

### *Introduction*

Women represent the fastest growing segment of the criminal justice system (PEW Center, 2008) increasing 757% between 1977 and 2004, a rate nearly 2 times the percent increase in the male offender population (Frost, Green, & Pranis, 2006). The number of women involved in the US criminal justice system doubled during the 1990s (Beck, 2000). An estimated 68 in every 100,000 U.S. women are serving time in a state or federal prison (Sabol, West, & Cooper, 2009), with increased rates to one in every 100 among black women in their late 30s (PEW Center, 2008). Women currently represent about 7% of the overall state and federal prison population and 24% of individuals on community supervision (Glaze & Bonczar, 2009).

Substance use and abuse have been consistently reported as major contributing factors in the increasing population of women offenders (e.g., Greenfield & Snell, 1999; Staton-Tindall, et al., 2007). Some have argued that increased attention to substance users during the late 1980s and 1990s during the war on drugs had particular adverse consequences for women (e.g., Chesney-Lind & Pasko, 2004; Covington & Bloom, 2003). A majority of women offenders have a history of drug use and drug-related offenses. Therefore, with the growing number of women offenders, there is increased need to target national surveys on incidence and prevalence of substance use during arrest for this population. Through developing interest by the Bureau of Justice Statistics (BJS) and the National Institute of Justice (NIJ) regarding the Office of Justice Program's (OJP's) Offender Drug Abuse Monitoring (ODAM) program to target arrestees, the purpose of this brief report is to discuss the importance of inclusion of female offenders in this initiative. The following objectives will guide this brief paper: 1) Describe characteristics of female offenders; 2) Discuss the importance of gender-specific data collection; 3) Discuss data collection strategies for working with female offenders; and 4) Review considerations for special populations of female offenders.

### *Characteristics of female offenders*

A 2003 National Institute of Corrections report indicated that women offenders are likely to be disproportionately women of color and be between 30 and 35 years old. They are likely to have limitations in education and employment, a drug-related offense, a history of substance use and abuse, complicated family situations, a history of abuse and trauma, and physical and mental health problems (Bloom, Owen, & Covington, 2003; Covington, 2007). While these data date back nearly a decade, current research and clinical literature supports that these trends sustain over time. This section overviews the literature on female offenders to describe their

specific needs which can influence decisions about data collection and monitoring of this population.

Much of what we know about female offenders is drawn from samples of incarcerated women in prisons and jails. Substance use and abuse have been consistently reported as major contributing factors in the increasing population of women offenders (e.g., Mullings, Pollock, & Crouch, 2002; Staton-Tindall et al., 2007). In fact, a large number of women offenders, reported as high as 98%, have a history of substance abuse, and nearly half of incarcerated women indicate that they were under the influence of alcohol or drugs at the time of their offense (Greenfeld & Snell, 1999; Cotton-Oldenburg, et al., 1999). A survey of male and female offenders indicated that a higher percentage of females reported drug use including lifetime use, regular use, and use at the time of their offense compared to male offenders (Greenfeld & Snell, 1999).

While this data is convincing and suggests that substance use is a considerable problem for female offenders, these studies overlook the larger population of women who have contact with law enforcement or are arrested for charges that ultimately do not result in incarceration. This population also continues to rise with female arrestees increasing 11.6% in the past 10 years compared to a 3.1% decrease in the number of male arrestees (US Department of Justice, 2009). The Arrestee Drug Abuse Monitoring [ADAM] 2000 Annual Report is one of few existing sources of information on substance use among female offenders at the time of arrest. ADAM data indicated that 63% of females tested positive for at least one illicit substance – a rate similar to the 64% of males who tested positive (Taylor, Newton, & Brownstein, 2003). Gender differences were noted in that females were more likely to test positive for cocaine compared to males who most commonly reported marijuana use. In addition, female arrestees were more likely than males to report heavy drinking or binge alcohol use. Gender differences were also noted in the 2000 ADAM report for risk for drug dependence with 42% of females being at risk compared to 37% of male arrestees.

#### *Gender-specific data collection*

The literature on gender differences on the deleterious consequences of substance use for women compared to men is informative when considering alternative data collection and monitoring strategies for offenders. For example, one pioneer study showed that women are more susceptible than men to the adverse effects of alcohol due to a decreased level of the metabolizing enzyme, gastric alcohol dehydrogenase (Lieber, 1993). The physical health consequences of alcohol and drug use are often more severe for women than for men. In

addition to physical health consequences, the following sections describe unique characteristics of female offenders with an eye to targeting data collection instruments.

*Mental health:* Women offenders experience a variety of mental health issues, commonly including depression and anxiety (e.g., Sacks, 2004; Staton-Tindall, Leukefeld, & Webster, 2003). About 1 in 4 female state prisoners reported being prescribed medication for a psychological or emotional problem during their incarceration (Greenfeld & Snell, 1999) and nearly two-thirds of incarcerated women reported lifetime psychiatric disorders (Jordan, et al., 1996). Other studies indicate that women in drug treatment programs tend to report co-occurring mental health issues including high levels of psychological distress, increased incidence of trauma and abuse, and a propensity for diagnosable disorders, including post-traumatic stress disorder (PTSD) (Sacks, 2004). A recent report noted that while female inmates are only slightly more likely than males to have a substance use disorder (66.1% vs. 64.3%), they are significantly more likely to experience co-occurring substance use and mental health issues compared to males (40.5% vs. 22.9%) (CASA, 2010).

*Victimization and violence:* It has been consistently shown that a high percentage of incarcerated women have histories of victimization with one study finding more than half of a sample of female inmates reported ever being sexually abused and nearly three-quarters reported ever being physically abused in their lifetimes (Staton-Tindall, et al., 2007). A history of abuse and victimization is disproportionate for female offenders – female inmates were 7 times more likely to have experienced sexual abuse and 4 times more likely to have experienced physical abuse compared to male offenders (CASA, 2010). Histories of abuse and victimization are very closely tied to entry into criminal activity among women offenders (Chesney-Lind & Pasko, 2004; DeHart, 2008), to mental health problems, particularly PTSD (i.e., Heckman, Cropsey, & Olds-Davis, 2007; Pico-Alfonso, et al., 2006), and to substance use as a self-medicating coping strategy (Covington, 1998; Staton, Leukefeld, & Logan, 2001).

*HIV and STDs:* Women offenders have a number of health problems which are related to their risky drug use and sexual behavior prior to incarceration. Sexually transmitted diseases (STDs) including chlamydia, human papillomavirus, herpes simplex, cystic and mymatic conditions, dysmenorrhea, and chronic pelvic inflammation are more common among female prisoners than the general population (Hammett & Harmon, 1999). One of the most prevalent STD health concerns for incarcerated women is HIV. A higher percentage of incarcerated women (1.9%), compared to men (1.5%), are diagnosed as HIV positive (Maruschak, 2009). Thus, HIV and related risk behaviors are serious health concerns for women offenders and a

focus on risky sexual and drug use behaviors should be included in drug monitoring strategies.

*Children and parenting:* Estimates indicate that more than two-thirds of incarcerated women have a child under age 18 and about 5% were pregnant at the time of incarceration (Greenfeld & Snell, 1999). Due to being separated from their children, women offenders need services to deal with the potential effects of the separation on their relationship (Coll, et al., 1998). Dealing with involuntary separation from their children has increased consequences for incarcerated drug-abusing women. There are also consequences of the drug-using lifestyle and criminal activity on children including increased exposure to trauma and violence that need to be considered in working with female offenders (Staton-Tindall, Sprang, & Clark, *in press*).

These unique issues among female offenders argue for inclusion of gender-specific measures in ODAM, and suggest that the selection of data collection instruments be developed for and used with women. The Center for Substance Abuse Treatment (CSAT, 2009) lists the following as necessary when assessing or screening women, which also have implications for data collection among women arrestees:

- Substance abuse and any immediate risks related to serious intoxication or withdrawal
- Past and present mental disorders, including posttraumatic stress disorder (PTSD) and other anxiety and mood disorders
- Past and present history of violence and trauma, including sexual, emotional, and physical
- Health screenings, including HIV/AIDS, hepatitis, and STDs
- Pregnancy considerations and parenting
- Immediate risks for self-harm, suicide, and violence

#### *Data collection strategies*

In addition to an emphasis on gender-specific measures for data collection, a focus on female offenders may also require modifications to data collection strategies targeted for ODAM. Special attention should be given in the study design to the number of female offenders in varying levels of criminal justice supervision. The 2000 ADAM report notes a number of limitations in reporting female arrestee data. Most notably, not all women selected for inclusion in the sample could be interviewed. For example, in Albuquerque, 32% of the 164 women selected were not interviewed – they were not available, not asked, or declined. Refusal rates ranged from none to 39% with an overall average refusal rate of 17%. ADAM analysis focused the final report on data from sites where at least 50 women were interviewed to avoid presenting findings that might be misleading due to small sample sizes. This strategy suggests that a

different sampling strategy should be considered for ODAM implementation in order to attain a more broadly representative sample of female offenders. Because this may mean additional resources for fewer participants per site compared to male arrestees, technologies such as videoconferencing or self-administered Computer Assisted Program Interview (Baker, Bradburn, & Johnson, 1995) designs should be considered.

Female offenders may respond differently to study designs which are developed for and used with male offenders. One national study on correctional administrators and supervisors found that 80% believed that different management strategies were needed for females compared to males, primarily related to interpersonal skills and communication (Schram, Koons-Witt, & Morash, 2004). Acknowledgement of the importance of interpersonal skills and communication is consistent with earlier work on the value that women place on relationships (Covington, 1998; Staton-Tindall, et al., 2007) and has implications for the inclusion of women in ODAM. These strategies may involve training for data collectors on the potential sensitivity of gender-specific issues and the importance of building rapport. Women offenders may also be less trusting of data collection staff if they perceive that their responses to questions may have negative consequences, especially around custody issues of their children. Communication about the purpose of the data collection and its intended use may be particularly relevant in facilitating more accurate reporting among female offenders. When possible with literacy rates, self-administered data collection for women may also be considered to increase confidentiality of responses (CSAT, 2009).

#### *Special populations of female offenders*

In addition to gender-specific considerations in data collection instruments and strategies, it is important to note that individual difference factors also play an important role. Data collection strategies may need to be altered in order to be specific to certain subgroups of female offenders. Subgroups of female offenders may be defined by culture. Culture – viewed differently than race or ethnicity - may include any specific beliefs or traditions that can influence or change interpretation of data collection instruments or data collection procedures. Therefore, data collectors should also be trained to be culturally sensitive when working with female offenders (CSAT, 2009). This may also have relevance for study design in that traditional approaches to large national datasets are typically targeted at large, metropolitan areas – which may limit representativeness of rural offenders. Data from a Kentucky sample indicated that while drug use patterns did not differ significantly for rural and urban female offenders, their opportunities for services and treatment were considerably different (Staton-Tindall, et al.,

2007). Other subgroups of female offenders may be defined through cognitive limitations – those who have learning disabilities or literacy challenges which may influence their engagement in data collection. Working with this group may require additional explanation of study purpose and use of study data.

#### *Summary and recommendations*

This brief report suggests that the number of female offenders continues to grow, and substance use is a major contributing factor to both the commission of crimes and to sentencing for criminal offenses. Much of what we know about female offenders has been learned through research with samples of incarcerated women – missing a large population of women who encounter criminal justice authorities through arrest and sentencing. Targeting data collection and monitoring at the time of arrest has important implications for detection of substance use and related problems earlier in the criminal justice continuum. This, in turn, may lead to increased opportunities for resources and services to intervene in the cycle of drug use and crime. While we have learned a great deal about the unique characteristics of female offenders over the past two decades, much more research is needed to develop, implement, and test effective prevention and treatment interventions for this population. Inclusion of measures that inform the female perspective and strategic data collection points through ODAM provide a tremendous opportunity to advance the state of knowledge on female offenders.

The following recommendations are forwarded for consideration in the inclusion of female offenders in the ODAM initiative:

- *Study design:* Studies of female offenders at the time of arrest are limited and should be a focus of future research. Study designs should be mindful of the disproportionate number of female offenders and make sure that sampling strategies are representative.
- *Measures:* Female offenders face increased biopsychosocial consequences of drug and alcohol abuse, and gender-specific measures should be included in national datasets. Data collection tools designed specifically for women are limited, suggesting that data monitoring systems must be intentional about selecting appropriate measures. Data collection instruments targeting female substance-using offenders should include an emphasis on physical and mental health, abuse and trauma, and parenting issues.
- *Approaches:* Data collection teams should be mindful of the need for rapport, interpersonal skills, and communication in order to build trust when working with female offenders. Women value relationships, and a relational approach to data collection is critical.

- *Analysis:* Analytic strategies should be mindful of individualized needs among female offenders which may influence data collection and interpretation such as culture and cognitive functioning.

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