewer STDs) as indicators of success.

13. Implement Sustainable Programs with High Fidelity

Lastly, GR and What Works advocates argue that programs need to be implemented that are sustainable (beyond the well-funded demonstration phase) and that these programs must be implemented as intended—with high fidelity. Thus, if a program is meant to be delivered in small groups of 5 to 8 people with 100 hours of content, it cannot and should not be delivered to 30 people over 50 hours. There is considerable evidence to support the importance of program fidelity in the general What Works literature (Bonta & Andrews, 2017) and to some extent in the gender-responsive literature (see Gehring, Van Voorhis & Bell, 2010).

Gender-Based Principle Checklist

Although our 13 over-arching gender-based principles can be considered a gender-based checklist, our review has identified two in-depth, pre-existing responsive-based “checklists” for use in justice-settings¹³. Both checklists have been developed in the United States and have been designed specifically to assess gender-responsive practices for women in jails, prisons or community settings¹⁴. Given that the Gender-Responsive Program Assessment Tool (Covington & Bloom, n.d.) is largely the predecessor to the more comprehensive Gender-Responsive Policy and Practice Assessment (GRPPA), only the GRPPA is described here. But the GRPT is available on-line at https://www.centerforgenderandjustice.org/assets/files/5796-65-genderresponsiveassessment_corrections.pdf

Gender-Responsive Policy and Practice Assessment (GRPPA)

Based largely on the Gender-Responsive Program Assessment Tool, and the principles outlined in the *Gender-responsive Strategies: Research, Practice, and Guiding Principles for Women Offenders* report (Bloom et al., 2003) the GRPPA was developed by Bloom, Covington, Messina, Selvaggi and Owen (2014). The project was funded by the National Institute of Corrections (NIC) in partnership with the Center for Effective Public Policy.

According to the National Institute of Corrections, the GRPPA “is a process designed to guide assessment of research-based, gender-responsive policies and practices in jails, prisons, and community corrections programs for women” (NIC, n.d.). The GRPAA is a comprehensive evaluative process that requires a team approach. The GRPAA package includes:

¹³ Two checklists that operationalize principles espoused by What Works advocates are the Correctional Program Assessment Inventory (CPAI, Gendreau & Andrews, 2001) and the Correctional Program Checklist Version 2 (CPC; Latessa & Lowenkamp, 2005)

¹⁴ Many of the items would also be relevant for girls but some would require adjustment (note-these areas have already been underscored in the previous section).

- a detailed set of instructions on how to prepare and implement a GRPAA evaluation including workplan templates, site team contact sheet
- the GRPAA assessment instrument (and scoring instructions) that is comprised of five global domains and approximately 120 questions, each scored 0, 1, 2, 3:
 - environment (e.g., “is the environment free of physical assaults and violence?”)
 - staffing (e.g., are staff trained/hired in the trauma-informed methods?)
 - assessment/classification/case management (assessment processes covers women’s needs?)
 - services and programs (are programs offered in a single-sex group?; are sensitive topics facilitated by a woman?)
 - quality assurance and evaluations (is there a data collection system that stores women’s info, program activities, outcomes?)
- templates for action plans to be used post-assessment

Ultimately, GRPPA results are viewed as a first step for how a facility or program can be enhanced to yield better outcomes for justice-involved women.

CHAPTER 5: GENDER-BASED ANALYSIS OF CRIME PROGRAMS

What We Know from Past Outcome Evaluation Syntheses

To date, there have been two published meta-analyses (Dowden & Andrews, 1999; Gobeil, Blanchette, & Stewart, 2016) and one systematic review (Zahn, Day, Mihalic & Tichavsky (2009) specifically examining the extent to which programs reduce criminal outcomes for girls and/or women.

Dowden and Andrews (1999) conducted the first systematic review examining the impact of correctional programs on re-offending among justice-involved females. The authors meta-analyzed 26 unique studies comprised entirely of females ($n = 16$) or predominantly females ($n = 10$). The authors concluded that programs following the principles of risk, need and general responsivity were associated with reductions in recidivism (in the range of 18% to 27%). The Dowden and Andrews (1999) meta-analysis has been widely cited as evidence that the RNR framework is applicable to justice-involved females. While an important and seminal contribution, the meta-analysis was limited for several reasons. Notably, with the exception of one study (Prendergast, Wellisch, & Wong, 1996), none of the evaluated programs would meet today's standards for what it means to be gender-responsive. Further, most studies were originally conducted in the 1970's and 80's and suffered from poor methodological rigor—e.g., non-equivalency between the treated and control groups. The meta-analysis did not disaggregate the results based on age however the samples were predominately adolescent.

In 2004, the Office of Juvenile Justice and Delinquency Prevention sponsored *the Girls Study Group*, an interdisciplinary group of scholars and practitioners tasked with creating an exhaustive research base for explaining and addressing girls' delinquency. A thorough search conducted by Zahn et al. (2009) identified nine program evaluations targeting justice-involved girls specifically and 6 program evaluations targeting either justice-involved boys or girls (with separate effects being generated for girls). Only 2 of the 9 identified program evaluations (i.e., Reaffirming Young Sisters' Excellence [RYSE] and Working to Insure and Nurture Girls Success [WINGS]) targeting justice-involved girls including a control group. Notably these studies were particularly strong as they used a randomized design. The evaluation results produced mixed evidence in support of RYSE and WINGS. In regard to the 6 evaluations for programs targeting justice-involved males and females (e.g., multidimensional foster care), the authors concluded that these programs worked equally well for both males and females in terms of reducing future arrests and self-reported delinquency. In short, the main conclusion reached by the Girls Study Group was that there was an absence of rigorously evaluated program evaluations for justice-involved girls. This conclusion was echoed by Chesney-Lind, Morash, and Stevens (2008) who re-examined the same 9 gender-responsive programs identified by the Girls Study Group.

Gobeil et al., (2016) meta-analyzed the effectiveness of 37 correctional interventions involving 22, 000 justice-involved women. In sum, the results revealed that correctional interventions were associated with a 22-35% greater odds of success in the community irrespective of whether programs were classified as gender-informed or gender neutral. However, when the analysis was restricted to programs with higher levels of methodological rigour, the authors observed that

gender informed programs were associated with significantly greater levels of success than the gender neutral programs.

Rationale for Current Review

Although meta-analyses have many strengths, they can also be problematic (Lipsey & Cullen, 2007; Van Voorhis, 2012) particularly when a small number of studies are to be reviewed. Further, it is possible that more studies have emerged since the Gobeil et al. (2016) meta (review period ended in 2013) and the Zahn et al. (2009) review. Consequently, we conducted a systematic narrative review of the literature that has specifically examined whether or not programs (community or institutional settings) can reduce criminal conduct/ justice-involvement among justice-involved girls and women and non-binary girls/women¹⁵.

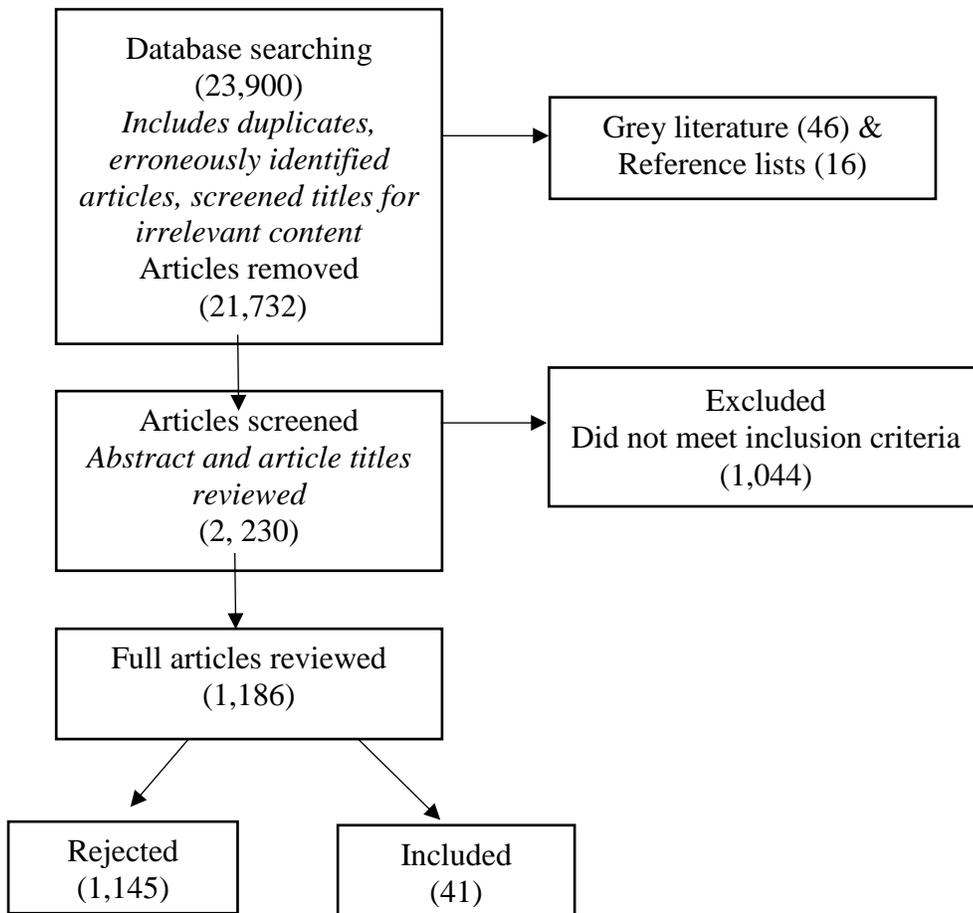
Method

Our search process is described in detail in Appendix B. Importantly, we only included studies that received a rating of 4 on a 5 point methodology scale used by Gobeil et al. (2016). Ratings were based on consensus between the PI and research assistants (Megan Wagstaff and Julie Goodwin). In short, to receive a 4-star rating, studies must have demonstrated that the treatment group and the comparison group were equivalent on potentially confounding variables either through randomized controlled treatments (RCTs), post-hoc statistical matching such as propensity score matching (PSM) or manual a-priori matching. Studies were only included if they included female-specific results (no LGBTQ studies were located); studies that reported results separately for females and males were included. Studies must have included criminal /antisocial behaviour as an outcome and the original samples must have been justice-involved.¹⁶

¹⁵ Please see Farrington (2017) for a review of what works with justice-involved youth and Bonta and Andrews (2017) for a comprehensive review of what works in general but for adults in particular. Secondary and tertiary interventions were included but primary interventions (e.g., schoolwide programs that target an entire population) were not included as they were beyond the scope of this review).

¹⁶ One exception was SNAP; one of the few programs that received a 5 star rating that targets at risk girls who would be too young to be officially charged under the YCJA but nonetheless would be considered at risk for future justice involvement.

Figure 2: Article Search and Selection Process (GBA Principles Study)



Results

About the Studies

In sum, 41 studies published between 1970 and 2019 were identified that met the inclusion criteria (see Appendix D for a detailed annotated bibliography); 16 targeted children and/or youth and 25 targeted adults. Most studies focused exclusively on female (78.0%, $n = 32$) although more studies than expected included both male and female results, presented separately (21.9%, $n = 9$). No studies focused exclusively upon LGBTQ individuals.

The majority of studies were conducted in the United States (87.8%, $n = 36$) with very few studies originating in Canada (4.8%, $n = 2$) or the United Kingdom (7.3%, $n = 3$). The ethnicity and racial breakdown of the samples were as follows:

- 31.7% ($n = 13$) predominately Hispanic and/or of African/Caribbean descent (i.e., over 55% Hispanic and/or of African/Caribbean descent)

- 31.7% ($n = 13$) ethnically diverse (essentially an equal mix of White, Hispanic, Hawaiian, African American, Asian or other ethnicities)
- 14.6% ($n = 6$) predominately White (i.e., over 55%)
- 22.0% ($n = 9$) not reported

Thus, almost 2/3's of the studies were based on non-White samples. Surprisingly, 22% of the studies either did not mention race or ethnicity, or failed to provide explicit breakdowns by race or ethnicity.

Studies were predominately conducted between 1990 and 2010 with very few studies conducted in the 1970's and 1980's. The "boom" observed between 1990 and 2010 appears to have lost momentum thereafter as only 12 studies emerged after 2011. Thus, on average less than 1 study per year (0.84 studies) was published per year between 1970 and 2019. The breakdown is as follows:

- Year of Study
 - 1970 – 1989 = 5 studies
 - 1990 – 2010 = 18 studies
 - 2011 – 2015 = 7 studies
 - 2016 – 2019 = 5 studies

The 41 studies captured an array of programs delivered in various settings. Notably, the identified studies examined a range of interventions from general counseling, behavioural token economies, drug courts, holistic substance abuse programs, mother/child programs, social competencies and community supervision models. Although most studies incorporated official crime statistics into their outcome measures, some also included self-report data or collateral reports (teachers and parents).

Methodological Rigour: We Must do Better

Research Design. Before examining the results further, it is necessary to discuss the absence of methodologically rigorous evaluations in this field; a conclusion reached in two previous reviews (Chesney-Lind et al., 2008; Zahn et al., 2009). Although well controlled studies do exist (to be discussed shortly)¹⁷ they tend to be the exception rather than the rule. In short, approximately 30 studies were screened out of the review due to serious problems with non-equivalency issues between the treatment and comparison groups. In a perfect world, the ideal study would utilize a prospective randomized controlled trial (RCT) design, conduct statistical analyses post-hoc demonstrating that the randomization process did indeed work to equalize the groups on all expected confounds (e.g., risk level, need level, age, ethnicity, gender), and would use multiple waves of data collection and follow-ups and diverse outcome variables (e.g., justice-related, substance & mental health related, school/employment indicators) collected in the short and long

¹⁷ Please note that although the RCT design remains the ultimate gold standard, it is often difficult to implement in practice; consequently researchers will often use alternative quasi-experimental designs to establish group equivalency—an equally difficult goal to achieve but when successful can yield equally informative results as the RCT, albeit some experts fervently argue that an RCT is the only kind of design with sufficient methodological rigor to render conclusive findings.

term. This kind of study typically requires that researchers/evaluators are involved at the front-end and are involved at all stages of the research. Further, well designed RCTs start with a sampling frame of all eligible program candidates and then randomly assign individuals into either the treatment or control groups (i.e., an *intent to treat design*). These studies are imperative in that they control for person-specific motivational confounds as it is difficult to ascertain otherwise if positive program effects are due to the program itself, or if they are simply due to fact that someone is highly motivated to change. These studies are difficult to implement operationally and can be hard to justify ethically, albeit a wait-list-control design can obviate ethical concerns. Impressively, 14 of the 41 studies (34%) used RCT designs.

Although RCTs are considered the gold standard in program evaluations, there are other ways to convincingly demonstrate, through quasi-experimental designs, that any observed program effects are attributable to the program and not pre-existing client factors. Importantly, not all quasi-experimental designs are created equal. Some studies used a-priori manual matching [(e.g., for every treated White female with a high risk, we will find a White female with a comparable high risk score who was not treated for operational reasons (e.g., only so many program spots available)]; other researchers sometimes don't use a-priori matching, but select a comparison group retrospectively (sometimes at random, sometimes not) but try to control for group differences using generic post hoc analyses. Sometimes this works (e.g., *Women Offender Case Management Model*, Millson, Robinson, & Van Dietsen et al., 2010) and sometimes it doesn't (e.g., *Boys Town Short-Term Residential Treatment Program for Girls*, Cohen et al., 2011). More recently, researchers (e.g., Anderson et al., 2019) are turning to a more rigorous quasi-experimental design that employs a post-hoc statistical matching procedure known as propensity score matching (PSM); this method is showing considerable promise in mastering the group equivalency problem (assuming of course all potential confounds were initially measured and studies are sufficiently powered).

Stop relying on statistical significance. It became readily apparent that the field needs to stop drawing implications based on statistical significance. It is a statistical truism that it is more likely to find “insignificant” results when using small sample sizes; conversely, research based on larger samples are more likely to find “significant” effects when in fact, the results may not be meaningful in a real world setting. For example, an evaluation of *Beyond Violence* (Covington, 2013) for women conducted by Kubiak, Fedock, Kim and Bybee (2016) stated (in the abstract) that the program had no significant effects on justice outcomes. This evaluation was based on a sample of 35 women; importantly, only 2 (11%) of the *Beyond Violence* participants were re-arrested during the follow up vs. 6 (38%) of the comparison participants, notably while the *p* value¹⁸ was non-significant ($p = .06$; the threshold is typically $.05$), the raw numbers suggest nonetheless that *Beyond Violence* is a promising program that requires more investment. Consequently, these methodological considerations were taken into account as we formulated our observations.

¹⁸ A *p* value reflects the probability that the observed results in a study were due to chance; it is typically set at $.05$ such that if the observed results in any given study demonstrate less than a 5% probability of occurring due to chance, researchers will conclude that the results were statistical significant.

Characteristics of Effective Programs

Programs that Follow the Risk Principle

Very few studies assessed, let alone mentioned, risk level as determined by a validated risk assessment measure.¹⁹ As such, it is unknown to what extent the risk principle was adhered to in these studies. Notably, studies that clearly followed the risk principle generated reductions in future criminal conduct (e.g., Anderson et al., 2019; Duwe & Clark, 2015; Gehring et al., 2010; Leve et al., 2012; Millson et al. 2010; Pepler et al., 2010). Alternatively, studies that should have worked but didn't, often did not follow the risk principle. For example, *Working to Insure and Nurture Girls' Success* (WINGS; Study #7 in the annotated bibliography; Burke, Keaton, & Pennell, 2003) was explicitly described as a community-based program for low risk girls with minimal justice-involvement, ages 12 to 17 ½, operating in San Diego between 1999 and 2002. WINGS was a multi-faceted gender-responsive program that incorporated: a home visitor/coach/mentor who devised individualized treatment plans, linked the youth and her guardians to requisite community services, and visits to a center that provided an array of services (e.g., mother-daughter mediation—mandatory for all girls, gender-responsive programs addressing issues such as education, substance misuse, anger management, vocation, healthy lifestyles, and self-esteem). Participants were considered successful if they remained in the program for 6 months. Although the exact number of programming hours could not be ascertained, arguably, WINGS was a high risk program delivered to low risk girls. The evaluation revealed that both groups were equally likely to be re-arrested (5% to 8%).

Blended Program Models

There was considerable evidence in support of programs that blended elements from the gender-responsive and what works literature. In particular, blended programs targeting higher risk youths in group homes, foster care settings, or custody demonstrated positive effects (e.g., Anderson et al., 2019; Chamberlain, Leve, DeGarmo, 2007; Day, Zahn, & Tichavsky, 2015; Leve et al., 2012; Ross & McKay, 1976). Similarly, a number of blended programs for women also demonstrated positive effects (e.g., Hall, Prendergast, Wellisch, Patten & Cao, 2004; Prendergast et al., 1996). Lastly, gender neutral cognitive behavioural treatment (CBT) programs yielded mixed results with some studies illustrating positive effects (e.g., Liao et al. 2004; Messina, Burdon, & Prendergast, 2006) whilst others illustrating negative effects (Farrell, 2000; Cann, 2006).

Holistic Substance Abuse Programs for Women

A number of holistic substance abuse programs for women that simultaneously addressed trauma, mental health, and substance abuse within a CBT framework generally yielded positive results. Programs in this category included the California-based Forever Free program (Hall et al., 2004; Prendergast et al. 1996) and Helping Women Recover and Beyond Trauma (Messina, Calhoun & Warda, 2012; Messina, Grella, Cartier & Torres, 2010).

¹⁹ Recall that the risk principle states that program intensity (e.g., # of hours, # of needs addressed) should match risk level such that the most intensive services are reserved for the highest risk individuals.

Relational-based Programs

The delivery of relationally based programs is a core principle of gender-based service delivery. Although more direct evidence is needed to illustrate that this component of programming directly leads to successful outcomes, there is some evidence that peer therapists (one definition for implementing relational approaches) trained in the principles of behavioural modification can improve both institutional and post-release adjustment among justice-involved girls (see Ross & McKay, 1976, Study #3). Importantly, the Ross and McKay study illustrates that relationally-based therapies for justice-involved girls can co-exist with behavioural modification therapies. Currently, an RCT (with wait-list controls) is examining the impact of a peer-led addictions and trauma-based program delivered to both incarcerated men and women (S. Covington, personal communication, Oct 20, 2019).

Wrap Around Programs Delivered in the Community

Although custodial-based programs can and do demonstrate an ability to reduce criminal conduct, community-based programs that incorporate wrap around elements (e.g., schools are involved, community resources are leveraged, parents are trained/treated to the same extent that youth are treated) are promising, particularly with youth. Examples of community-based wrap around programs with demonstrated success include Multidimensional Treatment Foster Care (MTFC; Chamberlain, 2003) and Stop-Now-and-Plan (SNAP, Augimeri et al., 2014).

Characteristics of Ineffective Programs

As expected, ineffective programs were similar to what has been reported in the *What Works* literature base. General unspecified counseling (see Studies #1, #2, #16, #18), pure behavioural token economies (Study #3), scared straight initiatives (Study #4) and programs that do not adhere to the risk principle (namely providing intensive services to low risk cases; e.g., #7, #16) do not reduce criminal conduct. Further unstructured programs without manuals do not work, nor do poorly implemented programs (Study #29).

The Special Case of a Truly Gender-Based Program Evaluation

Day, Zahn and Tichavsky (2015) evaluated one of the few truly gender-based programs (see Study #13). This study compared the effects of a combined gender-responsive (e.g., more relational—meetings, opportunity to talk with staff/peers, motivational, and safety focused) and behavioural reinforcement programming model (e.g., receive points for good behaviour that in turn translated into greater privileges—more phone time, special snacks) with a pure behavioural reinforcement programming model. The behavioural model describes levels as I, II, and III whereas the gender-responsive model assigned gendered labels to each level. For example, for girls: *teach*, *reach* and *inspire* and for boys: *swingman*, *center*, *point guard*. The gender-responsive model was adapted differentially for males and females in small ways. For example, the greeting group was called “Daily Motivational Sessions” for girls and “Huddle-Group” for boys.

Girls in the gender-responsive group/behavioural model with no problems in areas traditionally associated with gendered pathways to crime (e.g., depression, trauma, anger, somatic complaints) were 1.8 to 2.5 times *more likely* to re-offend during the follow-up period than similar girls in the behavioural reinforcement program. Conversely, girls in the gender-responsive/behavioural group who evidenced problems in areas traditionally associated with gendered pathways to crime (e.g., depression, trauma, anger, somatic complaints) were 13% to 40% *less likely* to re-offend during the follow-up period than similar girls in the behavioural reinforcement program. Thus, gender-responsive programming appears to be effective only for girls who seemingly need it, as delivering gender-responsive programming to girls who did not follow the traditional pathway to the justice system actually got worse. Interestingly, boys responded equally well to behavioural reinforcement programming and the blended gender-responsive/behavioural programming regardless of how many “gender-responsive” needs they presented with; this later finding re: boys should be interpreted with caution given reduced numbers. In sum, this is the only study of its kind and requires replication before firm policy decisions can be reached.

When Programs That Should Work, Don’t Work

Despite demonstrated high program fidelity and theoretical adherence to gender-responsive frameworks, a few high profile, well-designed programs did not work. For example, PACE Centre for Girls (Millenky, Treskon, Freedman, & Mage, 2019, study #16) and Working to Insure and Nurture Girls Success (WINGS; Burke, Keaton, & Pennell, 2003, study #7) did not generate expected results. Although it is difficult to know with any degree of certainty why these programs were not as successful as expected, some plausible explanations include: failure to adhere to the risk principle, prioritizing treatment targets that are not predictive of criminal conduct, provision of unspecified counseling, and not providing social learning-based parent training.

Program Evaluation is Complex and Requires Substantial Funding

More research exploring the *black box* of treatment is required. Goldstein et al., (2018) for example recently demonstrated that an anger management program with girls was effective because of changes in attributions of hostile intent. This research is critical as it helps establish treatment priorities—increasingly important given resource scarcity and limited time frames afforded to intervene (youth populations especially). Also evaluating multifaceted interventions like PACE for example or Anderson’s et al. (2019) blended group home model are challenging because it is difficult to know which elements worked and which ones failed. In the case of Anderson et al., (2019) for example, the model delivered both Girls Moving On and Thinking for a Change; there was no way to tease out the effects of either program.

Another recurring theme in the literature was the importance of program dosage (e.g., # of hours) and discriminating between program completers and non-completers. For example, a number of studies clearly illustrated that as dosage increased so did success. Gies et al., (2015) reported pre/post changes in *some* treatment targets but only as a function of attendance. Similarly, Morash et al., (2015) demonstrated that 30% of the women in a comparison group were re-convicted post-release vs. 22% of the New Horizon program participants (irrespective of how

many phases they completed). However, women who completed all 5 phases evidenced the lowest re-conviction rates at 13%. Similar to the What Works literature, gender-responsive researchers often fail to compare outcomes for program completers vs. non-completers; in short, it matters as program non-completers often do worse than comparison participants. The Moving On evaluation conducted by Gehring et al. (2010) clearly supported this finding.

Beyond Experimental/Quasi-experimental Outcomes

There were a number of program evaluations that did not meet our inclusion criteria and are beyond the scope of this review. These studies often involved pre/post designs involving subpopulations of justice-involved girls, women and at times, the LGBTQ community. Countless studies are emerging examining how to best treat PTSD among incarcerated populations (see King, 2017 for a review). Similarly, a meta-analysis was recently completed examining treatment outcomes for depression and trauma among women offenders (Bartlett et al. 2015). Studies examining women's physical health issues in justice setting are growing; noteworthy are the emergence of HIV prevention/awareness programs tailored specifically for women. For example, traditional HIV prevention programs emphasize the importance of condom use but for many women this is not an effective strategy given their lack of decision-making power in sexual relationships (Gupta et al., 2015).

Increasingly the field of forensic nursing is advocating for a gender-responsive health care model in the prison system (Guthrie, 2011). Older women's health care needs are also being studied (Aday & Farney, 2014). The literature on pregnancy and motherhood is also burgeoning including a recently published systematic review of pregnancy-related experiences while in prison (Shaw, Downe, & Kingdon, 2015).

While there is limited justice-based treatment related information regarding the LGBTQ community, there is some evidence that some gender-responsive programs may not be sensitive to this group, "Some girls who identified as LGB and/or gender non-conforming did not feel as understood or welcomed by facilitators, a finding that indicated a heightened need for more targeted LGBTQ -responsive facilitator training to effectively implement Girls Circle to its fidelity as an inclusive, strengths- based approach" (Hossfeld, 2016; p. 18). Suffice it to say, the research community is embracing the multiple intersecting identities that characterize all at-risk and justice-involved peoples.

A Word About Primary Prevention Efforts

Although a systematic review of primary prevention efforts aimed at girls was beyond the scope of this review, it is worth noting that Blueprints for Healthy Development (<https://www.blueprintsprograms.org/faq/>) has identified five promising or model primary prevention programs: Blues Program, Familias Unidas, Project Northland, Safe Dates, Strengthening Families (10-14). Notably, all of these programs are delivered in community settings and target both males and females.

CHAPTER 6 PROGRAM AND SERVICE DELIVERY MODEL RECOMMENDATIONS

Promising Programs for Low Risk Children/Youth

Girls Circle

Developers/Origins. Girls Circle is a well marketed, structured support group model developed by the One Circle Foundation in the early 1990s in California.

About the Program. The Girls Circle program is a gender and culturally responsive program that supports at-risk girls aged 9 to 18 years. The program strives to promote healthy connections, competence and personal strengths using motivational interviewing. The program aims to foster critical thinking and moral reasoning. The curriculum addresses topics such as mother-daughter relations, body image, mind, body, spirit, friendship, diversity, relationships, and individuality.

Theoretical Model. Girls Circles is a strength-based approach that is grounded in relational cultural theory (Miller, 1976), resiliency and trauma-informed frameworks.

Eligibility/Referral Criteria. The eligibility/referral criteria are not clearly stated but most likely include justice, community and school-based referrals.

Delivery Method/Location/Length. It can be offered in a range of settings—after school to secure residential settings. The program is approximately 8 to 12 weeks long with weekly group sessions that are each 1.5 to 2 hours long and is thus arguably ideal for low risk cases who do not present with complex needs²⁰.

Evidence base. A randomized experiment (see Study #14 in Appendix C, Gies et al., 2015) involving 168 justice-involved girls conducted in Chicago revealed that the program generated positive changes in some targets as a function of attendance (e.g., average condom use increased, educational aspirations increased) but not others (e.g., impulse control). However, importantly during a 12 month follow up period, re-arrest and probation violations were substantially lower among Girls Circle participants (34.8 % re-arrested, 21.4% violated probation) vs. the control group participants (42.9% re-arrested, 33.9% violated probation). Replication is required.

Designations/Usage. Girls Circle is used in various settings throughout North America.

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²⁰ A more detailed analysis of the program would be required to firmly conclude whether Girls Circle would meet the needs of moderate risk girls

Promising Programs for Moderate/High Risk Children

SNAP Girls (formally known as SNAP Girls Connection) and SNAP Boys

Developers/Origins. Formalized in 1985, SNAP (Stop Now and Plan) was created by the Child Development Institute (CDI) as part of a crime prevention strategy for at-risk children aged between 6-11 (Augimeri et al., 2014).

About the program. The evidence-based, manualized clinical programs, SNAP Boys and SNAP Girls, seek to teach disruptive children and their parents how to stop and think before they act, in order to make better choices in the moment (Augimeri et al., 2017). SNAP programs seek to reduce aggression, rule breaking, and conduct behaviours, while subsequently increasing emotion regulation, social competencies, self-control, and problem-solving skills (Augimeri et al., 2017). The main components include role-playing, self-talk, problem solving, peer feedback, and modelling, as well as generalization activities, including practice assignments (Augimeri et al., 2014; Burke & Loeber, 2015). Parents are involved in parent-specific group programming to discuss their parenting and coping strategies with their emotional reactions (Burke & Loeber, 2015). Of note, children learn to recognize and draw connections between their physiological responses, feelings, thoughts, and actions. Ultimately, SNAP programs focus helping children and their families learn emotion-regulation, problem solving, and self-control (Augimeri et al., 2017).

SNAP Girls is a gender-specific program that seeks to provide intervention to promote the healthy development of aggressive girls and their families (Pepler et al., 2010). These groups were developed based on what is known about girls' aggression, risk, and protective factors (Augimeri et al., 2015; Pepler et al., 2010; Walsh, Pepler, & Levene, 2002). Although SNAP Girls, like SNAP Boys, addresses all forms of aggression, there is more emphasis on social forms of aggression, such as verbal assaults, gossip, and exclusion, and involves relationship development and thinking (Walsh et al., 2002). SNAP Girls is part of a continued-care model which allows children and families to remain in service after the 13-week program (Augimeri et al., 2015).

Theoretical Model. SNAP programming (for boys and girls) uses a theoretical framework of social learning, self-control, and problem-solving. Staff play a role in modelling and reinforcing positive behaviour for SNAP kids and engage participants in role-playing activities. SNAP Girls is also informed by feminist lenses that focus on gender differences (Child Development Institute, 2016).

Referral/Eligibility Criteria. Children (age 6-11) eligible for SNAP Girls (and Boys) have had police contact (i.e., referral made by police), or score within the clinical range on externalizing behavioural assessments (Augimeri et al., 2014). Schools, mental health, and child welfare professionals, as well as parents, police, and other community partners in contact with disruptive girls are encouraged to refer children to SNAP programs (Augimeri et al., 2014; Burke & Loeber, 2016).

Delivery Method/Location/Length. SNAP Girls includes six key components, including the SNAP Girls Club, SNAP parenting, Girls Growing Up Healthy, family counselling, individual counselling, and school advocacy and teacher support (Child Development Institute, 2016). The SNAP Girls Club is a 13-week structured group. SNAP Girls programs are available at Child Development Institute in Toronto and through SNAP Affiliate sites across Canada and internationally (Child Development Institute, 2016). SNAP Boys includes five key components, including SNAP Boys Club, SNAP parenting, family counseling, individual counseling, and school advocacy and teacher support (Child Development Institute, 2016).

Evidence-Based. SNAP programs are built on a scientist-practitioner model, and have been internally and externally reviewed and evaluated, repeatedly showing positive treatment effects, with moderate to large effect sizes (Augimeri et al., 2014; Augimeri et al., 2015; Augimeri et al., 2017; see for evidence: Augimeri, Farrington, Koegl, & Day, 2007; Augimeri, Pepler, Walsh, Juiang, & Dassigner, 2009; Burke & Loeber, 2016; Farrington & Koegl, 2015). In terms of SNAP Girls specifically, Pepler et al. (2010; see Appendix C Study #10) found that girls who received SNAP Girls were able to decrease their externalizing, rule-breaking, aggression, conduct, and social problems, while also showing decreases in anxiety and depressive symptoms. Parents and children both reported improvements in parenting skills (Pepler et al., 2010).

Designations. SNAP is implemented across several areas in the world and has been given several designations. Some of the program designations include: Evidence-Based designation from National Crime Prevention Centre and Washington State Institute of Public Policy; Promising programs from Blueprints; Effective program designation from Crime Solutions (U.S. Department of Justice's Office of Justice Programs; Listed on Public Health Agency of Canada's Preventing Violent Stream – Canadian Best Practices Portal; Selected as Strategic Planning Tool by OJJDP National Gang Center; Exemplary Program designation from OJJDP Model Programs Guide; named an effective crime prevention model by the US Department of Justice, Office of Justice Programs.

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Promising Programs for Moderate/High Risk Youth

Treatment Foster Care Oregon (TFCO) [Formally Multidimensional Treatment Foster Care (TFCO)]

Developers/Origins. TFCO was originally developed by the Oregon Social Learning Center for chronic, justice-involved male youth as an alternative to residential treatment (Chamberlain, 2003). However, TFCO has been carefully modified over the course of 15 years to meet the needs of chronic, justice-involved female youth (see Leve et al., 2012 for a description).

About the Program. The TFCO is a wrap-around program that places youth (males and females) in individual, well-trained and closely supervised foster homes. The cornerstone of TFCO is that foster parents receive detailed consultation, training, support and crisis intervention including 24 hour on-call staff availability. TFCO is multi-modal. Components of TFCO for both males and females include: daily telephone contact with TFCO parents, weekly foster parent group meetings with TFCO program supervisor; an individualized behaviour management program implemented in the home by the foster parent (with clear expectations, limits, and specified consequences delivered in a teacher-oriented style); individual skills training/coaching for youth; family therapy (for biological family of youth) focused on parent management strategies; close monitoring of school attendance, performance and homework, psychiatric consultation if needed; and case management to coordinate all aspects of the TFCO—family, school, peers. Youth are also encouraged to avoid negative peers in favour of positive peers and to reduce substance use through motivational interviewing techniques. Female-specific components include avoiding social aggression, improving emotional regulation, and avoiding risky sexual encounters.

Theoretical Model. TFCO is grounded in social learning (e.g., use of positive reinforcement to modify behaviour), strength-based, and ecological-based (e.g., recognizing that successful intervention cannot focus exclusively on the youth but rather must also incorporate family, school and peers) models.

Eligibility/Referral Criteria. Serious and chronic justice-involved youth ages 13 to 17; referrals can come from the courts, mental health or social service agencies.

Delivery Method/Location/Length. Community setting—foster care home, school. Program length varies but on average lasts between 6 and 9 months.

Empirical Evidence Base. Two separate randomized control trials have illustrated that TFCO for girls reduces days in locked settings, criminal activity, delinquent peer affiliations, and criminal referrals at 12- and 24-month follow-ups (see Study #8, Appendix C: Chamberlain, Leve & DeGarmo, 2007 and Study #9, Appendix C: Leve, Chamberlain, Smith & Harold, 2012). TFCO has also been shown to increase homework completion and school attendance (Leve & Chamberlain, 2007) and decrease pregnancies (Kerr, Leve, & Chamberlain, 2009), depressive (Harold, et al. 2013) and psychotic symptoms (Poulton et al., 2014).

Designations/Usage. Blueprints for Healthy Youth Development Violence designated TFCO as a model program.

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Promising Programs for Moderate and High Risk Women

Orbis Partner Inc Programs

Developers/Origins. Orbis Partners Inc. is a Canadian based consulting firm in Ontario that has developed a number of programs specifically for justice-involved girls and women.

About the Programs. Girls Moving On and the adult counterpart, Moving On provides girls and women with opportunities to mobilize and enhance existing strengths, access personal and community resources vis-à-vis cognitive behavioural methods, and motivational interviewing. Creating Regulation and Resiliency (CR/2) is a communication model that was specifically designed to enhance in-the-moment interactions with justice-involved females. CR/2 integrates evidence-based interventions and the emerging research on trauma and resiliency to provide staff with practical strategies to work with females and to enhance personal well-being. Lastly, the Collaborative Case Work with Women (CCW-W; formally, Women Offender Case Management Model (WOCMM) blends evidence-based and gender-responsive research to enhance outcomes with justice-involved women. CCW-W is a continuum of care case planning model aimed at stabilizing women once in the community. Elements include: the development of an individualized service plan to summarize strengths, challenges and intervention targets; the service plan also mobilizes existing strengths and helps the woman build new strategies, works to identify natural supports, provides a range of professional services and opportunities, and reinforces small successes.

Theoretical Model. The programs are grounded in a blend of perspectives: social learning theory, relational cultural theory, strength-based models, and trauma theory.

Eligibility/Referral Criteria. The criteria vary as a function of the program. However, programs are designed for clientele who are at least moderate risk.

Delivery Method/Location/Length. Varies depending upon the program. For example, Moving On and Girls Moving On are comprised of 26, ½ - 2-hour group sessions and one-on-one individual sessions.

Empirical Evidence Base. Moving On has undergone two rigorously conducted evaluations completed independently of the program developers. Both evaluations showed that Moving On yields positive justice outcomes. Notably, one evaluation was conducted with women recently released from prison (Duwe & Clark, 2015; see Appendix C, Study #29), and the other, with women probationers (Gehring, Van Voorhis & Bell, 2010; see Appendix C, Study #28). Although an independent evaluation of Girls Moving On has not been conducted it was one of the programs offered to group home girls in the Anderson et al., (2019) study which found positive effects for girls. The Collaborative Work with Women (CCW-W) supervision module (formally, the Women Offender Case Management Model (WOCMM) has also demonstrated impressive reductions in criminal re-offending—relative reductions in the 25% range (see Millson, Robinson & Van Vieten, 2010; Appendix C Study #32). CR/2 has not been formally evaluated however one site reported post-implementation that there were reductions in

segregation placements, inmate-on-staff assaults, inmate-on-inmate assaults, disciplinary reports, and self-injurious behaviours.

Designations/Usage. Moving On is being delivered primarily in North America (44 states and 5 Canadian provinces). Girls Moving On is being primarily used in North America and in Australia. CCW-W (formally WOCMM) is being delivered in U.S. facility and community settings (5 statewide implementations) and in a number of agencies. CR/2 is being used in the United States (4 statewide implementations in facility and community settings and by a number of agencies).

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Programs Developed by Dr. Stephanie Covington

Developers/Origins. Since the late 1980's Dr. Stephanie Covington has spearheaded the development of numerous gender-responsive programs for girls and women (justice-involved and community-based) and more recently, men. Her programs address trauma, addictions and violence prevention. Dr. Covington is based in La Jolla, California, where she is co-director of both the Institute for Relational Development and the Center for Gender and Justice.

About the Programs. Dr. Covington's programs are manualized and utilize a combination of cognitive behaviourism, mindfulness, experiential and relational therapies, psychoeducation and expressive art. Key programs for justice-involved individuals include:

- Helping Women Recover: A Program for Treating Addiction (2019)
- Beyond Trauma: A Healing Journey for Women (2016)
- Voices: A Program of Self-Discovery and Empowerment for Girls, 2nd Edition (2017)
- Beyond Violence: A Prevention Program for Criminal Justice-Involved Women (2013)

Dr. Covington's complete list of program are available at
<https://www.stephaniecovington.com/books-and-curricula.php>

Theoretical Model. The programs are grounded in relational cultural theory, strength-based models, trauma and addictions theory, and cognitive behavioural approaches.

Eligibility/Referral Criteria. The eligibility/referral criteria vary as a function of the program (see <https://www.stephaniecovington.com/books-and-curricula.php>)

Evidence Base. Although there are a number of pre/post evaluation outcome studies for Dr. Covington's various programs (see <https://www.stephaniecovington.com/research-papers.php>) only Helping Women Recover and Beyond Trauma have corresponding outcome evaluations. Specifically, two studies have evaluated the joint effects of Helping Women Recover & Beyond Trauma. The first study evaluated the programs when offered to women in prison (Messina et al.,

2010, study #30) whereas the second study evaluated the programs when offered in a community setting vis-à-vis a drug court referral process (Messina et al. 2012, study #31). The prison-based evaluation demonstrated reductions in re-incarceration rates while the community-based evaluation illustrated that while arrest rates were not impacted, return to jails were lower in the treated group. These studies are particularly impressive given that the authors were not involved in the evaluation and a randomized clinical trial design was used in both cases.

Notably, an evaluation of Voices is currently underway. Project VOICES is a 5-year randomized controlled trial funded by the National Institute on Drug Abuse (NIDA, Principle Investigator: Tolou-Shams). The VOICES trial recruited 132 racially diverse girls and young women (ages 12-24) who were already involved or at-risk to be involved with the justice system to participate in the intervention in the San Francisco Bay area. Upon enrollment, youth were randomized to complete 12 weekly, 1 hour group sessions of either VOICES (n=66) or GIRLHealth (a psychoeducational control intervention matched for time, appeal, and format; n=63). Primary outcomes included marijuana, alcohol, and other drug use and HIV/STI risk behaviours; secondary outcomes included psychiatric symptoms, traumatic stress, and recidivism. Data collection is currently ongoing and preliminary analyses are expected to be available in early 2020.

Delivery Method/Location/Length. The delivery method and location depends upon the program and target population (see <https://www.stephaniecovington.com/books-and-curricula.php>)

Designations/Usage. Programs were formally recognized as evidenced-based by National Registry of Evidenced-based Programs and Practices prior to the closure of this registry. The programs are currently offered throughout the United States and around the globe (e.g., Guam, Australia, New Zealand, Germany, Switzerland, UK, Zimbabwe, Thailand, Columbia, Brazil).

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CHAPTER 7: SCENARIOS: HOW TO BE GENDER-RESPONSIVE

We now have evidence-based programs for justice-involved males and females however, settings may lack the infrastructure and staff resources to implement gender-responsive interventions. Agencies working with sexual and gender minority individuals may struggle to find programs that have been evaluated for use in a correctional setting. Adaptations to existing evidence-based materials are recommended in either situation to address the specific needs of females and sexual and gender minority individuals.

Bania, Roebuck, O'Halloran, & Chase (2017) have developed a step-by-step *How to Guide* to assist agencies delivering crime prevention programs to adapt pre-existing evidence-based materials. These authors emphasize that adapting an existing program is a laborious process that requires time, thoughtful consideration and multiple stakeholders.

In this chapter, Bania et al.'s program adaptation framework will be used to illustrate how a provincial correctional ministry could begin thinking about how to adapt: (1) a standard cognitive behavioural treatment (CBT) program to women in custody and, (2) standard supervision and case work practices for women under community supervision.

Case Example 1: Adapting a Conventional CBT Program for Women in Provincial Custody

CBT Programs

CBT programs and interventions are arguably the most popular treatment approach used in the field of corrections. In fact, researchers have found that some CBT programs are effective in reducing recidivism by as much as 25 to 50% under certain conditions (Lipsey, Landenberger & Wilson, 2007). Effect size increases when the programming dosage is increased, when higher risk justice-involved individuals are targeted, and when the quality of implementation is monitored.

A number of CBT programs have been used and evaluated across settings with criminal justice populations. The first CBT program for correctional populations was developed in 1985 by Canadian researchers Ross and Fabiano (Reasoning and Rehabilitation- R & R). This and other evidence-based programs in use today, such as, Moral Reconciliation Therapy (MRT- Little & Robison 1988), Aggression Replacement Therapy (ART- Goldstein & Glick, 1994), and Thinking for a Change (T4C- Bush, Glick, Taymans, & Guevara, 2011) emerged at a time when women and girls made up a small percentage of the criminal justice population and the available research guiding the development of these programs was focused almost exclusively on males.

Adapting a Program

To adapt a program designed for justice-involved males for use with women in provincial custody requires the following key considerations:

- Ensure that the available research on women is used to guide adaptations with respect to program delivery and content;

- Ensure that program targets are relevant for women;
- Ensure that program content (activities, scenarios, videos, materials) is relevant and appropriate for use with women.
- Ensure that the delivery of the program is consistent with gender-based crime prevention principles.

Steps:

Step 1: Build Strong Leadership and Effective Partnerships

- *Establish an implementation team* that will be involved throughout the process and that is responsible for establishing targets, deadlines, and ensuring program completion and installment.
- Team members should include representation from leadership (with formal authority); staff that will be delivering the program and that have experience in working with women; a research/evaluation partner with experience in gender-responsive research; key stakeholders (see below for additional information) and most importantly, invite directly involved women to share their experiences and program needs;
- *Key stakeholders* should be involved throughout the process. Examples include: a neighboring Elizabeth Fry Society and local grass roots organizations who work with justice-involved and marginalized women as well as existing program deliverers of CBT.

Step 2: Explore Site Readiness for Change & Decide on Necessary Adaptations

- *Explore site readiness* to change by assessing staff attitudes, knowledge, and skills with respect to the use of gender-responsive principles and practices. The results of the assessment will provide invaluable information to the implementation team to determine fit and feasibility of the adaptation. Specifically, the information can be used to determine staff training and supervision needs and to support changes in the culture essential to implement the gender-responsive principles. A variety of methods (including surveys, interviews and focus groups) can be used to assess staff readiness.²¹
- *Specify core program components.* Use available research and information to determine the salient needs of women in the program. Work with implementation team members to analyze existing program material and to identify the components that will need to be adapted and any components that should be added. In addition to programmatic revisions it is also necessary to review and revise supporting documentation including implementation guides, training and coaching protocols, quality assurance and evaluation methods. Bania et al., note that this is the most challenging part of the process. They provided a helpful red-yellow-green light adaption framework that should be closely adhered to during this process.
 - Green lights adaptations—Go for it! Include strategies such as: changing language and terminology that more readily resonates with women, customizing materials

²¹ See National Institute of Corrections- Gender Informed Practices Assessment for tools to assess Staff Readiness.

and role play scenarios for women (for example—using an example of how to cope with parental stress would be highly relevant for women given that upwards to 80% of justice-involved women are primary care givers). Another green light adaptation would be to build in more program time to meet the relational needs of women (for example the need to build in time to deal with disclosures of victimization). Building in time is a straightforward change that the programme developers support.

- Yellow light adaptations—Proceed with Caution! These adaptations will require consultation with the program author or expert. A careful review of the program content should be made to ensure that women’s experiences and realities are truly reflected in the material and that the strategies and targets for change are relevant.
- For example, many conventional CBT programs teach cognitive restructuring to address antisocial thinking (core beliefs and automatic thoughts). Hubbard and Mathews (2008) cite research suggesting females are more likely to engage in self-blaming, ruminating/emotion-focused coping and to be more concerned about disapproval than their male counterparts. Given that conventional CBT programs are designed to address negative thoughts labelled as antisocial, criminal or risky thinking- negative thoughts would be better represented when working with women as “harmful or self-defeating”. The program content should also reflect how our beliefs, feelings and behaviours are shaped by social, familial and cultural norms and values. For many justice-involved women these experiences include marginalized circumstances—poverty, living with criminal partners, victimization and abuse, and racial discrimination, etc.
- Red Light Adaptations—Stop! Involve alterations that will likely weaken the program’s effectiveness. This includes: modifying the theoretical approach, using fewer staff members than recommended, shortening the program, eliminating key messages, eliminating opportunities to practice skills taught

Step 3: Conduct Staff Training and Pilot Testing of the Adaptation

Staff Training: All staff (operational and program staff), volunteers and stakeholders should be provided with training and supervision in gender-responsive practices. When possible, all staff should be cross-trained in the following:

Orientation to GR principles²²:

- Review principles of GRIC
- Explore pathways and prediction research focused on justice-involved women

In addition, program facilitators should receive intensive training and supervision in program theory, content and delivery.

²² Training materials are currently available. See for example, National Resource on Justice-involved Women: <https://cjinvolvedwomen.org/> and the National Institute of Corrections www.nicic.org

- Cognitive-behavioural intervention and relational theory (i.e., cognitive restructuring; cognitive skills training; mindfulness practice, relational-cultural approaches, strengths-based intervention)
- Program content
- Gender and trauma informed facilitation

Step 4: Refine Program Adaptation and Begin Implementation

- *Refine program adaptation:* Elicit detailed feedback from program facilitators, directly involved women and other members of the implementation team to make final changes to the program content.
- *Be prepared to begin implementation:* In advance of program delivery, the implementation team should explore potential obstacles and solutions to a successful program launch and that might impact client participation. Three examples: First, one obstacle to successful implementation can include a lack of referrals. This is particularly true in correctional settings that have started to provide services for women. Be prepared to deliver the program on an individual basis, within small groups (2-12 women) or to offer the material in a modular format that will support a continuous intake. Second, it is important to schedule the delivery of the group at an opportune time. Try to ensure that the group is offered at a time that does not compromise access to services or interfere with other valued activities. For example, holding group during visiting hours can be extremely difficult for women that have limited opportunity to see their children. Third, that the program room is comfortable, that efforts are made to ensure privacy, that program materials are prepared, and that equipment is working.

Step 5. Evaluate and Maximize Program Quality

A protocol for continuous quality assurance is essential to ensure fidelity to the program model and gender-responsive principles. Members of the implementation team should be charged with the following tasks:

- Modifying Staff Performance reviews to align with gender-responsive principles. For example, staff should be rewarded in their performance reviews for demonstrating behaviour consistent with gender and trauma-informed practice. Similarly, professional goals should reflect an increase in knowledge, familiarity and competence in gender-responsive principles and practices.
- Developing a protocol to provide ongoing supervision, coaching and to ensure program fidelity.
 - Provide staff that are facilitating the group with formal supervision and coaching and also encourage them to debrief with co-facilitators. A helpful method to encourage staff to build confidence and to address issues related to content and delivery is to provide each facilitator with a debriefing book. This tool can be completed after each session to rate their comfort and confidence with the program materials and to note questions for further review.

- Facilitator Observation Form. Use an observation form that is completed by trained facilitators or quality assurance specialists either while watching a group live or when reviewing a video tape.
 - The development of the observation form should include ratings that assess level of adherence to gender-responsive principles (e.g., delivery of program is consistent with relational, trauma-informed and strength-based approaches) and program content (e.g., meets goals of the session, introduces material in order and manner intended).
 - Provide facilitators with strength-based feedback.
- Developing a protocol to build agency capacity by identifying select staff to function as quality assurance specialists and to become certified trainers.

Step 6. Evaluate and Maximize Program Impact

A protocol for conducting an interim and/or formal evaluation should be developed with an expert identified by or within the implementation committee. For agencies that lack the resources, or expertise to proceed we strongly encourage you to read Van Voorhis (2010). She provides an introductory guide to conducting gender-responsive research²³.

Data should be collected before, during, and/or after program completion and when possible at 12, 24, and 30 months follow-up. As data is analyzed, results should be used to provide feedback to the facilitators and to inform the implementation team with respect to further adaptations that will improve program content and the process of implementation.

- *Conduct a formative or process evaluation of the program.* The implementation team should designate members responsible for the following tasks:
 - *Develop a Logic Model* and clearly specify the program goals and anticipated outcomes.
 - *Create a Pre-post Assessment Battery:* Identify measures that align with anticipated outcomes. When possible, use measures that are gender-responsive, have been validated with women and that are sensitive to change in the program targets.
 - *Feedback:* Elicit feedback from the group participants after each session to determine program impact in addressing needs and meeting other expectations. Participants should be given the opportunity to complete a Consumer Satisfaction Questionnaire that is administered anonymously after program completion.
- *Conduct a formal evaluation of the program.* Consider initiating a formal evaluation after the program has been piloted and facilitators have reached a pre-defined level of comfort and familiarity in delivering the material. Women tend to have lower base-rates for re-offending than males. Therefore, it is important when identifying outcomes indicators that other measures of program success be considered:

²³ Van Voorhis, P. (2010). Gender-responsive Interventions in the Era of Evidence-Based Practice: A Consumer's Guide to Understanding Research. Bureau of Justice Assistance. US Department of Justice.

- Behavioural outcomes while she is incarcerated including: decreases in disciplinary reports, segregation placements, mental health watch, requests for mental health services; etc.
- Intermediate targets including completion of education goals, certificates, other programs, etc.
- Official recidivism outcomes (e.g., new arrests, technical violations and new crimes)

Step 7. Disseminate Information Revised Program and Its Results

In order to advance our work with justice-involved women, additional research (process and outcome) is essential. If you are unable to conduct a formal evaluation consider preparing a paper on how and what revisions you made to the program and any results (anecdotal, quantitative or qualitative).

Case Example 2: Local Adaptation of Family-based Primary Crime Prevention Programs

Family-based Primary Crime Prevention Programs for youth in the community

Blueprints for Healthy Development (<https://www.blueprintsprograms.org/faq/>) has identified two promising family-based primary prevention programs: Familias Unidas and Strengthening Families (10-14). Familias Unidas is described as “A family-based intervention to promote protection against, and reduce risk for, behavior problems, illicit drug use, alcohol use, cigarette use, and unsafe sexual behavior in Hispanic youth and adolescents” (<https://www.blueprintsprograms.org/faq/>, n.d.). Strengthening Families (10-14) is described as “A group parenting and youth skills program that aims to promote good parenting skills and positive family relationships; reduce aggressive, hostile behavior, and substance abuse in adolescence; and improve family relationships through weekly parent effectiveness training and child skills-building, followed by a family session” (<https://www.blueprintsprograms.org/faq/>, n.d.).

Adapting Family-based primary prevention community programs

The following adaptations are recommended for settings that wish to introduce gender-responsive principles and practices.

Step 1: Build Strong Leadership and Effective Partnerships

- *Establish an implementation team* that will be involved throughout the process and that is responsible for establishing targets, deadlines, and ensuring program completion and installment. Team members should include representation from leadership (with formal authority); staff that have an interest in and experience in supervising women on their

caseload; directly involved women who have completed community supervision; a research/evaluation partner with experience in gender-responsive research; agency partners.

- *Develop collaborative agency partners* – when possible identify local agencies that provide a wide range of services that will address the comprehensive needs of women. For example, agencies that provide housing resources, support for domestic violence, substance use and mental health treatment, etc. It is also recommended that formal relationships be established with agencies that frequently serve the same population including, Children’s Aid Society, Family and Children’s Services, the Elizabeth Fry Society, and other agencies that work with justice-involved and marginalize girls.

Step 2: Explore Site Readiness for Change & Decide on Necessary Adaptations.

Site Readiness

- *Assessing staff attitudes*, knowledge, and skills with respect to the use of gender-responsive principles and practices. The results of the survey will provide invaluable information to the implementation team to determine fit and feasibility of the adaptation. Specifically, the information can be used to determine staff training and supervision needs and to support changes in the culture essential to implement the gender-responsive principles. A variety of methods (including surveys, interviews and focus groups) can be used to assess staff readiness.²⁴
- *Review existing policies and practices* to determine alignment with gender-responsive principles.

Decide on Necessary Adaptations

- Introduce gender-responsive caseloads with staff that are interested in working with girls;
- Provide accommodations to address financial and child-care needs (e.g., consider modifying types of contacts with fewer office visits and more home visits for women who are unable to travel or who have child-care responsibilities, provide transportation support, etc.)
- Ensure staff, girls and parents have access to holistic and comprehensive services. Consistent with a gender-responsive approach is the holistic assessment of needs and the provision of services that support crime reduction, personal well-being and help to build social capital. Services may include, giving information or advice, providing assessment and treatment, advocacy, brokering services, etc. Also essential to a holistic approach is the engagement and inclusion of informal supports. Helping girls and their families to strengthen informal, prosocial supports and networks is essential in sustaining outcomes beyond the formal service delivery system.

Step 3: Conduct Staff Training and Pilot Testing of the Adaptation

²⁴ See National Institute of Corrections- Gender Informed Practices Assessment for tools to assess Staff Readiness.

Staff Training: All staff (operational and program staff), volunteers and stakeholders should be provided with training and supervision in gender-responsive practices. When possible, all staff should be cross-trained in the following:

Orientation to GR principles²⁵:

- Explore pathways and prediction research focused on justice-involved women.
- Discuss frequency and reasons that girls experience family conflict.
- Discuss gendered nature of victimization and abuse.

In addition, staff should receive intensive training and supervision in the following.

- Using a trauma-informed, strength-based and collaborative approach to support the intervention.
- Gender- and trauma-informed intervention, advocacy and referral.
- Dealing trauma disclosures.
- Working in a team with agency partners.
- Staff well-being (coping with vicarious trauma)

Pilot testing of the adaptation: Identify a pilot site(s) with access to a representative sample of girls and their families (consider ethnicity and race) and a large enough sample size to support research efforts (i.e., approximately 40 referrals per year).

Step 4: Refine Adaptations and Begin Implementation

- *Refine program adaptation:* Elicit detailed feedback from staff and other members of the implementation team to make final adaptations to the supervision model.
- *Be prepared to begin implementation:* Ensure that any policy changes have been fully explored and communicated to staff.

Step 5. Evaluate and Maximize Program Quality

A protocol for continuous quality assurance is essential to ensure fidelity to the program model and gender-responsive principles. Members of the implementation team should be charged with the following tasks:

- Modifying Staff Performance reviews to align with gender-responsive principles. For example, staff should be rewarded in their performance reviews for demonstrating behaviour consistent with gender- and trauma-informed practice and for adhering to the supervision model. Similarly, professional goals should reflect an increase in knowledge, familiarity and competence in gender-responsive principles and practices.

²⁵ Training materials are currently available. See for example, National Resource on Justice Involved Women: <https://cjinvolvedwomen.org/> and the National Institute of Corrections www.nicic.org

- Developing a protocol to provide ongoing supervision, coaching and to ensure program fidelity.
 - Provide staff with formal supervision and coaching. Staff will need support to feel confident in their specialized role as gender-responsive probation/parole officers or case workers. It is critical that they be provided with booster training in trauma-informed practices and staff well-being.
 - Facilitator Observation Form (Use an observation form that is completed by trained facilitators or quality assurance specialists either while sitting in a client meeting or when reviewing an audio/video tape).
 - The development of the observation form should include ratings that assess level of adherence to gender-responsive principles (e.g., approach used during the supervision session is consistent with relational, trauma-informed and strength-based approaches) and each phase and task outlined within the supervision model (e.g., completes assessment, develops case plan with woman, meets to discuss case plan, etc.).
 - Provide staff with strength-based feedback.

- Developing a protocol to build agency capacity by identifying select staff to function as quality assurance specialists and to become certified trainers.

Step 6. Evaluate and Maximize Program Impact

A protocol for conducting an interim and/or formal evaluation should be developed with an expert identified by or within the implementation committee. For agencies that lack the resources, or expertise to proceed we strongly encourage you to read Van Voorhis (2010). She provides an introductory guide to conducting gender-responsive research²⁶.

Data should be collected before, during, and/or after the supervision period is completed and when possible at 12, 24, and 30 months follow-up. As data is analyzed, results should be used to provide feedback to inform the implementation team with respect to further adaptations that will improve the process of implementation.

- *Conduct a formative or process evaluation of the supervision process.* The implementation team should designate members responsible for the following tasks:
 - *Develop a Logic Model* and clearly specify the supervision process, goals and anticipated outcomes.
 - *Review dynamic changes in the standardized risk need assessment from intake to completion of supervision.*
 - *Feedback:* Elicit feedback from the women during an exit interview to determine their satisfaction with the supervision process.

- *Conduct a formal evaluation of the program.* Consider initiating a formal evaluation after the program has been piloted and staff have reached a pre-defined level of comfort and

²⁶ Van Voorhis, P. (2010). Gender-responsive Interventions in the Era of Evidence-Based Practice: A Consumer's Guide to Understanding Research. Bureau of Justice Assistance. US Department of Justice.

familiarity in implementing the supervision model. Women tend to have lower base-rates for re-offending than males. Therefore, it is important when identifying outcomes indicators that other measures of success be considered:

- Behavioural outcomes such as decreases in absconding, revocations, increases in engagement and follow through, reporting rates, compliance with conditions.
- Intermediate targets including changes on the risk/need/strengths assessment (i.e., increase in strengths (personal coping strategies and external resources; decrease in risk factors).
- Official recidivism outcomes (e.g., decrease across group receiving gender-responsive supervision in new arrests, technical violations and new crimes)

Step 7. Disseminate Information Revised Program and Its Results. In order to advance our work with justice-involved women, additional research (process and outcome) is essential as are narratives of successful projects.

Please see Appendix E for case example #3 that involves adapting a community-based supervision model for use in probation and/or parole contexts

CHAPTER 8: CONCLUSIONS, RECOMMENDATIONS AND LESSONS LEARNED

Conclusions

Justice-involved girls and women are no longer correctional afterthoughts; however there remains a dearth of rigorous program evaluations that examine justice-related impacts. Further there are virtually no outcome evaluation studies or risk studies that speak to the LGBTQ community.

Of the 41 identified outcome evaluations, only two gender-responsive programs were evaluated independently, produced positive results and were replicated (at least once) using rigorous designs. These programs were (1) Moving On (Orbis Partners, n.d.) and (2) Beyond Trauma: A Healing Journey for Women (Covington, 2016) offered in conjunction with Helping Women Recover: A Program for Treating Addiction (Covington, 2019). Notably, a gender neutral program adapted for girls, Therapeutic Foster Care Oregon (TFCO; Chamberlain, 2003) has been replicated twice with positive effects vis-à-vis rigorous methodology, albeit the program developer was part of the evaluation in both cases.

The following programs/supervision models have been evaluated at least once using a rigorous research design and have generated promising results: Stop-Now-and-Plan (SNAP Girl, Augimeri et al., 2014), Girls Circle (One Circle Foundation, n.d.), and the Collaborative Case Work with Women (CCW-W, Orbis Partners, n.d.) Importantly, rigorous evaluations are currently underway for Voices: A Program of Self-Discovery and Empowerment for Girls (Covington, Covington, & Covington, 2017), a replication of SNAP for girls in eastern Canada, and a peer-led evaluation of Beyond Trauma: A Healing Journey for Women (Covington, 2016) and Helping Women Recover: A Program for Treating Addiction (Covington, 2019).

Fifty-six longitudinal studies involving female-only samples or samples with gender comparisons were identified that examined the extent to which potential risk or protective factors could predict a justice-related outcome(s). The results were organized into 16 over-arching categories and analyzed using a narrative as opposed to a meta-analytic approach.

In sum, criminal history was a consistent static predictor for males and females alike whereas race/ethnicity was consistently a poor predictor for males and females; age at time of first offence and offence type were generally poor predictors for both genders albeit age at time of first offence was somewhat predictive for males.

Consistent dynamic risk predictors for both genders included: criminal thinking, antisocial peers (but somewhat stronger for males than females), employment, poor parental supervision, absence of family support, and externalizing mental health issues (e.g., oppositional defiant disorder). Mixed support (for males and females alike) was observed for the following dynamic risk predictors: executive functioning, antisocial personality, internalizing mental health problems (e.g., depression, self-harm), substance abuse, childhood adversities, relationship quality, absence of peer support, education (but somewhat stronger for males), poor use of leisure time and community level factors (e.g., non-familial victimization, housing insecurity). Dynamic factors that consistently did *not* predict for either gender included major mental illness and self-concept.

Two variables were consistently identified as protective factors for females and males alike: family support and employment; although employment appeared to be equally important in both genders it was unclear whether the protective effect of family support was gendered. Mixed protective effects were observed for the following: peer support, education, executive functioning, and living with a partner; further it wasn't clear whether or not any of these potentially promising protective factors operated more strongly in one gender or another.

A content analysis of What Works and gender-responsive materials generated 13 over-arching gender-based principles:

1. Create Environments Characterized by Safety, Respect and Dignity
2. Conduct Comprehensive Individualized Assessments
3. Target Multiple Needs
4. Target Needs Using a Holistic Framework
5. Utilize Community-based Wrap Around Services Emphasizing Continuum of Care
6. Be Trauma Responsive
7. Be Strength Based
8. Be Relational
9. Implement Structured, Skills-based Treatment to Reduce Needs
10. Implement Diversity Responsive Approaches
11. Train and use Staff Appropriately
12. Embrace Research and Evaluation
13. Implement Sustainable Programs with High Fidelity

Although these 13 over-arching principles could be simultaneously used as a preliminary gender-based checklist, it is advisable that organizations wishing to evaluate their gender-responsiveness utilize a more comprehensive “checklist”—the Gender-Responsive Policy and Practice Assessment (GRPPA, Bloom et al., 2014).

Recommendations

Implement Blended Program and Service Delivery Models

The evidence suggests that the most promising programs are *blended* programs that incorporate evidence from both the gender-responsive and What Works knowledge bases. Notably, adherence to the risk principle and program integrity are critical to ensure success. This holds true for all clients regardless of gender, age or ethnicity.

More Research, More Canadian Research, Better Research

Only two of the 41 identified evaluation studies were conducted in Canada. One of these studies is rather dated, occurring in 1976 in a youth custodial setting; the second study involved at-risk girls under the age of 12 (SNAP, Pepler et al., 2010). SNAP requires replication with girls.

Notably, an independent process and outcome evaluation of Alternative Pathways: SNAP® being offered in Bryony House, Nova Scotia is currently underway.

To date in Canada, we have no methodologically rigorous studies evaluating the effectiveness of programs designed specifically to reduce future justice involvement among justice-involved women or girls.²⁷ As a starting point, it would be helpful to conduct an in-depth national survey of currently offered gender-responsive programs across the country (both official core programs offered by correctional agencies as well as those offered in the community or those offered under contract with various agencies). This research should be supplemented with focus groups and be cross-sectoral in nature targeting child welfare, mental health and substance abuse agencies as well as justice agencies. The next logical step involves a demonstration project evaluating one or more promising interventions (e.g., Girls Circle for low risk girls, Moving On/Girls Moving On for moderate risk women/girls). Cost benefit analyses are also encouraged. It would also be helpful to evaluate the extent to which pre-existing services for girls and women are truly gender-based using the Gender-responsive Policy and Practice Assessment (GRPPA, Bloom et al., 2014). Lastly, and perhaps most importantly, researchers need to pay closer attention to how best to operationalize the GBA+ analytic process in practice.

Bring Focus to the LGBTQ2 Justice-Involved Population

Bring LGBTQ2 justice-involved people to the forefront of research and practice. In short, we need to broaden how we think about LGBTQ2 identity and criminality and translate this knowledge into practice (Woods, 2017).

Invest in Gender-Based Training in Justice and Cross-Over Agencies

Invest in nationwide gender-based training in all justice-related settings (community and institutional), and cross-over agencies: social services, police, the courts and correctional settings. To facilitate this process, the designation of a national champion to oversee the implementation of gender-based practices is recommended.

Lessons Learned

Method Matters

Reliance on statistical significance particularly with small sample-sized studies that typically characterize this field is highly problematic; effective programs as evidenced by moderate to large effect sizes may be passed over. It is difficult to conduct methodologically rigorous research for a variety of reasons—they are costly, girls/women occur in such low frequency that multi-site evaluations are required, which in turn requires more funding to ensure high program fidelity and rigorously controlled studies.

²⁷ Although Correctional Service of Canada has spent many years creating a repository of program evaluations for federally sentenced women none of these studies met our inclusion criteria due to the absence of comparison groups. As Dr. Stewart recently noted, the problem with women-centered evaluation research in CSC is that every woman eventually gets treated (L. Stewart, personal communication, June 1, 2019).

Implementation Matters

Failure to adhere to program fidelity and the risk principle can and will adversely impact program outcomes.

Replication Matters

Small sample sizes that typify gender-based crime prevention evaluations may be potentially misleading. For example, using a sample of 27 females and 39 males, Vitopoulos, Peterson-Badali, and Skilling (2012) reported that criminogenic treatment needs identified at assessment that were subsequently addressed in the community reduced reoffending for justice-involved male youth but not for their female counterparts, suggesting that the need principle does not apply for females. In contrast, a more recent replication (Finseth, 2019) with a larger sample ($N = 261$ youth; 30% female) has found that criminogenic treatment needs identified at assessment that were addressed in the community reduced criminal reoffending for male and female justice-involved youth alike thereby supporting the need principle.

Gender-responsive Champions Matter

While 1990-2010 witnessed a “boom” in gender-responsive program evaluations, published studies since that time have sharply declined averaging 1.3 studies per year, since 2010. However, there is considerable cause for optimism given the sheer number of women/girl centered programs and delivery models being implemented in practice.

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articles preceded with * were used to extract the gender-based crime prevention principles
articles preceded with ** were included in the systematic review of risk and protective factors
articles preceded with *** were included in the systematic review of outcome evaluations

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APPENDIX A

Defining Risk and Protective Factors

The terms *risk* and *protective* factors have been broadly and loosely used in research, policy, and practice. Key to the definitions of both risk and strength factors is the requirement that the factor in question is associated with a clearly identified outcome (e.g., being charged with an offense, being convicted of an offense) and that the factor *precedes* the outcome (Kraemer et al., 1997). Notwithstanding definitional debates, throughout this report this will be our working definition of both risk and protective factors.

In the criminal justice context, risk factors “refer to characteristics of people and their circumstances that are associated with an increased chance of future criminal activity” (Andrews & Bonta, 2010, p. 20). Risk factors can be fixed/static, and thus cannot change spontaneously or as a result of intervention (e.g., race, gender, year of birth; Kraemer et al., 1997), or they can be dynamic, they can change either spontaneously (e.g., age) or via intervention (e.g., poor impulse control; Kraemer et al., 1997). Within the Risk-Need-Responsivity (RNR) framework, dynamic risk factors are also termed criminogenic needs; it is these factors that are “possible intermediate targets of change for treatment services when an objective is reduced reoffending” (Andrews & Bonta, 2010, p. 22). It should be noted that, while the RNR framework focuses on reoffending, the definitions are also relevant in the context of predicting and preventing offending generally (i.e., onset and continued offending).

There is considerable variability and confusion around protective-related terms. The term *strength* is often used an umbrella concept that identifies “positive internal (e.g., goals, priorities, values) and external (e.g., prosocial peers, supportive family) resources that are available to an individual” (Laws & Ward, 2011 as cited in Wanamaker, Jones & Brown, 2018, p. 204). Central to the definition is that strengths add something positive to an individual’s life (Lodewijks, de Ruiter & Doreleijers, 2010, p. 204); as such, *strength* is not merely the absence of risk in the same way that *wellbeing* is not merely as the absence of illness.

Within this umbrella concept are two subtypes of strengths. *Promotive factors* are strength variables that are associated with a reduced probability of (re)offending regardless of one’s level of risk; in other words, they have a direct, independent, association with (re)offending. For example, Farrington, Ttofi and Piquero (2016) reported that age, eight measures of low extroversion, few friends, and being shy/withdrawn were promotive variables in that they were negatively associated with convictions up to age 50, regardless of whether boys were considered low, moderate, or high risk. *Protective factors* are often defined as variables that are associated with a reduced probability of (re)offending in high risk groups, but have a weaker association with (re)offending in lower risk groups (e.g., good parental supervision, which was particularly important for reducing rates of conviction in high risk boys; Farrington & Ttofi, 2011 as cited in Farrington, Ttofi & Piquero, 2016). Thus, central to the definition of a protective factor is that it operates in the context of heightened risk, thus capturing the notion of *resilience* – another commonly used term in current literature. Definitional caveats notwithstanding, we use the umbrella term *protective factor* throughout the remainder of the report. However, we will engage in nuanced discussion if warranted.

Measuring Risk and Protective Factors

Measurement issues surrounding risk are less debated. However, there are a number of unresolved issues around the measurement of protective factors. This debate in turn has implications for how risks are measured. Because definitions of risk and protective factors in the literature are varied, they have been measured in diverse ways that have, at times, complicated rather than clarified our understanding. However, there are two general ways to measure both risk and protective factors.

First, risk and protective factors can exist as opposite ends of a single dimension (e.g., family cohesion – with weak cohesion being associated with negative outcomes and strong cohesion associated with positive outcomes; see Finseth, 2019). These variables have sometimes been called *mixed factors* (Farrington et al., 2016; Li et al., 2018) because low values represent risk and high values represent protection with respect to the concept being measured; the assumption is that they are linearly related to outcome (e.g., probability of reoffending) and that offenders cannot simultaneously possess both risk and protection within a given construct. For example, the Service Planning Instrument for Women (SPIN-W; Orbis Partners, n.d.) measures risk and protective factors this way.

Second, risk and protective factors may be distinct variables that have no ‘opposite pole’ or counterpart (Jones, 2016; Wanamaker et al., 2018). One such example is ‘religiosity’, which has been proposed as a protective factor, but its opposite (the absence of religiosity) is not suggested as a risk factor. Similarly, a risk factor may have no protective counterpart. For example, criminal history is a risk factor, but the absence of criminal history is generally not considered a protective factor.

However, whether certain risk factors have (or should have) a corresponding opposite pole remains undecided. For example, whilst the Level of Service Instruments (e.g., Youth Level Service/Case Management Inventory [YLS/CMI] and Level of Service/Case Management Inventory [LS/CMI]) includes a *strength* box for substance abuse and personality/behaviour, a comparable measure used by the Correctional Service of Canada, the Dynamic Factor Identification and Analysis-Revised (DFIA-R; Brown & Motiuk, 2005), does not permit scoring the absence of substance abuse or personal/emotional deficits as protective factors. Thus, determining whether risk and protective factors should be measured simultaneously using a dimensional, poled system or whether risk and protective factors should be scored separately because of the absence of a clear opposite pole remains both a conceptual and empirical exercise that has yet to be reconciled.

It is also important to examine the *distinct* contributions of risk and protective factors to outcomes. This means analyzing risk and protective factors *together* in multivariate statistical models to understand the relative contribution of the different factors to variations in outcome (e.g., probability of reoffending). At other times, a multivariate hierarchical approach may be taken—risk measures are entered into the analysis first and the question is whether strength

measures make a unique contribution to the outcome over and above what is accounted for by the risk measure.²⁸

In sum, risk and protective factors are measured for two purposes: as a means of estimating the probability of an outcome (e.g., overall reoffending likelihood) and identifying intervention targets (case planning). These purposes are often related but they are distinct. For example, static risk or protective factors may provide important information for assessing the likelihood of reoffending but – because they cannot be changed – they are not useful intervention targets. Importantly, a number of risk assessment tools developed through a gender-responsive lens with female-specific validation data are emerging. Some examples include: the Early Assessment Risk List for Girls (Earl-21G; Levene et al., 2001); the Youth Assessment Screening Inventory (YASI, Orbis, n.d.); the Service Planning Instrument for Women (SPIN-W; Orbis Partners, n.d.), the Dynamic Factor Identification and Analysis-Revised (DFIA-R) measure (Brown & Motiuk 2005, and the Women’s Risk Needs Assessment (WRNA, Van Voorhis, Bauman, & Brushett, (2013). Now, we describe the methods and results examining the extent to which the various items contained in many of these tools as well as standard gender neutral tools (LSI) predict outcomes for justice-involved samples.

²⁸ This second approach likely reflects the fact that assessing and addressing risk factors preceded – historically – the consideration of the contribution of protective factors to outcomes; thus, the value of protective factors has at times been conceptualized in terms of the information they *add* to what is already known about risk factors (Wanamaker et al., 2018; Finseth, 2019). This is not necessarily an unreasonable approach but it seems fair to at least question whether proposed risk factors should be privileged over protective factors in assessment.

APPENDIX B: METHODOLOGY

Risk and Protective Factors: Search and Article Selection Methodology

Step 1. Establish Eligibility Criteria

To ensure all potential articles/studies were selected for initial review, we targeted a broad range of sources, including primary studies, narrative literature reviews, and meta-analytic reviews; no date restrictions were imposed. We included peer-reviewed (e.g., journal articles) and non-peer-reviewed work (e.g., books, edited books, technical reports published by governments or agencies) from Canadian and international authors. We included articles across the developmental spectrum from childhood through adulthood.

Step 2. Establish Information Sources

Databases searched included: PsycINFO, ERIC, Criminal Justice Full Text, Child Development and Adolescent Studies, Applied Social Sciences and Abstracts, Sociological Abstracts, Social Services Abstracts, Gender Studies Database, and Studies on Women and Gender Abstracts.

Step 3. Search Terms and Strategy

After trial and error and consultation with library experts on systematic and systematized literature reviews, the following search terms were used to identify articles:

Risk factor search: gender, girl*, female*, woman, women, offen*, criminal, crime, delinquen*, or recid, and risk. **Strength factor search:** gender, girl*, female*, woman, women, offen*, criminal, crime, delinquen*, recid*, strength, protective, promotive, buffer, and resilien*.²⁹

Step 4. Selection Process

Junior team member Aminah Chambers executed the risk factor and strength factor searches as outlined above.

Together, these searches resulted in a total of 7,983 articles. Titles were screened to identify duplicates and irrelevant articles; 7583 articles were screened out and 600 remained. A further 78 articles were identified through review of reference lists. For each of the 678 articles, the title, abstract, keywords, and – where necessary – full texts were reviewed for inclusion in the final list. Entries were excluded if they

- were written in a language other than English
- were not longitudinal (either prospective or retrospective); i.e., the outcome was not measured at a point later in time from the predictor (risk or strength factor)

²⁹ Given that our inclusion criteria required female only studies or studies that included *both* females and males (with disaggregated results) it was not necessary to include male only search terms as any study that included females would have been examined for male comparisons.

- did not report an analysis on criminal outcomes (e.g., studies reporting on ‘aggression’ or ‘delinquency’ that did not include measures of offending were excluded) or included exclusively self-report measures of criminal outcomes
- reported on a male-only sample
- did not report any analysis on gender (for studies that included both males and females)

While non-primary source articles (i.e., literature reviews and meta-analyses) were not included in the final analysis (to avoid duplication of studies reviewed), their reference lists were reviewed and articles that might meet inclusion criteria were identified and screened. Articles (including government reports and other grey literature) known to the authors but not picked up in the search were also screened for inclusion.

LGBTQ2 overall search. At this stage we also conducted one overall LGBTQ2 search that served as a reservoir of articles for the entire report. Given the novelty of scholarly LGBTQ2-related research in the criminal justice field we restricted our search to the last 10 years. This process identified 28,659 articles. Notably, not one article was found that met our inclusion criteria for this section of the report.

Our search terms and strategy were as follows:

lesbian OR bisexual OR gay OR asexual OR pansexual OR transgender OR transsexual OR trans OR sexual minority OR gender minority OR queer OR questioning OR LGBTQ OR GLBT OR LGBTQQ OR gender nonconforming OR gender fluid OR gender variant OR gender queer OR lesbian OR bisexual OR transgender OR gender nonconforming OR queer OR non binary OR gender identity OR sexual orientation OR gender expression) AND

(Juvenile justice OR probation OR courts OR law enforcement OR prison OR parole OR jail OR diversion program OR juvenile detention OR juvenile custody OR juvenile OR delinquent OR offender OR inmate OR detainee OR remand OR youth justice OR youth detention OR youth custody OR corrections OR detention OR crime prevention OR incarceration or recid* OR reintegration OR re-entry OR risk OR criminal OR crime OR delinquen* OR offen* OR criminal OR crime OR strength, protective, promotive, buffer OR resilien*)

GBA Principles and Outcome Evaluations: Search and Article Selection Methodology

Step 1. Establish Eligibility Criteria

To ensure all potential articles/studies were selected for initial review we targeted a broad range of sources, including primary studies, narrative literature reviews, and meta-analytic reviews; no date restrictions were imposed. We included peer-reviewed (e.g., journal articles) and non-peer-reviewed work (e.g., books, edited books, technical reports published by governments or agencies) from Canadian and international authors. We included articles across the developmental spectrum from childhood through adulthood.

Step 2. Establish Information Sources

In consultation with the librarian the following databases were included in our search: PsycInfo, PsycArticles, PsycTests, PsycBooks, ERIC, Criminal Justice Abstracts, Criminal Justice Full Text, Child Development and Adolescent Studies, Gender Studies Database.

We also consulted the grey literature the following web-based resources: Correctional Service of Canada, Public Safety, Elizabeth-Fry Society, Australian Institute of Criminology, National Criminal Justice Reference Service, U.S. National Institute of Corrections, Bureau of Prisons, U.K. Home Office, U.K. Ministry of Justice, The Urban Institute, The Pew Charitable Trusts, and the Center for Gender and Justice. Reference lists of retrieved articles were also cross-referenced. A general google search was also underway to ensure no pertinent material is missed. Dr. Marilyn Van Dieten our content expert also reviewed our finalized reference list.

Step 3. Search Terms and Strategy

Our search term combinations (3,910 in total) were as follows:

- Gender informed OR gender responsive OR gender specific OR gender salient OR gender focused OR gender-based OR girls OR female OR women OR woman, AND
- Juvenile justice OR probation OR courts OR law enforcement OR prison OR parole OR jail OR diversion program OR juvenile detention OR juvenile custody OR juvenile OR delinquent OR offender OR inmate OR detainee OR remand OR youth justice OR youth detention OR youth custody OR corrections OR detention OR crime prevention OR incarceration, AND
- Principles OR guidelines OR rules OR protocols OR mandates OR approaches OR programs OR treatment OR intervention OR therapy OR rehabilitation OR prevention OR reintegration OR re-entry OR evaluation OR assessment OR recidivism

Recall that one over-arching LGBTQ2 search was conducted as described above.

Step 4. Selection Process

Under the supervision of the principal investigator (Shelley Brown), Megan Wagstaff conducted all initial searches as described above. The search resulted in 23,900 articles after duplicates were removed. For each of these, the title, abstract, keywords, and – where necessary – full texts were reviewed for inclusion in the final list. Entries were excluded if they

- were written in a language other than English (minimally abstracts are in English)
- reported on a male-only sample
- were not focused on at risk girls, or justice-involved girls and/or women
- did not include correctional or justice-specific related goals/outcomes
- did not report an analysis on gender

Overall Quality Assurance Check (for all searches)

Research Assistant Kaitlin Fredericks replicated the following random selection of 10 search term combinations originally conducted by Megan Wagstaff:

- Gender informed AND juvenile detention AND treatment
- Gender focused AND inmate AND therapy
- Female AND law enforcement AND rules
- Gender specific AND detainee AND rehabilitation
- Female AND delinquent AND approaches
- Girls AND prison AND prevention
- Gender informed AND offender AND treatment
- Females AND courts AND programs
- Gender salient AND juvenile AND program
- Women AND parole AND guidelines

The comparison showed no differences in the number of records found for each search, and no new records were found.

Similarly, Research Assistant Kaitlin Fredericks replicated the following random search combinations originally conducted Aminah Chambers:

Risk:

1. gender and offen* and risk
2. female* and crime and risk
3. woman and criminal and risk
4. girl* and recid* and risk
5. women and incarc* and risk
6. gender and recid* and risk
7. female* and criminal and risk
8. women and offen* and risk
9. girl* and crime and risk
10. woman and offen* and risk

Protective

1. gender and crime and resilien*
2. female* and offen* and buffer
3. women and criminal and protective
4. girl* and criminal and promotive
5. gender and delinquen* and buffer
6. woman and recid* and protective

7. girl* and crime and buffer
8. gender and incarceration* and promotive
9. women and criminal and buffer
10. woman and delinquent* and strength

The comparison showed no differences in the number of records found for each search, and no new records were found.

APPENDIX C: CONTEXT FOR NARRATIVE OUTCOME EVALUATION REVIEW

Context: The What Works Era

The What Works rehabilitation literature for justice-involved individuals is as expansive, as it is informative. In 2004 alone, McGuire identified more than 40 meta-analytic reviews focused on evaluating correctional treatment effectiveness. However, the vast majority of the extant literature has not been generated through a GBA+ lens as defined by Women and Gender Equality Canada. Recall that GBA+ “*is an analytical process used to assess how diverse groups of women, men and non-binary people may experience policies, programs and initiatives...*” (Status of Women Canada, n.d.). The literature has historically focused predominately on boys and men—or the cis male (a male whose assigned sex at birth (i.e., male) matches his gender identity as he experiences it (i.e., as a man)). Although the effectiveness of rehabilitation efforts with girls and women is steadily increasing, it pales in comparison to the male-based literature. Further, how non-binary people, or how girls, women, and non-binary people with multiple intersecting identities (e.g., age, race, ethnicity, culture, religion, disabilities) are impacted by rehabilitation efforts has garnered little attention.

Nonetheless, this does not imply that the results of 50+ years of research and 40 meta-analytic reviews (and counting) based predominately on boys and men have no relevancy for girls, women, and non-binary people. Further boys and men *are* fully encapsulated within a GBA+ framework. Consequently, we briefly highlight key findings from the generic What Works literature base that has generally been gender-neutral or predominantly male-based. Next, we review what is currently known about the effectiveness of crime prevention and rehabilitation efforts with girls, women (and when available non-binary girls/women). Available findings that simultaneously tackle issues germane to gender and intersecting identities are also underscored.

Key Conclusions from the What Works Era

The *nothing works* doctrine of the early 1970’s (Lipton, Martinson, & Wilks, 1975; Martinson, 1974) has been replaced with the What Works doctrine in large part due to the results of 40+ meta-analytic treatment reviews, persuasive narrative reviews (e.g., Cullen, 2012; Farrington, 2017; Gendreau & Ross, 1979; Palmer, 1975) and thoughtfully crafted monographs of the empirical evidence (e.g., Bonta & Andrews, 2017). In short, the key conclusions from this vast knowledge base are as follows:

Based on a meta-analytic review of 225 studies (adults and youth were equally represented) that generated 374 individual treatment effects, any kind of human service delivered in a correctional setting can reduce recidivism by 8% (Bonta & Andrews, 2017)³⁰. Notably, Lipsey’s (2009) meta-analysis involving 548 samples of justice-involved youth revealed a comparable reduction in recidivism of 6% due to human services. Gender was not a focus of either of these meta-analyses.

³⁰ This is an updated analysis of the seminal correctional treatment meta-analysis published by Andrews, Zinger et al. (1990) that was based on 124 treatment outcome studies and 154 individual treatment effects

Punishment—defined as simply being in prison vs. the community or serving longer as opposed to shorter prison sentences—actually increases recidivism rates. Smith, Goggin and Gendreau (2002) meta-analyzed 57 studies involving 375,000 offenders and 337 effect sizes and found that serving time in prison vs. the community (risk level was controlled) was associated with a 7% *increase* in recidivism. Similarly, spending more time in prison vs. less time in prison was associated with a 3% increase in recidivism. Gender was not a focus of this meta-analysis.

Military-style boot camps, *Scared Straight* approaches (e.g., sending youth to visit incarcerated adults who then describe the horrors of prison life), intensive supervision practices (heavy surveillance: electronic monitoring, curfew checks, unannounced home visit, random drug testing) in and of themselves do not impact recidivism in youth or adults. In some cases, recidivism actually increases. Reductions in recidivism have occurred when these punishment-oriented methods are accompanied by evidence-based treatment (Bonta & Andrews, 2017). Notably, the one and only systematic review in this area that focused on women involved boot camps. Unequivocally, the authors concluded that boot camps were ineffective and, in some cases, harmful for women particularly those that combined men and women (Mackenzie & Donaldson, 1996).

The meta-analytic evidence (results not disaggregated by gender) has also clearly illustrated that adherence to the principles of risk—target higher risk individuals, need—prioritize criminogenic/crime causing needs, and general responsivity—use approaches grounded in social learning theory (e.g., cognitive restructuring, effective behavioural reinforcement and prosocial modeling) yield the greatest reductions in recidivism—upward to 35% when all three principles are met in community settings (Bonta & Andrews, 2017).

Landenberger and Lipsey’s (2005) meta-analytic review of 58 experimental/quasi-experimental studies that focused specifically upon the effectiveness of cognitive behavioural therapy (CBT) programs in correctional settings revealed that CBT’s effectiveness is relatively robust across a range of variables. The effects are consistently positive irrespective of type of population (juvenile vs. adult), which brand of CBT is used, and treatment setting. The authors also reported that anger control, individualized sessions combined with group sessions, cognitive restructuring (e.g., activities and exercises aimed at recognizing and modifying the distortions and errors that characterize criminogenic thinking) were associated with the strongest outcomes. Effects could not be analyzed between gender as only 3 of the 58 effect sizes were based exclusively on samples of females.

Increasingly, there is consistent evidence that programs that reduce criminal recidivism can also demonstrate cost-benefit savings (Farrington & Koegl, 2015). Aos, Lee et al. (2012) for example demonstrated that programs grounded in evidence-based practice could generate substantial savings in the form of reduced criminal justice costs associated with averted re-contact, avoidance of lost wages, welfare costs and the pain and suffering of potential victims. For example, Functional Family Therapy—a program that targets high risk youth—was estimated to generate \$57,345 in savings per offender. In contrast, programs such as *Scared Straight* actually incurred negative returns (e.g., costing 6,095.00 per offender).

Programs that are implemented in the manner in which they were intended (i.e., characterized by high program fidelity) are associated with greater reductions in recidivism (Lipsey, 2009). Similarly, staff characteristics (effective use of authority; display anticriminal modeling and reinforcement; problem solving; use of community resources; and the ability to develop an interpersonal relationship with clients) are linked to successful program outcomes (Dowden & Andrews, 2004); not surprisingly competent correctional staff save taxpayers money while incompetent staff cost taxpayers money (Aos et al., 2012).

What Works: Ongoing Areas for Debate and Research

Despite the meta-analytic evidence that RNR-grounded programs reduce recidivism, there is less evidence explicitly linking changes in treatment targets to reductions in recidivism (e.g., Kroner & Yessine, 2013). More research is needed illustrating how the mechanisms of change lead to reductions in recidivism.

The RNR model has amassed considerable empirical support. Newer alternative approaches such as the Good Lives Model (Brayford, Cowe & Deering, 2011; Ward, 2002) and the desistance paradigm (Veysey, Christian & Martinez, 2009) are gaining momentum but require more empirical investigation as well as further theorizing about how these approaches can be integrated into the RNR paradigm.

The responsivity principle is comprised of two parts: general and specific responsivity. As noted, general responsivity states that rehabilitation efforts should be grounded in social learning principles for all offenders. The specific responsivity states that rehabilitation efforts must be tailored to the individual such that the following factors are considered: cognitive/interpersonal skill level, anxiety, antisocial personality pattern, lack of prosocial supports, gender, age, race/ethnicity/culture, mental disorder, poor motivation, and strengths (Bonta & Andrews, 2017). As Bonta and Andrews note “the principle of specific responsivity needs to be explored and expanded upon.” (p. 344). In essence, this entire report is dedicated to expanding the specific responsivity principle through a gender-based lens.

Context: The Gender-Responsive Era

Feminist scholars first drew attention to justice-involved girls and women in the 1970's (e.g., Alder, 1975; Smart, 1976) and 80's (e.g., Morris, 1987; Naffine, 1987). However, concerns germane to justice-involved girls and women remained noticeably absent among North American policy makers and correctional agencies until the early 1990's. In Canada, *Creating Choices* (1990) was published describing a comprehensive philosophy for meeting the needs of federally sentenced women that remains in effect today. The Canadian Corrections and Conditional Release Act (1992) mandated the provision of programs specifically designed to meet the needs of women offenders. In 1992, the United States amended the Juvenile Justice and Delinquency Prevention Act legislating accessible programs for justice-involved girls as well as policies designed to avert gender bias. In 2003, Canada's Youth Criminal Justice Act was amended recognizing respect for gender (as well other intersecting identities such as ethnicity, culture, language, and Indigeneity).

Since 2000 correctional agencies worldwide have started to draw attention to justice-involved girls and women. In 2007, England and Wales published, *The Corston Report: A Review of Women with Particular Vulnerabilities in the Criminal Justice System*. In 2003, the United States produced, *Gender-responsive Strategies: Research, Practice, and Guiding Principles* (Bloom, Owen & Covington, 2003). Similarly, Scotland's focus on justice-involved women and girls continues to flourish as exemplified by several key reports (e.g., *Commission on Women Offenders*, 2011; *From Vision to Reality – Transforming Scotland's Care of Women in Custody*, Robinson, 2015). All of the reports underscore the diversity of girls and women's lives and the need to address intersecting identities. Unfortunately, the fast-paced changing landscape regarding LGBTQ2 people was generally not given attention in these reports. However, noteworthy, a transgendered unit was recently opened in a prison based in London, England (BBC, 2019). Similarly, in response to an amendment to the Canadian Human Rights prohibiting discrimination based on gender identity or expression, the Correctional Service of Canada now considers requests on a case-by-case basis that allows offenders to be housed in institutions based on gender identity or expression versus biological sex (barring any safety concerns).

The most striking development occurred in 2010 when all 173 United Nations countries unanimously voted in favour of 70 gender-based rules for correctional decision makers—the *United Nation Rules for the Treatment of Women Prisoners and non-Custodial Measures for Women Offenders* (United Nations, 2010). These rules are known as the *Bangkok Rules* given the instrumental role played by HRH Princess Bajrakitiyabha of Thailand in their development.

Two main themes dominated the gender-focused criminological literature in the 1990's and into the 2000's. First, the feminist scholarly literature concentrated on understanding retrospectively, using interview-based qualitative methods with justice-involved women that focused on understanding the pathways that led these women to the justice system. In short, this collection of work—known as *pathways theory*—has concluded that the most common pathways to the justice system for girls and women include: aversive family environments (e.g., abuse, neglect, trauma during childhood) which result in inadequate coping strategies (substance abuse) or propel girls into the streets where requisite forced survival strategies (e.g., sex trade, robbery, drug use/selling) are in turn criminalized, unhealthy relationships with intimate partners (e.g., intimate partner violence, explicit or implicit coerced involvement in the drug trade, and economic marginalization/poverty (see Belknap, 2015 for a review).

Second, a number of studies emerged assessing the needs of justice-involved girls and women in the system. Methods varied but often involved interviewing the girls and women themselves, conducting surveys and/or focus group with girls, women, staff and policy makers (Austin, Bloom & Donahue, 1992; Belknap, Holsinger, & Dunn, 1997; Bloom et al., 2003; Koons et al., 1997; Simkins & Katz, 2002). Conclusions of these studies were largely that the system had failed girls and women—several gaps in programming: program evaluations linked to justice outcomes are non-existent. Noteworthy, these needs-assessment studies that typically involve asking justice-involved individuals or providers themselves remain prominent today and many of the conclusions reached by these studies are consistent with gender-responsive principles that have been advocated for (e.g., Johnson et al., 2015; Mahoney, Chouliara, & Karatzias, 2015; Trotter, McIvor & Sheehan, 2012).

APPENDIX D: ANNOTATED BIBLIOGRAPHY: JUSTICE-INVOLVMENT OUTCOMES FOR GIRLS AND WOMEN³¹

Note. Child and/or youth-focused studies are presented first, followed by adult-focused studies. Earlier published studies are presented first however, if multiple evaluations of the same program exist they are presented together regardless of year of publication.

Child and/or Youth focused

Study # 1

Sowles, R. C., & Gill, J. H. (1970). Institutional and community adjustment of delinquents following counseling. *Journal of Consulting and Clinical Psychology*, 34(3), 398.

Program: This study evaluated the effectiveness of 40 hours of **individual or group counseling**, delivered by social workers to justice-involved boys and girls residing in an “Industrial School” in Utah. The nature of the counseling was not described.

Sample & Methodology: The sample consisted of 45 delinquent boys, and 15 delinquent adolescent girls from the Utah State Industrial School, aged 13 to 17 years (80% White). The boys had committed the following offenses: truancy, vandalism, theft, assault and “ungovernability”; the girls were being held for truancy, promiscuity, vandalism and “ungovernability”. The participants were randomly assigned to one of three conditions: individual counseling, group counseling, or no counseling. The males received counseling from a male social worker; the females received counseling from a female social worker. Attitudinal measures were taken both pre and post intervention. Institutional adjustment was measured via a variety of measures (e.g., escapes, disciplinary reports). Post-institutional adjustment was measured 10 years post release in the form of parole violations and re-admission to correctional facilities.

Results: Although there were changes in attitude scores at the end of the treatment period for both genders, counseling did not improve institutional or community adjustment for either gender.

Discussion: The evaluation is dated, based on a small sample of girls whose “offenses” would most likely not warrant justice-involvement under the Youth Criminal Justice Act. Further the counseling offered does not represent contemporary evidence-based practices of what an intervention should entail.

³¹ At the time of this review no studies specifically involved non-binary justice-involved individuals

Study #2

Redfering, D. L. (1973). Durability of effects of group counseling with institutionalized delinquent females. *Journal of Abnormal Psychology*, 82(1), 85.

Program: This study evaluated the effectiveness of **group counseling** (nature, length, type not described) with institutionalized female youth (age not specified) from Indiana.

Sample & Methodology: The treatment group was comprised of 18 institutionalized girls and the comparison group was comprised of 18 randomly selected girls from a girl's school in Indiana (assumedly a training school for justice-involved girls). Very little methodological information was provided nor information about the study sample (e.g., no racial breakdown was provided). Outcome and attitudinal data were obtained vis-à-vis self-report questionnaires one year following the group counselling.

Results: The treated girls evidenced better scores on a measure tapping concepts about "father," "self," and "mother." However, both groups were equally likely to have self-reported being readmitted during parole.

Discussion: The evaluation is dated and contains few details, based on a small sample of girls and an unspecified form of counseling that would not meet contemporary evidence-based practices of what an intervention should entail.

Study #3

Ross, R. R., & McKay, H. B. (1976). A study of institutional treatment programs. *International Journal of Offender Therapy and Comparative Criminology*, 20(2), 165–173.
<https://doi.org/10.1177/0306624X7602000209>

Program: This study evaluated 4 different **behaviourally-based treatment approaches** with incarcerated female youth (justice-status not identified) held in a separate unit within a provincially-run correctional institution in Ontario. The programs descriptions were as follows: #1: token economy where staff implemented tokens for good behaviour and took away tokens for bad behaviour, #2: token economy where staff implemented tokens for good behaviour only, bad behaviour was ignored, #3: token economy was combined with peer therapists trained in the principles of behavioural modification, and #4: peer therapists only trained in the principles of behavioural modification.

Sample & Methodology: The treated sample was comprised of 60 girls; 15 girls were exposed to positive and negative behaviour token economy, 15 girls were exposed to positive behavioural token economy, 15 girls exposed to positive token economy and peer therapist (trained in behavioural modification) and 15 girls were exposed to peer therapy (trained in behavioural modification) only. The comparison group was comprised of a matched sample of 15 girls who participated in the regular training school activities. Thus, the total study sample was 85 girls (racial breakdown not provided). All girls were between 13 and 17 and were described as having

chronic and severe behaviour problems. The researchers measured both institutionalized behaviour as well as re-offending behaviour during a 9 month follow-up period.

Results: All variants of the token economy resulted in *more* post-release returns (53.3% to 66.6%) than regular training school (33.3% returned). Only the peer therapist program resulted in less returns to custody (6.6%) than the training school (33.3%). All variants of the token economy resulted in *fewer* or similar incidents of pro-social behaviour within the institution (33 to 65 incidents) in comparison to the training school (65 incidents); similarly all variants of the token economy resulted in more or similar incidents of antisocial behaviour (85 to 124) than the training school (85 incidents). Again, only the peer therapist program reduced antisocial behavioural incidents (26 incidents vs. 85 incidents).

Discussion: Behavioural token economies did not increase prosocial behaviour and nor did they decrease antisocial behaviour. However, peer therapists trained in the principles of behavioural modification can improve both institutional and post-release adjustment among justice-involved girls. Importantly, the results support the importance of relationally-based therapies for justice-involved girls *and* that relationally-based therapies can co-exist with behavioural modification therapies.

Study #4

Buckner, J. C., & Chesney-Lind, M. (1983). Dramatic cures for juvenile crime: An evaluation of a prisoner-run delinquency prevention program. *Criminal Justice and Behaviour*, 10(2), 227–247. <https://doi.org/10.1177/0093854883010002006>

Program: This study evaluated an inmate-run, *Stay Straight* program at Hawaii's major prison. The Hawaii Stay Straight program is similar to Scared Straight initiatives in that it uses the prison environment to deter youth from engaging in crime through the use of storytelling and advice-giving to prevent youth from engaging in crime. Stay Straight involved exposing youth to solitary confinement cells and having them listen to a two to three hour long “rap” session performed by 4 to 6 inmates detailing the perils of criminal involvement.

Sample & Methodology: The Stay Straight sample was comprised of 150 youthful offenders ($n = 100$ males; $n = 50$ females); the comparison sample consisted of 150 youthful offenders ($n = 100$ males; $n = 50$ females). Racial breakdown not clear. The comparison sample was carefully matched to the treatment sample on a number of key variables. Follow-up occurred one year after program completion.

Results: In sum, the program did not impact arrest rates for either males or females.

Discussion: The Hawaii Stay Straight program was ineffective in deterring future criminal conduct among male and female youth. This result is consistent with other systematic reviews of scared straight initiatives conducted with male offenders (Bonta & Andrews, 2017).

Study #5

National Council on Crime and Delinquency. (2001). *Evaluation of the RYSE Program: A report prepared for Alameda County Probation Department*. Retrieved from http://www.nccdglobal.org/sites/default/files/publication_pdf/ryse-program.pdf

Program: The Reaffirming Young Sister's Excellence (RYSE) program was developed by the Alameda County Probation Department in Alabama, and was in effect from July 1997 to June 2001, as a response to rising rates of justice involvement among girls. The program was designed to promote a crime-free life by developing girls' academic, social, and vocational skills. RYSE is described as providing a continuum of gender-specific programming to justice-involved girls. RYSE is comprised of several program elements offered by probation and outside service providers ranging from anger management, drug counseling and vocational/career planning to the provision of opportunities to connect to the community (e.g., tour of a Teddy Bear Factory, mother/daughter tea night) but fundamentally boils down to a RYSE-trained probation officer who serves as the participant's key advocate.

Sample & Methodology: Girls between the ages of 12 and 17 (75% were Black or Hispanic) who were charged and sentenced to probation during the study period were randomized into either the RYSE treatment group ($n = 450$) or the comparison group ($n = 121$). Although randomization was used, the treatment group evidenced more substance use issues, poorer school attendance, more abuse, and were more likely to have children of their own. Outcome measures included: time taken to complete probation, time taken to complete community service orders, rates of re-arrest and incarceration, and the severity of charges leading to re-arrest. Data were collected on an ongoing basis during the intervention period, and at six months, 12 months, and 18 months following completion.

Results: Participants in both the treatment and comparison groups completed their probation in approximately the same amount of time: 12.5 to 13 months. Girls in the treatment condition were significantly more likely to have repaid their restitution during the study follow-up period. They were also more likely to have completed their community service orders during this time, however this difference did not reach significance. No significant group differences were observed in rates of re-arrest during the intervention period or at any of the follow-up periods. However, of the girls who were re-arrested during intervention, girls in the treatment group were less likely to have committed felonies (31.8%) than girls in the comparison group (52.3%).

Discussion: The results were mixed. Although overall official arrest rates were not impacted by RYSE, offense severity was reduced, with RYSE participants committing less serious crimes during the follow-up period than non-RYSE participants. However, the potential that the randomized process did not produce equivalent groups makes it difficult to generate firm conclusions. Further, evaluating large scale initiatives like RYSE that are comprised of so many different elements requires fine-tuned evaluations that measure every aspect of the program in excruciating detail to ascertain what element of the program was working vs. not working.

Study #6

Williams, K., Curry, D., & Cohen, M.L., (2002). Gang prevention programs for female adolescents: An evaluation. In W.L., Reed & S.H. Decker (Eds), *Responding to gangs: Evaluation and research* (pp. 225-263). Washington, DC: US Department of Justice, National Institute of Justice <https://www.ncjrs.gov/pdffiles1/nij/190351.pdf>

Program: Three **gender-responsive drug and gang prevention programs** were included: 1) **Females Obtaining Resources Cultural Enrichment (FORCES)** delivered in Boston to adolescent females of African American and Hispanic descent, (2) **Movimiento Ascendencia** delivered in Pueblo, Colorado to adolescent females of Mexican descent and (3) **Seattle Team for Youth (STFY)** delivered in Seattle to adolescent females of African American descent. Programs were implemented between 1992 and 1995.

Sample & Methodology: Sample sizes were as follows: FORCES (program group $n = 57$; comparison group $n = 48$); Movimiento Ascendencia (program group, $n = 61$, comparison group = 61), and STFY (program group $n = 19$, comparison group $n = 56$); Racial breakdown (African American and Hispanic). The researchers examined a variety of outcomes including increases in self-esteem, academic variables and reductions in 7 self-report delinquency variables. Comparisons in reductions in self-reported delinquency were only reported at the Pueblo, Colorado site (Movimiento Ascendencia). Specifically, participants were asked to report retrospectively how much delinquency they engaged in before participating the Movimiento Ascendencia program vs. how much delinquency they engaged in post-program participation. The exact time frame was largely unclear, with the exception that interview data was collected during the last 12 months of program implementation.

Results: After controlling for past delinquency and gang involvement, the Movimiento Ascendencia program evidenced significance pre/post program changes in 5 of 7 self-report delinquency measures; Further MA program participants evidenced greater changes in self-report delinquency (average change score: -1.42) than the comparison group (average change score: -.38). FORCES evidenced no significant pre/post changes in any of the self-report delinquency measures. Lastly, the Seattle Team for Youth program generated changes in only one of the self-report delinquency measures—carrying concealed weapons.

Discussion: The methodological ambiguities of this study coupled with the absence of official crime data make it difficult to speak firmly about the effectiveness/ineffectiveness of these programs.

Study #7

Burke, C., Keaton, S., & Pennell, S. (2003). *Addressing the gender-specific needs of girls: An evaluation of San Diego's WINGS programs*. San Diego, CA: San Diego's Regional Planning Agency.

Program: This study evaluated the *Working to Insure and Nurture Girls' Success (WINGS)* program; a community-based program for low risk girls (with minimal justice-involvement, ages 12 to 17 ½) which ran between 1999 and 2002 in San Diego. The ultimate goal of WINGS was to support and empower girls and their families to access necessary services to reduce future criminal justice involvement. WINGS was a multi-faceted gender-responsive program that incorporated a home visitor/coach/mentor (devised individualized treatment plans, conducted home visits, linked the youth and her guardians with requisite community services) and visits to a center that provided an array of services (e.g., mother-daughter mediation—mandatory for all girls, transportation, and gender-responsive programs addresses issues such as education, substance misuse, anger management and vocation, healthy lifestyles, increasing self-esteem). Participants are considered to have successfully completed the program if they remain in the program for 6 months.

Sample & Methodology: The final sample was comprised of 798 girls of whom 399 were randomly assigned to WINGS and 399 were assigned to services as usual (probation/diversion). Additional post-hoc analyses revealed that the two groups were equivalent on all examined variables. The sample was ethnically diverse with approximately 1/3 identified as Hispanic, 1/3 as White, and the remaining 1/3 as Black, Asian or other. The sample was low risk as the majority of participants (over 75%) had only received one probation referral; similarly, the index offense was typically for a misdemeanor in over 80% of the cases. Future justice-involvement was assessed at four time periods: during program participation, and 6, 7-12, and 13-18 months post program completion. Average length of time in the program was 5 months.

Results: Pre/post analyses illustrated that girls who completed the WINGS program had a higher number of protective factors, and a lower number of risk factors. Additionally, WING completers were more successful in other domains (e.g., school, felt safer at home, had received health care, more knowledgeable about available resources). However, overall, WING completers did not differ from the comparison group in terms of any of the future justice-involvement indicators (e.g., new probation referrals, new charges). For example, both groups were equally likely to receive new charges during the follow-up periods (range 5% to 8% for both groups over each period). No detailed analyses were presented comparing program completers with non-completers. No detailed information was provided about how assessments were conducted or how treatment interventions were implemented.

Discussion:

Although WINGS demonstrated some positive effects in terms of increases in protective factors and reductions in risk factors, it ultimately did not reduce future justice-involvement. The evaluation reinforces the importance of adhering to the risk principle—in this case, WING

participants were all relatively low risk individuals who were unnecessarily exposed to what appears to be a high intensity intervention; albeit exact dosage information was not provided.

Study #8

Chamberlain, P., Leve, L. D. & DeGarmo, D. S. (2007). Multidimensional Treatment Foster Care for Girls in the Juvenile Justice System: 2-Year Follow-Up of a Randomized Clinical Trial. *Journal of Consulting and Clinical Psychology*, 75(1), pp. 187-193. DOI: 10.1037/0022-006X.75.1.187

Program: The present study evaluated *Multidimensional Treatment Foster Care (MTFC;* Chamberlain, 2003). MTFC was originally developed to provide a community-based alternative to incarceration for chronically justice-involved boys. Previous evaluations have shown MTFC to be efficacious in reducing delinquency in boys; this represents the first evaluation of the gender-responsive adaption of the program with girls. See Chapter 6 for a detailed description.

Sample & Methodology: This study presents the results of an extended 24 month follow-up based on the Leve, Chamberlain, and Reid (2005) 12 month follow-up study. The original study recruited 81 girls between the ages of 13 and 17 (mean = 15.3 years) from the winter of 1997 to the summer of 2002. Participants had demonstrated a pattern of chronic delinquency, and had a minimum of one criminal referral in the previous year. Participants were randomly assigned to either the experimental MTFC condition ($n = 37$, 84% Caucasian) or a comparison condition of Group Care services (GC) ($n = 44$, 68% Caucasian). Participants in the MTFC condition were placed with foster families with smaller caseloads, highly trained and certified foster parents, and regular clinical consultation and support. Girls and their foster families participated in weekly individual and family therapy, and received case management for individual, family, and school challenges. In order to ensure gender-responsivity, emphasis was placed on reducing social-relational aggression. Participants in the group care (GC) condition were placed in standard group homes. Sizes and practices of these homes were heterogeneous, but generally expressed a goal of creating behavioural change. Of the original sample, 53 participated in the 24 month follow-up after baseline interviews; 27 from the MTFC condition, and 26 from the GC condition. Girls were between the ages of 15 and 19 at follow-up ($M = 17.3$). Delinquency outcome measures included the number of criminal referrals, days spent in locked settings, and self-reported delinquency based on the Elliott General Delinquency Scale (EGD; Elliott, Huizinga & Ageton, 1985). Structural equation modelling was used to assess group differences at the 24 month follow-up. Latent growth curve models were used to evaluate individual variation in delinquency over time.

Results: MTFC girls had significantly fewer criminal referrals at 12 months ($M = .15$ vs. $M = .25$) than the standard group care (GC) group; however, these results fell short of significance at 24 months ($M = .13$ vs. $M = .22$), albeit the lack of statistical significance was mostly likely a function of sample size rather than the absence of a meaningful effect. The MTFC condition had significantly fewer days spent in locked settings at both 12 months ($M = .38$ vs. $M = .51$) and 24 months ($M = .14$ vs. $M = .42$). There were no differences, however, between the MTFC and GC groups in terms of self-report delinquency. Using a composite delinquency measure encompassing all three previously discussed outcome measures and after controlling for age and

baseline scores, the MTFC condition was found to have significantly lower overall delinquency at both the 12 ($M = .22$ vs. $M = .30$) and 24 month follow-up periods ($M = .12$ vs. $M = .25$).

Discussion: A gendered Multidimensional Treatment Foster Care (MTFC) program can have a significant impact in reducing future formal justice contact in girls with histories of justice system involvement, with effects that remain up to two years post intervention. Future studies should conduct more long-term follow-ups with larger samples to replicate these findings and to determine whether such treatment effects can be sustained into adulthood.

Study #9

Leve, L. D., Chamberlain, P., Smith, D. K. & Harold, G. T. (2012). Multidimensional Treatment Foster Care as an Intervention for Juvenile Justice Girls in an Out-of-Home Care. In Miller, S., Leve, L. D. & Kerig, P. K (Eds.), *Delinquent Girls: Contexts, Relationships, and Adaptation*. New York: Springer

Program: Multidimensional Treatment Foster Care (MTFC), was assessed in the present study. A gender-responsive adaptation of MTFC which emphasized reducing social-relational aggression in young girls was implemented and evaluated. See detailed description in Chapter 6.

Sample & Methodology: The present study aggregated the data described in Study ID #8 (Trial 1, $N = 81$ girls recruited between 1997 and 2002, randomly assigned as follows: 37 MTFC girls, 44 standard group care [GC] girls) with data collected in a second round of research (Trial 2, $N = 85$ girls recruited between 2002 and 2006; ages: 13-17, $M = 15.5$, randomly assigned as follows: 44 MTFC girls, 41 GC girls)³². Thus, all results were based on a combined sample of 166 girls (81 MTFC girls and 85 GC girls). The girls were predominately Caucasian (68% to 84% depending upon the treatment condition). Both trials used identical recruitment procedures. Girls in both studies and across conditions had similar demographic characteristics, substance use, and historic justice-involvement. Delinquency outcome measures were the same as in Trial 1, including criminal referrals, days spent in locked settings, and self-reported delinquency based on the EGD (Elliott, Huizinga & Ageton, 1985). Authors also assessed MTFC's impact on the rate of pregnancy among participants. All measures were taken at baseline, and at 12 and 24 months following baseline. Overall reductions in delinquency, as well as interactions between key variables and treatment conditions on delinquency outcomes were assessed.

Results: Composite delinquency scores indicated that MTFC had a significant effect in reducing delinquency at the 12-month follow-up ($\beta = -.17$, $p < .05$). Additionally, authors found that there was a significant positive relationship between pre-baseline delinquency and delinquency at the 12-month follow-up among GC participants ($r = .72$), but a significantly weaker relationship among MTFC participants ($r = .29$). Multiple logistic regressions revealed an interaction effect between number of pre-baseline arrests and treatment condition; MTFC participants with high rates of pre-baseline arrests had lower rates of self-reported delinquency at 12-month follow-up

³² It was decided to represent Studies #8 and #9 separately even though Study #9 subsumed Study #8 participants. This decision was made given that only Study #8 presented easily understood recidivism metrics and that each study involved two entirely separate trials of MTFC.

than GC participants with high rates of pre-baseline arrest (MTFC $r^2 = .09$, GC $r^2 = .53$). A negative relationship between participant age and delinquency at follow-up was moderated by treatment condition; younger girls in the MTFC condition had lower rates of delinquency than younger girls in the GC condition ($\beta = -.14$, $p < .06$). In addition to improved delinquency outcomes, logistic regression analyses indicated that, after controlling for demographic and delinquency variables, GC girls were 2.44 times more likely to become pregnant than the MTFC girls at the 24-month follow-up.

Discussion: As a result of aggregating the data from Trials 1 and 2, the present study offers strong evidence supporting the referral of girls who exhibit chronically delinquent behaviour to gender-responsive MTFC programs. Additionally, evidence indicates that MTFC is more beneficial for younger girls, and girls with higher rates of pre-treatment delinquency. These results may be further strengthened by conducting longer-term follow-ups, to determine whether the treatment effects of MTFC are stable into adulthood.

Study #10

Pepler, D., Walsh, M., Yuile, A., Levene, K., Jiang, D., Vaughan, A., & Webber, J. (2010). Bridging the Gender Gap: Interventions with Aggressive Girls and Their Parents. *Prevention Science*, 11, 229 - 238. DOI 10.1007/s11121-009-0167-4

Program: This study evaluated the effectiveness of **Stop-Now-and-Plan (SNAP®) Girls Connection (GC)**; SNAP® GC was developed in 1996 at the Child Development Institute in Toronto, Canada specifically for young aggressive girls (ages 5 to 11) and their families. See detailed program example in Chapter 6.

Sample & Methodology: The study used a prospective, stratified, randomized clinical trial to evaluate SNAP® GC. Assessment data was collected at three waves: pre-treatment (T1), 3 months (T2) and 6 months (T3) post treatment. Out of a pool of 200 referrals, 87 girls were deemed eligible for the program and consented to participate in the randomized clinical trial; 7 families did not participate in the assessment process, thus leaving 80 girls (and their families) to be randomly assigned to either SNAP® GC treatment group ($n = 45$) or the wait list control group ($n = 35$). The sample was 42% White, 58% non-White (African-American, other). Randomization was stratified based on age and severity of behavioural problems to ensure girls were equivalent in each group. Post-hoc analyses also revealed that the two groups were equivalent on academic achievement and intellectual ability thus ruling out additional potential confounds. Problem behaviour in children were assessed using standardized parent (Child Behaviour Checklist: CBCL; Achenbach & Rescorla, 2001) and teacher (Teacher Report Form: TRF; Achenbach, 1991) questionnaires. The gender-sensitive indirect aggression scale was also used to assess girls' aggression (Statistics Canada & Human Resources Development Canada, 1999). Parent participants were assessed through five self-report scales which were developed alongside the indirect aggression scale, which evaluated the quality, effectiveness, consistency, and rationality of interactions between parents and their children. Girls also completed several self-report scales regarding their relationships with their parents. A series of analyses of variance and analyses of covariance were conducted to assess the effectiveness of SNAP® GC and resulting group differences.

Results: The behaviour of both girls and parents showed improvements following participation in SNAP® GC. Girls who received treatment demonstrated significantly lower levels of problem behaviour based on the CBCL at T2 than did girls in the waiting-list group ($p < .05$ for all subscales). These group differences were no longer significant at T3, when girls in the waiting-list group had begun treatment. Effect sizes were moderate, and ranged from Cohen's $d = .41$ for internalizing problems to Cohen's $d = .51$ for externalizing problems. This change in problematic behaviour was not mirrored by teacher reports; no significant group differences were observed from T1 to T2. The only significant improvement reported by teachers was in girls' aggression, from T1 to T3. From T1 to T2, parent participants showed significant improvements in the effectiveness, rationality, and consistency of their parenting techniques ($p < .01$). Girls' reports of their parents followed a similar pattern of improvement, however only reductions in parental rejection from T1 to T2 reached significance ($p < .001$).

Discussion: The present study demonstrates the potential effectiveness of SNAP® GC in improving both girls' behaviour, and their parents' skills for dealing with problem behaviour. The study's waiting-list comparison group design allowed for treatment effects of SNAP® GC to be replicated in the comparison group, solidifying the reliability of results. Unfortunately, the comparison group had begun SNAP® GC prior to the final follow-up, making it more difficult to determine the true stability of treatment effects. A long-term follow-up study may demonstrate the effectiveness of SNAP® GC in reducing the risk of future anti-social behaviours and justice involvement.

Study #11

Cohen, M. I., Gies, S. V., Williams, K., Gainey, R., Bekelman, A., & Yeide, M. (2011). *Final report on the evaluation of the Boys Town short-term residential treatment program for girls*. (No. 234514). Washington, DC: National Institutes of Justice Research and Evaluation.

Program: **Boys Town Short-Term Residential Treatment Program for Girls** is a behaviour-based program which targets multiple treatment domains in a family-style atmosphere. It provides an alternative to standard detention for youth awaiting disposition or youth who would have otherwise been placed in a standard secure residential facility. The program is grounded in social learning theory (e.g., uses token economies, focus is on skill-acquisition) but is also characterized by several elements consistent with gender-responsive interventions—i.e., empowerment-based, promotion of self-government and self-determination, need for physically and emotionally safe space, moral/spiritual development). Additionally, the program follows five gender-responsive principles: *Promoting Self-Management and Responsibility, Positive Relationship Building, Safe and Nurturing Environment, Non-punishing Environment, Strength-based Treatment Approach, Avoiding Emotional Grooming and Dating Violence, and Girls are Given Voice.*

Sample & Methodology: The sample included 365 girls: 235 Boys Town girls and 130 girls on standard probation (the comparison group). The sample was recruited between 2006 and 2007

and was ethnically diverse: 66% African American, 9.6% Hispanic, and 18.6% of mixed ethnicity. The evaluation was conducted at three sites: Philadelphia, Atlanta, and Newark. A quasi-experimental design with a non-equivalent comparison group was used to assess the impact of the *Boys Town Short-Term Residential Treatment Program for Girls* on recidivism, substance use, academic commitment, employment attitudes, and risky sexual behaviours. The follow-up period was 1 year. The comparison group was not selected at random, but the researchers incorporated a number of statistical controls to ensure the two groups were equivalent in terms of any pre-treatment differences.

Results: The logistic regression and survival analyses results enabled the researchers to examine the effect of Boys Town whilst holding potential confounding constant. In short, these results did not illustrate that the Boys Town participants exhibited better outcomes either in terms of self-reported or official re-arrest rates or official convictions. The results of the process evaluation component found that the program was both well documented, and theoretically based.

Discussion: Despite demonstrated high program fidelity, the results do not support the use of the Boys Town Model with girls. However, it is possible that the inability of the program to demonstrate positive results may have been a result of the Boys Town girls being of initially higher risk than their probation counterparts; a pre-existing condition that could not be adequately addressed statistically given that the evaluation did not include standardized risk scores from a validated risk assessment tool. The results speak to the importance of adhering to the highest methodological rigour that ensures equivalence between treatment and control groups.

Study #12

Davidson, J. T., Pasko, L., & Chesney-Lind, M. (2011). "She's way too good to lose": An evaluation of Honolulu's girls court. *Women and Criminal Justice*, 21(4), 308–327. <https://doi.org/10.1080/08974454.2011.609406>

Program: This study evaluated the *Honolulu Girls Court*, a program that targets youthful justice-involved females. Participants are typically in the program for one year, appearing before a judge every 5 months; during the court appearance girls are praised by the judge and on-lookers (e.g., family, probation officer) for their successes and sanctioned for failures (e.g., placements, apology letters, written assignments). Additionally, girls participate in gender-responsive individual and group counseling sessions (Girl Circle, see Study ID #14). Girls Circle uses a variety of methods (drama, writing, drawing, dance) to address gender sensitive topics such as body image, setting goals, healthy sexual relationships, and understanding addictions on a monthly basis as well as participating in a range of programs such as HIV education, life skills training, community service projects. Guardians/parents must also receive counseling otherwise girls are ineligible for the program.

Sample & Methodology: 103 girls participated in the outcome evaluation portion of the study, 49 *Girls Court* participants and 54 comparison participants. The participants were predominately Hawaiian (44% to 58%) and the average age was 15 years old. The Girls Court participants were all adjudicated for status offenses. The researchers attempted to obtain a matched comparison

sample from a pool of girls adjudicated in family court during the same time period as the Girls Court participants. The two groups were statistically equivalent on all examined variables with the exception of one variable known to elevate risk to re-offend—prior substance abuse; the Girls Court participants evidenced higher levels of substance misuse than the comparison participants. Actuarial-based risk level was not reported for either sample. The follow-up period was variable ranging from 1 to 4.6 years; time at risk was not controlled for in the outcome analyses.

Results: Girls Court participants evidenced fewer law violations (total count = 31) in comparison to the comparison sample (total count = 55). Although the Girls Court participants evidenced substantially more shelter time (e.g., 59 admissions vs. 10 admissions) and detention home placements (e.g., 150 admissions vs. 80) than the comparison group, the Girls Court participants evidenced considerably less “days on the run” (1,649 days vs. 5,802), and less admissions to custody (2 admissions vs. 8), and less days in custody (175 days vs. 1,859 days).

Discussion: Despite the Girls Court Participants elevated substance abuse, the evaluation demonstrates that the gender-responsive Honolulu Girls Court can significantly reduce future justice-involvement among adolescent females. Replication is recommended coupled with an experimental design that permits greater methodological rigour (e.g., group equivalency achieved, risk level assessed, control for time at risk).

Study #13

Day, J. C., Zahn, M. A., & Tichavsky, L. P. (2015). What Works for Whom? The Effects of Gender-responsive Programming on Girls and Boys in Secure Detention. *Journal of Research in Crime and Delinquency*, 52(1), 93–129.
<https://doi.org/10.1177/0022427814538033>

Program: This study compares the effects of a **blended gender-responsive** (e.g., more relational—meetings, opportunity to talk with staff/peers, motivational, and safety focused) **and behavioural reinforcement programming model** (e.g., receive points for good behaviour that in turn translated into greater privileges—more phone time, special snacks) vs. a behavioural reinforcement programming model only. The behavioural model describes levels as I, II, and III whereas the gender-responsive model assigned gendered labels to each level. For example, for girls: *teach, reach* and *inspire* and for boys: *swingman, center, point guard*. The gender-responsive model was adapted differentially for males and females in small ways. For example, the greeting group was called “Daily Motivational Sessions” for girls and “Huddle-Group” for boys.

Sample & Methodology: The sample for this study consisted of 856 adjudicated youth (671 boys, 185 girls) who entered a Connecticut detention facility in 2010. The sample was predominately Black (43% to 46%) and Hispanic (26% to 29%). Detention facilities included the three larger state-run facilities followed the pure behavioural reinforcement model (601 males, 94 females), and the five smaller, agency-run facilities followed the blended gender-responsive/behavioural reinforcement model (70 males, 91 females). Propensity score matching was used to ensure

group equivalency. Needs (e.g., trauma, somatic complaints, anger/irritability, substance abuse) were collected from the Massachusetts Youth Screening Instrument-Version 2 (MAYSI-2) assessment tool. Recidivism was defined as any offense (i.e., felony, misdemeanor, and non-felony drug, weapons) that occurred during the average 1.8 year follow-up. Risk level was not formally assessed

Results: Girls in the blended gender-responsive group/behavioural model who evidenced no problems in areas traditionally associated with gendered pathways to crime (e.g., depression, trauma, anger, somatic complaints) were 1.8 to 2.5X *more likely* to re-offend during the follow-up period than similar girls in the behavioural reinforcement program. Conversely, girls in the blended gender-responsive/behavioural group who evidenced problems in areas traditionally associated with gendered pathways to crime (e.g., depression, trauma, anger, somatic complaints) were 13% to 40% *less likely* to re-offend during the follow-up period than similar girls in the behavioural reinforcement program. Thus, gender-responsive programming is effective for girls who need it. Boys responded equally well to behavioural reinforcement programming and the blended gender-responsive/behavioural programming regardless of how many gender-responsive needs they presented with.

Discussion: This study illustrates diversity among girls—not all experience complex treatment needs—and that this diversity matters in the context of effecting change; gender-responsive programming might not be needed for lower risk/need girls. The results also suggest that boys with gender-responsive needs (i.e., needs traditionally viewed as specific to girls) do not necessarily benefit from gender-responsive programming. However, this later finding requires replication and may be an artifact of the small number of boys in the sample who presented with gender-responsive needs.

Study #14

Gies, S. V, Cohen, M. I., Edberg, M., Bobnis, A., Spinney, E., & Berger, E. (2015). *The Girls Circle: An evaluation of a structured support group program for girls*. Final report. (No. 252708). Washington, DC: Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs.

Program: This study evaluated the effectiveness of *Girls Circle*, a structured support group model developed by the One Circle Foundation in the early 1990s in California. The Girls Circle program is a gender and culturally responsive program that supports at-risk girls aged 9 to 18 years. It can be offered in a range of settings—after school to secure residential settings. It is grounded in relational cultural theory (Miller, 1976), and resiliency frameworks. The program strives to promote healthy connections, competence and personal strengths using motivational interviewing. The program aims to foster critical thinking and moral reasoning. The program is approximately 8 to 12 weeks long with weekly group sessions that are each 1.5 to 2 hours long. The curriculum focuses on topics such as mother-daughter relationships, body image, mind, body, spirit, friendship, diversity, relationships, and individuality.

Sample & Methodology: This study conducted a randomized experiment of the Girls Circle model, with a sample of 168 girls who were adjudicated in a Cook County courtroom, Chicago; 56 control girls who received treatment as usual (e.g., probation, restitution, community service, home confinement, electronic monitoring etc) and 112 treatment girls who received Girls Circle plus treatment as usual. All girls were recruited between 2011 and 2013. The girls in the study were either African American (88% and 84%) or Hispanic (9% and 14%). Post-hoc analyses revealed that the two groups were equivalent on all examined variables.

The study examined pre/post change in four domains: risky behaviour (sexual and substance related), psychosocial assets (e.g., empathy, self-control, self-efficacy), school aspirations and expectations, and perceived body image. It also assessed the impact of the Girls Circle on arrest rates and probation violations during a 12 month follow-up period.

Results: Pre/post changes in *some* treatment targets occurred in the expected direction but only as a function of attendance. As the number of sessions increased so did average condom use, educational aspirations, and educational expectations; self-control scores worsened, however and no evidence of change as a function of dosage emerged in regard to domains such as body image and empathy. Overall arrest rates and probation violations were lower among the Girls Circles group (34.8% re-arrested, 21.4% violated probation) than the control group (42.9% re-arrested; 33.9% violated probation). Similarly, a one unit increase in the number of attended sessions translated into a 8.8% reduction in arrest rates and a 15.7% reduction in parole violations.

Discussion: Girls Circles can reduce future justice involvement however the mechanisms through which the program accomplishes these effects remain unknown. Further, the extent to which Girls Circles will evidence effects on girls of all levels of risk remains unknown. Replication is required; future studies should also actively attend to risk level as the study did not measure risk of the girls. Given the low dosage of the program it is hypothesized that this program would be ideal for lower risk girls who do not evidence complex needs.

Study #15

Anderson, V. R., Walerych, B. M., Campbell, N. A., Barnes, A. R., Davidson II, W. S., Campbell, C. A., Onifade, E. & Petersen, J. L. (2019). Gender-responsive Intervention for Female Juvenile Offenders: A Quasi-Experimental Outcome Evaluation. *Feminist Criminology*, 14(1), pp. 24-44. DOI: 10/1177/1557085116677749

Program: This study evaluated the effectiveness of ***two group homes that blended gender-responsive and gender-neutral methods*** for female youth sentenced to probation (ages 12 to 18) in midwestern United States in comparison to standard probation services. Services and programs delivered at the group home were multifaceted and included the following: gender neutral cognitive behavioural therapy (CBT; i.e. Thinking for Change [T4C]), Girls Moving On (GMO), a program that blends CBT and gender-responsive principles, and structured activities (e.g., scrapbooking tutoring). Treatment plans are individualized and guided by Youth Level of Service/Case Management (YLS/CMI; Hoge and Andrews, 2011) risk/need assessments. Typical treatment targets include substance abuse treatment, antisocial cognitions, anger management programming, family, interpersonal skills, and trauma counselling. Program goals are focused on

replacing antisocial behaviour with prosocial behaviour. On average girls spent 6 months in the group home and were exposed to 100 to 200 hours of formal intervention.

Sample & Methodology: The study sample ($N = 986$ female youth on probation, ages 12 – 18, 64% non-White) was selected from archival records collected between 2005 and 2012. All the girls were considered moderate to high risk as per YLS/CMI scores. The treatment group was comprised of 169 girls placed in the group home setting; the comparison group was comprised of 388 girls who received standard probation supervision but had been carefully matched to the treatment group using a rigorous procedure—propensity score matching (PSM). This quasi-experimental design ensured that the two groups were equivalent on key variables (e.g., age, race, and YLS/CMI risk level). Recidivism was coded dichotomously as a new charge within 12 and 24 months of the girl’s initial YLS/CMI assessment (control group/probation) or upon release from the group home.

Results: Girls in the group-home treatment condition had lower rates of recidivism than the girls in the matched probation group at both 12 months (22.5% vs. 30.8%) and 24 months (28.4% vs. 42.0%).

Discussion: This rigorously designed study provides clear evidence that an integrated approach to reintegration that blends both gender-responsive (e.g., relational, trauma-informed) and mainstream correctional practices (e.g., provide intensive services to higher risk cases, target criminogenic needs) can reduce recidivism among moderate and high-risk justice-involved girls. However, it is unknown what specific element(s) of the multi-faceted approach accounted for the success of the program.

Study #16

Millenky, M., Treskon, L., Freedman, L., & Mage, C. (2019). *Focusing on girls’ futures: Results from the evaluation of PACE Center for girls*. New York, NY: MDRC.

Program: **PACE Center for Girls**, established in 1985 provides academic and social services to at-risk teenage girls (ages 11 to 18) at 21 different non-residential sites throughout Florida. Participation in the program is voluntary but girls must evidence needs in three of the following domains to be accepted into the program: family, school, behaviour, victimization and health. Referrals primarily come from schools and local organizations. PACE describes itself as a gender-responsive service grounded in Covington’s model. Participants attend school during the day at the PACE Center. In addition, participants attend individualized and group counseling sessions (tailored to the needs of the girls but typically address healthy relationships, substance abuse, anger management, self-esteem) and are exposed to a life skills curriculum (focus is on enhancing the physical, emotional, intellectual, relational, sexual, and spiritual well-being of the girls). PACE also provides transitional services, career planning services, and engages parents/guardians. The average girl spends 8 months in the program.

Sample & Methodology: The impact analysis employed a randomized control design whereby 1,125 girls who were interested in being in the study were either randomly assigned to one of 14

PACE centers (673 girls) or were referred to regular community services (452 girls). Racial breakdown: 45% Black (non-Hispanic), 38% White (non-Hispanic), 16% Hispanic, 1% Other. The girls in the study were deemed at risk for future justice involvement given that 30% had been previously arrested, 40% had been abused, 40% had been expelled and/or suspended from school, 66% had a family member with a criminal history and 50% were living in a single parent household. The follow-up period was one year and examined the impact of PACE on academic success, risky sexual behaviour, healthy connections with an adult, and criminal charges. The researchers also compared the costs of the PACE program to those of regular community services.

Results: PACE improved academic outcomes; PACE girls on average spent 10 more days in school than the comparison group and were more likely to be “on-track” academically (27.6% vs 14.2%). PACE however did not improve risky behaviour (sexual or substance use), goal-orientation and optimism nor future justice contact (i.e. both groups were equally likely to have incurred a future criminal justice charge during the 18 month follow-up period (PACE sample: 22.0%; Control girls: 21.2%). However, PACE girls did self-report less property (40.0% vs. 49.8%) and violent crimes (22.7% vs 25.4%) than the control participants. PACE on average costs \$10,400 more per participant to administer than regular community services.

Discussion: PACE improves academic engagement but not future criminal justice contact. Possible explanations for the inability of PACE to impact criminal justice involvement are as follows: (1) PACE only systematically targets one known evidence-based risk factor—education, (2) it is unclear how the individualized and group counseling sessions operated; past meta-analytic results (with males) have clearly illustrated that generic counseling does not impact recidivism (Bonta & Andrews, 2017), (3) although youth-based programs grounded in social learning models that actively incorporate parents into the therapeutic process have impacted recidivism (e.g., SNAP, MDTFC) it is unclear what treatment modalities the PACE center implemented with parents/guardians, (4) lastly, the true risk level of these girls is unknown; most likely many of these girls were actually low risk for future criminal justice involvement and in accordance with the risk principle did not require intensive services. However, if PACE desires to reduce future justice contact, the assessment component should actively involve a risk assessment and those scoring moderate or high risk could then be referred to a validated justice-program such as Girls Moving On or SNAP that could be operated within the PACE environment.

Adult-focused

Study #17

Johnson, D. C., Shearon, R. W., & Britton, G. M. (1974). Correctional education and recidivism in a woman’s correctional center. *Adult Education Quarterly*, 24(2), 121–129.
<https://doi.org/10.1177/074171367402400203>

Program: This study evaluated the effectiveness of **correctional education (G.E.D completion) on recidivism** for women incarcerated in a correctional facility in North Carolina who completed

their General Educational Development (G.E.D.) between 1963 and 1969 versus those who did not.

Sample & Methodology: Using a quasi-experimental design this study compared 100 women who completed their G.E.D. while incarcerated with a closely matched sample of 100 women who did not complete their G.E.D. Racial breakdown was not reported. Participants were followed up for two years post-release. Failure was defined as re-confinement for at least 30 days.

Results: The results illustrated no differences in return to custody for the two groups (20% failure rate for the G.E.D. group vs. 23% for the non-G.E.D. group).

Discussion: Although completion of the G.E.D. was not directly related to success, future research should investigate the extent to which G.E.D. completion may be indirectly related to success (e.g., exposure to prosocial peers and adult mentors, better chance of securing employment).

Study #18

Wexler, H. K., Falkin, G. P., & Lipton, D. S. (1990). Outcome evaluation of a prison therapeutic community for substance abuse treatment. *Criminal Justice and Behaviour*, 17(1), 71–92. <https://doi.org/10.1177/0093854890017001006>

Program: This study evaluated the effectiveness of *New York State's Stay'n Out therapeutic community (TC)*, in reducing recidivism rates among adult offenders. The program commenced in 1977 and was in effect for approximately 12 years. This program was based on several elements such as: social learning theory, employing authority figures with specific rules and directions, the reinforcement of prosocial behaviour, pragmatic personal and social problem solving skills, the staff's utilization of community resources, and the employment of ex-offender and ex-addict counselors as role models of successful rehabilitation. Stay'N Out participants are housed separately from the rest of the institution with an average stay of 5 to 8 months. The program was essentially identical for male and female inmates.

Sample & Methodology: This evaluation study used a quasi-experimental design which consisted of the therapeutic community (TC) treatment group and two comparison groups: generic counseling and no treatment. The comparison groups had both volunteered to participate in the TC treatment group but were waitlisted. Sample size and gender compositions were as follows: females—TC treatment group ($n = 247$), counseling group ($n = 113$), and no treatment group ($n = 38$); and males— TC treatment group ($n = 117$), counseling group ($n = 104$), and no treatment group ($n = 38$). The sample was 50% Black, 25% White and 25% Hispanic. The post-release follow-up period was approximately 3 years for both groups.

Results: The therapeutic community (TC) produced positive results for both males and females. 26.9% of TC male participants were re-arrested vs. 39.8% and 40.9% of the counseling and no treatment groups. Similarly, 17.8% of TC female participants were re-arrested vs. 29.2% of the counseling and 23.7% of no treatment groups.

Discussion: The results illustrate that a general therapeutic community can positively impact recidivism rates for males and females. Importantly, the results also illustrate that irrespective of gender, the ineffectiveness of generic counseling as re-arrest rates were essentially similar for the no-treatment and generic counseling groups.

Study #19

Young, M.C., Gartner, J., O'Connor, T., Larson, D., & Wright, K. (1995). Long-term recidivism among federal inmates trained as volunteer prison ministers. *Journal of Offender Rehabilitation*, 22(1-2), 97-118. Doi: 10.1300/J076v22n01_07

Program: This study evaluated a Christian, prison-based program—the **Washington Prison Fellowship Ministries**, whereby federal inmates were trained as volunteer prison ministers. Participants from federal prisons throughout the United States were sent for a two-week intensive faith-based Christian program based in Washington, DC during 1975 and 1986. Participants were selected into the program based on the recommendations of the chaplain from the offender's home prison. Recommendations were based on leadership potential and "religious qualities".

Sample & Methodology: The sample was comprised of 66 women (32 in the treatment group, 34 in the comparison group) and 299 men (148 in the treatment group, 151 in the comparison group); ethnic breakdown: 30% White, 70% Black. Post-hoc statistical analyses revealed that the Prison Fellowship treatment group was comparable to the comparison group at the aggregate level; potential gender differences were not examined. Both groups were equivalent in terms of risk as measured by a commonly used actuarial measure in the United States (the Salient Factor Score). However, controlling for motivation for treatment and/or selection biases was not possible. Re-arrest data was collected over an 8 to 14-year follow-up period.

Results: The program demonstrated an overall positive effect (40% re-arrest rate in the Prison Fellowship Group vs. a 51% re-arrest rate in the comparison group) except for Black men; the re-arrest was higher among program participants (60%) compared to those who did not participate (56%). Notably, the program was particularly effective for women, as 19% of women in the Prison Fellowship group were re-arrested vs. 47% of women in the comparison group; positive effects were observed for both Black women and White women, albeit the sample sizes were considerably smaller when broken down by ethnicity. Overall, the positive effects of the program were most pronounced with the low risk offender group (results not analyzed separately for each gender).

Discussion: The findings suggest that pure faith-based programs *may* be effective in reducing re-arrests rates particularly among low risk women who themselves are religious. However, it is impossible to tease out potential motivational biases that may have accounted for the observed positive effective of the program given that program participants were hand-selected by ministers who believed the participants would be good candidates for the program. Further, the study also illustrated that this particular program was not effective for Black men thereby illustrating the

importance of adhering to multiple intersecting identities in the development and implementation of programs. Replication in the post millennium era is suggested.

Study #20

Prendergast, M. L., Wellisch, J., & Wong, M. M. (1996). Residential treatment for women parolees following prison-based drug treatment: Treatment experiences, needs and services, outcomes. *The Prison Journal*, 76, 253.
<https://doi.org/10.1177/0032855596076003002>

Program: The community-based residential phase of the ***Forever Free Substance Abuse program*** was evaluated in the present study. *Forever Free* is a gender-responsive cognitive behavioural, voluntary prison-based treatment program (4 months) with a community aftercare residential component (6 months). The program was initially implemented in 1991 at the California Institution for Women. The program focuses on relapse prevention and psychosocial needs.

Sample & Methodology: A total of 64 women parolees participated in the study and were divided into three groups: treatment group #1: Forever Free received in institution and community residential care for at least 30 days ($n = 19$), treatment group #2: Forever Free in institution only but did not volunteer for the community phase ($n = 23$), control group: 22 women who wanted to participate in the program but could not due to administrative reasons (e.g., not enough time left on sentence). 76% of the sample were Black and/or Hispanic. The women were followed up one year following release from prison; self-report substance use and parole outcomes were examined. Although the comparative risk levels of the groups were not examined, historic substance use was similar across groups. There were some nuanced differences between the groups—e.g., the comparison group was more likely to report heroin as their primary substance, while the residential and non-residential groups reported cocaine. Due to the small sample size, authors presented their findings narratively alongside frequencies and percentages.

Results: Overall, the results support the prison + community Forever Free program. During the one-year follow-up, 68.4% of the prison + community Forever Free program participants were successful (i.e., no return to custody/successfully discharged from parole). In contrast, success rates were lower in the other two groups: 52.2% for the Forever Free prison only group and 27.2% for the comparison group. Noteworthy, increased length of time in the program was associated with better outcomes: 5 months or more time in the program was associated with an 86% success rate vs only a 58% success rate for the less than 5-month group. The extent to which all three groups were equivalent is unclear.

Discussion: The findings suggest that prison-based substance abuse programs when combined with community residential aftercare can substantially enhance parole outcomes. However, replication is required with strong methodological rigor that ensures group equivalency.

Study #21

Hall, E. A., Prendergast, M. L., Wellisch, J., Patten, M., & Cao, Y. (2004). Treating drug-abusing women prisoners: An outcomes evaluation of the Forever Free Program. *The Prison Journal*, 84(1), 81–105. <https://doi.org/10.1177/0032885503262456>

Program: The present study evaluated the effectiveness of ***Forever Free Substance Abuse program***, a gender-responsive cognitive-behavioural substance use treatment program designed for use in institutional settings. The program was initially implemented in 1991 at the California Institution for Women and focuses on relapse prevention and psychosocial needs.

Sample & Methodology: A total of 215 incarcerated women were included in the present study. The treatment group was comprised of 119 women entering the *Forever Free* (FF) treatment program between October 1997 and June 1998. 32% were African American, 20% Latina, 31% White, 9% Other. These women participated in 4 hours of treatment programming five days a week for six months, in addition to their regular work or school assignment. Women in the comparison group participated in the *Life Plan for Recovery* (LP) program ($n = 96$), a less intensive, eight-week substance use education group. Post-hoc analyses revealed no significant differences between women in each group based on demographic or offence history variables. Women in the FF treatment group were, however, more likely to have a history of injection drug use, and women in the LP comparison group were more likely to have experienced previous treatment while incarcerated. One-year post-release follow-up outcomes were assessed: official re-incarceration rates and self-report crime, substance use, and employment data.

Results: Women who participated in the FF treatment program self-reported engaging in significantly less crime (e.g., 50.5% convicted) than the LP participants (70.9% convicted); similarly the FF group self-reported less substance use (e.g., 50.5% any drug use) than the LP group (76.5% any drug use), and lastly the FF group were more likely to be employed (self-reported employment rate: 65.3%) than the LP group (44.7%). At the one-year follow-up period, days in the community prior to first official reincarceration was also significantly longer for the FF participants vs. the LP participants even whilst holding age, drug use history, and prior arrest history constant.

Discussion: The results of the present study demonstrate the potential effectiveness of a gender-responsive and skills-based cognitive-behavioural treatment program for women offenders. Researchers attribute the program's success to its skills-based approach, and emphasis placed on responding to the unique psychosocial needs of women. These results are promising, however replication and more rigorous matching procedures between the treatment and comparison groups would allow for greater generalizability.

Study #22

Farrell, A. (2000). Women, crime and drugs: Testing the effect of therapeutic communities. *Women and Criminal Justice*, 11(1), 21–48. <https://doi.org/10.1300/J012v11n0102>

Program: This study evaluated the **CREST program, a prison-based therapeutic community/work release program** in Delaware. The program is designed to increase support networks and stability once released from prison and ultimately reduce substance misuse and recidivism. CREST program elements include drug treatment, drug monitoring, job training and community living skills; CREST participants are housed separately from the general prison population.

Sample & Methodology: 78 women participated in the study; 37 controls (women on work release) and 41 CREST participants (selected at random from the pool of eligible work-release candidates). 70% to 75% of the sample were African American. Post-hoc analyses revealed the groups were equivalent, however no measure of actuarial risk was included. The follow-up period was 18 month post release and included self-report data re: arrests, criminal involvement and substance use.

Results: The CREST and control participants were equally likely to self-report re-offending (approximately 60% in each group); the CREST group was less likely to self-report substance abuse-related relapses (40%) vs. the control group (50%).

Discussion: The substance abuse therapeutic community: CREST was not effective in reducing re-offending or relapse. Thus, it is not a recommended treatment approach for treating substance abuse among incarcerated women.

Study #23

Liau, A. K., Shively, R., Horn, M., Landau, J., Barriga, A., & Gibbs, J. C. (2004). Effects of psychoeducation for offenders in a community correctional facility. *Journal of Community Psychology*, 32(5), 543–558. <https://doi.org/10.1002/jcop.20018>

Program: This study evaluated the **psychoeducational component of the EQUIP program**. The psychoeducational component is essentially a manualized CBT program that targets moral judgement, maturity, cognitive distortions, thinking errors, and social skills deficits. The EQUIP program in general provides employment, substance abuse, academic and life skills training.

Sample & Methodology: All offenders residing at a mid-western community correctional facility (i.e., halfway house) were invited to participate in the study; interested participants were randomly assigned into one of two groups: the treatment group who received the full EQUIP program including the psychoeducation component and the comparison group who received all elements of the EQUIP program with the exception of the psychoeducational component. The resultant sample was comprised of 199 males (103 treatment completers and 96 comparison participants) and 77 female participants (41 treatment completers and 36 comparison participants). Participants were aged 18 to 61 years and were racially diverse (African American: 55%, Caucasian: 42%, Hispanic: 3%). Post-hoc analyses also revealed that the groups were equivalent. Outcome measures included official disciplinary infraction data as well as self-report antisocial behaviour.

Results: Recidivism rates (not defined) at 6 months for the male participants were similar in both groups (10.6% for treatment group, 11.45% for comparison group). However, recidivism rates did differ for female participants (0% of treatment group recidivated vs. 11% of the comparison group). It was reported that the treated group had less disciplinary infractions than the comparison group but exact numbers were not reported; further the results were not clearly broken down by gender.

Discussion: This study suggests that a community-based, gender neutral CBT program can reduce recidivism in the short term among women but not men. Although random assignment was used, the inclusion of certain information (e.g., how recidivism was defined) coupled with increased clarity regarding certain analyses (e.g., mediational analyses) would have strengthened the study.

Study #24

Cann, J. (2006). *Cognitive skills programmes: Impact on reducing reconviction among a sample of female prisoners*. (ISSN 1473-8406). London, UK: Home Office.

Program: This study evaluated the effectiveness of two prison-based cognitive skills programs: **Enhanced Thinking Skills (ETS)**, and **Reasoning and Rehabilitation (R&R)** delivered between 1996 and 2000 to women inmates under the jurisdiction of Her Majesty's Prison Service (England and Wales). The programs were essentially gender neutral apart from the changing of pronouns and role plays.

Sample & Methodology: 680 women participated (180 women who participated in either ETS or R&R; 540 women who did not participate in either program but were retrospectively matched to the treatment group). Detailed racial breakdown by percentage not reported; sample was comprised of individuals identified as Black, White, Asian or other. There were no differences between the two groups on examined variables including risk to reoffend. Reconviction rates were assessed at 1 and 2 years post-release.

Results: Results of the evaluation revealed no significant differences in reconviction rates after 1 (treated group: 18.3% vs. comparison group: 15%) and 2 years (treatment group: 36.5% vs. comparison group: 23.7%).

Discussion: The authors hypothesize that the failure to find a positive treatment effect may have been due to program implementation challenges or the failure to provide a gender-responsive programming model.

Study #25

Messina, N., Burdon, W., & Prendergast, M. (2006). Prison-based treatment for drug-dependent women offenders: Treatment versus no treatment. *Journal of Psychoactive Drugs*, 38, 333–343. <https://doi.org/10.1080/02791072.2006.10400597>

Program: The present study evaluated the effectiveness of a standard, in-prison therapeutic community (TC) for women offenders with substance use issues in Central California Women's facility in Chowchilla, California. TC programming involved participation in group and individual therapy in a separate treatment-focused portion of a prison. TC traditionally relies on group dynamics to change behaviour, peer confrontation, hierarchy, and mixed-gender staff. In this case, the TC curriculum was not modified to be gender-responsive. Stay in the TC environment varied from 6 to 24 months but typically involved 20 hours of weekly counseling. A community-based after care component (outpatient or residential) was also available for those who successfully completed the prison-based TC. Noteworthy, while women were mandated to participate in the prison-based TC, the community-based aftercare program was voluntary.

Sample & Methodology: 316 women participated in the study (34% Black, 30% White, 21% Hispanic, 9% other); 171 TC women and a matched comparison group of 145 women from the general population. No significant differences were observed between the two groups based on demographic characteristics. Substance use histories were also similar between the two groups, with approximately 33% of women reporting historic stimulant use. The only notable difference between the groups was observed in the presence of psychiatric disorders. Approximately 36% of TC women qualified for at least one DSM diagnosis (primarily mood disorders) vs. 0% of the comparison sample. The authors were unable to match the comparison group accordingly, as all the women with psychiatric disorders were participating in the TC; thus, the authors conducted multivariate analyses to control for psychiatric disorders as well as additional potential confounds (e.g., criminal history).

Results: There were no significant differences in the return-to-custody rates between the TC and comparison groups at either six months (both groups 16% rate of return) or 12 months (TC 36%, comparison 27%). There were, however, significant differences between women in the TC group who did and did not receive post-release aftercare services. At the six-month follow-up, 6% of women who received aftercare services returned to custody, while 21% of the TC prison-only women returned to custody.

Discussion: The results indicate that a gender-neutral prison-based therapeutic community for substance abusing women does not reduce return to custody rates. However, there is evidence that community-based aftercare services can positively impact recidivism. However, it is impossible to know the extent to which motivation/selection bias (only program graduates and voluntary recruits participated in the aftercare program) may have accounted for the seemingly positive effects of community TC aftercare.

Study #26

Mosher, C., & Phillips, D. (2006). The dynamics of a prison-based therapeutic community for women offenders: Retention, completion, and outcomes. *The Prison Journal*, 86(1), 6–31. <https://doi.org/10.1177/0032885505283871>

Program: This study evaluated a holistic residential therapeutic community (TC) for drug-involved women offenders. This program originally known as *First Chance, but now known as New Horizons*, uses peer encounter groups, behavioural modification, social and problem skills

training, rational emotive, cognitive and assertive training, anger and aggression management, and educational training, to increase positive outcomes for women offenders with drug addictions. The New Horizons program consists of five phases; participants need to comply with specific criteria to advance from one phase to another. Those who completed the treatment program prior to the completing their sentence stay in the program to serve as mentors to incoming participants and to those struggling in the program.

Sample & Methodology: The sample was comprised of 601 incarcerated women (68% White, 25% Black) being held in a pre-release minimum security facility in Washington State; 322 women who participated in the program vs. 279 women who did not. All women had been identified as having a serious substance abuse problem. The authors indicate that the two groups were matched but the matching procedure was not described; albeit post-hoc analyses revealed that the two groups were relatively similar on examined variables. In addition to using a matched comparison group, multivariate analyses controlled for potential confounds. Post-release re-conviction rates were measured; follow-up was variable ranging from 1 month to over 24 months.

Results: Overall 30% of the women in the comparison group were re-convicted post-release vs. 22% of the New Horizon program participants (irrespective of how many phases they completed); notably women who completed all 5 phases evidenced the lowest re-conviction rates at 13%. However, subsequent analyses indicated that the treatment effects were not maintained post 24 months. However, it is not clear to what extent pre-treatment motivational effects may have artificially inflated the success rate of the program.

Discussion: This study shows evidence to support the idea of developing future prison-based TCs for female offenders dealing with substance abuse problems to decrease rates of recidivism. However, although these treatment programs have been found to increase positive outcomes in some, treatment in TCs is not a solution for all drug-involved female offenders.

Study #27

Zlotnick, C., Johnson, J., & Najavits, L. M. (2009). Randomized controlled pilot study of cognitive-behavioural therapy in a sample of incarcerated women with substance use disorder and PTSD. *Behaviour Therapy, 40*(4), 325–336.
<https://doi.org/10.1016/j.beth.2008.09.004>

Program: The present study evaluated the effectiveness of the cognitive-behavioural therapy program, *Seeking Safety* (SS; Najavits, 2002) in reducing women offenders' PTSD symptoms, substance misuse, and recidivism. SS was designed to address co-morbid substance use disorders (SUDs) and PTSD. SS promotes abstinence through psychoeducation and the development of coping skills. The program was delivered pre- and post-release.

Sample & Methodology: 103 eligible women were approached to be in the study; these women were all residing in a residential substance abuse program within the wing of a minimum security prison. Inclusion/exclusion criteria resulted in a final sample of 49 study participants; 27 were randomly assigned to receive SS as well as treatment as usual (TAU); 22 were randomly

assigned to receive only treatment as usual (TAU). Racial breakdown: 46% White, 32% Black, 14% Hispanic, 6% other. Post hoc analyses confirmed no differences between the two groups on key variables. All participants were housed in a separate treatment-oriented wing of the institution. TAU consisted of abstinence-oriented programming based on the 12-step model of Alcoholics Anonymous, with both group and individual counselling for approximately 30 hours per week. Additional psychoeducational groups touched on topics such as anger management, relapse prevention, career support, and parenting. In addition to TAU, SS participants received 90-minute group sessions three times per week for six to eight weeks while in prison. Following release, SS participants received an additional weekly 60-minute session for 12 weeks whilst in the community. Self-report questionnaires were used to assess changes in treatment targets at intake, 12 weeks following intake, and at three and six months post-release from prison. Generalized Estimating Equations (GEE), analyses of covariance (ANCOVA), and *t*-tests were conducted to evaluate the effectiveness of SS.

Results: In general, all participants showed improvements across outcome measures, however there were no significant differences between the groups. Although women in the SS condition were less likely to be returned to prison (22%, 6/27) in comparison to the TAU condition (46%, 10/22); these differences were reduced once age was controlled for.

Discussion: Overall, the results suggest that *Seeking Safety* does not improve outcomes for women offenders, above and beyond treatment as usual. It is possible that the small sample size and resulting under-powered analyses were not sensitive enough to detect small treatment effects that may have been conferred by this supplementary program. All participants received intensive treatment while incarcerated, thus it is unsurprising that the trends observed were positive across outcome measures. In order to properly assess *Seeking Safety*, a study utilizing a larger sample is advisable.

Study #28

Gehring, K. S., Van Voorhis, P., & Bell, V. R. (2010). "What works" for female probationers? An evaluation of the Moving On Program. *Women, Girls, and Criminal Justice*, 11(1), 6–10. Retrieved from http://www.uc.edu/womenoffenders/MOVING_ON.pdf

Program: This study evaluated the impact of the **Moving On** (Orbis Partner, n.d.) program delivered in the community to women probationers in the state of Iowa. *Moving On* is a gender-responsive, 26-session curriculum-based program grounded in relational theory, motivational interviewing, and cognitive behavioural therapy. The program is strength-based—having women mobilize existing strengths whilst developing new ones, skills-based (e.g., helps women develop the necessary skills to regulate emotions and access community-based resources). This version of Moving On was delivered once a week, 1.5 to 2 hour sessions over the course of six months.

Sample & Methodology: 380 Iowa women probationers (between 2003 and 2006) participated in the study; 190 Moving On participants and 190 matched comparison participants, manually matched based on location of supervision, age, race (breakdown not explicitly reported), probationary period, and Level of Service Inventory-Revised (LSI-R) risk category. Rearrests, new convictions, incarceration, and technical violations were used as outcome measures at 12-

18-, 24-, and 30-months following completion of the program. Analyses were conducted first comparing all *Moving On* probationers to their matched probationers, then comparing only those who completed the *Moving On* program ($n = 111$) to their matched probationers ($n = 111$).

Results: *Moving On* reduced re-arrest (5.8% to 9.5%) and re-conviction rates across all follow-up periods. However, there was no effect on re-incarceration rates, and technical violations were actually higher for *Moving On* participants. Interestingly when the analyses were run comparing *Moving On* completers vs. non-completers the effects of *Moving On* were even more pronounced with reductions in re-arrest rates ranging from 10.8 to 13.5% (across all time periods) to 10.8 to 12.6% for reconvictions. Notably, the effects also transferred to reincarcerations. There were no meaningful differences between the groups in terms of technical violations.

Discussion: The study supports the use of *Moving On* in a community setting as an effective tool for reducing recidivism in adult female offenders. The study also speaks to the importance of encouraging program completion.

Study #29

Duwe, G., & Clark, V. (2015). *Moving On: An outcome evaluation of a gender-responsive cognitive-behavioural program for female offenders. Criminology and Public Policy, 14*(2), 301–328. <https://doi.org/10.1111/1745-9133.12123>

Program: This study evaluated the effectiveness of *Moving On*, a gender-responsive, cognitive behavioural program designed specifically for justice-involved women. *Moving On* is comprised of 26 sessions (and one-on-one sessions as needed), each lasting 1.5 to 2 hours. The program focuses on enhancing communication skills, building healthy relationships, and expressing emotions in a constructive and healthy manner. The program uses self-assessments, writing assessments, role play and role modeling to meet its objectives. *Moving On* can be delivered in the community or institution.

Sample & Methodology: The sample was drawn from women incarcerated in a Minnesota state correctional facility between 2011 and 2013 and subsequently released as of 2014 (racial breakdown: 53% White, 47% Minority). Three sets of comparisons were conducted: (1) 430 participants (215 *Moving On* high fidelity participants, i.e., program executed as intended – small groups of 5-10, with role plays and homework, 45 hours vs. 30; a matched comparison group of 215 participants who did not receive *Moving On*); (2) 1720 participants (864 *Moving On* low fidelity participants, i.e., due to operational constraints participants received a lesser version of *Moving On* (40/50 women per treatment group, no opportunity for role play, behavioural rehearsal and only 30 hours of programming vs. the requisite 45) vs. a matched comparison group of 860 participants who did not receive *Moving ON*); and lastly (3) the *Moving On* high fidelity participants (216) were compared to a matched sample of *Moving On* low fidelity participants (216). Rigorous statistical analysis were employed to equalize the groups (i.e., propensity score matching, including covariates in the multivariate analyses). Four outcome measures were used to assess recidivism (e.g., re-arrest, reconviction, reincarceration

for a new offence and technical violation). The variable follow-up period (6 months to 11 years) was controlled using survival analysis.

Results: In short, the Moving On high fidelity participants were 31% and 33% less likely to be re-arrested and reconvicted, respectively during the follow-up period in comparison to the non-Moving On participants (the results for reincarceration and technical violation were in the anticipated direction but were not significant). Interestingly, Moving On low fidelity participants were just as likely to recidivate as the non-Moving On participants. Similarly, results comparing the high and low fidelity Moving On participants illustrated that recidivism rates were reduced by 44 and 47% as a result of participating in the high fidelity Moving On program.

Discussion: Moving On, when implemented as intended is an effective program for reducing re-offending among previously incarcerated women; notably poorly implemented programming has no impact of recidivism and if anything makes people worse.

Study #30

Messina, N., Grella, C. E., Cartier, J. & Torres, S. (2010). A randomized experimental study of gender-responsive substance abuse treatment for women in Prison. *Substance Abuse Treatment, 38*(2). DOI: 10.1016/j.jsat.2009.09.004

Program: A prison-based gender-responsive treatment (GRT) program which combined **Helping Women Recover** (treats substance abuse; Covington, 1999) and **Beyond Trauma** (treats PTSD; Covington, 2003) was compared to a standard Therapeutic Community (TC) in a sample of women offenders incarcerated at the Valley State Prison for women in California. The GRT condition received therapeutic programming that incorporated the curricula of both **Beyond Trauma** and **Helping Women Recover** into standard programming offered within a prison-based TC. Female staff administered the GRT. The GRT included psychoeducation and cognitive behavioural therapy pertaining to relationships with others and oneself, sexuality, spirituality, trauma and abuse, reactions to trauma and abuse, and coping skills. The TC condition engaged women in prosocial activities, and was run by mixed-gender treatment staff who acted as positive role models for inmates. Women in TC spent approximately 20 hours per week in treatment. Women in both conditions had the option of participating in 6 months of voluntary aftercare treatment following release in the community.

Sample & Methodology: A total of 115 women offenders (48% White, 26% Hispanic) with substance use issues volunteered to participate in the study. Fifty-five were randomly assigned to the GRT condition, and 60 were assigned to the TC condition. Interviews were conducted with participants prior to commencing programming, and at 6 and 12 months following their release from prison. Outcome measures included participation in aftercare treatment, substance use, psychological well-being, self-efficacy, and return to prison. Analyses were conducted with an intent-to-treat design, using ANOVA and chi-square analysis to compare programs. Post-hoc differences between the group that were not adjusted as the result of random assignment were controlled for in the multivariate analyses.

Results: GRT participants performed better than TC participants on most follow-up measures. Participants in the GRT condition stayed in their aftercare programs significantly longer than TC participants ($M = 2.6$ months vs. $M = 1.8$ months). GRT participants were 36% more likely to complete their aftercare program, and showed greater decrease in substance use over time, as compared to the TC group. Finally, the odds of returning to prison were reduced by 67% for GRT participants (31% reincarcerated) vs. the TC participants (45% reincarcerated).

Discussion: The results of this methodically rigorous study supports the use of a gender-responsive prison-based substance abuse program based on women-centered curriculum developed by Stephanie Covington. Replication is recommended.

Study #31

Messina, N., Calhoun, S. & Warda, U. (2012). Gender-Responsive Drug Court Treatment: A Randomized Controlled Trial. *Criminal Justice and Behaviour*, 39(12), pp. 1539-1558. DOI: 10.1177/0093854812453913

Program: The study compared the effectiveness of a standard drug treatment court (DTC) to a gender-responsive (GR) program (*Helping Women Recover—for substance abuse* [Covington, 1999] & *Beyond Trauma -for PTSD* [Covington, 2003]). The study was conducted in San Diego, California between 2007 and 2010. The GR program participants were still enrolled in the drug treatment court but also received the GR treatment—a manualized program that combined cognitive behavioural methods with mindfulness, experiential and relational therapies, psychoeducation, and expressive art (combined # of sessions = 28). The MG group participated in regular outpatient DTC treatment, which involves approximately 2-3 hours of group therapy, five days a week, as-needed individual counselling, and referral services.

Sample & Methodology: 150 women (58% White, 10% Black, 22% Hispanic) referred to DTC services were randomly assigned to either the gender-responsive treatment (GR) group ($n = 85$), or the standard mixed-gender services (MG) group ($n = 65$). More than half of participants reported a history of depression, and 33% met the criteria for a PTSD diagnosis. Post hoc analyses revealed some group differences (e.g., the GR group was more likely to be Black and have more trauma symptoms) that were statistically controlled for during multivariate analyses. An initial baseline interview was conducted within 30 days of enrolment in DTC services, assessing current and historic substance use, trauma, mental health issues, and justice involvement. Follow-up interviews were conducted an average of 21 months after the baseline interview. Outcome measures evaluated treatment retention, substance use, psychological wellbeing, and recidivism (remands to jail, re-arrested within two years of baseline). Analyses were conducted using an intent-to-treat design, and comprised of chi-squares, generalized estimating equations (GEE), and multivariate analyses.

Results: The GR group demonstrated improved treatment compliance, and reduced trauma symptomatology. Differences in other outcome measures approached but did not exceed the threshold of significance. The overall graduation rate for all participants was 69%, with minimal differences between GR and MG groups. Sanctions for failure to comply with the treatment program occurred at similar rates during the first six months of treatment for both groups, however the GR group received significantly fewer sanctions during the second phase of

treatment (GR, $M = .65$; MG, $M = 1.2$). GR participants were also less likely to be remanded to jail (GR, $M = 1.9$; MG, $M = 2.4$; $p < .05$). Both groups demonstrated reduced substance use as a result of DTC participation, with greater improvement in the GR group, however this difference did not achieve significance ($p = .06$). Significant reductions in trauma symptomatology were observed for the GR group – 36% met the criteria for PTSD diagnosis at baseline, while only 9% met this criteria at follow-up. The MG group saw reductions in PTSD diagnosis at half this rate (26% at baseline to 18% at follow-up). No significant differences were found between the groups' follow-up arrest rates (detailed re-arrest statistics broken down by group were not provided).

Discussion: The results of this study suggest that a variety of outcomes associated with standard drug treatment court services can be further improved by offering gender-responsive programming options for women. Although the re-arrest rates were similar for both the gender-responsive drug court program and the standard drug program participants, it is notable that the gender-responsive drug court participants did evidence fewer remanded returns to jail. Also, it would have been informative to have examined how matching risk level to dosage impacted the results. Both programs appeared to be relatively intensive (e.g., lasting 18 months on average) however the extent to which all program participants (GR or MG) were high risk and hence warranted intensive service delivery is unknown.

Study #32

Millson, B., Robinson, D., & Van Dietsen, M. (2010). *Women Offender Case Management Model, The Connecticut Project: Outcome Evaluation*. National Institute of Corrections

Program: This evaluation study is based on a case management model known as the **Women Offender Case Management Model (WOCMM; Orbis Partners, n.d.)**³³; specifically designed for criminal justice-involved women. WOCMM is a strength-based model of community supervision to be implemented by probation/parole officers working with justice-involved women in the community. One of the key tenets of the model is to help connect with natural and professional supports to build personal strategies.

Sample & Methodology: 348 women probationers (approximate ethnic distribution: Black 43%, White 32%, Hispanic: 25%) in Connecticut participated in the study who were deemed eligible for participation in the WOCMM. The 174 WOCMM participants were retrospectively matched to 174 randomly selected non-WOCMM participants who received regular supervision (were eligible and on a waiting list but a space was not available). The comparison group was successfully matched on age, ethnicity, site, risk score, and substance abuse score. Detailed information was collected at intake, during the study, as well as post study completion (e.g., pre-/re-test measures to measure attitude, well-being, and behavioural change, change in risk and protective factors). The sample was predominately moderate and high risk (as evidenced by the LSI-R and the SPIn-W). One year re-arrest rates served as the as the primary outcome measure.

³³ The Women Offender Case Management Model (WOCMM) has since been revised and is now called the Collaborative Case Work with Women (CCW-W)

Results: In sum, the one year re-arrest rates were lower in the WOCMM group (31.6%) vs. the comparison group (42.5%) translating into a 25.6% relative reduction; notably these findings persisted across age and ethnicity. Further, detailed program analyses revealed that WOCMM was implemented with high program fidelity, and that risk scores decreased significantly for program participants while protective scores increased. Additionally, positive changes from pre-test to re-test were seen for WOCMM participants in terms of general self-efficacy and parenting strategies.

Discussion: This evaluation provides evidence to support the notion that gender-informed models of supervision provide more positive outcomes for women under community supervision than supervision as usual. A variety of measures were used to evaluate the effectiveness of the WOCMM model, and the findings demonstrate that the WOCMM principles were being followed appropriately, and a number of relevant outcome measures yielded positive intermediate changes.

Study #33

Jolliffe, D., Hedderman, C., Palmer, E., & Hollin, C. (2011). *Re-offending analysis of women offenders referred to Together Women (TW) and the scope to divert from custody*. (ISBN: 978-1-84099-486-5). London, UK: Ministry of Justice.

Program: This study evaluated *Together Women (TW)* a multi-site, community-based program in England for women convicted of a criminal offense as well as women considered at risk for future criminal conviction. The goal of TW is to reduce recidivism, address the needs of women, and divert women away from custody. TW centres address the following needs: substance misuse, accommodation, finance, mental and physical health, and experiences of domestic violence, or other forms of abuse and trauma. TW does not provide manualized services (at the time of the evaluation) but rather employs services providers who engage clients in general counseling and make referrals when relevant. Although women were referred to these centres, attendance was largely voluntary.

Sample & Methodology: The study evaluated five different TW sites between 2006 and 2009 ($n = 660$ TW participants, approximately 90% White). A matched comparison group of 660 women probationers under a community order were selected via propensity score matching. Post-hoc analyses revealed that the two groups were equivalent on demographic and criminal history variables. Official re-offence information was collected from police records. The researchers however described several limitations concerning how this demonstration project was implemented (e.g., poor data tracking and missing data.)

Results: In short, a series of analyses revealed that the TW program had no impact on re-offending rates. Additional analyses revealed that TW was rarely used to divert women from prison custody, and that many sentencers were not fully aware of the TW program.

Discussion: This study does not support the Together Women. Additionally, it underscores the importance of careful program implementation.

Study #34

Guydish, J., Chan, M., Bostrom, A., Jessup, M. A., Davis, T. B., & Marsh, C. (2011). A randomized trial of probation case management for drug-involved women offenders. *Crime and Delinquency*, 57(2), 167–198. <https://doi.org/10.1177/0011128708318944>

Program: This study compared the effectiveness of a **probation case management (PCM) intervention program designed for substance abusing women on probation** to standard probation supervision in San Francisco (1995-2001). The PCM's main goal was to increase access to services; additionally, PCM was characterized as an intensive supervision probation case management program that included probation officers who wanted to work with women providing advocacy and therapeutic services (either directly or via referral). The program did not include common gender-responsive elements.

Sample & Methodology: An experimental randomized control trial was used using a sample of 183 justice-involved women (57% Black, 20% White, 7% Hispanic) in the community (92 randomly assigned to PCM and 91 randomly assigned to standard probation). Post-hoc analyses revealed that the two groups were equivalent with the exception of the PCM evidencing higher educational levels. All of the participants were followed for 12-months, and were assessed based on measures of substance abuse, psychiatric symptoms, social support, and service utilization.

Results: The results indicated that women in both groups improved clinically on 7 of 10 measures. The groups also did not differ at follow-up in terms of re-incarceration rates (58.2% for standard probation group; 65% for PCM group), enrollment in drug treatment, or service utilization. However, an examination of exposure effects revealed that PCM program participants with at least two or more meetings with their probation case manager were more likely to self-report lower severity levels of both drug and social problems at each follow-up assessment. The effects of dosage on recidivism was not reported.

Discussion: An essentially gender neutral intensive probation model did not reduce recidivism nor increase change in intermediate treatment targets for justice-involved women. The interaction between dosage and risk level should be examined in future research.

Study #35

Johnson, J. E., Friedmann, P. D., Green, T. C., Harrington, M., & Taxman, F. S. (2011). Gender and treatment response in substance use treatment-mandated parolees. *Journal of Substance Abuse Treatment*, 40(3), 313–321. <https://doi.org/10.1016/j.jsat.2010.11.013>

Program: The study compared the effectiveness of standard probation services (with includes referrals to substance abuse treatment—CBT or educational) and **Collaborative Behaviour Management (CBM)** in a sample of men and women parolees across six different locations in the United States. CBM is a community supervision model grounded in social learning theory (e.g., emphasis on positive reinforcement to reward desired prosocial behaviours vs. use of sanctions, recognition of success, fairness); CBM was implemented as part of the **Step'n Out Study** CBM participants received a 12-week program which involved weekly collaborative case

management meetings including the offender, their parole officer, and their substance use counsellor. Following the establishment of clear roles and expectations through the negotiation of a behavioural contract, participants worked towards concrete weekly targets related to substance use and antisocial behaviours. Adherence to these goals was monitored in weekly meetings; progress was met with positive reinforcement, while violations were sanctioned. Participants in the standard parole condition met with their parole officers on a weekly to monthly basis, underwent mandatory drug testing, and were referred to cognitive-behavioural substance use treatment in their communities.

Sample & Methodology: Men and women parolees in several regions of the United States were recruited to participate in this randomized clinical trial. A total of 431 parolees with substance use problems were recruited: 354 men (182 randomly placed in CBM, 172 randomly placed in standard probation) and 77 women (39 randomly placed in CBM; 38 randomly placed in standard probation). Racial breakdown: 36% Black, 33% White, 15% Hispanic, 16% Other. Once a month for nine months, participants were asked to answer simple yes/no questions regarding their primary drug use and alcohol use. Reincarceration rates were also assessed 9 months post-release.

Results: Overall the results trended in the direction of supporting CBM over standard probation services, albeit observed differences were not always significant, particularly for men. For example, during the 9 month, follow period, only 5% of the CBM women reported using alcohol vs. 29% of the standard probation women. Similar trends were observed for men (CBM men = 39% alcohol use vs. standard probation men: 47% alcohol use). In terms of any self-reported drug use during the following up, the rates were as follows: CBM women: 11%; probation women: 17%; CBM men: 21%; probation men: 27%). Lastly, although the differences in reincarceration rates did not reach statistical significance, the findings trended in the direction of CBM: CBM women reincarceration rate: 21%; probation women: 29%; CBM men reincarceration rate: 34%; probation men: 36%.

Discussion: Collaborative Behavioural Management (CBM); a gender-neutral, social learning based model of supervision is effective in reducing alcohol and drug use and reincarceration rates among women parolees. Although the results trended in favour of CBM for men, the effects were not as pronounced. Although the findings germane to women are promising, replication is required given particularly given that only 77 women participated.

Study #36

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.
<https://doi.org/10.1080/10550887.2012.694601>

Program: The present study evaluated a gender-responsive therapeutic community program for incarcerated women with substance use problems. The program, ***Challenge to Change Therapeutic Community*** was compared against a standard cognitive behavioural program. The

evaluation was conducted at a women's correctional facility in Denver, Colorado between 2002 and 2006

Sample & Methodology: A total of 427 women (47% White, 26% Hispanic) were included in this study; 235 were randomly assigned to the experimental therapeutic community (TC) condition, and 192 to the standard cognitive behavioural condition. Post-hoc analyses revealed that women in the TC condition scored significantly higher on a treatment motivation measure and subsequently the authors report that this variable was controlled for in all subsequent analysis. Women whose intake assessments indicated a substance use problem severe enough to require treatment were recruited. Women in the treatment condition spent six months housed in a residential facility separate from the rest of the institution, and participated in four hours of programming, five days a week. Women in the control condition participated in a cognitive-behavioural program for substance use disorders, which involved two hour sessions, three times per week, and was supplemented by optional gender-based courses related to parenting, trauma, and abuse. Twelve months following release from the institution, outcome measures in the following five domains were assessed: crime, drug use, mental health, trauma, and HIV-risk behaviour. Outcome data came from institutional records and self-report from participants. Logistic regression and Cox regression analyses were conducted to compare rates of re-incarceration between groups. Generalized linear models were used to compare groups for all other outcomes.

Results: Participants in the experimental condition showed significantly greater improvements across the domains of crime, substance use, mental health, and trauma exposure than those in the control condition. Women in the experimental condition were reincarcerated at lower rates (13% vs. 18%) and remained in the community a mean of 20 days longer than those in the control condition. Arrests were reduced by 80% at six months and 66% at 12 months post release for women in the experimental condition, and by 59% at six months and 50% at 12 months post-release for women in the control condition. Self-reported criminal behaviour was reduced by 62% at six months and 57% at 12 months in the experimental condition but was reduced by only 45% at both six and 12 months in the control condition. Substance use was reduced by 73% at six months and 66% at 12 months in the experimental condition, while the control condition's use was reduced by 59% at six months, and 50% at twelve months. Outcome measures of mental health demonstrated reductions across conditions and follow-up times, but the experimental group demonstrated a greater reduction in symptoms of depression. Rates of trauma exposure were no different between conditions at six months, however a marked decrease was observed in favour of the experimental condition at 12 months. Reductions in HIV-risk behaviour were observed, with no significant differences between conditions.

Discussion: The results of the present study indicate that while both cognitive-behavioural interventions and therapeutic communities can be effective in reducing recidivism in female offenders, gender-responsive therapeutic communities appear to be more effective. This study is one of few to employ a randomized control design to evaluate the effectiveness of substance use treatment for female offenders.

Study #37

Scott, C. K. & Dennis, M. L. (2012). The First 90 Days Following Release from Jail: Findings from the Recovery Management Checkups for Women Offenders (RMCWO) Experiment. *Drug and Alcohol Dependence*, 125(1-2), pp. 110-118. DOI: 10.1016/j.drugalcdep.2012.03.025

Program: The present study evaluated the effectiveness of **Recovery Management Checkups for Women Offenders (RMC-WO)** in a sample of women offenders with substance use issues as a means of supporting their recovery post-release. The study was conducted in Cook County, Illinois between 2008 and 2010. RMC relies on the use of Motivational Interviewing (MI) to address substance use, HIV risk, and antisocial behaviours, and uses problem-solving to address barriers to recovery.

Sample & Methodology: A total of 480 women (83% African American, 8% Caucasian, 5% Hispanic) were recruited to participate, with 240 women randomly assigned to each condition: RMC and control. Participants in the RMC condition received an RMC-structured counselling session at 30-, 60-, and 90-days post-release from prison, at which time outcome variables were measured. Participants in the control condition were only asked to respond to outcome measures at these intervals. Outcome measures include the number of days following release before women sought community-based treatment, any treatment within 90 days, complete abstinence from substance use, needle use, unprotected sex, illegal activity, arrests, and days in prison or jail. This randomized control trial used an intent-to-treat design. Cox proportional hazard regression analysis and logistic regressions were used to assess relationships between outcomes and conditions.

Results: RMC increased the timing and overall likelihood of a woman receiving treatment. Receiving treatment improved outcomes related to substance use, HIV risk behaviour, and illegal activity. There were no significant differences in relapse rates between women in the RMC and control conditions at any of the follow-ups. Despite this, women in the RMC condition received treatment sooner than their counterparts in the control condition (60 vs. 90 days; OR = 1.33, $p < .05$), and were overall more likely to participate in substance abuse treatment (55% vs. 45%; OR = 1.53, $p < .05$). While women who received treatment were more likely to be abstinent from alcohol or other drugs (34% vs. 12%; OR = 3.74, $p < .001$), there was no interaction between treatment and RMC condition on abstinence. RMC was not significantly related to HIV risk or illegal activity, however abstinence from substance use reduced the rate of these behaviours.

Discussion: RMC is not meant to be a stand-alone treatment for women offenders with substance use issues. Rather, it is intended to support their journey through recovery, by addressing needs and barriers surrounding treatment. As such, the results of this study support the use of RMC to improve treatment participation. While RMC did not itself improve outcomes related to substance use or illegal activity, it is possible that future research will reveal a mediating relationship between RMC and these outcomes of interest.

Study #38

Palmer, E. J., Hatcher, R. M., McGuire, J., & Hollin, C. R. (2015). Cognitive skills programs for female offenders in the community: Effect on reconviction. *Criminal Justice and*

Program: This study evaluates the effectiveness of two gender neutral cognitive behavioural skills programs offered in England and Wales: ***Enhanced Thinking Skills and Think First***; both aim to reduce reconviction rates among women offenders.

Sample & Methodology: 801 incarcerated women in England and Wales participated in the study (racial breakdown not reported). The cognitive behavioural group were mandated to receive treatment and were divided into two groups (program completers: $n = 45$ and non-completers: $n = 236$). The comparison group was comprised of 520 women who were not mandated to receive treatment and did not receive treatment. Post-hoc analyses revealed that the treatment groups were higher risk than the comparison group and consequently multivariate analyses were used to control for pre-existing group differences.

Results: Once pre-existing group differences were controlled, the only significant finding to emerge demonstrated that program non-completers were 1.6 times more likely to be reconvicted than the comparison group. There were no differences in reconviction rates between the program completers and non-completers or between the program completers and the comparison group.

Discussion: The results do not support the use of a generic cognitive behavioural program for women offenders. However, despite the use of retrospective statistical control procedures it is possible that the higher risk nature of the women in the cognitive behavioural group vs. the comparison group may have accounted for the nil findings. Recall also that the treated group were mandated to take treatment whereas the comparison group were not.

Study #39

Coffman, K. L., Shivale, S., Egan, G., Roberts, V., & Ash, P. (2017). WISE program analysis: Evaluating the first 15 months of progress in a novel treatment diversion program for women. *Behavioural Sciences and the Law*, 35(5–6), 540–549. <https://doi.org/10.1002/bsl.2321>

Program: This study evaluated a pilot program, the ***Women’s Initiative for Success with Early Intervention (WISE) pilot program***. *WISE* operated in Georgia between 2016 and 2017; the program was designed to divert seriously mentally ill women who had committed non-violent crimes out of the justice system and into the mental health system.

Sample & Methodology: The sample was comprised of 16 *WISE* participants and 24 comparison participants; racial breakdown was not reported. The comparison participants were selected from records dating back three years prior to the implementation of *WISE* and were selected if they would have met the inclusion criteria for *WISE*. However, detailed analyses of the similarities and potential differences between the two groups precludes statements regarding group equivalency.

Results: Overall, women in the *WISE* group spent significantly fewer days in jail (mean of 64.9 days) than the comparison group (mean of 163.46 days). However, it is unclear to what extent

the program met its ultimate objective of diverting women with serious mental illness out of the justice system based on certain findings—e.g., 62.5% of the comparison group eventually had their charges dismissed and were released into the community vs. only 43.8% of the WISE group. However, the manner in which the results were presented coupled with the small sample size precludes definitive statements regarding the effectiveness of the WISE. The follow-up period wasn't specified.

Discussion: WISE demonstrated mixed results but due to the small sample size and the absence of strong methodological rigour it is difficult to make firm conclusions. However, in principle programs that strive to divert women who have committed non-serious crimes with serious mental illness of the justice system should be investigated further.

Study #40

Kubiak, S., Fedock, G., Kim, W. J., & Bybee, D. (2016). Long-term outcomes of a RCT intervention study for women with violent crimes. *Journal of the Society for Social Work and Research*, 7(4), 661–679. <https://doi.org/10.1086/689356>

Program: This study evaluated ***Beyond Violence***, a gender-responsive and trauma-informed intervention program designed by Stephanie Covington (2013) in the state of California. The program targets justice-involved women with co-occurring substance use, trauma-related anger, and aggression/violent behaviours. The curriculum is comprised of 20 group sessions.

Sample & Methodology: 35 incarcerated women in a midwestern U.S. prison for a violent conviction participated in the study; the women were randomly assigned to Beyond Violence (BV, $n = 19$) or Assaultive Offending Programme, a gender-neutral program delivered to both men and women ($n = 16$), henceforth known as treatment as usual (TAU). Racial breakdown: 46% White, 54% African American. Post-hoc analyses indicated that the groups were equivalent on relevant variables. Official follow-up data was collected one year post-release and included: re-arrest/re-confinement data, positive drug screens and admittance to community-based substance abuse treatment.

Results: 11% ($n = 2$) of the BV participants were re-arrested during the follow-up vs. 38% ($n = 6$) of the TAU group; similarly, 16% ($n = 3$) of the BV participants and 50% ($n = 8$) of the TAU participants were admitted to jail during the follow-up. BV participants were also less likely to receive a positive drug screen during the follow-up (26%) vs. the TAU group (50%).

Discussion: The results are promising; Beyond Violence is effective in reducing future criminal justice involvement among women with violent convictions. However, replication based on a larger sample is recommended.

Study #41

Orwat, J., Stemen, D., George, C., Cossyleon, J., & Key, W. (2019). The impact of the Cook County state's attorney's office deferred prosecution program. *Journal of Offender Rehabilitation*, 58(2), 133–153. <https://doi.org/10.1080/10509674.2018.1562505>

Program: This study evaluated **Cook County State’s Attorney’s Office Deferred Prosecution Program (DPP)** on re-arrest rates. The DPP is a pre-adjudication diversion program for first time, non-violent felony offenders that allows participants to avoid conviction in the traditional court system pending successful completion of the one-year deferred prosecution program (DPP). In general, the DPP involves the following elements: a promise to not reoffend; an individualized assessment plan, regular court appearances, monthly meetings with a pre-trial officer, and meeting requisite individualized conditions (e.g., making restitution, meeting employment/education and/or substance use treatment requirements when applicable).

Sample & Methodology: The sample consisted of both males (DPP treatment group $n = 426$; comparison group $n = 660$) and females (DPP treatment group $n = 269$; comparison group, $n = 331$). Racial breakdown: DPP group: 41.6% White, 40.4% Black, 1.5% other, 16.8% missing; comparison group: 46.9% White, 34.0% Black, 2.3% Other, 16.5% missing. The comparison group were eligible for the DPP program but had been convicted in a traditional court of law. Although preliminary analyses indicated that the DPP and comparison groups were equivalent on key variables (age, race, criminal history) subsequent analyses suggested that the two groups were not equivalent. The authors compared re-arrest rates 18 months after DPP participants commenced participation (and 18 months post-conviction for the comparison group). The racial breakdown for the combined sample was as follows: 41% to 46% White, 34% to 40% Black, and other 16 to 17% “Other”). Analyses were conducted separately for males and females.

Results: The authors concluded that the deferred prosecution program was unsuccessful in that once relevant covariates were controlled for (e.g., past criminal history) the likelihood of re-arrest was similar for both the DPP and comparison groups, irrespective of gender. One exception was noted: the DPP program did significantly reduce theft-related re-arrests by 76% in women.

Discussion: The authors concluded that although DPP seemed to have a limited effect on overall re-arrest rates, it is possible that the program could be revised to target specific types of defendants (e.g., older, women) or defendants charged with certain types of offenses (e.g., theft). It should be noted that the manner in which the statistical analyses were presented made it difficult to fully interpret the analyses independently of the researchers’ conclusions. The use of a stronger matching procedure (e.g., propensity score matching) would have significantly enhanced the conclusions that could have been gleaned from this study.

APPENDIX E: ADAPTING PROBATION/PAROLE SUPERVISION MODELS

Case Example 3: Local Adaptation of Community Supervision Practices

Community Supervision

Research suggests that probation and parole supervision has a positive impact on recidivism when the focus remains on higher-risk clients who are provided with interventions to address identified criminogenic targets (Bonta & Andrews, 2017; PEW Charitable Trust, 2018). One of the first attempts to explore the components of effective supervision practice was undertaken by Bonta, Bourgon, Rugge, Scott, & Yessine (2011). Bonta and colleagues created a training and coaching protocol for probation officers known as the Strategic Training Initiative in Community Supervision (STICS) and inspired the development of a similar model, now implemented in the United States (Effective Practices in Community Supervision - EPICS – University of Cincinnati Corrections Institute, 2015). A gender-responsive supervision and case work model known as the Collaborative Case Work Model with Women was developed by the National Institute of Corrections³⁴ in conjunction with Orbis Partners Inc. Preliminary evidence supports the use of this model to reduce the likelihood of new offences, new arrests, and the likelihood of technical violations particularly among higher risk women (Van Dieten, 2016)

Adapting Supervision Practices:

There are compelling reasons to encourage all agencies providing community supervision, transition or re-entry services to consider adaptations to policy and practices when working with women, including:

- Women have lower recidivism rates than their male counterparts and are significantly less likely to commit a violent offence (Blanchette & Brown, 2019).
- Women fail to successfully complete their supervision for a variety of reasons, however in both Canada and the United States they are more likely to return to prison for failure to complete parole conditions rather than new crimes (PEW Charitable Trust, 2018).
- When women received suspensions, they are typically linked to: failure to appear, noncompliance with treatment and sanctions related to substance use and, an inability to secure safe and stable housing (McConnell, Rubenfield, Thompson & Gobeil, 2014).
- Indigenous women are more likely to be suspended than their non-Indigenous counterparts and this is due to failure to report (McConnell et al., 2014).

³⁴ Collaborative Case Work with Women. National Institute of Corrections. Ottawa, Ontario: Orbis Partners Inc. Available from <https://orbispartners.com>.

- Women are more likely to be responsible for raising their children. As primary caretakers of their children and extended family, the consequences of incarcerating women are extremely high (Morash et al., 2017).

The following adaptations are recommended for settings that wish to introduce gender-responsive principles and practices.

Step 1: Build Strong Leadership and Effective Partnerships

- *Establish an implementation team* that will be involved throughout the process and that is responsible for establishing targets, deadlines, and ensuring program completion and installment. Team members should include representation from leadership (with formal authority); staff that have an interest in and experience with supervising women on their caseload; directly involved women who have completed community supervision; a research/evaluation partner with experience in gender-responsive research; agency partners.
- *Develop collaborative agency partners* - when possible identify local agencies that provide a wide range of services that will address the comprehensive needs of women. For example, agencies that provide housing resources, support for domestic violence, substance use and mental health treatment, etc. It is also recommended that formal relationships be established with agencies that frequently serve the same population including, Ontario Works, ODSP, Family and Children's Services, the Elizabeth Fry Society and other agencies that work with justice-involved and marginalized women).

Step 2: Explore Site Readiness for Change & Decide on Necessary Adaptations

Site Readiness

- *Assessing staff attitudes, knowledge, and skills* with respect to the use of gender-responsive principles and practices. The results of the survey will provide invaluable information to the implementation team to determine fit and feasibility of the adaptation. Specifically, the information can be used to determine staff training and supervision needs and to support changes in the culture essential to implement the gender-responsive principles. A variety of methods (including surveys, interviews and focus groups) can be used to assess staff readiness.³⁵
- *Review existing policies and practices* to determine alignment with gender-responsive principles.

Decide on Necessary Adaptations

- Introduce gender-responsive caseloads with staff that are interested in working with women;

³⁵ See National Institute of Corrections- Gender Informed Practices Assessment for tools to assess Staff Readiness.

- Consider modifications to caseload size in conjunction with risk (staff should have fewer cases when working with higher risk cases);
- Provide accommodations to address financial and child-care needs (e.g., consider modifying types of contacts with fewer office visits and more home visits for women who are unable to travel or who have child-care responsibilities, provide a safe, child-friendly waiting area, provide transportation support, etc.)
- Review supervision practices and clearly define the case work process (what happens and when). For example, the CCW-W model developed by Orbis partners has three distinct phases with specific tasks and outcomes (see Van Dieten, 2016). This protocol helps staff and supervisors ensure that each supervision meeting is meaningful for the client.
- Implement a gender-responsive risk/need/strengths assessment. Ensure that the assessment is comprehensive and that it has been validated with women on your caseload.
- Implement a supervision/case plan. Supervision plans should be developed to represent the unique needs of the individual and should reflect not only criminogenic targets but needs and strengths that support her stability and overall well-being. The case plan should be used in a dynamic way to monitor change and should be routinely modified and updated to support her success.
- Ensure staff and women have access to holistic and comprehensive services. Consistent with a gender-responsive approach is the holistic assessment of needs and the provision of services that support crime reduction, personal well-being and help to build social capital. Services may include, giving information or advice, providing assessment and treatment, advocacy, brokering services, etc. Also essential to a holistic approach is the engagement and inclusion of informal supports. Helping women to strengthen informal, prosocial supports and networks is essential in sustaining outcomes beyond the formal service delivery system.

Step 3: Conduct Staff Training and Pilot Testing of the Adaptation

Staff Training: All staff (operational and program staff), volunteers and stakeholders should be provided with training and supervision in gender-responsive practices. When possible, all staff should be cross-trained in the following:

Orientation to GR principles³⁶:

- Review principles of GRIC
- Explore pathways and prediction research focused on justice-involved women.
- Discuss frequency and reasons that females violate parole and probation.

In addition, staff should receive intensive training and supervision in the following.

³⁶ Training materials are currently available. See for example, National Resource on Justice-involved Women: <https://cjinvolvedwomen.org/> and the National Institute of Corrections www.nicic.org

- Adapted supervision model. The supervision process, phases, tasks and anticipated outcomes.
- Using a trauma informed, strength-based and collaborative approach to support the supervision process.
- Gender and trauma informed intervention, advocacy and referral.
- Dealing with trauma disclosures.
- Working in a team with agency partners.
- Staff well-being (coping with vicarious trauma)

Pilot testing of the adaptation: Identify a pilot site(s) with access to a representative sample of women under community supervision (consider age, risk level, ethnicity and race) and a large enough sample size to support research efforts (i.e., approximately 40 referrals per year).

Step 4: Refine Adaptations and Begin Implementation

- *Refine program adaptation:* Elicit detailed feedback from staff, directly involved women and other members of the implementation team to make final adaptations to the supervision model.
- *Be prepared to begin implementation:* Ensure that any policy changes have been fully explored and communicated to staff.

Step 5. Evaluate and Maximize Program Quality

A protocol for continuous quality assurance is essential to ensure fidelity to the program model and gender-responsive principles. Members of the implementation team should be charged with the following tasks:

- Modifying Staff Performance reviews to align with gender-responsive principles. For example, staff should be rewarded in their performance reviews for demonstrating behaviour consistent with gender and trauma-informed practice and for adhering to the supervision model. Similarly, professional goals should reflect an increase in knowledge, familiarity and competence in gender-responsive principles and practices.
- Developing a protocol to provide ongoing supervision and coaching and to ensure program fidelity.
 - Provide staff with formal supervision and coaching. Staff will need support to feel confident in their specialized role as gender-responsive probation/parole officers or case workers. It is critical that they be provided with booster training in trauma-informed practices and staff well-being.
 - Facilitator Observation Form. Use an observation form that is completed by trained facilitators or quality assurance specialists either while sitting in a client meeting or when reviewing an audio/video tape.
 - The development of the observation form should include ratings that assess level of adherence to gender-responsive principles (e.g., approach used during the supervision session is consistent with relational, trauma-informed and strength-based approaches) and each phase and task outlined within the supervision model (e.g., completes assessment, develops case plan with woman, meets to discuss case plan, etc.).

- Provide staff with strength-based feedback.
- Developing a protocol to build agency capacity by identifying select staff to function as quality assurance specialists and to become certified trainers.

Step 6. Evaluate and Maximize Program Impact

A protocol for conducting an interim and/or formal evaluation should be developed with an expert identified by or within the implementation committee. For agencies that lack the resources, or expertise to proceed we strongly encourage you to read Van Voorhis (2010). She provides an introductory guide to conducting gender-responsive research³⁷.

Data should be collected before, during, and/or after the supervision period is completed and when possible, at 12, 24, and 30 months follow-up. As data is analyzed, results should be used to provide feedback to inform the implementation team with respect to further adaptations that will improve the process of implementation.

- *Conduct a formative or process evaluation of the supervision process.* The implementation team should designate members responsible for the following tasks:
 - *Develop a Logic Model* and clearly specify the supervision process, goals and anticipated outcomes.
 - *Review dynamic changes in the standardized risk need assessment from intake to completion of supervision.*
 - *Feedback:* Elicit feedback from the women during an exit interview to determine their satisfaction with the supervision process.
- *Conduct a formal evaluation of the program.* Consider initiating a formal evaluation after the program has been piloted and staff have reached a pre-defined level of comfort and familiarity in implementing the supervision model. Women tend to have lower base-rates for re-offending than males. Therefore, it is important when identifying outcomes indicators that other measures of success be considered:
 - Behavioural outcomes such as decreases in absconding, revocations; increases in engagement and follow through, reporting rates, compliance with conditions.
 - Intermediate targets including changes on the risk/need/strengths assessment (i.e., increases in strengths, personal coping strategies, and external resources; decrease in risk factors).
 - Official recidivism outcomes (e.g., decrease across group receiving gender-responsive supervision in new arrests, technical violations and new crimes)

Step 7. Disseminate Information Revised Program and Its Results. In order to advance our work with justice-involved women, additional research (process and outcome) is essential as are narratives of successful projects.

³⁷ Van Voorhis, P. (2010). *Gender-responsive Interventions in the Era of Evidence-Based Practice: A Consumer's Guide to Understanding Research*. Bureau of Justice Assistance. US Department of Justice.