



Austin/Travis County Reentry Roundtable
Women's Reentry Services Initiative

**Examining Reentry Needs and Gender-Responsive
Strategies for Incarcerated Females:**

A Literature Review

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This report prepared for the Austin/Travis County Reentry Roundtable's *Women's Reentry Services Initiative*, a multi-part examination of the issues, challenges, and what works for enhancing successful reentry/reintegration of justice involved-women into our community and their families.

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Austin/Travis County Reentry Roundtable *Women's Reentry Services Initiative*

The Austin/Travis County Reentry Roundtable (A/TCRRT), launched in 2004, is a multi-disciplinary collaboration that has been focused on the issues, challenges and what works around effective reentry and integration of persons with criminal backgrounds. The vision and mission statements of the A/TCRRT are:

VISION: A community that values and supports the successful reentry and integration of formerly incarcerated persons and individuals with criminal histories.

MISSION: To be a robust collaborative to promote public safety through effective reentry and reintegration of formerly incarcerated persons and individuals with criminal histories.

In the summer of 2014, the A/TCRRT launched the *Women's Reentry Services Initiative*. The goal of the initiative is:

Goal of A/TCRRT *Women's Reentry Services Initiative*:

To review current reentry services for women in Travis County involved in the criminal justice system (in prison/jail or on probation/parole), identify their reentry needs and make recommendations to enhance services

Key activities for the project include:

- Complete a literature review around women reentry strategies
- Collect local data related to women involved in the criminal justice system
- Identify reentry needs of women (using surveys, focus groups and other tools)
- Identify current women reentry services and the capacity of those services
- Identify gaps in services/strategies available to serve women
- Reach consensus on recommendations for enhancing reentry services for women involved in the criminal justice system.

A partner/stakeholder forum will be held in the spring of 2015 to review what we have learned in the above work and to discuss and collaborate on recommendations as well as key next steps.

The following report is a literature review completed by Elizabeth Berger of the Correctional Management Institute of Texas from Sam Houston State University on behalf of this project. The A/TCRRT is excited to have the Correctional Management Institute as a partner and look forward to our continued working relationship as the *Women's Reentry Services Initiative* moves forward.

For more information about this project or the A/TCRRT, contact:

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Examining Reentry Needs and Gender-Responsive Strategies for Incarcerated Females:

A Literature Review

Introduction

Despite the recent decline in the Texas incarceration rate, there are still about 70,000 people released each year who must navigate the challenges of reentry (Texas RioGrande Legal Aid, 2012). Of particular concern is the unprecedented growth over the past two decades in the female incarceration rate, which is almost double the rate of growth in male incarceration over the same period. Scholars suggest that changes in U.S. sentencing policies, including mandatory sentencing and social welfare reform legislation, are largely to blame for the rapid influx of female offenders (Van Voorhis, 2013). Nonetheless, this issue has raised concerns regarding specific treatment needs and predictors of successful reintegration for women offenders. As a result, increased federal funding initiatives have helped develop and implement new programs, policies, and assessments created specifically for women offenders (Van Voorhis, 2013). One problem experienced by many correctional agencies is the failure to properly assess clients, which often results in mismatching clients with services and resources. For this reason, conducting assessments to identify clients' needs is a crucial first step in solving the reentry problem (Van Voorhis, 2013).

With increased concerns about recidivism and the cost-effectiveness of incarceration, offender rehabilitation has moved to the forefront of criminal justice policies. To improve offender rehabilitation, it is crucial to acknowledge gender differences in offending trajectories, barriers to reintegration, and responses to treatment. Recognizing and planning for these needs will improve the effectiveness of interventions both during incarceration and reentry (Spjeldnes & Goodkind, 2009). Researchers Blitz, Wolff, Pan and Pogorzelski (2005) studied behavioral health and release patterns among inmates in New Jersey and found similar results. In the New Jersey (2005) study, gender-specific clusters of disorders were found, suggesting the need for gendered treatment strategies within correctional and community settings, particularly treatment for mental health and substance abuse problems (Blitz et al., 2005).

Scholars have conceptualized several pathways to crime for females that begin to explain the complexities regarding female offense patterns. The 'child abuse pathway' is the idea that child abuse leads to mental illness, which leads to substance abuse, all of which increase the likelihood of criminal behavior. Similarly, the 'relational pathway' observes that women offenders who have experienced high rates of abuse, trauma, or neglect, are also more likely to have unhealthy intimate relationships that contribute to low self-esteem, mental illness, and substance abuse problems. Finally, the 'social and human capital' pathway focuses on interpersonal relationships, and the idea that limited support from family and unhealthy intimate relationships are associated with limited education and poverty, all of which contribute to criminal offending (Van Voorhis, 2013). These "pathways" are of notable importance, as they focus not only on the impact of isolated risk factors, but also on the interactions and reverberation effects of various predictors on each other, as well as the order in which they occur. Apart from the pathways research, gender-responsive research concurs that the biggest risk factors for female

offending are related to mental health, self-esteem, and parental stress. This is not to exclude the risk factors that similarly affect both men and women, which include employment and financial problems, substance abuse issues, and antisocial friends or relationships (Van Voorhis, 2013).

Mental health and substance abuse problems are the most robust predictors of recidivism for females, as extensive histories of trauma and abuse are fairly common experiences among women offenders. Studies from multiple disciplines have shown the effects of trauma to be significant and long-lasting, often linked to mental illness and substance abuse as well as the onset and duration of criminal behavior (Benedict, 2014). Blitz and colleagues (2005) explain the importance of having a supportive community environment, as recidivism is more likely among individuals placed in communities without adequate resources. The impact of community is highlighted in other research, including Holliday's (2014) analysis, revealing that a lack of community resources is a serious impediment to reintegration for most women, despite their overwhelming desire to change. Emerging themes included the need for job training, employment, and adequate housing (Holliday, 2014).

Employment and Financial Difficulties

One of the more tangible goals of reentry is financial stability and success in gaining employment. Past research on men and women alike has consistently publicized the fact that stable, legal employment for former inmates is a pivotal element for successful community reintegration (Blitz, 2006). Women in particular are more disadvantaged, due to above-average rates of psychiatric and co-occurring substance abuse disorders, typically resulting from a history of domestic violence and often recurrent trauma throughout the life-course, in conjunction with low educational attainment and limited employment skills (Blitz, 2006). Blitz's study examined the isolated effects of several factors in regards to employment history for formerly incarcerated females in New Jersey, controlling for several demographic and personal variables such as race, victimization history, motherhood, and other related factors. Despite all other conditions, education and treatment for behavioral health problems were the key predecessors to a stable employment history prior to incarceration. Specifically, women with a high school education level were more likely than their less-educated counterparts to obtain and maintain stable employment prior to their incarceration. Women receiving community-based treatment for a drug addiction and/or mental health problem prior to their incarceration were also significantly more likely to experience stability in employment (Blitz, 2006). Assuming that structural characteristics of employment have not changed before and after the imprisonment period, it is plausible to believe that a stable employment history may predict stability in future work experiences even after being incarcerated, which is consistent with evidence demonstrating a remarkable similarity between employment patterns of inmates before and after prison (Bates, 2004; La Vigne, Visher, & Castro, 2004; Travis, 2005; Visher & Travis, 2003).

Unfortunately, actual application of in-prison programs in the U.S. are widely disparate in terms of resources allocated and overall program duration and intensity (Blitz, 2006). Recommendations for future interventions include preventative education on a broader social level to promote community support, as well as prison-based and community-based education and job training resources. Prison-based job training programs have had favorable results (Gates, Flanagan, Motiuk & Stewart, 1999; Gerber & Fritsch, 1994; Wilson, Gallagher & Mackenzie, 2000), but some consistently fail due to the lack of post-release continuity and support (Case, Fasenfest, Sarri & Phillips, 2005). This is consistent with other literature that focuses on the importance of community support and aftercare in reentry success.

This idea of community-based treatment expands beyond employment and also into the arena of behavioral and mental health. A female reentry program in Michigan, Project PROVE, also found employment difficulties to be one of many barriers to success (Case et al., 2005). Women participating in Project PROVE indicated that receiving a list of “felon friendly” employers would be beneficial, even if the employment is only transitional. Case and colleagues (2005) agreed that the needs of formerly incarcerated women are so exhaustive that they cannot be addressed by one agency alone. To support post-release success, a broader approach to involving extended community support and additional resources is required. Providing lists of local support agencies that might supplement transportation, housing, and childcare costs, if available, should be beneficial for these women (Case et al., 2005).

Substance Abuse and Chemical Dependency Problems

Substance abuse problems are common among incarcerated women, and are often related to past histories of trauma, abuse and underlying mental health issues. Grella and Greenwell (2007) examined differences in reentry needs for women based on several background characteristics, finding that most of the issues female offenders face are complex and long-enduring. Conclusions are consistent with other research that women offenders are unlikely to benefit from programs that do not address their interrelated problems, regardless of whether these programs were administered in-prison or post-release (Grella & Greenwell, 2007; Green, Miranda, Daroowalla, & Siddique, 2005). Greater treatment needs were associated with histories of sexual or physical abuse, mental health problems, alcohol or drug dependency problems, and unstable housing prior to being incarcerated. Although drug dependence was correlated with higher levels of treatment needs, it was also related to completion of the community-based treatment program. Similarly, African Americans and Hispanics had lower levels of treatment needs than their White counterparts and were less likely to complete the community-based programming. Mental health problems and earlier age of onset for criminal activity were also predictive of treatment non-completion (Grella & Greenwell, 2007).

Administering treatment for substance or alcohol abuse problems can be difficult because these issues typically occur in conjunction with, or as a result of, other complex problems such as negative childhood experiences and mental health issues. Researchers Mullings, Hartley, and Marquart (2004) examined the relationship between childhood maltreatment and adult alcohol dependency among female inmates in Texas, with forty percent of these women being classified as ‘alcohol dependent’. The inmates with alcohol dependency were more likely to have grown up in disorganized families, typically with parents who abused drugs and alcohol, and may have experienced childhood neglect and/or childhood physical or sexual abuse (Mullings, Hartley, & Marquart, 2004). This is fairly consistent with other research, showing a link between childhood neglect and alcohol dependency later in life (Widom, Ireland, & Glynn, 1995). These findings provide additional evidence that experiencing trauma or childhood neglect early in life has long-term negative consequences that must be treated. As such, many substance abuse problems are associated with these underlying issues, so a multipronged approach to treatment is recommended.

Given these distinct characteristics and bio-psychosocial issues that often distinguish female from male offenders, the Substance Abuse and Mental Health Services Administration (SAMHSA) has developed more gender-responsive treatment strategies that are research-based. SAMHSA (2013) explains that in order for treatment to be effective, professionals must acknowledge and understand the importance of socioeconomic issues among women offenders, and understand the significance of

relationships in their lives. Once again, the authors stress the importance of unique life-course issues and developmental concerns that influence patterns of use, engagement in treatment, and recovery. Also, women who abuse substances are more likely to have physical health issues, including infertility, early menopause, higher risk for infections, and various co-occurring disorders (SAMHSA, 2013). Recommendations include adoption of a “trauma-informed” perspective building on women’s strengths (rather than deficits), and utilizing a multidisciplinary approach that includes collaboration among agencies for the provision of case management and treatment planning services (SAMHSA, 2013). The gender-specific treatment model clarifies patterns that are strongly associated with women’s substance abuse, again highlighting the importance of familial and intimate relationships. Women with substance abuse problems have been found to have a higher likelihood of having parents and/or intimate partners who used illicit drugs. The women’s use of problem-solving coping skills, and having had social support from parents, spouses, and religious practices were key factors in preventing the development of chemical dependency (SAMHSA, 2013).

SAMHSA (2013) identified specific barriers to treatment engagement for women, ranging from personal and sociocultural factors to structural program characteristics and some large-scale systematic issues. Based on the information provided above, researchers developed three core treatment strategies that have proven successful with female populations. First, it is important to note that the barriers existing before treatment are often the same obstacles that prevent women from completing treatment (SAMHSA, 2013). One strategy that has proven effective involves outreach services focusing on one issue at a time, beginning with the most urgent. This requires treatment providers to understand and empathize with the woman’s fears regarding treatment, yet urge her to follow through by helping negotiate the human services system, and to ensure she is adequately acquainted with accessible and appropriate programs (SAMHSA, 2013). Another strategy employed by SAMHSA (2013) practitioners focuses on early identification and intervention, designed to enhance motivation, decrease current use, and address existing psychosocial risk factors before they become too overwhelming. Most importantly, authors stress the significance of comprehensive case management, utilizing an array of services for the client that are matched to her individual needs, rather than forcing the client to “fit in” to pre-structured services offered by an agency (SAMHSA, 2013). It is imperative that the treatment plan serves several functions in order to address all aspects of clients’ needs, ranging from outreach services, needs assessments, resource identification, monitoring of progress, and performance of ongoing assessments (SAMHSA, 2013). Past research has shown the most efficacy for “wrap-around” services where intensive case management and coordination with other agencies are crucial components. Women assigned to intensive case management are not only significantly more likely to initiate, engage, and complete treatment, they also have higher rates and longer durations of alcohol and drug abstinence (SAMHSA, 2013). Predictors of relapse include depression and cynical demeanor, interpersonal problems, low self-esteem and sense of self-worth, severe untreated childhood trauma, and lack of relapse prevention coping skills, difficulty separating from antisocial people, and difficulty in establishing new prosocial relationships (SAMHSA, 2013). The predictors of success versus relapse are consistent with other research in this area, supporting the general approach of providing comprehensive services, along with efforts to foster the development of prosocial relationships as vital for treatment success among women.

Mental Health, Self-Efficacy, and Self-Esteem

Closely related to substance abuse is the dynamic issue of mental health, which is usually related to low self-esteem, childhood trauma, and other factors. Numerous qualitative studies of women offenders posit that the majority of incarcerated females have traumatic histories of child abuse and/or have experienced intimate partner violence, which are both associated with low levels of self-esteem and increased risk for mental illness, such as depression, anxiety, and post-traumatic stress disorder, to name a few. Studies have shown that depression, anxiety, and self-injurious behavior are more likely among female than male offenders. As such, women are also more likely than men to receive a co-occurring diagnoses of mental illness and substance abuse. Of particular importance is the finding that stress, depression, fearfulness, and suicidal tendencies are strong predictors of recidivism for women but not men (Van Voorhis, 2013). Thus, mental health needs differ substantially between female and male offenders. Evidence-based correctional treatment programs focus on empowerment, or the process of increasing women's self-esteem and internal locus of control, which is critical for desistance from offending (Van Voorhis, 2013).

The use of Motivational Interviewing strategies is also beneficial, focusing on counseling and efforts to understand women's resistance to change then increase their motivation to do so. The method involves interacting with offenders to help them uncover and explore their own personal barriers to change, which has been shown to be more effective than using coercive tactics. To help offenders see the benefits of change, interviewers typically express empathy and accept resistance (as opposed to arguing), and help the client identify behaviors that are impeding her goals, all the while encouraging self-efficacy and re-enforcing 'change talk' (Van Voorhis, 2013). Staff should be trained to use a strengths-based and relationship-focused approach rather than dwelling on a woman's deficits. Developing an outside network of community services is also essential, including partnerships with mental health agencies (Van Voorhis, 2013) and prosocial family members or friends. The use of cognitive-behavioral therapy has been linked to significant reductions in recidivism, where the therapist must thoroughly understand the impact of trauma on one's perceptions of self and how it affects relationships with others. Successful programs use a strengths-based approach with a central goal of targeting self-defeating thoughts while increasing self-esteem and feelings of empowerment. Also of great importance is fostering and maintaining a constructive, therapeutic, and trustworthy relationship between the counselor and the offender (Van Voorhis, 2013). Researchers Blitz, Wolff, and Paap (2006) found evidence that access to behavioral health services improves the transition from the prison to the community, which is consistent with other literature on community-based programs. More importantly, receiving treatment for substance abuse and mental health problems is integral before, during and after release from prison.

Trauma-informed care practices have become increasingly prevalent in the treatment of female offenders due to the high rates of trauma experienced in this population. To maximize success, correctional facilities should create an integrated, multi-modal, trauma-informed culture that permeates all levels of institutional practice. Professionals need to understand the effects of trauma on the life course and adopt "universal precautions" to dictate interactions with these individuals (Benedict, 2014). In women's facilities, "trauma-informed care" practices are built around principles of safety, trust, choice, collaboration and empowerment. For improved re-entry planning, the trauma-informed model suggests beginning discharge planning as soon as possible after admission, to prepare the woman for

this potentially traumatic event. As part of the release plan, inmates should learn to use coping skills to deal with symptoms of trauma and mental illness. Benedict (2014) explains that the release-planner should also facilitate inmate contact with prosocial individuals and organizations with whom she can work after her release. In order for the module to be effective, staff must be trained and supported in their efforts to remain trauma-informed; including adoption of universal precautions and trauma-informed language, being well-educated about the effects of trauma on the life course, and reducing the environmental ‘triggers’ apparent in the facility (Benedict, 2014). Benedict (2014) posits that many of the behaviors displayed by female inmates are best understood as reactions to triggers within the correctional environment, creating barriers to individual growth and recovery. Literature from multiple disciplines confirms the long-enduring negative effects of trauma on the life course. Common themes found among these women include low self-esteem, poor coping skills and lack of supportive social relationships. Thus, it is reasonable to believe that teaching inmates coping skills to address the trauma and improve their self-esteem are the most important features of a trauma-informed model. Individualized release plans are also a key component in promoting successful reentry, and staff should help inmates build up their social support network prior to being released. This would include acquainting them with supportive community agencies, and helping them to initiate contact and restore past relationships with prosocial family members, friends, and other individuals who are supportive of recovery. To prevent recidivism, female offenders need adequate resources to treat their mental health and substance abuse issues that extend into the community (Blitz et al., 2005). Blitz and colleagues (2005) conclude that placing ex-offenders in a community without resources is a risk both to the offender and surrounding community and increases chances of recidivism.

Maternal Identity and the Importance of Supportive Relationships

Mental health issues for female offenders are often linked to interpersonal issues such as destructive intimate or familial relationships in the past or present. Emerging literature suggests that developing healthy relationships with supportive people is critical during the reentry process, as women can subconsciously cultivate a higher sense of self-worth based on positive social interactions and perceptions of themselves as reflected from important individuals in their lives (Herrschaft, Veysey, Tubman-Carbone, & Christian, 2009). Other studies have shown that a woman’s identity, self-worth, and sense of empowerment are psychologically defined by the quality of relationships they engage in with others, including relationships with both children and other family members (Van Voorhis, 2013). By restoring and improving prosocial relationships with others, women are able to manifest a higher sense of self which subsequently encourages a personal identity shift, including the role transformation from a stigmatized to a positive identity (Herrschaft et al., 2009). The authors explain that men and women experience different processes of role transformation, meaning that revised female-specific reentry strategies are necessary that incorporate a focus on building these positive relationships.

Herrschaft and colleagues (2009) conclude that men and women experience role transformation quite differently and attribute their positive life changes to very different factors. Most often, women attribute their positive life changes to a relationship in their lives, while men were more likely to attribute positive changes to achievement of a tangible goal, such as employment (Herrschaft et al., 2009). Specifically, women begin the transformation process with a shift in perceived identities, and maintain that identity shift by receiving positive reinforcement from personal relationships. Prosocial relationships are key in restoring a woman’s sense of self and identity, as women need to feel intimately

accepted and validated by others before they can experience a positive role transformation. This is different from men, who validate their self-worth around more concrete events or commitments (Herrschaft et al., 2009). The positive role change is a crucial first step toward reintegration, because it fosters internal motivation and ultimately leads to other gains in areas such as employment, education, or securing housing (Herrschaft et al., 2009). Most importantly, before any change occurs, the ex-offender needs to separate herself from the stigma of a criminal identity, and be confident in pursuing a positive identity.

A qualitative study done by researchers Bui and Morash (2009) used in-depth interviews with women who had successfully reintegrated, to examine the effects of prosocial relationships on desistance over time. The authors note that because women's social networks before incarceration enable and encourage criminal activity, the personal identity shift is required to dissolve negative relationships and move forward. Women who successfully reintegrated had drifted from their prior social network throughout the incarceration period, and consciously worked to improve their social networks in a positive manner. Prison programs and supportive prosocial family members worked together to motivate and enable the woman to develop social networks that would help them desist from crime (Bui & Morash, 2009). Results from this study lend support to the value of prison programming that systematically identifies prosocial family members and organizations that can meet the woman's needs and ensure access to positive influences upon release (Bui & Morash, 2009). Intimate relationships also play a role in the desistance of female ex-offenders. The development of intimate social bonds is a dynamic process (differing from a static, one-time occurrence) and therefore may have positive and negative influences on desistance at different points in time (Leverentz, 2006). Leverentz (2006) explains that romantic relationships differ from relationships with friends or family because they may be a sign of insecurity and instability in personal development. This research emphasizes that relationships are changing over time, so one should examine the entire 'process' of a relationship over time to define the influence as prosocial or antisocial (Leverentz, 2006). Similarly, it is important to look at all the entirety of several relationships in a woman's social network in conjunction with each other to determine which bonds provide the most positive influence for the offender.

Although women experience many troubles finding housing, employment, and satisfying conditions of supervision, maternal relationship concerns were the primary issue facing most women (Brown & Bloom, 2009). Reassuming maternal identity can be challenging for the parenting woman being released into the community, because imprisonment has damaged her maternal identity in her own eyes, as well as others. Prior to being incarcerated, most female offenders had experienced poverty, racism, gender violence, and social marginalization, which not only led them to criminal activity, but also severed relationships with their children (Brown & Bloom, 2009). Pre-incarceration experiences damaged the maternal bonds for many of these women, who now lack confidence and self-esteem to reassume that identity. There is a critical need to collaborate with child welfare agencies to support and facilitate restoration of maternal relationships. Relationship concerns are similar for pregnant women, as incarceration often inhibits parental bonding with newborns, which negatively impacts the child's development and ability to form attachments later in life (Raeder, 2013). Some facilities have implemented programs for incarcerated mothers to reside with their infants, either in a residential facility or in the form of a prison nursery program. A recent evaluation sponsored by the National Institute of Health found that it is possible for children to become securely attached and bond with their mothers in a correctional setting, which will aid reunification efforts later on (Raeder, 2013).

Raeder (2013) agrees that access to quality community services for ex-inmates is fundamental in increasing the capacity of women to successfully navigate family and maternal relationships. According to Raeder, correctional agencies should be aware of the value these relationships hold, and should actively assist with outreach to prosocial family members and community or faith-based groups as part of an inmate's individual release plan.

Although restoring maternal relationships can be difficult, it can also be a powerful motivating force in the identity shift for many of incarcerated women. Brown and Bloom (2009) argue that both subjective and objective realities play a role in shaping the positive identity for a reentering mother, particularly advocating a more comprehensive approach including housing and financial assistance. Consistent with other research, authors encourage policies to refocus on issues that have occurred throughout the life course which facilitated criminal activity in the first place (Brown & Bloom, 2009). Successful strategies have included the case management approach that addresses multiple treatment needs in a cohesive, gender-responsive manner, as fragmented services are not effective. In addition to restoring family and other prosocial relationships, women offenders often need multiple resources to address housing and financial issues, addiction, low self-esteem, depression and other mental health problems, all of which should be coordinated for a successful program. Similar to other researchers, Brown and Bloom (2009) also recommend planning for reentry at the very beginning of an offender's sentence rather than waiting until the final months.

Conclusion

Cognitive-behavioral interventions have proven effective in the treatment of substance abuse and mental health problems, particularly when applied in a community setting. A randomized clinical trial of therapeutic community treatment for female inmates found that all women benefitted from gender-specific prison treatment, but the therapeutic community model was more effective in reducing substance use and criminal activity, whilst increasing mental health functioning and improving a woman's ability to cope with trauma (Sacks, McKendrick, & Hamilton, 2012). Concerning reintegration over the long-term, community-based continuity of mental health and substance abuse services is necessary to sustain these behavioral and cognitive improvements. Numerous researchers recommend an inclusive approach, enabling women to navigate and prioritize how they address the challenges of reentry. O'Brien and Young (2013) performed 100 individual, comprehensive assessments with newly released women, finding the approach to be a valuable use of time. More specifically, the authors felt that the assessment provided the woman an opportunity to articulate her own accomplishments and goals, as well as immediate and long-term needs (O'Brien & Young, 2013). The needs of female inmates reentering the community are very complex, so approaches responding to only one problem area are unlikely to be successful, as other compelling needs remain unaddressed.

Most correctional treatment practices are driven by "gender-neutral" research and do not touch on female-specific predictors of criminal behavior, such as poor interpersonal relationships, parental issues, mental illness, depression, self-esteem, self-efficacy, trauma, and prior victimization (Van Voorhis, 2013). Treating the special population of female offenders can be difficult because the effects of issues noted above are often synergistic, interrelated, or exacerbated by other preexisting conditions. Recommendations include the use of trauma-informed care practices and cognitive-behavioral modules, focusing on mental health, substance abuse, and restoring familial relationships; which will lead to more measurable positive outcomes such as employment and financial stability. Targeted treatment

approaches should begin during the incarceration period and follow the offender into the community after release. Employment readiness and job training programs should utilize a similar approach, as this is also a common barrier to reintegration for formerly incarcerated females. Policies should focus on comprehensive programs offering a wide-range of support that specifically and simultaneously target all aspects of the individual's needs. The most critical components related to female reentry that should be targeted include employment and financial stability, substance abuse treatment, mental health treatment, and the improvement of familial and maternal relationships. Development of an inclusive program to provide support for the wide range of needs for female offenders is a fundamental step in achieving a long-lasting impact on the quality of life for these women.

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